



University at Buffalo

# Center for Literacy and Reading Instruction

Graduate School of Education

## ONE-TO-ONE READING & WRITING TUTORING 2024 SUMMER ACADEMIC INFORMATION FORM

**Registration Deadline: Friday, June 14<sup>th</sup>, 2024**

Please complete one "Summer Academic Information Form" for each child attending tutoring. The child's parent/guardian and/or teacher can complete this form. CLaRI staff will use the information on this form to plan literacy instruction so please be as thorough as possible. Submit this form with the "Summer Registration Form" & "Summer Payment Form." Contact CLaRI's Associate Director, Ashlee Campbell (716-645-1058/ [ashleeeb@buffalo.edu](mailto:ashleeeb@buffalo.edu)) with questions.

**Child's Name:** \_\_\_\_\_ **Grade Entering in fall:** \_\_\_\_\_

**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)

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

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**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 \_\_\_\_\_

**Completed forms will need to be uploaded 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. If you have questions, please Email ([ub-clari@buffalo.edu](mailto:ub-clari@buffalo.edu)) or call 716-645-2470. Do not email or fax registration forms, they will not be accepted.**