

CMU READING CLINIC
TEACHER'S READING REFERRAL INFORMATION

Student _____

Grade Completed _____ Date of Birth ____ / ____ / ____ School _____

Classroom Teacher: First Name _____ Last Name _____

1. Student's reading level _____

2. Please Check All Relevant Reading Abilities

Word Identification

Strength Weakness

_____ _____

Decoding

_____ _____

Sight words

_____ _____

Oral reading fluency

Comprehension

_____ _____

Activates background

_____ _____

Predicts

_____ _____

Understands major concepts

_____ _____

Self-monitors

_____ _____

Interprets meaning suggested by the text

3. Please Check all Relevant Related Literacy Abilities

Strength Weakness

_____ _____

Spelling

_____ _____

Handwriting

_____ _____

Listening comprehension

_____ _____

Study Skills

_____ _____

Oral expression

_____ _____

Mathematics

_____ _____

Written expression

4. Has student received special help in reading? _____

If so, when? _____

Nature of instruction _____

Results _____

5. Please Check All Related Attitudes and Abilities

| Strength | Weakness | |
|----------|----------|----------------------------------|
| _____ | _____ | Ability to concentrate |
| _____ | _____ | Confidence in ability |
| _____ | _____ | Willing to risk error |
| _____ | _____ | Intent to remember |
| _____ | _____ | Ability to work alone |
| _____ | _____ | Ability to work with others |
| _____ | _____ | Enjoyment of material read aloud |

6. Does student choose to read during free time? _____

7. Interests _____

Favorite books _____

8. Special Information:

Health _____

Vision _____

Hearing _____

Other _____

9. Student strengths _____

10. Additional information _____

