



Reading • Writing • Succeeding

Center for Literacy and Reading Instruction

17 Baldy Hall, University at Buffalo, Buffalo, NY 14260-1000 - 716.645.2470

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.).

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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Buffalo, NY 14260-1000