

Reading & Writing Center  
402 White Hall  
Kent, Ohio 44242

Kent State University  
Phone: 330-672-2836  
Fax: 330-672-3246

### SCHOOL INFORMATION SHEET

**To the Teacher or Counselor:** Please complete and return this form in the attached postage-paid return envelope **OR** fax it to the Reading & Writing Center at the above fax number as soon as possible. All information is confidential.



**NOTE:** We do not assign a child for testing or tutoring until **ALL FORMS** have been returned. Because we operate on a first-come-first-served basis, **failure to return this form in a timely manner could result in the child being closed out of the program.** Thank you.

Prepared by: \_\_\_\_\_ Position: \_\_\_\_\_

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

School Address: \_\_\_\_\_  
(street & no.) (city) (zip)

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_

### STUDENT DATA

Student's Name: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Is this student currently enrolled in a special (e.g., special education, Title I) class? \_\_\_\_yes \_\_\_\_no

If yes, where and for what subjects? \_\_\_\_\_

Is this student excessively absent? \_\_\_\_yes \_\_\_\_no If yes, for what reasons, if known:

\_\_\_\_\_

### EVALUATIVE DATA

What is the school's estimate of the student's current reading level and specific reading difficulties?

How would you rate this student's work as compared with others in the same class or grade?

Reading:                \_\_\_low                \_\_\_medium                \_\_\_high

Writing:                \_\_\_low                \_\_\_medium                \_\_\_high

Mathematics:                \_\_\_low                \_\_\_medium                \_\_\_high

Please list those subjects in which you feel the student is not working up to his/her ability.

---

In what subject does the student experience the most difficulty? \_\_\_\_\_

In what subject does the student experience the least difficulty? \_\_\_\_\_

Does the student have any behaviors or habits that may contribute to learning difficulties?

\_\_\_yes \_\_\_no If yes, please describe: \_\_\_\_\_

---

Describe the student's attitudes and relationships with teachers and other students.

Describe the student's general attention, effort, attitude, interests and work habits.

Describe the student's reading performance and achievement in your class.

Please indicate below your observations and view of the problem (what concerns you the most).

What would the school like to learn from our diagnostic reading evaluation and/or tutoring program?