**Oral Reading Evaluation**

**Name: Date:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Seldom | Sometimes | Often |
| Tries to self- correct if word doesn’t make sense or sound right |  |  |  |
| Pays attention to punctuation at the end of a sentence |  |  |  |
| Reads smoothly without frequent pauses |  |  |  |
| Reads with expression |  |  |  |