**Whole Group Reading Instruction: Teacher Checklist**

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day:\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not applicable** | **Did not do the activity**  | **Completed SOME of the activity as specified** | **Completed MOST of the activity as specified** | **Completed ALL of the activity as specified** |
| **Content Knowledge**  |  |  |  |  |  |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
| **ECRI**  |  |  |  |  |  |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Text Based Comprehension** |  |  |  |  |  |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | ☐ | ☐ | ☐ | ☐ | ☐ |

**Questions to reflect on:**

What do you think worked well during the lesson?

What didn’t work so well?

What would you do differently next time?