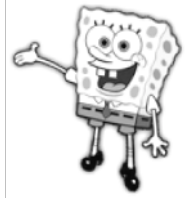


Reading Interest Inventory



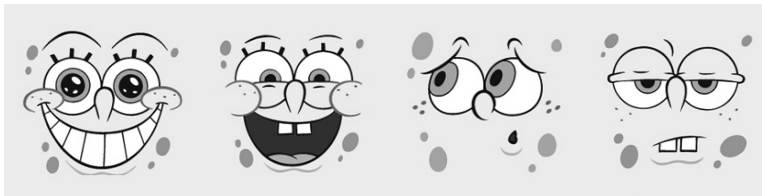
Name: _____

Grade: _____

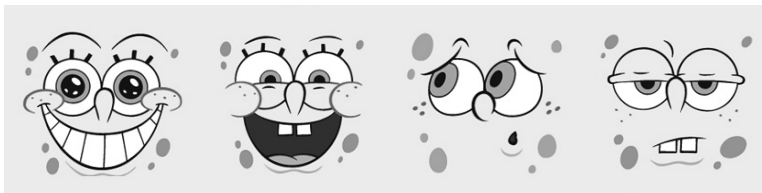
Date: _____

Directions: Color the picture that shows how you feel about each question.

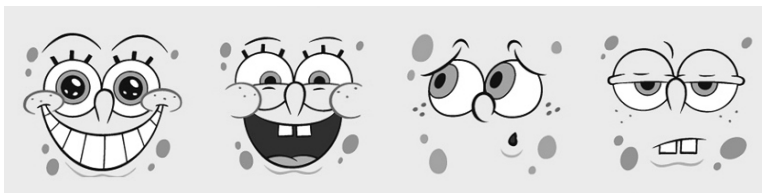
1. How do you feel about reading at home?



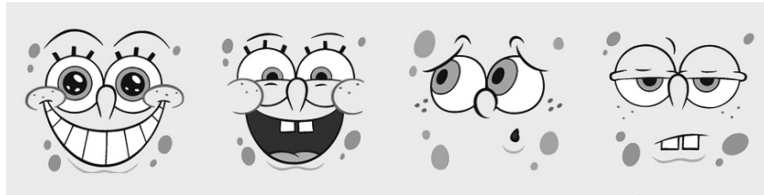
2. How do you feel about reading at school?



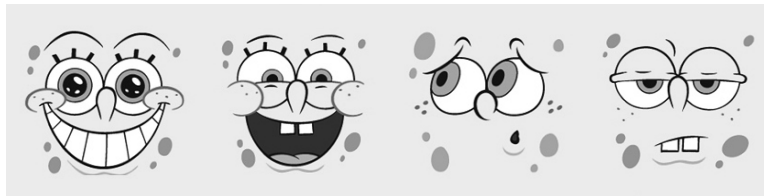
3. How do you feel about going to the library?



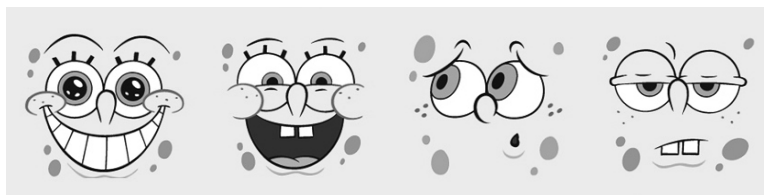
4. How do you feel about reading different kinds of books?



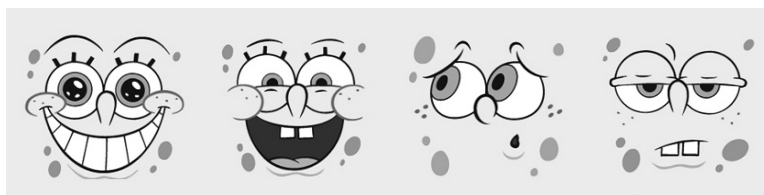
5. How do you feel when you read out loud in class?



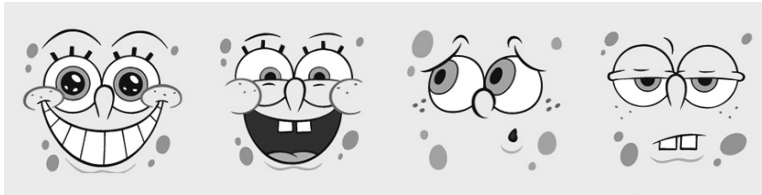
6. How do you feel during silent reading time?



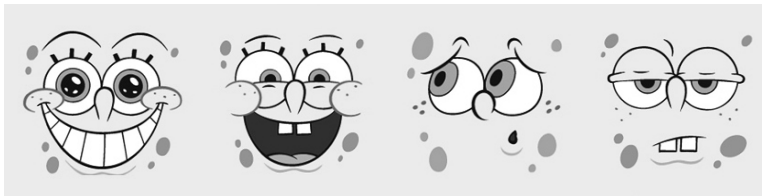
7. How do you feel when your teacher asks you questions about what you read?



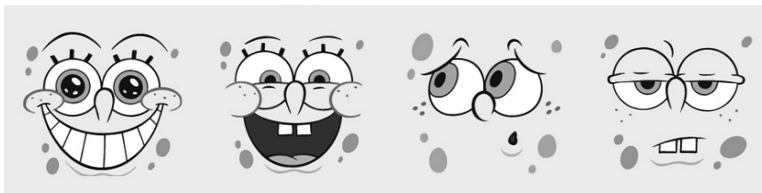
8. How do you feel when you read a book with colorful pictures?



9. How do you feel when you read a book without any pictures?



10. How do you feel when you are writing about a book you read?



Thank you for answering the questions!
You did a great job!