



Reading • Writing • Succeeding

# Center for Literacy and Reading Instruction

## ONE-TO-ONE READING & WRITING TUTORING 2017 SUMMER ACADEMIC INFORMATION FORM

**Registration Deadline: Monday, June 26, 2017**

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](mailto: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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

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