Reader's name: _____   Date: _____

Completed by: _____

READ-ALOUD CHECKLIST

Instructions: Listen to the reading of the script and place a ✓ in the box that answers the question.

	Yes	No
Did the reader use a loud voice?		
Did the reader speak slowly and clearly?		
Did the reader read with expression?		
Did the reader read with fluency?		
Could you see the reader's face while he or she read?		
Did the reader use appropriate gestures and motions?		