

Name \_\_\_\_\_

Date \_\_\_\_\_

Checkpoint: 3 wk 6 wk 9 wk

# Independent Reading Evaluation

Average Score: \_\_\_\_\_

Grade: \_\_\_\_\_

	Score	Evidence
Participation in Accelerated Reader Program		AR Report as of _____ (date): Average % Correct _____ Book Level _____ Points _____
Amount of Non-AR Reading		List Titles of Non-AR Books
Reading Variety		List Genres or Types of Reading
Amount of Reading at Home		Hours/Minutes Per Week: _____ Weekly Average: _____

## Reading Goals for Next Checkpoint

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Teacher \_\_\_\_\_

Student \_\_\_\_\_

Parent \_\_\_\_\_