ACADEMIC INFORMATION FORM

Directions: This form can be completed by the child’s parent/guardian or school district personnel.

Today’s date: ____________

Student’s Name: ____________________________ Grade: ______________________

School Name: ____________________________________________________________

Type of Class ___ Regular  ___ Special Education

___ Other: (please specify) __________________________________________________

Occasionally, it is necessary for CLaRI faculty to contact the student’s teachers to discuss the student’s reading development. We request school phone numbers to better facilitate that contact.

Classroom teacher’s name: ___________________________ telephone #: ____________

Reading teacher’s name: _____________________________ telephone #: ____________

Other teacher: ___________________________ Position: _______________________

Background

1. Please describe the child’s performance as it relates to reading and learning (classroom participation, attitude, motivation, etc.).

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

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___________________________________________________________________________

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___________________________________________________________________________

___________________________________________________________________________
2. Please describe the child’s academic performance in the following content areas:

   Math ____________________________________________________________

   Social Studies ______________________________________________________

   Science __________________________________________________________

   Language Arts/English _____________________________________________

   Art _____________________________________________________________

   Music __________________________________________________________

   Physical Education ______________________________________________

3. Is this child experiencing difficulties in reading?   Yes   No

   If yes, what are this child’s areas in need of development and strengths in literacy?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. What is the child’s current reading level: ____________________________
   Is the child currently reading below grade level:   Yes   No
   If the child is reading on or above grade level, has she/he ever read below grade level: __________

5. What is the child’s current writing level: ______________________________
   Is the child currently writing below grade level:   Yes   No
   If the child is writing on or above grade level, has she/he ever read below grade level: __________

6. What is the child’s current spelling level: _____________________________
   Is the child currently spelling below grade level:   Yes   No
   If the child is spelling on or above grade level, has she/he ever read below grade level: __________

   **Reading Instruction**

7. Presently, how is the child instructed in reading?
   ___________________________________________________________________
   ___________________________________________________________________
8. In previous grades, what other instruction or materials might this child have received?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Intervention

9. Has the student received special assistance and/or reading intervention services?  
   Yes  No
   If no, please skip to question 10.
   If yes, please continue:

   a. Exactly how much (years, months) reading intervention has the student received?  __________

   b. About how many hours per week?  __________________________________________________________

   c. When did the intervention begin?  __________________________________________________________

   d. Was the instruction individual or group?  ____________________________________________________

      If group intervention, what size was the group?  _____________________________________________

   e. Will this reading intervention continue?  ____________________________________________________

   (If you completed question 9, please skip to question 11.)

10. If the child has not previously received reading intervention, has the school considered such intervention?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   Please provide a brief explanation:

   If YES:  What is the likelihood of intervention for this student?  Would this instruction be individual or small group?  Approximately how many hours of instruction would the student receive each week?

   If NO:  Why isn’t this student receiving intervention?
Related Factors

11. Has this child’s hearing been checked with an audiometer in the last year? __________________________
   Results: _______________________________________________________________________________________

12. Has the child’s vision been checked in the last year? ________________________________
   Results: _______________________________________________________________________________________
   Have any corrections been made? ________________________________________________________________
   If the child is supposed to wear glasses, does s/he? _______________________________________________

13. Does the child have any speech difficulties? ________________________________________________
   If so, what is the nature of these difficulties? _____________________________________________________
   Has the child received help from a speech pathologist? ______________________________________________

14. (OPTIONAL) If a psychological examination has been conducted, please answer the following:
   Psychologist’s Name: _____________________________ Phone: ____________
   Address: _______________________________________________________________________________________
   Position: _______________________________________________________________________________________

We would greatly appreciate any supplemental information you can provide. If possible, please attach:

- Results of any psychological evaluations.
- Samples of the student’s written work demonstrating the developmental nature of the child’s writing ability.
- Reports of all standardized test results.

Name(s) of person(s) completing this information form:

Name _____________________________ Date ____________ Position _______________________

Name _____________________________ Date ____________ Position _______________________

Mail the completed Academic Information Form and, if there is such, a copy of any Educational Reports to:

Dr. Ashlee Campbell, CLaRI Associate Director
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University at Buffalo
Buffalo, NY 14260-1000