

# Reading Interest Inventory

Name \_\_\_\_\_ Date \_\_\_\_\_

YES NO 1. When I hear it's time for reading I am happy.

YES NO 2. Do you read outside of school.

YES NO 3. I have had a positive reading experience. It was when \_\_\_\_\_

\_\_\_\_\_

YES NO 4. I have had a negative experience reading. It was when \_\_\_\_\_

\_\_\_\_\_

YES NO 5. I would like to read different kinds of books. What are they? \_\_\_\_\_

\_\_\_\_\_

YES NO 6. I would like to read in a book club or with a group.

YES NO 7. I celebrate when I finish a book. How do you celebrate? \_\_\_\_\_

\_\_\_\_\_

YES NO 8. I read for fun at least once a day.

If I could rate how much I like reading I would say that it is a :

←-----→  
0 1 2 3 4 5 6 7 8 9 10  
(I don't like it) (I LOVE IT)