

# Book Review

Date of Review: \_\_\_\_\_

Title: \_\_\_\_\_

Author: \_\_\_\_\_

Your Name: \_\_\_\_\_

Library Branch: \_\_\_\_\_

Age level this book is best for \_\_\_\_\_

The Plot (keep it simple):

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Motivation for reading (what's your reason?) :

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What's the Verdict? (would you recommend- why or why not)

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Questions? Call 732-349-6200, ext. 5535 or email [mbass@theoceancountylibrary.org](mailto:mbass@theoceancountylibrary.org)