Reader:\_\_

\_\_\_\_\_ Wee

\_ Week:\_\_\_\_\_ Current Reading Level:\_\_\_\_\_

## Signed Reading Fluency Weekly Participation Rubric

Student Self-Reflection / Evaluation Did I	Student Yes/No			Teacher Yes/No	
<ul> <li>complete the pre-video and post-video?</li> </ul>	Yes	No	Yes	No	
<ul> <li>have a good attitude and try my best?</li> </ul>	Yes	No	Yes	No	
<ul> <li>read carefully and attend to the entire passage?</li> </ul>	Yes	No	Yes	No	
<ul> <li>identify unknown vocabulary in the passage?</li> </ul>	Yes	No	Yes	No	
<ul> <li>create flashcards (paper/digital) for unknown vocabulary with word, definition, picture, and sign?</li> </ul>	Yes	No	Yes	No	
<ul> <li>practice reading the passage for at least 10 minutes per day?</li> </ul>	Yes	No	Yes	No	
<ul> <li>seek support if needed?</li> </ul>	Yes	No	Yes	No	
<ul> <li>apply what I learned from previous videos and the Signed Reading Fluency Rubric?</li> </ul>	Yes	No	Yes	No	
<ul> <li>watch the pre-video and post-video to fill-out the reflection sheets?</li> </ul>	Yes	No	Yes	No	
<ul> <li>show progress from the pre-video to the post-video?</li> </ul>	Yes	No	Yes	No	
Title/Source of Passage: Totals	s / 10	) = %	5/ 10	=	

Comments:

revised 11/7/16

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			F   S	Florida School for the Deaf & the Blind				
			DB	the Deal & the Billu				
				Do More. Be More. Achieve More.				