

2008 Reading and Writing Clinic at Boston University

Student Application

The Boston University School of Education Reading and Writing Clinic provides diagnostic assessment and intensive, individualized and small-group tutoring to elementary school students who experience difficulty learning to read and write.

Students are selected on a first-come, first-serve basis. Students selected for participation have many different learning profiles: some struggle just a bit, while others experience severe reading or writing difficulty. Some are diagnosed as having specific special education needs while others are not eligible in their respective schools for special support services in reading and writing. Some do reasonably well in reading, but struggle in writing. As you answer the questions that follow, please give as much information as you can to help us serve your child.

Tutors are licensed literacy specialists or licensed teachers who are engaged in advanced study in literacy education. They work under the direct supervision of Boston University faculty and experienced school-based reading supervisors who hold advanced degrees in literacy education.

Send the completed application to: Evelyn Ford-Connors, Associate Director
Boston University
School of Education
Two Sherborn Street
Boston, MA 02215

Date _____

Which terms are you applying for?

Spring term, Saturdays
January 12-May 17, 2008

Both Summer terms,
Tuesday-Thursday, June 24-August 14, 2008

Summer I, Tuesday-Thursday
June 24-July 18, 2008

Fall term, Saturday
September 13-December 13, 2008

Summer II, Tuesday-Thursday
July 22-August 14, 2008

PERSONAL INFORMATION

Student's Name

LAST

FIRST

MIDDLE

Address

STREET

CITY

STATE

ZIP

COUNTRY

School

NAME

ADDRESS



Grade Completed _____

Date of Birth _____

Parent Information _____

LAST

FIRST

MIDDLE

PHONE - DAY

PHONE - EVENING EMAIL

ACADEMIC RECORD

Why would you like your child to attend the Reading and Writing Clinic?

If your child is enrolled in the Reading and Writing Clinic, he or she is expected to attend every day that the Clinic is in session. Are there any days that he or she would not be able to attend?

Yes No If yes, which days? _____

When did your child first experience difficulty in reading or writing?

Has your child had any previous educational evaluations?

Yes No If yes, when and by whom? _____

Has your child ever repeated a grade in school?

Yes No If yes, which grade? _____

How did your child do in school this year? (If possible, please attach copies of school report cards from the current school year.)

Does your child speak another language?

Yes No If yes, which language(s)? _____

Which language is spoken most often at home? _____

What are your child's interests? _____

In which does your child do well? _____

How would you describe your child's interest in reading and writing?

How often does your child read at home? _____

Does your child read along or with a family member? _____

What does your child like to read about? _____

Can you name the title of a book your child has read during the last two weeks (alone or with a family member)? _____

How often does your child write at home? _____

Does your child write along or with a family member? _____

What does your child like to write about? _____

Is there anything else you would like us to know? If so, please comment below.
Attach additional pages as necessary.

ADDITIONAL MATERIALS

Prior to your child's acceptance at the Reading and Writing Clinic at Boston University, we may contact your child's classroom teacher to gather additional information about your child's reading and writing needs. Please provide contact information on the lines below.

Name of Child's Teacher _____

School Phone Number _____

If my child is enrolled in the Reading and Writing Clinic at Boston University, I give my permission for Clinic teachers to contact my child's teacher and discuss his or her performance and progress in reading and writing. I give permission to the Reading and Writing Clinic at Boston University to request from the teacher any written documents pertaining to my child's reading and writing performance during the present school year or any previous school years and to use this information for teaching purposes. All information will be held strictly confidential. At the conclusion of the Reading and Writing Clinic session, I understand that a copy of the report of my child's performance during the Clinic will be available to be shared with my child's teacher.

SIGNATURE OF PARENT

DATE