Carson Reading Club

Classroom Teacher Input for Volunteer Reading Tutor

Date _____

Teacher _____   Room Number _____

Student Name _____   Male/Female Grade: _____

Test scores or recent reading grades _____

Does the student have any health problems that the volunteer should be aware of?

____ Yes ____ No If yes, please explain _____

How would you describe the student? (check all that apply)

____ quiet   ____ easily distracted   ____ excitable   ____ unfocused
____ shy   ____ outgoing   ____ hardworking   ____ unmotivated

Student needs help with

- ☐ Oral reading
- ☐ Comprehension strategies
- ☐ Decoding strategies
- ☐ Sight words/High frequency
- ☐ Phonemic awareness
- ☐ Vocabulary
- ☐ Other _____

List skills or materials you want the volunteer to focus on. _____

Comments and suggestions to help the student and/or our Volunteer Tutor Program.

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