

READERS' PANEL CRITIQUE

Book Title: _____ Reader's # _____

Date Submitted ___/___/___ Date Assigned ___/___/___ Date Due ___/___/___

(Circle one number on a scale of 1 to 5, five being the best ~ If non-fiction, circle N/A if not applicable)

Did you like the book?	1	2	3	4	5
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Were you entertained?	1	2	3	4	5
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Would you recommend it to a friend?	1	2	3	4	5
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Did you have any emotional attachment to the story?	N/A	1	2	3	4	5
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Were any parts boring?	Yes	No
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If so, please explain where on the bottom or reverse side of this page.

Were there any parts you particularly liked or disliked?	Yes	No
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If so, please explain on the bottom or reverse side of this page.

Did you think the plot was believable within the framework of the story and its genre?	N/A	1	2	3	4	5
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Were the characters real?	N/A	1	2	3	4	5
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Did each character have his or her own voice?	N/A	1	2	3	4	5
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Was the ending satisfying?	1	2	3	4	5
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Will you think about this book later?	1	2	3	4	5
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Do you feel this manuscript is properly formatted, free of major typos and grammatical errors, and ready to submit to a publisher?	Yes	No
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Additional comments (on the bottom or reverse side of this page):	Yes	No
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Would you buy the book?	Yes	No
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Thank you for reading my book!

(Please write or print legibly. Thank you.)
