

Student Writing Inventory

Name:

Date:

- | | | | | |
|-----|---|-----|----|-----------|
| 1. | I like to write? | Yes | No | Sometimes |
| 2. | I am a good writer? | Yes | No | Sometimes |
| 3. | I think writing is important? | Yes | No | Sometimes |
| 4. | I like to show my writing to others? | Yes | No | Sometimes |
| 5. | I write a lot? | Yes | No | Sometimes |
| 6. | Others can understand my writing? | Yes | No | Sometimes |
| 7. | The things I write about is interesting? | Yes | No | Sometimes |
| 8. | My best writing piece was _____ | | | |
| 9. | I'm best at writing _____ | | | |
| 10. | My favorite time to write is _____
_____ | | | |
| 11. | My favorite place to write is _____ | | | |
| 12. | My favorite thing to write about is _____
_____ | | | |
| 13. | The last writing I did was _____ | | | |
| 14. | Something I would like to write about is _____
_____ | | | |

Teachers Notes: