Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Text and Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length: \_\_\_\_\_

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| Number of Questions Answered | Number of questions answered with complete sentences (with support) | Comprehension of content (Limited, Partial, Satisfactory, Exemplary) 1 2 3 4 |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Text and Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length: \_\_\_\_\_

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