Tutoring Program – Fall 2016

WHAT
- Reading tutoring for students in 1st through 12th grades who have difficulties learning to read, write, and spell.
- Emphasis on developmental instruction and positive learning experiences.
- A progress report with recommendations is provided after tutoring.

WHEN
- September 13 – November 10, Tuesday and Thursday, from 5:15 to 6:30 p.m., on campus. Students are expected to attend all sessions.

COST
- Fees are $150. Checks made out to the Duffelmeyer Reading Improvement Clinic will be collected on the first day of tutoring. Contact coordinator if payments or scholarships need to be arranged.

APPLY NOW
- Apply online at http://education.iastate.edu/outreach/fred-duffelmeyer-reading-improvement.html or complete and return the form below.

If you have any questions regarding the program, please contact Diana Schmidt, ISU Reading Clinic Coordinator, schmidt@iastate.edu, 515-520-1658

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DETACH AND RETURN TO: Reading Improvement Clinic
Attention: Diana Schmidt, 0613 Lagomarcino Hall, Iowa State University, Ames, IA 50011

Date: ___________________   Grade ______________
Student’s Name ___________________________________________ Age ________ Date of Birth __________________
Circle one:  Male  Female    School Attending: _______________________________________________
Has your child attended our tutoring program in the past?       Yes      No          If yes, when? _________________________
Reason for seeking tutoring assistance: __________________________________________________________________

Contact Information: (Please circle the address that you would like us to mail paperwork to.)

Mother/Guardian’s Name ____________________________________________
Home # _______________ Cell # _______________ Work # _______________ Email __________________________
Mother’s Address ____________________________________________ City/State/Zip __________________________
Father/Guardian’s Name ____________________________________________
Home # _______________ Cell # _______________ Work # _______________ Email __________________________
Father’s Address (if different) __________________________________ City/State/Zip __________________________

Scholarship requested (for students with financial need):   Yes     No

For office use only: Date Received:________ Amount Received:____________ Scholarship:_____________

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