

Reading Journal



Book Review

TITLE:	_____	RATING:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
AUTHOR:	_____	SUBJECT:	_____		
START DATE:	_____	END DATE:	_____		
GENRE:	_____	FICTION:	<input type="checkbox"/>	NON-FICTION:	<input type="checkbox"/>

WHAT INSPIRED ME TO READ THIS BOOK?

QUICK SUMMARY

COMMENTS, NOTES & THOUGHTS
