**READING RECOVERY**
**INDIVIDUAL STUDENT REPORT 2008**

As part of the continuing monitoring of Reading Recovery, schools operating Reading Recovery are asked to provide the following information for the current year 2008. Please complete this form for each student who has been, or is currently, in Reading Recovery in your school this year (2008). Please make copies of this form ensuring that copies are double-sided.

Please attach all Individual Student Reports to the End-of-Year Report and forward it to your Reading Recovery Tutor, by Friday 12 December 2008.

<table>
<thead>
<tr>
<th>Reading Recovery Student ID</th>
<th>Institution Number of first RR school</th>
<th>Admission Number in first RR school</th>
<th>Year entered Reading Recovery</th>
</tr>
</thead>
</table>

**Current School:**

School Institution Number:

Phone Number:

Fax number:

**Gender of Child:**

Choose one:

- Boy
- Girl

**Date Started Reading Recovery:**

(dd/mm/yyyy) ___ / ___

**Date Finished Reading Recovery:**

(dd/mm/yyyy) ___ / ___

**Primary Ethnicity of Child:**

- NZ Māori
- Tokelauan
- Fijian
- Niuean
- Tongan
- Cook Islands Māori
- Samoan
- Other Pacific Islands
- South-East Asian
- Indian
- Chinese
- Other Asian (eg Japanese, Korean)
- Other (eg African, South American)
- Other European
- NZ European/Pakeha

**The child**

- a was carried over from last year in this school........................................................................
- b arrived from another school with an incomplete programme, and programme continued..........
- c entered Reading Recovery for the first time in 2008 in this school...........................................

*(Please tick one box only.)*
Reading Recovery Outcomes

Please indicate which one of the options ‘a’ to ‘e’ applies for this child by ticking the appropriate box (Tick one box only). If you choose either option ‘a’ or option ‘c’ please also specify in the boxes provided the number of 30 minute lessons and calendar weeks involved.

a  Child made successful progress and reached average levels of performance for class; ie, discontinued

   Number of 30 minute lessons for child’s whole programme

   Number of calendar weeks for child’s whole lesson series (do not include holiday periods)

b  Child responding and continuing next year

c.i  Child referred on from the programme with recommendation for further specialist or long-term reading support; ie, unable to be discontinued

   Number of 30 minute lessons for child’s whole programme

   Number of calendar weeks for child’s whole lesson series (do not include holiday periods)

c.ii  Which further support was the child referred to: □ RT: Lit  □ RT LB  □ GSE Programmes

   Other Please specify: ______________________________________________________

   □ Other Please specify:

   □ Other Please specify:

d  Child responding but not able to be continued

   Please give explanation

e  Child left the school/country with incomplete programme

Child’s Progress

Please complete A1 for all children. Please complete A2 and B for children who were discontinued (option ‘a’ above) or referred on from the programme (option ‘c’).

A) Reading

A1) Reading Recovery Instructional Text Level (all children)

   Child’s level at initial entry.........................................................

   Child’s level when discontinued or referred ................................

   Please record the change in the instructional text level here........................................

A2) Raw score on the Burt Word Reading Test (NZ revision) (discontinued and referred children only)

   Child’s score at initial entry ......................................................

   Child’s score when discontinued or referred..............................

   Please record the change in the Burt Word Reading Test here........................................

B) Writing

Raw score on Writing Vocabulary Task (Clay) (discontinued and referred children only)

   Child’s score at initial entry ......................................................

   Child’s score when discontinued or referred..............................

   Please record the change in the Writing Vocabulary Task (Clay) here........................................

Reading Recovery Teacher Name: __________________________

Signature: __________________________ Date: _______________