<b>Book Reading Check</b>		Name	Name	
Circle one #1 #2	Due	hour	date	
Book title				
Author				
City author lives/lived				
TOTAL # of pages in boo	ok RC#	<b>1</b> (first 1/2) pg		
	RC#	<b>2</b> (last 1/2) pg		
Summary (//	NCLUDE WHO, WHAT, WHEN, WHE	RE, WHY, HOW wh	<mark>enever possible)</mark>	
Summary of y Left column - OPTIONAL AREA Page / chapter #	our reading Use comple	te sentences;proof	read your work.	