

Child's name:

Parent signature:

### Parent/child Reading: How is your child doing?

Have your child read his/her book to you. As he/she reads, circle the answers to these questions:



Is your child labeling the objects on the page?                      yes                      no

Is your child describing the scene on the page?                      yes                      no

Is your child telling you repetitive phrases from the story?                      yes                      no

Is your child attempting to tell the story, but is missing most of it?                      yes                      no

Is your child telling you the story in detail and somewhat accurately, using the pictures as references?                      yes                      no

Thank you!

Please send this sheet back to school with your child tomorrow.

