

# Reading Difficulty Checklist

## Informal Diagnostic Inventory

Student's Name:		Date:
<input type="checkbox"/>	Has difficulty naming and/or remembering letters	
<input type="checkbox"/>	Has difficulty blending sounds into words	
<input type="checkbox"/>	Has difficulty manipulating sounds within words	
<input type="checkbox"/>	Has trouble recognizing or making rhymes	
<input type="checkbox"/>	Confuses similar letters (d/p; p/q)	
<input type="checkbox"/>	Adds, omits, or transposes sounds in words (friends/friend; progress/progress; beard/bread)	
<input type="checkbox"/>	Confuses visually similar words (supper/slipper)	
<input type="checkbox"/>	Has difficulty recognizing sight words	
<input type="checkbox"/>	Tires easily while reading	
<input type="checkbox"/>	Loses place while reading	
<input type="checkbox"/>	Reads slowly	
<input type="checkbox"/>	Guesses at words while reading	
<input type="checkbox"/>	Substitutes or eliminates words while reading	
<input type="checkbox"/>	Adds or omits parts of words while reading	
<input type="checkbox"/>	Reads without expression	
<input type="checkbox"/>	Reads without recognizing punctuation	
<input type="checkbox"/>	Exhibits weak comprehension of information or ideas read	
<input type="checkbox"/>	Avoids or dislikes reading	

**Teacher Comments:**