

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

## Independent Reading Level

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Kindergarten			First Grade						Second Grade	Second Grade	Second Grade	Third Grade		

**Where you should be at:**

1<sup>st</sup> quarter

2<sup>nd</sup> & 3<sup>rd</sup> quarter

4<sup>th</sup> quarter

Start of the year: \_\_\_\_\_

End of year goal: \_\_\_\_\_

- September: \_\_\_\_\_
- January: \_\_\_\_\_
- May: \_\_\_\_\_