



Resource Teacher Literacy Referral Form

Complete form with attachments email or post to: RTLit 172 West Tamaki Drive, Glendowie, 1072.

For more information please email:

katep@glentaylor.school.nz or jillt@glentaylor.school.nz or annat@glentaylor.school.nz

Please note that schools should only refer learners with the highest literacy needs in the school.

We are unable to accept repeat referrals

Learner Name			
School		Date of Referral	
Gender		NSN	
Ethnicity		DOB	
Home Language(s)		School Entry Date	
ESOL Funded?		Referral Age	
Country of Birth		Class Level	
Teacher name		Room	
Teacher email			
Preferred Support:	Reading OR Writing (please indicate priority area)		
Schools Attended	Names of schools and dates attended		
Attendance:	Regular / Concern (please indicate)		
Parent or caregiver name(s)			
Parent or caregiver phone(s)			
Parent or caregiver email			
This referral has been fully discussed and completed in collaboration with the SENCO and the learner's classroom teacher: Yes / No			

SENCO name	
SENCO email	

Running Record (Please attach a current, seen, instructional level 90-94% running record)				
Date	Text Title	Text Level	Accuracy %	SC Rate

Observation Survey Tasks (if applicable)						
Date	Letter ID	CAP	Words	BURT	Writing Vocab	Dictation

Writing Information (Please attach a current asTTle, or unassisted, writing sample)		
Date	Level	Comment

Oral Language Comment

School Based Literacy Intervention (e.g. Quick 60, Early Words, Rainbow Reading, PMP, TA...)			
Intervention Programme 1			
Entry Date		Final Data	
Intervention Programme 2			
Entry Date		Final Data	
Intervention Programme 3			

Entry Date		Final Date	
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Reading Recovery Information (if applicable)			
No RR information / Referred on / Discontinued / Incomplete programme (please indicate)			
Entry Date		Entry Level	
Final Date		Final Level	
Reading Recovery Teacher		Number of lessons	

Outside Services, Agencies, Tuition, Interventions Learner Has Accessed (please indicate yes or no)			
Vision / Optometrist	Yes / No	Psychologist	Yes / No
Hearing / Audiologist	Yes / No	SPELD	Yes / No
Speech / Language	Yes / No	Occupational Therapist	Yes / No
RTL / GSE	Yes / No	Other	Yes / No

Before sending, please check that you have fully completed this referral form and attached a Running Record and Writing Sample.