

- ☐ Application – sign and return
- ☐ Schedule – fill out and return
- ☐ Parent Contract – sign and return
- ☐ Permission to Share Data – sign and return
- ☐ Permission to Photograph and Record – sign and return
- ☐ Demographics – fill out and return

Please return all completed forms as soon as possible. We hope to begin intake assessments before the end of December.

Forms can be:

- Emailed with digital signatures to – annad@uoregon.edu
- Scanned and emailed to – annad@uoregon.edu
- Faxed to – 541-346-5926
- Mailed to – Anna Ingram
5292 University of Oregon
Eugene, OR 97403
- Or dropped off at the Education Annex (little red schoolhouse behind the HEDCO Education Building) in the drop box by the door.

Date: _____

PERSONAL INFORMATION

Student's Name: _____ Age: _____

Last First Middle Initial

Date of Birth: _____ Sex: _____

School: _____ Current Grade: _____

Name:

Last	First	Middle

Address: _____
Street

City State Zip

☐ Email ☐ Phone ☐ Text Message (put number and carrier on email line.) ☐ Written/Mail

Primary Phone: _____ Secondary Phone: _____

Email Address:

HEALTH & DEVELOPMENT HISTORY

Has your child ever been retained? ☐ Yes ☐ No If yes, what grade?

Has your child ever been diagnosed with one of the following: ☐ADD ☐ADHD ☐Dyslexia

Does your child have any allergies that the staff should know about? ☐Yes ☐No If yes, please list.

Does your child have any health conditions that interfere with participation in the clinic? ☐ Yes ☐ No

If yes, please list.

Does your child have an IEP (Individual Education Plan)? ☐ Yes ☐ No If yes, check all that apply:

☐ Specific Learning Disability ☐ Communication Disorder ☐ Autism ☐ Deaf/Blindness

☐ Emotional Disturbance/Behavior Disorders ☐ Hearing Impairment ☐ Intellectual Impairment

☐ Orthopedic Impairment ☐ Other Health Impaired ☐ Visual Impairment ☐ Traumatic Brain Injury

OTHER INFORMATION

What is your preferred language to receive communication from the Reading Clinic? Currently all the staff at the CTL Reading Clinic only speak English. We will do our best to accommodate parents who are more comfortable with Spanish, but communication may be limited to written reports.

☐ English

☐ Spanish

RELEASE FORM

Permission for Intake Assessment

Assessment Request/Release Authorization:

Date: _____ Student's Name: _____

I am authorized to and do request a diagnostic assessment of the student identified above. I understand that the assessment will be conducted by trained assessors and supervised by CTL Reading Clinic staff and that the completed assessment will not be viewed or released to anyone outside of the CTL Reading Clinic without my consent, except as required by law or as necessary to the CTL or the University of Oregon.

Signature of client or parent/legal guardian

The CTL Reading Clinic will provide 50 minutes of reading and/or math instruction, two days per week, to each student who qualifies for services (e.g., scores below benchmark on grade level assessments). The CTL Reading Clinic will provide instruction to Kindergarten, 1st and 2nd grade students with priority being given to students in the 1st grade. If more students apply than we have the capacity to serve, students who do not fit in groups, based on skill or schedule, will be placed on a waitlist.

The CTL Reading Clinic takes place at the University of Oregon in the HEDCO Education Building as part of the HEDCO Clinic; a multi-disciplinary, integrated training clinic within the College of Education.

The Clinic will provide services for 50 minutes during the 3 o'clock and 4 o'clock hours, two days per week. Please select your preferred days and times below. If you are interested in both reading and math instruction, please select 2 different times that your child is available. The CTL Reading Clinic does not provide services on Fridays.

Availability:

I am interested in:

- ☐ Reading
- ☐ Math
- ☐ Both

- ☐ Mondays and Wednesdays 3:00 pm to 3:50 pm
- ☐ Mondays and Wednesdays 4:00 pm to 4:50 pm
- ☐ Tuesdays and Thursdays 3:00 pm to 3:50 pm
- ☐ Tuesdays and Thursdays 4:00 pm to 4:50 pm

These are currently the only options for CTL Reading Clinic instruction.

There may be other opportunities at the Clinic in reading and other academic areas. Is this something you would be interested in? These opportunities may take place outside of CTL Reading Clinic hours, and may be available prior to any tutoring openings.

- ☐ Yes, I am interested in hearing about other opportunities.
- ☐ No, I am only interested in reading tutoring.

The participation of my child _____ in the CTL Reading Clinic program is a privilege rather than a right. To ensure my child's timely and satisfactory progress as a reader, to ensure that other CTL Reading Clinic clients receive maximum benefits, and to facilitate efficient implementation of services for the maximum number of children, I understand and agree to the following terms and conditions for my child's ongoing participation in the program.

1. I will ensure that my child arrives on time, stays for the entire session, and departs on time in my care, or in the care of a responsible adult that I will designate. I will provide in writing the names of all designated adults to the CTL Reading Clinic.
2. I understand that children must be escorted directly to and from the clinic by a designated adult. Children may not be dropped off outside the HEDCO building to walk in alone and may not leave the HEDCO building unescorted. Children under the age of 12 may not be left unsupervised in the waiting room at any time. Children ages 12 or older receiving clinic services may arrive and depart for sessions without adult supervision.
3. I will check my child "in" at the front desk upon arrival.
4. I understand that my child needs to be picked up **within 5 minutes** of completion of his/her lesson to allow tutors to begin working with other children. Four late pick-ups may result in discontinuation of CTL Reading Clinic services.
5. I understand that, if my child has **excessive absences** (e.g., four consecutive absences in one term, one absence per week), CTL Reading Clinic services will be discontinued at the discretion of the Clinic Director. Specifically, I understand that:
 - a. Arriving 15 or more minutes late for a tutoring session constitutes an absence. Furthermore, I understand my child may not be tutored that day.
 - b. Make up sessions are not available.
 - c. If my child has been sick with a contagious illness, or has experienced fever, vomiting, or diarrhea in the 24 hours prior to a tutoring session at the CTL Reading Clinic, I will contact the CTL Reading Clinic **as soon as possible** to cancel the session. Whenever possible, I will contact the CTL Reading Clinic at least 3 **hours in advance** to communicate the absence.
6. I understand that my child's assigned reading tutor is often placed at the clinic as part of a university program requirement or to earn credit. I understand that it is important to commit to bring my child to scheduled sessions to ensure the tutor can participate in the full clinic experience and complete related university requirements. Furthermore, I understand that my child's tutor may be a student in training, who will receive supervision and support by qualified staff members.

7. I understand that my child may receive tutoring as a part of a group. I also understand that decisions regarding instructional program placement and instructional modifications may be made to serve the best interest of the group.
8. I understand that diligent effort and respectful behavior on my child's part are essential. Failure on my child's part to meet these expectations will result in discontinuation of services.
9. I understand that discontinuation of CTL Reading Clinic services due to failure on my part to meet the terms of this contract may preclude my child from receiving CTL Reading Clinic services in the future.
10. I understand that CTL Reading Clinic staff will recommend that my child engage in reading and/or math activities at home as part of intervention. I agree to support those activities to the best of my ability.
11. I agree to participate in a parent orientation meeting to be held at the beginning of my child's first term at the clinic to learn about my child's reading and/or math intervention and how to support reading and/or math activities at home.

Signed _____ Date _____
(Parent/Guardian)

To provide the best services possible, the CTL Reading Clinic would like access to your child's screening and progress monitoring data collected by your child's school for the purposes of making appropriate instructional decisions for your child at the CTL Reading Clinic. Screening and progress monitoring data include data collected from early literacy skills assessments, Dynamic Indicators of Basic Early Literacy Skills (DIBELS), or any other literacy assessment administered by the school used to screen or monitor progress in literacy skills and data collected from easyCBM math, or other math assessment administered by the school used to screen or monitor progress in mathematics. The CTL Reading Clinic would also like to correspond with your child's school to provide regular updates on progress made in tutoring sessions. At a minimum, at the end of each 10-week university term, and more frequently if the school requests, Clinic staff will provide verbal and/or written updates to your child's teacher(s). These updates will include information from the initial intake assessment, a description of the intervention provided by the tutor, as well as weekly progress made by the student. It is the Clinic's belief that regular correspondence and collaboration with the child's school will increase the impact of tutoring sessions on his/her reading and/or math skills.

Please provide the following information and sign below.

I give permission for CTL Reading Clinic staff to contact my child's school and teacher(s) to discuss my child's academic status and math and reading skills. I grant my child's school and teacher(s) permission to discuss my child's academic status and math and reading skills with CTL Reading Clinic staff. I authorize my child's school and teacher(s) to disclose my child's academic records, including any progress monitoring data, literacy assessment data, easyCBM math, or other math assessment administered by the school used to screen or monitor progress in mathematics, to the CTL Reading Clinic for purposes of making appropriate instructional decisions. I understand that I have the right to request, in writing, a copy of all records disclosed under this release. This consent is made freely and voluntarily and shall remain in effect until revoked by me in writing. A copy or facsimile of this release shall be as valid and effective as the original. In addition, I give permission for CTL Reading Clinic staff to share my child's intake assessment scores, information about my child's intervention at the after-school tutoring program, and regular progress reports to his/her teacher(s) at school and any other agency I listed below.

Name of Child: _____

School: _____

Additional Agency: _____

Additional Agency: _____

_____ Date _____

Parent's Signature

Permission to Record Video Student

Permission Required

The CTL Reading Clinic will often use technology to conduct observations of tutoring sessions. Specifically, children may be video recorded during tutoring sessions for the following purposes:

- remote observation
- sharing information with parents
- training tutors and supervisors
- university educational purposes, including use of footage in university courses and distance learning programs (in the interest of confidentiality, identifying information will be removed)
- intervention development

*I give permission for my child, _____, to be videotaped for the purposes set forth above (**permission required**).*

Parent's Signature

Date _____

Permission to Photograph Student

Permission Optional

Photographs of children and tutors may be taken during tutoring sessions for different purposes including inclusion in newsletters and clinic brochures and inclusion on the CTL Reading Clinic (University) website. Please note that parents *are not required* to give the clinic written permission to photograph children during tutoring sessions.

*I give permission for my child, _____, to be photographed for the purposes set forth above (**permission optional**).*

Parent's Signature

Date _____



Demographics Information

For Statistical and Research Purposes:

1. What is your yearly household income?

- ☐ Less than \$10,000
- ☐ \$10,000 to \$19,999
- ☐ \$20,000 to \$29,999
- ☐ \$30,000 to \$39,999
- ☐ \$40,000 to \$49,999
- ☐ \$50,000 to \$59,999
- ☐ \$60,000 to \$69,999
- ☐ \$70,000 to \$79,999
- ☐ \$80,000 to \$89,999
- ☐ \$90,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 or more

2. What is the highest level of education completed by the child's mother?

- ☐ Less than High School
- ☐ High School/GED
- ☐ Some College
- ☐ 2-Year College Degree (Associates)
- ☐ 4-Year College Degree (BA, BS)
- ☐ Master's Degree
- ☐ Doctoral Degree
- ☐ Professional Degree (MD, JD)

3. What is the highest level of education completed by the child's father?

- ☐ Less than High School
- ☐ High School/GED
- ☐ Some College
- ☐ 2-Year College Degree (Associates)
- ☐ 4-Year College Degree (BA, BS)
- ☐ Master's Degree
- ☐ Doctoral Degree
- ☐ Professional Degree (MD, JD)

4. Ethnic Identity: (☐ Decline Response)

☐ Is your child:

- ☐ Asian
- ☐ American Indian or Alaskan Native
- ☐ White, non-Hispanic
- ☐ North African
- ☐ Multiracial

☐ Black/African American, non-Hispanic

☐ Hispanic/Latino/Chicano

☐ Pacific Islander

☐ Middle Eastern

☐ Other _____