



# Literacy Development Chart

Your Name: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Date: _____
Student Name: _____

	<b>First Classroom Visit</b> <i>Month:</i>	<b>Second Classroom Visit</b> <i>Month:</i>	<b>Third Classroom Visit</b> <i>Month:</i>	<b>Fourth Classroom Visit</b> <i>Month:</i>
<b>Strengths</b> <i>(What reading skills has the student mastered?)</i>				
<b>Needs</b> <i>(What areas require attention?)</i>				
<b>Instruction</b> <i>(How does the teacher support their progress?)</i>				

**Instructions:**

Make a copy of this page for each of the student case study videos you watch and record your observations on each classroom visit. Consider each student's abilities and limitations, and the instruction they receive to help their progress.