Name. _____

Date: _____

Movie Title: _____

Genre: _____

Actors: _____

Director: _____

Your Rating: ☆☆☆☆☆

Setting: _____

Time: _____

Place: _____

Summary of Movie:

_____

_____

_____

_____

Who is your favorite character and why?

_____

Did you like this movie? Why or why not?

_____

LIVEWORKSHEETS