

Anecdotal Form

SECTION ONE - Please PRINT all written information in Section ONE.

Student	Age Class
Class Teacher	Principal
Teacher's email	Principal's email
Name of School	
School's email	

SECTION TWO - Instructions for Teacher: Provide a written insight into the case. Responses may be handwritten or typed. *Please note that the case should be reading two or more levels* <u>below</u> *his or her reading age in order to be eligible for diagnostic assessment.*

SECTION THREE - Instructions for Teacher: Provide a written insight into the case. Responses may be handwritten or typed. *Please note that the case should be reading two or more levels <u>behind</u> his or her reading age in order to be eligible for diagnostic assessment.*

	(student's) reading successes and challenges over the last two (2) years.
	In no more than 120 words, write a paragraph capturing general feedback obtained fron
С	In no more than 120 words, write a paragraph capturing general feedback obtained <i>fron</i> <i>Parent/Guardian about the case's (student's) reading behaviours.</i>
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Please refer to important guidelines on page 3.

Instruction for Teachers - Present the completed official LDAEIC Erdiston Anecdotal Form and the LDAEIC Erdiston Informed Consent Document to the parent(s)/guardian(s) for his/her/their inspection, analysis and signature(s). Ensure that both documents have been returned and that each one has been signed by the parent(s)/guardian(s) of the child/ward. Next, submit the completed *LDAEIC Erdiston Anecdotal Form* AND the *LDAEIC Erdiston Informed Consent Document* to the Principal or Head of Department.

Instruction for Parent(s)/Guardian(s) - Please read all information written about your child/ward carefully. Should you have any questions or concerns, please speak with your child's/ward's teacher and/or principal. Only complete the form below after you are completely satisfied with and understand all information written about your child/ward.

I, _____, have read the information presented on this document

(NAME OF PARENT/GUARDIAN IN PRINT)

concerning the physical, social, emotional and reading characteristics of my child/ward

_____, and I fully understand that this information is necessary

(NAME OF CHILD/WARD IN PRINT)

to be used by authorised personnel at the Literacy Diagnostic and Early Intervention Centre at Erdiston College to help in addressing the literacy challenges observed in my child/ward.

(Signature of Parent/Guardian)

Instructions for Principals or Heads of Department - Ensure that the completed forms are sent to

LDAEIC Erdiston under confidential cover in a sealed envelope. The envelope must be addressed as follows:

PRIVATE AND CONFIDENTIAL

The Assistant Administrator, LDAEIC Erdiston, The Erdiston Teachers' Training College Pine Hill, St. Michael Date