Story-Listening Kit
Summary Form

Name: _____ Number: _____ Date: ____/____/_____

The Summary of: _____

Feel free to use the back of this paper for more writing space.

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Please indicate how much of the story's content you feel you understood. Write your estimated understanding as a percentage in the box provided, or circle one of the emojis below that best represents your comprehension.

Circle One

Write %

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