

**Rotherham Enhanced Action for Dyslexia (READ)**

**Information in Support of READ Referral**

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| **Pupil’s Name** |  |

Please record any form of assessment information in the grid below, that would be useful to indicate previous and current attainment and progress (e.g. standardised scores, age equivalent scores and book levels.)

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| **Date** | **Reading** | **Writing / Spelling** | **Math** | **Other relevant assessments** |
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| **Pupil’s views:** |
| My interests and strengths:What I find difficult and would like to improve: |
| **School’s views:** |
| Summary of support and interventions:Advice received (include the date and service):Effectiveness of support to date on the child’s skill level, access to learning and self-esteem: |
| **Parent/Carer views:** |
| Your child’s strengths and interests:Your biggest concern regarding your child and school: |