

Black History Month Reading Challenge Review Form

Student's Name:

**Signature of the Adult that
the Child Read With or To:**

Age:

Grade:

School:

Phone Number:

Book Title & Author:

Summary (What is the book about?)

Review (Did you like the book? Why or why not?)

Did the adult you read the book to or with like the book? Why or why not?

Would you recommend this book to your friends? Why or why not?