Middle School Quarterly Reading Assessments

School Year:_____ **Teacher:**_____ **Grade:**_____

	Assessment #1		Assessment #2				Assessment #3				Assessment #4			
	Dates:		Dates:				Dates:				Dates:			
Student Name	Fluency (WCPM)	Comprehension (Lexiles)	Fluency (WCPM)	Growth	Comp. (Lexiles)	Growth	Fluency (WCPM)	Growth	Comp. (Lexiles)	Growth	Fluency (WCPM)	Growth	Comp. (Lexiles)	Growth