

*Suggested questions for retelling are on the back.

Take-Home Reading Program

Student: _____ Week of: _____

Your child has homework in reading each evening. Your child should read text he or she has selected for a minimum of 20 minutes each evening. To enhance the instructional value of this assignment, I would like for a parent or another responsible adult to listen to the child RETELL* the events or facts read. Please indicate the child's level of success with the RETELL.* This sheet needs to be returned EVERY DAY!

Evaluation Scale

E – Excellent S – Satisfactory N – Had difficulty

Monday: *O Book* *O Newspaper* *O Magazine* *O Other* _____

Title: _____ Pages Read _____ to _____

Evaluation: E S N Comments: _____

Tuesday: *O Book* *O Newspaper* *O Magazine* *O Other* _____

Title: _____ Pages Read _____ to _____

Evaluation: E S N Comments: _____

Wednesday: *O Book* *O Newspaper* *O Magazine* *O Other* _____

Title: _____ Pages Read _____ to _____

Evaluation: E S N Comments: _____

Thursday: *O Book* *O Newspaper* *O Magazine* *O Other* _____

Title: _____ Pages Read _____ to _____

Evaluation: E S N Comments: _____

Parent Signature (required): _____