Name:	Class:	Date:
DISABILITY BOOK SHEET		
<b>Instructions:</b> Choose a minimum of two books, read each one, and complete this form. If you have time, you can complete more sheets.		
Book title:		
Author:		
Illustrator:		
Disability addressed:		
List of main characters:		
Summary of the plot:		
Beginning:		
Middle:		
End:		
Book title:		
Author:		
Illustrator:		
Disability addressed:		
List of main characters:		
Summary of the plot:		
Beginning:		
Middle:		
End:		