

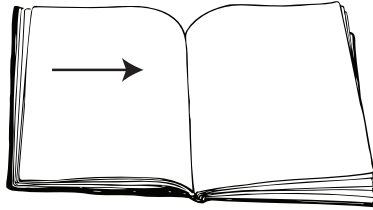
Name: _____

Date: _____

My Reading Checklist



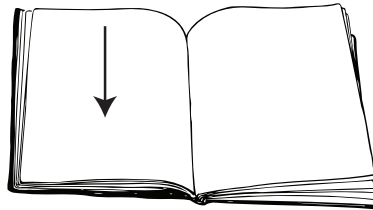
Did I read left to right?



YES

NO

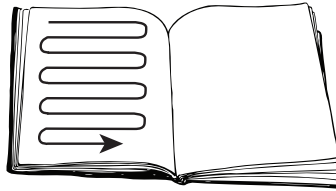
Did I read top to bottom?



YES

NO

Did I practice my reading fluency?



YES

NO

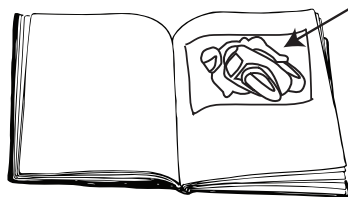
Can I retell the story?



YES

NO

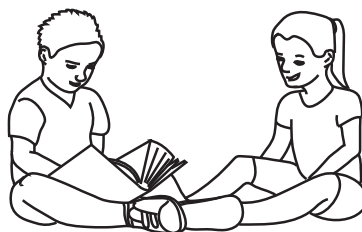
Did I look carefully at the pictures?



YES

NO

Did I share the story with a friend?



YES

NO