

TEACHER INSTRUCTIONS: MAINTAINING AN ORAL READING RECORD

	non-reading	A-B 90/15	C-D 90/28	E-F 90/41	G-H 90/54	I-J 90/67	K-L 90/80	M-N 90/93	
QDD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: <input type="radio"/> A <input type="radio"/> B date: <u>9/3/11</u>
SORR	<input type="checkbox"/>	<u>92</u> / <u>23</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: <input type="radio"/> A <input type="radio"/> B date: <u>9/6/11</u>
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<u>84</u> / <u>31</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: <input type="radio"/> A <input type="radio"/> B date: <u>10/12/11</u>
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<u>93</u> / <u>36</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: <input type="radio"/> A <input type="radio"/> B date: <u>11/2/11</u>
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>91</u> / <u>42</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: <input type="radio"/> A <input type="radio"/> B date: <u>12/19/11</u>
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>78</u> / <u>47</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: <input type="radio"/> A <input type="radio"/> B date: <u>1/6/12</u>
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: <input type="radio"/> A <input type="radio"/> B date: _____

For each new student begin an Oral Reading Record Score Sheet after administering the Quick Decoding Diagnostic. Update the Oral Reading Record Tracking Sheet each time a Student Oral Reading Record assessment is administered.

1. After administering the Quick Decoding Diagnostic, place a check in the level band indicated for guided reading.
2. After administering a Student Oral Reading Record, record the student's oral reading rate (total words read) in the upper box provided. Record the student's decoding accuracy in the lower box.
3. If the student decoding accuracy is greater than 90%, circle the figure. If the student's oral reading rate is greater than the target minimum rate, circle the figure.
4. A student who both achieves greater than 90% accuracy of decoding and exceeds the target minimum should be considered ready for guided reading at the next higher level band.

READING ORAL RECORD TRACKING SHEET

student: _____ class: _____

TRACKING GRID

	non-reading	A-B 90/20	C-D 90/30	E-F 90/40	G-H 90/50	I-J 90/60	K-L 90/70	M-N 90/80	
QDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____
SORR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	form: A B date: _____

COMMENTS

