

SUMMER 2018 LITERACY TUTORING PROGRAM APPLICATION

This program serves students in grades K through 6 who are below grade level in literacy.

Child's Name: _____ Grade in Fall 2018: _____

School: _____

Complete a separate application for each child. No tuition is due at this time. Tuition is payable upon acceptance into the program. Tuition is \$125. Financial support is available to families in need. For financial support information contact: Prof. Sam Slotnick at 845-257-2809 or slotnics@newpaltz.edu.

**The Summer 2018 Literacy Tutoring Program sessions will occur on:
July 10, 11, 12, 16, 17,18, 19, 23, 24, 25, 26, 30, 31, August 1.**

All sessions will be from 8:45 AM to 10:45 AM.

Acceptance into the Literacy Tutoring Program is a commitment to have applicant child attend all sessions.

Parent/Guardian: _____

Complete Mailing

Address: _____

Email: _____

Phones: (home) _____ (cell) _____ (work) _____

All applicants are considered for admission to The Literacy Tutoring Program with a REFERRAL from a principal, classroom teacher, or reading teacher, a completed REFERRAL QUESTIONNAIRE (page 2), and an Educational Recording and Consent Release Form (ERCRF).

Signature of Referring Educator: _____

Title: _____

Email: _____ Telephone #: _____

With each application, include a completed EDUCATIONAL RECORDING AND CONSENT RELEASE FORM (ERCRF) available at www.newpaltz.edu/literacycenter .

Places in the program are not reserved, and submission of an application is not an assurance of acceptance.

Please complete this two-page Application and Release Form (ERCRF) and return to:

Prof. Sam Slotnick, Literacy Center Coordinator
Department of Elementary Education
School of Education-Old Main – B101
SUNY at New Paltz
New Paltz, NY 12561

REFERRAL QUESTIONNAIRE FOR:

This questionnaire should be completed by the referring educator listed on page 1 of this application. Information provided on this questionnaire is kept confidential and is used to support the applicant's literacy tutoring should he/she be accepted into the program.

The clinic is designed to support students who are below grade level in literacy.

1. What is the primary reason(s) this student is being referred for literacy tutoring at this time?

2. Does this student have an IEP? Yes No

3. Please describe the support (AIS, reading teacher, RTI services, intervention, etc.) this student is receiving, if any, during the 2017-2018 school year.

4. If possible, please provide any recent/current literacy assessment results that can help us better understand the student's areas of need:

Assessment	Results	Date Obtained

Additional Comments: