

Name _____

Period _____

INNER VOICE SHEET

Title: _____

Directions: Record the conversation you have in your head as you read. Be sure to have several sentences for each box.

What can I write?

Record a REACTION to something that strikes you.

Ask a QUESTION about something you don't understand.

Give an OPINION on something stated.

Make a CONNECTION to information you previously read.

Inner Voice page	Inner Voice page
Inner Voice page	Inner Voice page

