Record of Reading Progress

Child's Name _____ Grade(s): _____K _____1 _____2 _____3

Title of Book

Book Level																								
Z																								
Y																								
X																								
W																								
V																								
U																								
T																								
S																								
R																								
Q																								
P																								
O																								
N																								
M																								
L																								
K																								
J																								
I																								
H																								
G																								
F																								
E																								
D																								
C																								
B																								
A																								
Date																								

Formal Assessment: Level of Book, Accuracy Rate, SC Rate

Beginning of year_____ **Mid. 3rd 9wks._____**

Mid. 1st 9 wks._____ **End 3rd 9 wks._____**

End 1st 9 wks._____ **Mid 4th 9 wks._____**

Mid 2nd 9 wks._____ **End 4th 9 wks._____**

End 2nd 9 wks._____ **End of year _____**

***Formal Assessment can be DRA or Benchmark text.**

Support Services

English Language Learner_____

Reading Recovery_____

Early Literacy Group_____

Resource_____ Speech_____

OT/PT_____ GT_____