



One-on-One Tutoring  
Teacher Referral Form  
Reading

Date \_\_\_\_\_

Student \_\_\_\_\_

Age \_\_\_\_\_ Grade level \_\_\_\_\_ School \_\_\_\_\_

Parents or Guardians \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Referring Teacher \_\_\_\_\_

Phone \_\_\_\_\_

**Reading Abilities** (If unsure, leave blank)

Child's Reading Level \_\_\_\_\_

Titles of reading materials used in reading instruction:

\_\_\_\_\_

\_\_\_\_\_

**Strengths Weaknesses**

Word/Letter Identification

- \_\_\_\_\_ Recognizes letters
- \_\_\_\_\_ Knows sounds
- \_\_\_\_\_ Use of letters sound knowledge
- \_\_\_\_\_ Consonants
- \_\_\_\_\_ Vowels
- \_\_\_\_\_ Letter Combinations
- \_\_\_\_\_ Semantic cues (meaning of words)
- \_\_\_\_\_ Syntactic cues (words in context)
- \_\_\_\_\_ Sight/Multi -Syllable Vocabulary

Comprehension

- \_\_\_\_\_ Activates background knowledge
- \_\_\_\_\_ Predicts
- \_\_\_\_\_ Understanding major concepts
- \_\_\_\_\_ Self-monitors/corrects
- \_\_\_\_\_ Recalls with prompts
- \_\_\_\_\_ Recalls without prompts

\_\_\_\_\_ Interprets meaning suggested by text  
\_\_\_\_\_ Listening comprehension  
\_\_\_\_\_ Fluency in reading aloud

Related Abilities

\_\_\_\_\_ Spelling  
\_\_\_\_\_ Handwriting  
\_\_\_\_\_ Study Skills  
\_\_\_\_\_ Oral Expression  
\_\_\_\_\_ Written Expression  
\_\_\_\_\_ Science  
\_\_\_\_\_ Social Studies  
\_\_\_\_\_ Art  
\_\_\_\_\_ Music

Reading Attitudes

\_\_\_\_\_ Ability to concentrate  
\_\_\_\_\_ Confidence in ability  
\_\_\_\_\_ Willing to risk error  
\_\_\_\_\_ Intent to remember  
\_\_\_\_\_ Ability to work alone  
\_\_\_\_\_ Enjoyment of being read to  
\_\_\_\_\_ Ability to stay on task

Has student received special instruction in reading? Y / N When? \_\_\_\_\_  
Nature of instruction \_\_\_\_\_  
Results \_\_\_\_\_

When complete, please return to:  
One on One Tutoring Program, CELTS  
CPO Box 2170  
Berea, KY 40404

Questions: Call us at 859-985-3805