

3. What are your child's interests?

4. Does your child have behavioral challenges? _____yes _____no

If yes, please explain.

5. What area does your child struggle? (Please check all that apply.)

Alphabetic Letter Identification (The ability to recognize all 52 upper and lowercase letters of the alphabet.)

Alphabetic Letter Sounds (The ability to identify and produce all alphabetic letter sounds.)

Phonological Awareness (The ability to recognize and manipulate the **spoken** parts of words and sentences, such as identifying syllables, rhyme, onset-rime, segmentation and blending of sounds, alliteration, etc.)

Phonemic Awareness (The ability to recognize and manipulate the **individual** phonemes, or sounds, in spoken words, such as deletion and addition of phonemes, isolation of phonemes, etc.)

Phonics (The understanding of the relationship between the sounds of spoken language and the letters, or letter patterns, in the written language.)

Listening Comprehension (The ability to understand the meaning of words heard and to then be able to relate to them in some way, such as answering written or oral questions about a text read aloud.)

Reading Comprehension (The ability to read and comprehend an unrehearsed, or fresh, text, such as answering written or oral questions about the text.)

Reading Fluency (The ability to read a text fluently, smoothly, and at an appropriate rate, along with correct expression and accuracy.)

Sight Words, often called high frequency words or Dolch words

Measurement (The ability to identify and understand the concepts of weights and measures, such as mass, distance or length, area, and volume.)

Data Analysis (The ability of gathering, organizing, and using data to reach conclusions and support decision-making.)

Geometry (The ability to recognize, understand, and manipulate shapes, space, lines, angles, etc.)

Computation and Algebraic Thinking (The ability to solve, analyze, recognize patterns, make generalizations, and represent relationships.)

Number Sense (The ability to understand, relate, and connect numbers, such as subitizing, knowing value and various representations of numbers, etc.)

Other (Please explain.)

6. From the above areas of difficulty, which areas would you like your child's tutor to focus on during sessions?

7. Does your child currently receive services through an IEP, ILP, or 504 Plan at school?

Yes No

*If yes and you would like to disclose the information, please attach a copy of the IEP, ILP, or 504 Plan.

8. What are your greatest learning concerns for your child?

9. Is there anything else we should know about your child that will help us be successful during sessions?

Parent/Guardian Email Address: _____

Parent/Guardian Name: _____
(printed)

Parent/Guardian Signature: _____

Date: _____