



Topsham Public Library  
Teen Book Review form  
Summer 2022

**Name:**

**Date:**

**Title:**

**Author:**

**Plot Summary:**

**What I liked the most:**

**What I liked the least:**

**The one word that best describes this book:**

**A book I would compare this book to:**

**Overall rating (1= awful to 10=amazing):**

**Would you recommend this book? YES NO**