

SCHOOL REPORT

Student's Name _____ Current Grade _____

School's Name _____

School's Address _____

Person completing form _____ Position _____

Classroom Teacher _____ Dated _____

**Describe the reading program in your classroom (e.g. literature-based, individualized, SRA).
Is instruction whole class or are students grouped? If so, how are students grouped?**

Title of reading series _____

**Is the child receiving phonics instruction through the reading series and/or with another program of
phonics instruction? Please specify the other program.** _____

At what reading level is the child being instructed? _____

How is (s)he performing at that level? _____

Standardized test administered _____

Child's most recent score _____

Most recent grades _____

Is the child receiving special help in reading? If yes, briefly describe the nature of the remedial program.

Rate this child's performance compared to other students in the class

1 = Much worse 2 = Somewhat worse 3 = About the same 4 = Somewhat better
5 = Much better

Time on task _____

Oral reading _____

Comprehension _____

Sight vocabulary _____

Decoding _____

Spelling _____

Writing _____

Handwriting _____

Interest in reading _____

Effort _____

Completion of assignments _____

Is there any additional information that Rowan University Reading Clinic should know to help improve this child's reading ability?

If you wish to send this form to us directly, please mail to:

Rowan University
Reading Clinic –1ST Floor
College of Education – Education Hall
201 Mullica Hill Rd.
Glassboro, NJ 08028

PHONE: 856-256-4769