SUNY GENESEO
Ella Cline Shear School of
EDUCATION
Teachers committed to improving the lives of students through education

Summer Reading Program 2015

Hosted by Avon Central School

E-mail: brownem@geneseo.edu
Phone: 585-245-1188

The Graduate Program at SUNY Geneseo offers a four week Reading and Literacy tutoring program. Students in grades one through twelve, who are experiencing difficulty in learning to read and write, are invited to attend the Summer Reading Program.

During each session, students will participate in literacy lessons that are based on their interests and needs. Graduate students enrolled in the Literacy Specialist Program carry out the tutoring. There is no charge for this community service.

The Summer Reading Program will take place at Avon Central School.

Parents or other caregivers must provide transportation to and from the reading program.

The sessions start on Tuesday, July 14th in the Avon Primary School Library.

Students attend camp on Monday – Thursday from 9:15 – 10:30 a.m. OR 12:15 – 1:30 p.m.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
July/August 2015	12	13	14	15	16	17	18
			← Summer Reading Program		→		
	19	20	21	22	23	24	25
		←	Summer Reading Program		→		
	26	27	28	29	30	31	1
		←	Summer Reading Program		→		
	2	3	4	5	6	7	8
		←	Summer Reading Program		→		

Enrollment in Summer Reading Camp represents a firm commitment that your child will attend sessions regularly throughout the entire program. Please do not enroll if you cannot make this commitment. Family vacations must be scheduled for other times in the summer.

If you are interested in enrolling your child, please fill out the attached Parent Form and have your child's teacher fill out the Student Information Form.
Mail the completed forms to the address below as soon as possible:

Nikki Stekl, Secretary
School of Education - South Hall 200
SUNY Geneseo
Geneseo, NY 14454

Please understand that we have limited spaces in the reading program and may 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 graduate students.

For more information, please contact Betsy Brown at 245-1188 or e-mail: brownem@geneseo.edu

Parent Application Form

SUNY Geneseo Reading Program

Summer 2015 (July 14 - August 6)

Child's Name_____ Birthdate _____

Parent's Name_____ Grade 2015-16_____Age_____

Email: _____

Parent's phone (home)_____(work) _____(cell)_____

Address_____

Child's School_____ Classroom teacher_____

Has your child attended the SUNY Geneseo reading clinic in the past? Yes _____ No _____

If yes, when did your child attend? _____

Please circle your preferred session: Morning (9:15 – 10:30 a.m.) Afternoon (12:15 – 1:30 p.m.) No Preference

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:

_____

_____

_____

You will be contacted by June 20th if your child is selected to attend. If my child is selected to attend clinic, I give permission for the Reading Clinic staff to:

***Administer diagnostic reading assessments.**

***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_____

For more information or if you have any questions, please contact Betsy Brown at 245-1188 or E-mail: brownem@geneseo.edu

Student Information Form - Summer Reading Program 2015

To be completed by Classroom Teacher or Reading Teacher

Please return to: Nikki Stekl, Secretary
School of Education - South Hall 200
SUNY Geneseo
Geneseo, NY 14454

Student Name:_____

Classroom Teacher:_____School:_____Grade: ____

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

Does the child have a previously diagnosed reading or learning disability? Yes _____ No _____
Please indicate reading or learning disability:

_____

If possible, please attach a copy of instructional goals that have been set for the child by the school.

Is the child receiving special services from the school? Yes _____ No _____
Please indicate special services and time student spends in that service:

_____

Please indicate if you have concerns regarding child's progress in the following areas of literacy:

	Not a Concern at this time	Needs Improvement	Comments:
Phonemic Awareness			
Phonics			
Word Identification Accuracy Skills			
Comprehension			
Fluency			
Writing			
Vocabulary			

Are there any other areas of literacy not listed that the child needs to improve?

_____

Please list any methods/materials/strategies that have been successful with the child?

_____

_____

Are there any methods/materials/strategies that have not been successful?

_____

_____

What books or types of books does the child enjoy?_____

_____

If available, please comment on child's recent test scores. _____

_____

We will be working with the student a limited number of times. 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/August?

_____

For more information or if you have any questions, please contact Betsy Brown at 245-1188 or E-mail: brownem@geneseo.edu

Thank you for taking the time to complete this information form.
Please return it ASAP as slots are filled when all paperwork is complete.