



University at Buffalo

Center for Literacy and Reading Instruction

Graduate School of Education

SATURDAY MORNING ONE-TO-ONE READING & WRITING TUTORING

ACADEMIC INFORMATION FORM

Please complete one "Academic Information Form" for each child attending tutoring. The child's parent/ guardian or school district personnel can complete this form. Submit this form with the "Registration Form" & "Payment Form." Contact CLaRI's Associate Director, Ashlee Campbell (716-645-2470/ ashleeeeb@buffalo.edu) with questions.

Child's Name: _____ Current Grade: _____

School Name: _____

Type of Class: ___ Regular ___ Special Education ___ Other: (please specify) _____

Background

1. Is the child experiencing difficulties in reading and/or writing? Yes No

2. What is the child's current reading level: _____
Is the child currently reading below grade level: Yes No

3. What is the child's current writing level: _____
Is the child currently writing below grade level: Yes No

4. What is the child's current spelling level: _____
Is the child currently spelling below grade level: Yes No

5. What types of books, titles, or authors does the child enjoy reading: (e.g., informational books, narrative stories, mysteries, comics, poetry).

6. What activities does the child enjoy outside of school?

7. Please describe this child's strengths and areas in need of development for each of the following literacy areas:

	Strength	Weakness
Fluency (e.g., decoding, sight words)		
Comprehension		
Spelling		
Writing		

8. Please indicate and rank (1-4 scale; 1 being the most important) the importance of CLaRI teachers providing instruction to the child in the following literacy areas.

____ (rank) *Comprehension:* Yes No

____ (rank) *Fluency:* Yes No

____ (rank) *Writing:* Yes No

____ (rank) *Spelling:* Yes No

9. Does your child have any special academic needs? (e.g., ADHD, Autism, IEP, 504)

10. Is there anything else we should know about your child? (e.g., allergies)

Related Factors

1. Has this child's hearing been checked with an audiometer in the last year? _____
Results: _____

2. Has the child's vision been checked in the last year? _____
Results: _____
Does the child wear glasses? _____

3. 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? _____

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

- Samples of the student's written work demonstrating the developmental nature of the child's writing ability.
- IEP or 504 Plan
- Reports of standardized test results.

Name(s) of person completing this information form:

Name _____ Date _____ Position _____

Upload completed forms to the CLARI secure box folder:
<https://buffalo.app.box.com/f/b8b383b9cd974a95b1c5c90038b2c0cd>.
Label the document with your child's first and last name and title of the form.