

# COLLEGE OF EDUCATION

## LITERACY CLINIC

Northern Illinois University  
Literacy Clinic – 3100 Sycamore Rd, Ste. 2003  
DeKalb, IL 60115  
(815) 753-8450  
litclinicassistant@niu.edu

Dr. Laurie Elish-Piper, Director

### School Form Application for Admission

#### BASIC STUDENT INFORMATION

Child's Full Name \_\_\_\_\_ School Address \_\_\_\_\_  
Present Grade Level \_\_\_\_\_  
Reading Level \_\_\_\_\_ Free/Reduced Lunch?  Yes  No  
Teacher's Name \_\_\_\_\_ Physical Challenges? \_\_\_\_\_  
School Name \_\_\_\_\_

#### STUDENT'S SCHOOL RECORD

Reading material now being used \_\_\_\_\_  
\_\_\_\_\_  
Strengths in reading \_\_\_\_\_  
Weaknesses in reading \_\_\_\_\_  
Best subject \_\_\_\_\_  
Weakest subject \_\_\_\_\_  
Has student received any special help?  Yes  No  
Describe \_\_\_\_\_  
Ever repeated or failed a grade?  Yes  No  
If yes, explain \_\_\_\_\_  
Prolonged absences?  Yes  No  
If yes, explain \_\_\_\_\_

Is this child a behavior or discipline problem?  Yes  No

If yes, explain \_\_\_\_\_

**Test Results**

Date Given	Grade Student Was In	Full Name of Test/Form	Percentile	Stanine	Grade Equivalent

**EVALUATION OF STUDENT'S ATTITUDES**

Comment on the following and explain where necessary.

Attentive in class \_\_\_\_\_

Participation \_\_\_\_\_

Work habits \_\_\_\_\_

Difficulties with reading \_\_\_\_\_

Attitude toward school \_\_\_\_\_

Attitude toward teacher \_\_\_\_\_

Attitude toward peers \_\_\_\_\_

Rate student as follows:

Area	Superior	Above Average	Average	Below Average
Intelligence				
Work habits				
Reading				
Attitude				

## PARENTAL SUPPORT

Has help been provided at home?  Yes  No

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Do the parents understand the student's problem?  Yes  No

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Signature

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Date

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Please print your name

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Relationship to student

**Please return the completed form to Literacy Clinic Assistant, Northern Illinois University, 3100 Sycamore Rd., Suite 2003, DeKalb, IL 60115.**