

Reading and Literacy Center
State University of New York at Geneseo
Ella Cline Shear School of Education
Geneseo, NY 14454
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Phone: 585-346-0801

February 2010

Dear Parents,

The School of Education at the State University at New York College at Geneseo offers a clinical reading and literacy tutoring program for children and young people in grades one through twelve who are experiencing difficulty in learning to read and write. Literacy experiences based on your child's interest and needs are the basis of instruction. Graduate students enrolled in the School of Education carry out tutoring. There is no charge for this community service.

The next session of the program is described below. Parents or other caregivers must provide transportation to and from the clinic. Please fill out the attached Parent Form and have your child's teacher fill out the Student Information Form. Mail them to Nikki Stekl, School of Education, SUNY-Geneseo, 1 College Circle, South Hall 200, Geneseo, NY 14454 as soon as possible.

Please understand that we have limited spaces in the clinic and will not be able to accommodate all children. SUNY-Geneseo faculty will make final decisions for placements. Decisions will be based on the needs of your child as well as the needs of the SUNY students.

Enrollment in reading clinic represents a firm commitment on the part of child and parents to attend regularly throughout the entire session. *Please do not enroll if you cannot make this commitment.* Family vacations must be scheduled for other times in the summer.

For further information about the clinic, please call me at 346-0801
or e-mail me at efalk@rochester.rr.com

Reading Camp Dates---Summer, 2010
July 12 - August 6

Reading Camp is held at Geneseo Central School, Elementary entrance. Clinic will start on Tuesday, July 13 and will run Monday through Thursday. At this time there will only be a morning session (9:30-11:00am). The last day of the clinic will be Friday August 6.

Safety Issues

You are to check your child in at the Elementary entrance when dropping off. Please **DO NOT** drop unsupervised students off at the building.

Elizabeth Falk

Parent Application Form
Reading Camp, Summer 2010
July 12- August 6

Child's Name _____ Grade 2010-11 _____ Age _____

Parent's Name _____

Parent's home phone _____ work phone _____ cell _____

Address _____

Child's School _____ Classroom teacher _____

Has your child attended the SUNY Geneseo reading clinic in the past? If so, when?

Please describe the behaviors that indicate to you that your child is in need of tutoring:

Please note any medical information about which we should be aware:

If my child is selected to attend the Reading Clinic, I give permission for the Reading Clinic staff to:

- *Administer diagnostic reading assessments.
- *Provide my child with a snack. Please note restrictions.
- *Use photographs and videotapes of sessions as teaching devices in SUNY-Geneseo Education coursework and/or at our summer parent session.

Barring any unforeseen circumstances, I am confident that my child will be able to attend every session. Family vacations will be scheduled for other times during the summer.

Parent/Caregiver Signature _____ Date _____

**Student Information Form
Summer Reading Clinic 2010**

Please return to Nikki Stekl, Secretary
1 College Circle
School of Education
SUNY-Geneseo, Geneseo, NY 14454

To Be Completed By Classroom/Reading/Resource Teachers

Student's name: _____

Classroom Teacher: _____ School: _____

Reading/Resource Teacher: _____ Child's reading level: _____

Does the child have a previously diagnosed reading or learning disability? Is the child receiving special services from the school? Please attach a copy of any instructional goals that have been set for the child by the school.

Have any methods or materials been shown to be particularly successful with the child? Any that have not been successful?

What are the child's strengths and weaknesses in:

phonemic awareness -

phonics-

word identification-

comprehension-

fluency-

writing-

What books or types of books does the child enjoy?

Are any test scores or observational materials available?

We will be working with the student a limited number of times (14, 1.5 hour sessions) What area(s) should we focus on this summer so it can be as rewarding as possible for the child?

What else should we know that might help us in our efforts at the Reading Clinic?

It is most helpful to the child if the graduate student can get in touch with you if he/she has additional questions or concerns. Would you be willing to speak or e-mail the graduate student working with this child?

Yes _____ No _____

If yes, what is the best way to contact you in July?

Thank you for taking the time to complete this application form.
Please return it to me ASAP as slots are filled when I receive completed paper work.