

University of Wyoming
Literacy Research Center and Clinic
Student Application

The Literacy Research Center and Clinic at the University of Wyoming provides diagnostic assessment and intensive, individualized and small-group tutoring to school-aged (K-12) students who are experiencing difficulty learning to read and write. Students are selected on a first-come, first-served 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. In all cases, tutoring sessions provide a comprehensive approach to literacy learning geared towards students' developing interests and skills. As you answer the questions that follow, please give as much information as you can to help us serve your child.

Tutors are either endorsed classroom teachers who are engaged in advanced study in literacy education or working in local schools, or undergraduates who have taken core coursework towards a literacy minor. In either case, all tutors work under the direct supervision of University of Wyoming faculty, and experienced doctoral-level graduate students and/or school-based instructional facilitators.

Date: _____

Student's Name: _____

Age: _____ School: _____ Grade: _____

Name of Parent(s)/Guardian((s): _____

Address: _____

Phone Number: Day _____ Evening _____

Email: _____

EMERGENCY CONTACT INFORMATION:

	Name	Relation	Phone Number
Contact 1:	_____	_____	_____
Contact 2:	_____	_____	_____

PAYMENT OPTIONS:

All payments are made at the time of enrollment. Please consult the payment information provided on our website at www.uwyo.edu/education/lrcc/tutoring

Credit Card: ____ Check: ____

If paying by credit card please select the Pay by Credit Card link under Payment Information at: www.uwyo.edu/education/lrcc/tutoring

Please make your check payable to **Literacy Research Center and Clinic** and bring it on your first day.

STUDENT INFORMATION

Why would you like your child to attend the UW Literacy Research Center and Clinic?

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

Has your child had any previous educational evaluations? ____ Yes ____ No

If yes, when? _____ By whom? _____

Is your child currently receiving extra help in literacy in school or outside of school? ____ Yes ____ No
If yes, describe: _____

Has your child ever repeated a grade in school? ____ Yes ____ No If yes, which grade(s)? _____

How has your child done in school this year? _____

(If possible, please attach copies of school report cards from the current school year.)

What is your child's first language? _____

Does your child speak another language? ____ Yes ____ No

If yes, which language(s)? _____

What language is most often spoken at home? _____

What are your child's interests?

What 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?

What does your child like to read about?

Can you name the title of a book your child read at home alone or with a family member during the last two weeks?

Does your child usually read alone or with another family member? _____

How often does your child write at home? _____

Does your child usually write alone or with another family member? _____

What does your child like to write about? _____

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

If your child is enrolled in the Literacy Research Center and Clinic, we may want to contact your child's teacher to gather additional information about your child's reading and writing needs.

Name of Child's Teacher: _____

School Phone Number: _____

Consent

____ If my child is enrolled in the Literacy Research Center and Clinic, I give my permission for the Clinic faculty to contact my child's teacher and discuss his or her performance and progress in reading and writing. I give permission for the Clinic 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 and maintained in secured files within the Clinic. At the conclusion of my child's tutoring work, I understand that a copy of the report of my child's performance during the Clinic may be shared with my child's teacher.

Signature of Parent / Typed Name of Parent or Guardian and Date

Please send the completed application along with any other documentation pertaining to your child that you think might be useful to Dana A. Robertson at drober36@uwyo.edu.