



CARDINAL STRITCH
UNIVERSITY

Literacy Centers-School Information

Release Permit for PARENT or GUARDIAN to Sign and Take/Send to School

To: _____
(Teacher, principal or counselor)

(School and address)

Please release any information (including M-Team or psychological reports) concerning

_____ that you may have to:
(Full name of student) Cardinal Stritch University Literacy Centers, Box 104
6801 N. Yates Road, Milwaukee WI 53217-3985

(Parent/guardian signature)

The following is to be completed by school personnel or other testing organization:

Student's Name _____ Grade _____

Woodcock Reading Mastery Tests-III (if available): Date of administration _____
(If K-2 tests were given please list scores on reverse side of form.)

Word Identification:

Raw score _____ Standard Score _____ Grade Equivalent _____ %ile Rank _____

Word Attack:

Raw score _____ Standard Score _____ Grade Equivalent _____ %ile Rank _____

Listening Comprehension

Raw score _____ Standard Score _____ Grade Equivalent _____ %ile Rank _____

Word Comprehension

Raw score _____ Standard Score _____ Grade Equivalent _____ %ile Rank _____

Passage Comprehension:

Raw score _____ Standard Score _____ Grade Equivalent _____ %ile Rank _____

Oral Reading Fluency

Raw score _____ Standard Score _____ Grade Equivalent _____ %ile Rank _____

Informal Reading Inventory (IRI): (title of IRI/date) _____

Word Lists: Indicate levels –Independent _____ Instructional _____ Frustrational _____

Passage Accuracy: Indicate Levels: Independent _____ Instructional _____ Frustrational _____

Comprehension: Indicate Levels –Independent _____ Instructional _____ Frustrational _____

Notes: _____

School emphasis on current reading instruction (more than one may apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decoding Emphasis | <input type="checkbox"/> Language Experience | <input type="checkbox"/> Basal |
| <input type="checkbox"/> Balanced Literacy | <input type="checkbox"/> Guided Reading | <input type="checkbox"/> Other (please explain) |

Current literacy instruction: Text publisher _____

Current Guided Reading level (A-Z) _____

Check the following strategies you have used:

- | | | |
|---|---|---|
| <input type="checkbox"/> Explicit phonics | <input type="checkbox"/> Visual mapping | <input type="checkbox"/> Questioning strategies |
| <input type="checkbox"/> Story mapping | <input type="checkbox"/> Predicting | <input type="checkbox"/> Decoding by analogy |
| <input type="checkbox"/> Think alouds | <input type="checkbox"/> Summarizing | <input type="checkbox"/> Other _____ |

Check the problems this student has with reading and writing:

- | | |
|---|--|
| <input type="checkbox"/> Rhyming, hearing syllables in spoken words | <input type="checkbox"/> Reading comprehension |
| <input type="checkbox"/> Segmenting and blending sounds | <input type="checkbox"/> Study skills |
| <input type="checkbox"/> Sounding out words/knowledge of phonics | <input type="checkbox"/> Reading for pleasure |
| <input type="checkbox"/> Sight-word vocabulary | <input type="checkbox"/> Writing/spelling |
| <input type="checkbox"/> Reading expression, rate, or accuracy | <input type="checkbox"/> Other _____ |

Has his/her overall school attendance been regular? _____

Rate this student: **AA - above average, A - average, BA - below average** on the following:

- | | |
|--|--------------------------------|
| _____ Ability to comprehend instructions | _____ Positive self-concept |
| _____ Ability to follow directions | _____ Peer relationships |
| _____ Ability to concentrate | _____ Teacher relationships |
| _____ Completes assignments | _____ Cooperation with peers |
| _____ Time management ability | _____ Attitude toward learning |

Describe the cooperation between the school and home:

Additional Comments: _____

(Signature of person completing this form)

(Date)

Email _____ and/or phone _____ if willing to have Stritch Literacy Center staff contact you about this student.