

# HOKE READING/LITERACY COUNCIL

## STUDENT REFERRAL FORM (PLEASE PRINT)

NAME OF STUDENT: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF TEACHER: \_\_\_\_\_

TEACHER EMAIL: \_\_\_\_\_

CURRENT READING LEVEL: \_\_\_\_\_

IS THIS STUDENT READING ON GRADE LEVEL? YES \_\_\_\_\_ NO \_\_\_\_\_

IS THIS STUDENT IN NEED OF ASSISTANCE WITH READING? YES \_\_\_\_\_ NO \_\_\_\_\_

AREAS OF CONCERN:

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TEACHER SIGNATURE

\_\_\_\_\_  
DATE