

## **TUTORING PROGRAM**

**SUMMER 2017**

**June 12<sup>th</sup> — June 29<sup>th</sup>**

**Monday through Thursday, 9am-10:15am**

*The Fred Duffelmeyer Reading Improvement Clinic* offers tutoring in reading for children who are entering Kindergarten through 12<sup>th</sup> grades. Tutoring sessions are conducted by advanced students in reading and related areas under the guidance of the literacy education faculty.

### **What**

- Reading tutoring for students in Kindergarten through 12<sup>th</sup> grade.
- Addressing learning difficulties with reading, writing, and spelling.
- Emphasis on developmental instruction and positive learning experiences.
- A progress report with recommendations is provided after tutoring.

### **When**

- June 12<sup>th</sup> – June 29<sup>th</sup>, Monday through Thursday, 9am-10:15am
- Students are expected to attend all sessions.

### **Where**

- Tutoring sessions will take place on campus in a specified location.
- Parents/guardians are responsible for transportation for sessions.

### **Cost**

- The summer program fee is \$125 per child.
- For families enrolling 2 or more siblings, the cost is \$100 per child.
- Payments will be collected the first day of tutoring.
- Please make checks payable to: Duffelmeyer Reading Improvement Clinic
- Contact the coordinator if payments or scholarships need to be arranged.

If you have any questions or concerns regarding the tutoring program,  
please send an email to: [reading@iastate.edu](mailto:reading@iastate.edu)

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Grade level in Fall: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

Has your child attended our tutoring program in the past?  Yes  No If yes, when? \_\_\_\_\_

Reason for seeking assistance: \_\_\_\_\_

How did you hear about the Duffelmeyer Reading Improvement Clinic (check all that apply)?

Referred by child's teacher/school

Posted flyer in community

Your school newsletter/website

Referred from friend/relative

ISU Reading Center website

Other (please specify):

ISU student/faculty/staff

\_\_\_\_\_

**ACADEMIC INFORMATION**

School: \_\_\_\_\_ Classroom/Homeroom Teacher: \_\_\_\_\_

School Phone: \_\_\_\_\_ Teacher's E-mail (if known): \_\_\_\_\_

Other school personnel working with child: \_\_\_\_\_

If we need further information about your child, may we contact your child's teacher?  Yes  No

What is your child's reading level? (*DRA level and/or grade level*) \_\_\_\_\_

**BACKGROUND INFORMATION**

Describe information you've received from your child's school that demonstrates his/her reading difficulties (e.g., grades, written comments from teacher, test scores).

\_\_\_\_\_ Has  
your child ever attended other reading programs? If so, please list. (*Sylvan, Reading Rx, etc.*)

\_\_\_\_\_  
\_\_\_\_\_

What are your child's strengths as a reader and writer?

\_\_\_\_\_  
\_\_\_\_\_

When and why did you become concerned about your child's reading?

\_\_\_\_\_  
\_\_\_\_\_

What are your specific concerns about your child's reading and writing?

\_\_\_\_\_  
\_\_\_\_\_

Describe your child's attitude towards reading (e.g., motivation, discipline issues, work completion).

\_\_\_\_\_  
\_\_\_\_\_

Does your child have behavioral problems, or engage in conduct that interferes with his/her ability to learn? (e.g., running away, hitting, refusal to follow rules, threatening behavior). If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have a behavioral plan at school?  Yes  No

**HOME ENVIRONMENT**

Describe family activities that support your child's learning.

---

---

If your child has a preference for a specific book series or topic, please list below.

---

Does your child have access to appropriate books or reading materials?  Yes  No

Does your child regularly check-out books from his/her school library?  Yes  No

Do you or your child have a library card for the public library?  Yes  No

What would you like to know about your child as a reader and writer?

---

---

Child's Siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Other individuals living in the home \_\_\_\_\_

What language (or languages) is spoken in the home \_\_\_\_\_

Does your child have any health concerns, such as allergies, illnesses, or medications?  Yes  No

If yes, please explain \_\_\_\_\_

# IOWA STATE UNIVERSITY

DUFFELMEYER READING IMPROVEMENT CLINIC

## CONTACT INFORMATION

Mother/Guardian's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Preferred contact method:  Phone  Email Occupation \_\_\_\_\_

Mother's Address (if different) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Marital Status \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Preferred contact method:  Phone  Email Occupation \_\_\_\_\_

Father's Address (if different) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Marital Status \_\_\_\_\_

Individuals granted permission for pick-up/drop-off of child for tutoring sessions:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

***For office use only:***

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Scholarship: \_\_\_\_\_

**IOWA SCHOOL DISTRICTS:**

*This is not a School District Publication, nor is it in any way endorsed or sponsored by the District. This publication is being provided only to inform you of other community activities and opportunities.*