

PARENTS: THE SUMMER PROGRAM REGISTRATION FORM MAY BE MAILED TO BENCHMARK WITHOUT THIS FORM. HOWEVER, WE WOULD LIKE THIS FORM COMPLETED BY YOUR CHILD'S TEACHER SOMETIME AFTER FEBRUARY 15 AND PRIOR TO THE SCREENING APPOINTMENT. THANK YOU FOR YOUR COOPERATION.

BENCHMARK SUMMER CAMP

2107 N. Providence Rd.

Media, PA 19063-1898

(610) 565-3741 Fax (610) 565-3872

ROBERT W. GASKINS, HEAD OF SCHOOL

READING INFORMATION QUESTIONNAIRE

STUDENT'S NAME

DATE QUESTIONNAIRE COMPLETED

LEVEL: Student's present instructional reading level (i.e., the level basal reader or trade book the student can read with approximately 95% accuracy and 80% comprehension). Please circle one:

PP P 1-2 2-1 2-2 3-1 3-2 4 5 6

MATERIALS: Reading materials the student has used this school year for instruction. (If basal reader, presently reading.)

PERFORMANCE: Briefly describe the student's ability to handle the materials circled above.

CONCERNS: What academic difficulties would the student's teacher like to see addressed during the summer session?

NAME OF PERSON COMPLETING THE QUESTIONNAIRE