

**Family Literacy 2026-2027
End of Year School Report Form**

Purpose: _____ (Agency name) has a Family Literacy Direct Service grant from the Pennsylvania Department of Education, Bureau of Postsecondary and Adult Education, Division of Adult Education. Family literacy programs support parents/caregivers to improve their own reading, math, and English language skills while also developing strategies to help their children prepare for and succeed in school. To help demonstrate the positive impact of the family literacy programming on the participating families, we ask schools to provide school achievement results for school-age children. The information you provide will be shared with the Division of Adult Education to comply with reporting requirements. We appreciate your providing the requested information.

Release of Information:

I, _____ give permission to _____
(parent's name) (child's school name)

to provide the information below to the family literacy program at _____.
(agency name)

Parent/Guardian's Name (print): _____ **Date:** _____

Parent/Guardian's Name (signature): _____

Child's Name: _____ **Date Form Completed:** _____

School Name: _____ **School District:** _____

SCHOOL ACHIEVEMENT

Please enter end of the school year information for the child identified above.

Check (✓) the type of assessment/s used OR that you were unable to assess the child in that subject, and using the categories defined above, check (✓) the most appropriate category to describe this child's **overall performance at the end of the school year** in each subject areas.

| Subject | Assessment Check all that apply | Below Basic Two years below grade level | Basic One year below grade level | Proficient On grade level | Advanced Above grade level |
|---------|---|--|-------------------------------------|------------------------------|-------------------------------|
| Reading | <input type="checkbox"/> Standardized Test <input type="checkbox"/> Portfolio <input type="checkbox"/> Observation <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unable to assess | | | | |

1. Please put a check (✓) in the appropriate box to complete this statement: This child will be:

₁ Promoted to 1st grade 2nd grade 3rd grade 4th grade 5th grade with IEP
 Other: Specify _____

₂ Retained in K 1st grade 2nd grade 3rd grade 4th grade referred for testing
 Other: Specify _____

₃ Other: Specify _____

2. Did the parent contact you in any of the following ways (check all that apply)?

None Open house Conference Phone
 Note/Email Other: Specify _____