

**Guided Reading & Writing Groups**

Term:  1  2  3  4

Week:  1  2  3  4  5  6  7  8  9  10  11

Group 1					
<b>Students:</b>					
<b>Text Title:</b>					
<b>Type of Text:</b>	<input type="checkbox"/> Imaginative / <input type="checkbox"/> Informative / <input type="checkbox"/> Persuasive				
<b>Reading Focus:</b>	<input type="checkbox"/> Fluency / <input type="checkbox"/> Comprehension / <input type="checkbox"/> Tricky Words / <input type="checkbox"/> Sounding Out / <input type="checkbox"/> Vocab / <input type="checkbox"/> Expression / <input type="checkbox"/> Other -				
<b>Big Idea:</b>					
<b>Orientation to Text:</b>					
<b>Key words or Phrases:</b>					
<b>Observations:</b>					
<b>Word Work:</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>Questioning after reading:</b>					
<b>Response to text activity:</b>					

**Group 2**

<b>Students:</b>					
<b>Text Title:</b>					
<b>Type of Text:</b>	<input type="checkbox"/> Imaginative / <input type="checkbox"/> Informative / <input type="checkbox"/> Persuasive				
<b>Reading Focus:</b>	<input type="checkbox"/> Fluency / <input type="checkbox"/> Comprehension / <input type="checkbox"/> Tricky Words / <input type="checkbox"/> Sounding Out / <input type="checkbox"/> Vocab / <input type="checkbox"/> Expression / <input type="checkbox"/> Other -				
<b>Big Idea:</b>					
<b>Orientation to Text:</b>					
<b>Difficult Words or Phrases:</b>					
<b>Observations:</b>					
<b>Word Work:</b>	Mon	Tues	Wed	Thurs	Fri
<b>Questioning after reading:</b>					
<b>Response to text activity:</b>					

**Group 3**

<b>Students:</b>					
<b>Text Title:</b>					
<b>Type of Text:</b>	<input type="checkbox"/> Imaginative / <input type="checkbox"/> Informative / <input type="checkbox"/> Persuasive				
<b>Reading Focus:</b>	<input type="checkbox"/> Fluency / <input type="checkbox"/> Comprehension / <input type="checkbox"/> Tricky Words / <input type="checkbox"/> Sounding Out / <input type="checkbox"/> Vocab / <input type="checkbox"/> Expression / <input type="checkbox"/> Other -				
<b>Big Idea:</b>					
<b>Orientation to Text:</b>					
<b>Difficult Words or Phrases:</b>					
<b>Observations:</b>					
<b>Word Work:</b>	Mon	Tues	Wed	Thurs	Fri
<b>Questioning after reading:</b>					
<b>Response to text activity:</b>					

**Group 4**

<b>Students:</b>					
<b>Text Title:</b>					
<b>Type of Text:</b>	<input type="checkbox"/> Imaginative / <input type="checkbox"/> Informative / <input type="checkbox"/> Persuasive				
<b>Reading Focus:</b>	<input type="checkbox"/> Fluency / <input type="checkbox"/> Comprehension / <input type="checkbox"/> Tricky Words / <input type="checkbox"/> Sounding Out / <input type="checkbox"/> Vocab / <input type="checkbox"/> Expression / <input type="checkbox"/> Other -				
<b>Big Idea:</b>					
<b>Orientation to Text:</b>					
<b>Difficult Words or Phrases:</b>					
<b>Observations:</b>					
<b>Word Work:</b>	Mon	Tues	Wed	Thurs	Fri
<b>Questioning after reading:</b>					
<b>Response to text activity:</b>					

**Group 5**

<b>Students:</b>					
<b>Text Title:</b>					
<b>Type of Text:</b>	<input type="checkbox"/> Imaginative / <input type="checkbox"/> Informative / <input type="checkbox"/> Persuasive				
<b>Reading Focus:</b>	<input type="checkbox"/> Fluency / <input type="checkbox"/> Comprehension / <input type="checkbox"/> Tricky Wrds / <input type="checkbox"/> Sounding Out / <input type="checkbox"/> Vocab / <input type="checkbox"/> Expression / <input type="checkbox"/> Other -				
<b>Big Idea:</b>					
<b>Orientation to Text:</b>					
<b>Difficult Words or Phrases:</b>					
<b>Observations:</b>					
<b>Word Work:</b>	Mon	Tues	Wed	Thurs	Fri
<b>Questioning after reading:</b>					
<b>Response to text activity:</b>					

**Group 6**

<b>Students:</b>					
<b>Text Title:</b>					
<b>Type of Text:</b>	<input type="checkbox"/> Imaginative / <input type="checkbox"/> Informative / <input type="checkbox"/> Persuasive				
<b>Reading Focus:</b>	<input type="checkbox"/> Fluency / <input type="checkbox"/> Comprehension / <input type="checkbox"/> Tricky Wrds / <input type="checkbox"/> Sounding Out / <input type="checkbox"/> Vocab / <input type="checkbox"/> Expression / <input type="checkbox"/> Other -				
<b>Big Idea:</b>					
<b>Orientation to Text:</b>					
<b>Difficult Words or Phrases:</b>					
<b>Observations:</b>					
<b>Word Work:</b>	Mon	Tues	Wed	Thurs	Fri
<b>Questioning after reading:</b>					
<b>Response to text activity:</b>					

**Group 7**

<b>Students:</b>					
<b>Text Title:</b>					
<b>Type of Text:</b>	<input type="checkbox"/> Imaginative / <input type="checkbox"/> Informative / <input type="checkbox"/> Persuasive				
<b>Reading Focus:</b>	<input type="checkbox"/> Fluency / <input type="checkbox"/> Comprehension / <input type="checkbox"/> Tricky Wrds / <input type="checkbox"/> Sounding Out / <input type="checkbox"/> Vocab / <input type="checkbox"/> Expression / <input type="checkbox"/> Other -				
<b>Big Idea:</b>					
<b>Orientation to Text:</b>					
<b>Difficult Words or Phrases:</b>					
<b>Observations:</b>					
<b>Word Work:</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>Questioning after reading:</b>					
<b>Response to text activity:</b>					