

Word Detectives: Summer Reading Program

2022 Student Application

Student First Name _____ Last Name _____ MI _____

Current Grade _____ Date of Birth _____ Male Female

Parent 1/Custodial _____ Home Phone _____

Work Phone _____ Cell Phone _____

Street Address _____

City, State, Zip _____

Email address _____

Parent 2 _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address (if different) _____

City, State, Zip _____

Email address _____

Emergency Contact Name _____ **Relationship** _____

Telephone _____

EDUCATIONAL INFORMATION RELEASE

I give permission for the staff from the Word Detectives Program to discuss information regarding my child's school performance with my child's classroom and/or reading teacher.

Signature _____ Date _____

Current School _____ School Phone _____

Classroom Teacher Name _____ email: _____

Reading Teacher Name _____ email: _____

EDUCATIONAL & MEDICAL HISTORY

1. Please provide a brief overview of your child's school history, noting any particular areas of academic difficulty, when these difficulties first began, who noticed them, etc (use additional pages if necessary).

2. Has your child ever had any previous testing? Please send a copy of the most recent evaluations along with this form.

3. Is your child on an Individualized Educational Plan (IEP) or 504 Plan?

_____Yes _____No

If YES, please describe briefly and attach relevant documents. If your child's case is in mediation, please indicate as such and explain.

4. What type of reading instruction is your child currently receiving (the specific approach is helpful i.e. SRA, Wilson, Orton Gillingham, etc) and how are they responding?

5. What goals do you have for your child as they participate in this program?

6. Please list any special limitations or health information we should know about your child, special medical needs including chronic or recurring health conditions, dietary restrictions, allergies (food, insect bites, animals, medication, etc.).

7. Is your child currently taking any prescription medication? Please explain

8. Has your child ever received tutoring?

_____ Yes _____ No

If YES, please list the type, duration and degree of effectiveness.

9. Please include any other information you think will be helpful for us to know as we strive to provide your child with an enjoyable and effective learning environment.

(Application continues on the next page)

10. Our program strives to ensure a good fit between students’ individual needs and the nature of our instructional environment. As a parent, you can provide many insights into the best type of learning environment for your child. Considering the developmental domains below, please check (✓) the box that indicates the extent to which your child needs support in each area.

Area of Development	Minimal support	Some support	Significant support	Intense support
Reading				
Spelling				
Expressive Language				
Receptive Language				
Social Interactions with Peers				
Attention Regulation				
Behavior Regulation (persistence, engagement)				
Compliance with Classroom Expectations				

Comments:

ASSESSMENT

I give permission for my child to be tested on reading measures by trained staff members from the Speech-Language & Hearing Center at Northeastern University for group placement. **Initial assessments will be arranged by appointment during the months of May and/or June. I understand that I will have to bring my child to the Speech-Language & Hearing Center at Northeastern University for testing. Testing time will be approximately 60-90 minutes.**

Signature _____ Date _____

RESEARCH

From time to time, research is conducted to ensure efficacy and to propel the work of the members of the Northeastern University Speech-Language & Hearing Center.

_____ **I am interested in learning more about research opportunities.**

_____ **I am not interested in learning more about research opportunities.**

Signature _____ Date _____

PHOTOGRAPHS & VIDEOS

Photos and videos may be taken for our website, brochure, or training purposes. Any children pictured will not be identified by name. Please indicate your preference for your child to participate.

_____ **I am willing for my child to be photographed/video-taped.**

_____ **I am not willing for my child to be photographed/video-taped.**

Signature _____ Date _____

APPLICATION STATEMENT

Acceptance to the Word Detectives Reading Program is based on admission criteria. Because our approach to remediation is cognitive in nature, potential students need to be at least in the average range of intellectual ability. Our program is appropriate for students with language based learning disabilities, reading disorders, and those who do not have any formal diagnosis of learning difficulty yet are under-achieving in reading performance. Our programs are not appropriate for students with emotional or behavioral difficulties or for students who struggle with small group instruction. Students will be placed in a small group based on their ability and age.

Once accepted, a \$300 deposit is necessary.

I understand that due to limited space, the program has a firm refund policy. For cancellations received before or on April 30th, 90% of the cost will be refunded. Cancellations between May 1st and May 14th, 50% will be refunded. However cancellations received after May 14th will not receive a refund. I also understand that a minimum enrollment of students is required by April 30th in order to run the program.

All of the information in this application is true to the best of my knowledge. No information with regard to the profile of the applicant has been knowingly omitted.

Signature _____ Date _____

Please fax (617) 373-8756, email (SLHC@northeastern.edu), OR mail this form, along with **the teacher recommendation form & any prior evaluation materials** to:

Northeastern University
Speech-Language & Hearing Center
30 Leon Street
Boston, MA 02115
Attn: Word Detectives Program