Reading Interest Inventory

Student Name _____________________ Date _______

What genre (types of books) do you like to read?
_____________________________________________
_____________________________________________

What is the title of the last book you read? ___________
_____________________________________________

How many books do you have in your home library? _____
How many minutes do you read a day? ______________
What makes you a good reader? ___________________
_____________________________________________

What would you like to improve on? _________________
_____________________________________________

Read the next page from your book aloud to me.
(Note all observations). __________________________
_____________________________________________
_____________________________________________
_____________________________________________

Tell me a little about what you just read. ______________
_____________________________________________
_____________________________________________

What reading goal do you have for yourself? ___________
_____________________________________________
_____________________________________________

Why is this a goal for you? ________________________
_____________________________________________

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Head Over Heels For Teaching