



Book Reflection Form
WELLNESS PAYS PROGRAM

NAME: _____ W#: _____

Title: _____

Author: _____

I – WHAT IS THE BOOK ABOUT?

II – LIST AT LEAST ONE THING YOU LIKED AND DISLIKED ABOUT THE BOOK.

- A.
- B.
- C.

III – WHAT DID YOU THINK OF THE BOOK OVERALL?

IV – DID YOU LEARN ANYTHING NEW? IF SO, WHAT?

- A.
- B.
- C.

V – WILL YOUR WELLNESS BE AFFECTED BY WHAT YOU READ? IF SO, HOW?