**READING RESPONSE**

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| --- | --- |
| Name:**[Full Name]** | Date:**[MM/DD/YYYY]** |

**Direction:** After you have finished your book. Please answer the following question

using complete sentence

|  |  |
| --- | --- |
| Title | **[Tile]** |
| Autor | **[Author Name]** |

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| **BRIEF SUMMARY OF WHAT YOU HAVE READ** | **CHARACTERS IN THE BOOK** |
|  |  |
| **SETTING OF THIS BOOK** | **YOUR OPINION OR YOUR FAVOUITE PART** |
|  |  |