



University at Buffalo

# Center for Literacy and Reading Instruction

Graduate School of Education

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Dr. Mary McVee, Director

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## ACADEMIC INFORMATION FORM

**Directions:** This form can be completed by the child’s parent/guardian or school district personnel.

Today’s date: \_\_\_\_\_

Student’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

Type of Class:  Regular  Special Education  
 Other: (please specify) \_\_\_\_\_

Occasionally, it is necessary for CLaRI faculty to contact the student’s teachers to discuss the student’s reading development. We request school phone numbers to better facilitate that contact.

Classroom teacher’s name: \_\_\_\_\_ telephone #: \_\_\_\_\_

Reading teacher’s name: \_\_\_\_\_ telephone #: \_\_\_\_\_

Other teacher: \_\_\_\_\_ Position: \_\_\_\_\_

### **Background**

1. Please describe the child’s performance as it relates to reading and learning (classroom participation, attitude, motivation, etc.).

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2. Please describe the child's academic performance in the following content areas:

Math \_\_\_\_\_

Social Studies \_\_\_\_\_

Science \_\_\_\_\_

Language Arts/English \_\_\_\_\_

Art \_\_\_\_\_

Music \_\_\_\_\_

Physical Education \_\_\_\_\_

3. Is this child experiencing difficulties in reading?      Yes      No

If yes, what are this child's areas in need of development and strengths in literacy?

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4. What is the child's current reading level: \_\_\_\_\_

Is the child currently reading below grade level:      Yes      No

If the child is reading on or above grade level, has she/he ever read below grade level: \_\_\_\_\_

5. What is the child's current writing level: \_\_\_\_\_

Is the child currently writing below grade level:      Yes      No

If the child is writing on or above grade level, has she/he ever read below grade level: \_\_\_\_\_

6. What is the child's current spelling level: \_\_\_\_\_

Is the child currently spelling below grade level:      Yes      No

If the child is spelling on or above grade level, has she/he ever read below grade level: \_\_\_\_\_

**Reading Instruction**

7. Presently, how is the child instructed in reading?

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8. In previous grades, what other instruction or materials might this child have received?

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**Intervention**

9. Has the student received special assistance and/or reading intervention services?      Yes      No

*If no, please skip to question 10.*

*If yes, please continue:*

a. Exactly how much (years, months) reading intervention has the student received? \_\_\_\_\_

b. About how many hours per week? \_\_\_\_\_

c. When did the intervention begin? \_\_\_\_\_

d. Was the instruction individual or group? \_\_\_\_\_

If group intervention, what size was the group? \_\_\_\_\_

e. Will this reading intervention continue? \_\_\_\_\_

(If you completed question 9, please skip to question 11.)

10. If the child has not previously received reading intervention, has the school considered such intervention?

\_\_\_\_\_

Please provide a brief explanation:

If **YES**: What is the likelihood of intervention for this student? Would this instruction be individual or small group? Approximately how many hours of instruction would the student receive each week?

If **NO**: Why isn't this student receiving intervention?

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

**Related Factors**

11. Has this child's hearing been checked with an audiometer in the last year? \_\_\_\_\_

Results: \_\_\_\_\_

12. Has the child's vision been checked in the last year? \_\_\_\_\_

Results: \_\_\_\_\_

Have any corrections been made? \_\_\_\_\_

If the child is supposed to wear glasses, does s/he? \_\_\_\_\_

13. 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? \_\_\_\_\_

14. (OPTIONAL) If a psychological examination has been conducted, please answer the following:

Psychologist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

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

- Results of any psychological evaluations.
- Samples of the student's written work demonstrating the developmental nature of the child's writing ability.
- Reports of all standardized test results.

Name(s) of person(s) completing this information form:

Name \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

Mail the completed Academic Information Form and, if there is such, a copy of any Educational Reports to:

Dr. Ashlee Campbell, CLaRI Associate Director  
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 University at Buffalo  
 Buffalo, NY 14260-1000