

School Board of St. Lucie County

Reading Assessment

Mentor _____ School _____

Name of Student _____ Grade _____

Classroom Teacher _____ Date _____

An assessment* of the reading level for the above student

Indicates that at this time he/she is:

(Check One)

- In need of extra help in reading
- Performing at or above grade level in reading

Classroom Teacher's Signature Date

*Assessment may consist of any two of the following:

- 1. Teacher recommendation
- 2. Parent recommendation
- 3. The basal placement test (reading below grade level)
- 4. An Individual Reading Inventory (IRI) (reading level _____ or
- 5. The basal cumulative (end of book) test (level _____ score _____)
- 6. The SLC Rdng. Comp. (level _____ score _____)
- 7. Late entry into school
- 8. Repeating a grade
- 9. Over age/grade
- 10. Reading/language grades below C
- 11. Other available information: _____