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

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