



Teacher Information Form
The Literacy Corner 2009
Furman University

Name of Child: _____

Date of Birth: _____ Gender: _____

Name of School: _____ Grade Completed: _____

Name of Teacher: _____

Parent/Guardian: _____ Home Telephone: _____

Home Address: _____ Work Telephone: _____

Email: _____

Special Strengths: _____

Areas of Need: _____

Teacher's Observations and Recommendations: _____

Related Services Received _____

Return by May 1, 2009 to: Dr. Renita Schmidt, Director
The Literacy Corner
Education Department
Furman University
3300 Poinsett Highway
Greenville, SC 29613-1134