

Reading Comprehension Evaluation Sheet

Student Name:

Date:

Title of Text:

Evaluation Criteria

| Criteria | Excellent | Good | Fair | Needs Improvement |
|--------------------------|-----------|------|------|-------------------|
| Main Idea Identification | | | | |
| Detail Recognition | | | | |
| Inference Ability | | | | |
| Vocabulary Understanding | | | | |
| Summary Skills | | | | |

Comments and Recommendations

Evaluator: