Name of Student ___________________________ Grade __________________

Name of Classroom Teacher __________________________________________

School ___________________________ District __________________________

1. What is the child’s reading level?

2. What do you consider to be the greatest area(s) of need?

3. What do you consider to be the greatest area(s) of strength?

Please list the child’s strengths and weaknesses in the following areas:

Comprehension:

Word Attack: (Phonics)

Sight Words:

Fluency:

Writing: (Composing a story or summary)

Spelling: (Weekly lists?)

Rough draft writing? (OVER)
4. Please make any further comments or suggestions regarding this child:

5. Please briefly describe the child’s reading program.
   (Publisher, Series, Copyright)

6. If agreeable: please provide your home phone number in case it would be valuable to speak with you during the actual clinic. Thank you.