

# Reading Interest Inventory

Student Name \_\_\_\_\_ Date \_\_\_\_\_

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

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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). \_\_\_\_\_

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Tell me a little about what you just read. \_\_\_\_\_

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What reading goal do you have for yourself? \_\_\_\_\_

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Why is this a goal for you? \_\_\_\_\_

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