ONE-TO-ONE READING & WRITING TUTORING
2016 SUMMER ACADEMIC INFORMATION FORM

Registration Deadline: Monday, June 27, 2016

Please complete one “Summer 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 “Summer Registration Form” & “Summer Payment Form.” Contact CLaRI Staff (716-645-2470/ ub-clari@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?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

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

<table>
<thead>
<tr>
<th></th>
<th>Strength</th>
<th>Weakness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fluency</strong> (e.g., decoding, sight words)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Comprehension</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Spelling</strong></td>
<td></td>
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<tr>
<td><strong>Writing</strong></td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td><strong>Comprehension</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fluency</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Writing</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Spelling</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
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 ____________________

Email (ub-clari@buffalo.edu), fax (645-5060), mail or bring in (see below) completed “Summer Academic Information Form,” “Summer Registration Form,” and “Summer Payment Form” to:

CLaRI
17 Baldy Hall, North Campus
University at Buffalo
Buffalo, NY 14260-1000