



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](mailto: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).

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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:

	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 ([ashleeb@buffalo.edu](mailto:ashleeb@buffalo.edu)), fax (716-645-5060), or mail completed “Academic Information Form,” “Registration Form,” and “Payment Form” to:

Dr. Ashlee Campbell, CLaRI Associate Director  
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