**Sticky Note Review- Teacher Edition\*\*\***

Directions:

* Fill out the personal reflection based on your “Reading Habits.”

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Personal Reflection  (Please fill this out and be honest!) |  | | **4** | **3** | **2** | **1** |
| Reading Habits total:  \_\_\_\_\_\_\_\_\_\_ | Reading in class/ Prepared with bag and materials |  |  |  |  |
| Completed Required Pages  (page #\_\_\_\_\_\_\_\_\_) |  |  |  |  |
| Completed Required sticky notes for the night/section |  |  |  |  |
| Teacher Review  (Please leave this section for Mrs. D. to fill out.) | Reading Process/ quality response total:  \_\_\_\_\_\_\_\_\_\_ | Evidence of literal comprehension/ note taking |  |  |  |  |
| Evidence of inferential (thoughtful) comprehension/ note taking |  |  |  |  |
| Evidence of critical thinking (asking important questions, forming opinions, making meaningful connections) |  |  |  |  |

* Place your best sticky notes in the correct boxes.

|  |  |  |
| --- | --- | --- |
| Literal | Inferential | Critical |