

Self-assessment of Reading

Your name: _____

Class: _____

Date: _____

Check the boxes that best describe how often you do the following:

		Almost never	Not very often	Some of the time	Usually	Most of the time	Almost all of the time
Reading Comprehension	1. I can retell the major content of the text in detail after reading						
	2. I can understand at least 80 % of the vocabulary in the text						
	3. I can relate the content of the text with my personal experiences						
	4. I can read the text critically and express my own opinions after reading						
Reading Strategies	5. I make use of pictures in the text to help me understand the content						
	6. If I come across with difficult words, I can guess the meaning of the word using the context						
	7. I can recognize the orders of events happened in the text						
	8. I can predict the content of the book by looking at the cover and the first few paragraphs of the text						
Reading Fluency	9. I can read aloud at a comfortable pace						
	10. I can read very fast (silence reading)						
	11. I don't decode every single word when I read. I go on and keep reading even if I come across with difficult words						
Reading Habits & Attitudes	12. I read and finishes a wide variety of materials						
	13. I read during free time						
	14. I can choose appropriate reading texts for myself						
	15. I read silently for a long period of time (at least 30 mins)						
	16. I enjoy reading						
	17. I like to share what I read with others						
	18. I enjoy sharing my views about what I read with others						
19. I like to know what my classmates are reading. If they are reading something interesting, I want to read too.							

Type of texts you enjoy reading:

Other types of texts you would like to read:

New goals that you want to set/areas you want to improve: