

Child's School Name, Address and Phone Number:

Teacher's Name:

Why do you want your child to attend the UGA Reading Clinic?

Was your child referred by the teacher at the school he/she is currently attending?

What aspects of reading (and writing) are difficult for your child?

What strengths does your child have as a reader or writer?

What school subjects does your child enjoy most and get the best grades in?

Please let us know if your child is receiving special services for reading or anything else you want us to know about.

What are some of your child's interests and hobbies?

What kind of material (magazines, comics, books, computer, cereal box, etc.) does your child read at home?

What kind of books does your child like?

Do you read with your child at home?

Does your child use a computer at home? If yes, what does your child like to do on the computer?

Release Form

I authorize the release of information contained in the TEACHER'S REPORT for my child _____ to the Reading Clinic, 309 Aderhold Hall, University of Georgia, Athens, Georgia 30602. I understand that such information will be held in strict confidence and will not be released further without my permission.

Parent or Guardian

Date Signed

Parents!

Please note: you must fill this information out and give it to your child's teacher. The Reading Clinic will not be responsible for getting this information to your child's teacher. Both reports, Parent's and Teacher's, must be returned to the Reading Clinic in order for your child's name to be placed on our list for consideration.

You may give your child's teacher a stamped and addressed envelope to, or they may send it to:

**The University of Georgia
Language & Literacy Education Department
Reading Clinic
309 Aderhold Hall
Athens, GA 30602-7125**