

Dear Classroom/Learning Support Teacher

As you are aware _____ is presently engaged in an intensive and systematic literacy intervention. The purpose of this form is to request information from you that will assist in the successful and ongoing treatment and management of the present difficulties.

Please place a tick (✓) in the applicable column relative to the child's improvement over the last term or so.

Key Area	Reduced (✓)	Improved (✓)	Same (✓)	N/A (✓)
Reading/Spelling				
Single Word Reading				
Single Word Spelling				
Single Sentence Reading				
Short Paragraph Reading				
Dictation				
Fluency				
Comprehension (Generally)				
Phonological Processing				
Organizational Skills Around Reading				
Behaviour				
Attention/Concentration				
Anxiety				
Fatigue				
Memory				
Interest in Reading				
Book Selection				
Motivation to Learn				

Please turn this form over and add other comments you feel may be necessary and/or helpful. All feedback is welcome.

Thank you for your time in providing this information

Please print your name, position and provide signature below:

_____ (Print Name) _____ (Position) _____ (Signature)

