Electra ISD Book Review Form

Reviewer _____ Date of Review _____

Position / Location /Affiliation _____

Author (last name first) _____

Title / Subtitile of book _____

Series Title (if applicable) _____

Translator (if given) _____ Illustrator _____

Publisher, date of publication _____

Pages (if pages are not numbered write UNPAGED) _____ Price $ _____ ISBN _____

Grade Level: _____

Classification: Fiction Nonfiction (Circle One)

Recommendation: Reccommended Highly Recommended Not Recommended (Circle One)

REVIEW TEXT: _____