

Name _____

Silent Reading Reflection Sheet

As you start a new silent reading book, please fill out the information below.

Title _____ # of pages _____

Author _____ Genre _____

Publishing Information (city, company, year) _____

Have you read other books by this author? yes no

This book came from: home LMC friend other _____

Why did you choose this book? _____

What about this book made you choose it? _____

What are your expectations for this book? _____

Who should read this book and why? _____

What is one thing you'd like to say to the main character? _____

What is one question you'd like to ask the author? _____
