

Today's Date \_\_\_\_\_

Testing Date: \_\_\_\_\_

## NEW STUDENT READING ASSESSMENT DATA

Student Name (last, first): \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Parent Name (last, first): \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Parents will be contacted for scheduling testing purposes only if enrolling over the summer.

Transfer from (school/state or country): \_\_\_\_\_

Years / Months in the United States: \_\_\_\_\_

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### *Boxes to be completed by testing administrator only.*

#### MAP-R

Time: \_\_\_\_\_

RIT: \_\_\_\_\_ Lexile Range: \_\_\_\_\_

Literature: \_\_\_\_\_ Informational Test: \_\_\_\_\_ Vocabulary: \_\_\_\_\_

#### Informal Testing Measures:

Type of Assessment: \_\_\_\_\_

Scores: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Recommendations:

No Reading

Reading \_\_\_\_\_