|  |  |
| --- | --- |
| Name: |  Date: |

**Inner Voice Sheet**

|  |  |
| --- | --- |
| Pg\_\_\_\_  | Pg\_\_\_\_  |
| Pg\_\_\_\_  | Pg\_\_\_\_  |

|  |  |
| --- | --- |
| * Record a REACTION to something that strikes you.
* Ask a QUESTION about something that has happened in the text.
* Give an OPINION on how you might respond in a similar situation.
* Make a CONNECTION to the information you read and to what you know.
* PREDICT what you think might happen next.
 |  |