

Name: _____ Date: _____

Monitoring Checklist For Summarizing

This summary:

- | | | |
|--|-----|----|
| • includes a main idea | Yes | No |
| • includes at least 2 supporting details | Yes | No |
| • has no unnecessary details | Yes | No |
| • does not include my own opinion | Yes | No |
| • is the right length
(# of sentences is = or less than the # of paragraphs.) | Yes | No |
| • is in my own words | Yes | No |