

## Leading to Reading Service Teacher Assessment

**This section is to be filled out by the classroom teacher. Please complete this form and return to parent, if filling out a paper copy. Alternatively, this form can be emailed to the parent.**

Child \_\_\_\_\_ Grade currently attending \_\_\_\_\_

Teacher \_\_\_\_\_ Teacher \_\_\_\_\_  
(Print Name) (Signature)

Date \_\_\_\_\_

1. This student is

- At grade level for reading  
 Below grade level for reading

2. This student is

- At grade level for writing  
 Below grade level for writing

Please add any additional comments below.

Please indicate if you would like any additional information on the Leading to Reading service, along with your contact information.

Additional comments:

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The Personal information on this form is collected under the authority of s.20(a) and (d) of the Public Libraries Act, and will only be used for the proper administration and evaluation of the Leading to Reading service. Questions related to the collection of this personal information should be directed to the Data Governance and Privacy Risk Advisor.