



University at Buffalo

Center for Literacy and Reading Instruction

Graduate School of Education

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PARENT INFORMATION FORM

Family Background

Student's Name _____ Gender _____ Age _____ Birth Date _____ Grade _____

Home Address _____ Home Phone Number _____

Parent 1 Name _____ Parent Occupation _____

Parent 1 Education _____ Business Phone # _____ Cell Phone # _____

Parent 1 Address _____

Would you like to receive student's reports at this address? (Y/N) _____ Other CLaRI Information? (Y/N) _____

Parent 1 Email Address _____

Parent 2 Name _____ Parent 2 Occupation _____

Parent 2 Education _____ Business Phone # _____ Cell Phone # _____

Parent 2 Address _____

Would you like to receive student's reports at this address? (Y/N) _____ Other CLaRI Information? (Y/N) _____

Parent 2 Email Address _____

Marital Status: _____ Status of Child (natural, adopted, step or foster child) _____

Siblings:

	Name	Age	Grade	School Performance
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Other individuals living in the home _____

What language (or languages) is spoken in the home? _____

Is the child's native language English? _____ If no, what is the child's native language? _____

If English is not the child's native language, when did s/he start speaking English? _____

Has anyone else in the child's immediate family had difficulty in reading? _____

If yes, what is their relationship to the child? (sibling, parent, grandparent, etc.) _____

Describe family activities that support your child's learning: _____

Social Factors

Describe your child's social activities/ interactions with peers. _____

What are your child's interests? _____

Overall Wellness

What was your child's general health at birth? _____

Give a brief health history of your child (include, for example, chronic infections, allergies, serious illness or disease)

Has your child had any trouble with his/her eyes? _____

Have your child's eyes been examined? _____ Date of last examination _____

By whom? _____ Address _____

Does s/he wear glasses? _____

Is there any indication of hearing loss? _____

Have your child's ears been examined? _____ Has your child's hearing been tested? _____ Date of exam _____

By whom? _____ Address _____

Results _____

School Information

Did your child attend preschool? _____

Did your child receive early interventions? (For example: speech, OT, PT – if yes, please describe)

Name of Current School _____ Principal _____

When was your child enrolled at this school? (Grade and year) _____

Please list other schools which your child has attended:

Name of School	Address	Grades
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What are your child's strengths as a reader and writer?

When and why did you become concerned about your child's reading?

Other information we should know:
