



CHILD NAME AND INFO LOGGED IN BINDER? (IF READ ENTIRE BOOK TO STAFF/VOLUNTEER OR PASSED TEST WITH A STAFF)	*STAFF SIGNATURE*
CHILD NAME ADDED TO MOVIE OUTING LIST? (IF PASSED TEST WITH A STAFF) (STAFF FAVORITE'S AND LISTED BOOKS ONLY)	*STAFF SIGNATURE*

**West Broadway Youth Outreach Inc.
Bookworms Novel Study**

You have read a novel at home on your own by yourself. Now you can tell us what you have learned from what you have read and count is as a book towards Bookworms outings. Once you have given us your report and we have read it we will sit with you and go over what you had to say.

FIRST NAME:	LAST NAME:	DATE:
HOW LONG DID IT TAKE TO READ?		NUMBER OF PAGES:
TITLE OF BOOK:		AUTHOR OF BOOK:

Why did you choose this book? _____

Have you ever read anything else written by this author? YES NO

If yes, what? 1. _____
2. _____

What was/were the name(s) of the main character(s) in this book?

1.	3.
2.	4.

Describe what he/she/ it/they looks like. _____

What kind of person/thing is he/she/ it/they? _____

What is the story about? For example, where does it take place, is it a mystery, fantasy, fiction etc., does it have a happy or a sad ending and so on.

What is the climax or the most exciting part of the story? _____

Tell *at least* one thing that you learned from this book that you did not know before.

Did you enjoy reading this book? YES NO If you enjoyed the book, give 5 reasons why you would tell others to read this book. If you didn't enjoy the book, give 5 reasons why you would tell others not to read this book.

1. _____

2. _____

3. _____

4. _____

5. _____
