

# COLLEGE OF EDUCATION

## LITERACY CLINIC

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

Dr. Laurie Elish-Piper, Director

### Tutoring Report Template

#### Child's Information

Name

Current School

Address (street, city, state, zip)

School Address (street, city, state, zip)

Date of Birth

Current grade level

Age

Number of sessions: 10  
Tutor (insert your name)

#### I. BACKGROUND INFORMATION

- II. TUTORING OBSERVATIONS
  - a. STRENGTHS
  - b. AREAS OF NEED
  - c. DESCRIPTION OF TUTORING PROGRAM
  - d. GOALS OF TUTORING PROGRAM
  - e. ACTIVITIES COMPLETED DURING TUTORING SESSIONS

- III. READING PERFORMANCE
  - a. PERFORMANCE USING READING STRATEGIES
  - b. PERFORMANCE ON WORD LISTS AND READING PASSAGES
  - c. OUTCOME OF TUTORING PROGRAM GOALS

- IV. SUGGESTIONS FOR CONTINUED GROWTH IN READING
  - a. SUGGESTIONS FOR PARENTS
  - b. SUGGESTIONS FOR TEACHERS