

Literacy Assessment Sheet

Classroom: _____

Child's Name:		Date:	
Observed by:			
Participated in (✓):	Read Aloud <input type="checkbox"/>	Shared Reading <input type="checkbox"/>	Independent <input type="checkbox"/>
Observation of Reading Behaviors:			

Child's Name:		Date:	
Observed by:			
Participated in (✓):	Read Aloud <input type="checkbox"/>	Shared Reading <input type="checkbox"/>	Independent <input type="checkbox"/>
Observation of Reading Behaviors:			

Child's Name:		Date:	
Observed by:			
Participated in (✓):	Read Aloud <input type="checkbox"/>	Shared Reading <input type="checkbox"/>	Independent <input type="checkbox"/>
Observation of Reading Behaviors:			