



Staff Checklist for Camper Reading Aloud

Camper's name: _____ Date: _____

Person completing this checklist: _____

When was the reading completed?

During class/instructional time

During mealtime

During free time/rest period

Other (_____)

Before bedtime

(INSTRUCTIONS: Listen to the camper's reading and place a check ✓ in the box that answers each question.)

	YES	NO
1. Did the camper select the book?	YES	NO
2. Did the camper use a loud voice?	YES	NO
3. Did the camper speak slowly and clearly?	YES	NO
4. Did the camper read with expression?	YES	NO
5. Did the camper read with fluency?	YES	NO
6. Did the camper ask for help when needed?	YES	NO
7. Did the camper use gestures and motions when appropriate?	YES	NO