

Name: (last, first, middle initial)

Agency:

Address:

Telephone Number:	Email Address:

**I. Title of Book** (*Note: Book must be from approved ESCP Reading List*)

**II.** Author

**III.** Please summarize major points in the book. (This should be a BRIEF NARRATIVE OVERVIEW—2 paragraphs)



**IV.** Please indicate how you can apply information/principles from this book to your work setting. (2 paragraphs)

Participant's Signature:	Date:
Director of ASCP Approval:	Date:





## Level V Required Reading Book Report

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