

Independent Reading Checklist

Student's Name: _____

	Date:	Date:	Date:
selects appropriate texts <ul style="list-style-type: none">• from levelled tubs• from topic tubs• from classroom or school library			
reads <ul style="list-style-type: none">• independently• with a partner			
stays focused on text			
shares books with others <ul style="list-style-type: none">• describes book during sharing time• recommends books to other students			
responds to text with <ul style="list-style-type: none">• written response• oral response• artistic response			
keeps record of texts read			
returns texts to appropriate tub			