

Math Masters: A Summer Mathematics Program

2022 Student Application

Student First Name:	Student Last Name:	Middle Initial:
Current Grade:	Date of Birth:	Pronouns:
Parent 1/Custodial:		
Home Phone:	Cell Phone:	Work Phone:
Street Address:		
City:	State:	Zip Code:
Email Address:		
Parent 2/Custodial:		
Home Phone:	Cell Phone:	Work Phone:
Street Address (if different from above):		
City:	State:	Zip Code:
Email Address:		
Emergency Contact Name:		
Relationship:		Phone:

EDUCATIONAL INFORMATION RELEASE

I give permission for the staff from the Math Masters 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:
Math Support Teacher Name:	Email:

EDUCATIONAL & MEDICAL HISTORY

1. Please provide a brief overview of your child's school history, noting any 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? **Please Circle: YES or 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 mathematics instruction is your child currently receiving (the specific curriculum is helpful, i.e., Everyday Math, Go Math, 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? Please Circle: YES or 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
Numeracy (1:1 correspondence, counting, number identification, quantity discrimination)				
Basic Fact Fluency (quick and accurate recall of math facts)				
Multi-Digit Computation				
Word Problems				
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 mathematics 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 late May/early June. I understand that I will may have to bring my child to the Speech-Language & Hearing Center at Northeastern University for testing. Testing time will be approximately 90-120 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 Math Masters 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 who do not have any formal diagnosis of learning difficulty yet are under-achieving in mathematics 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 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 Dr. Robin Coddling (r.coddling@northeastern.edu), OR mail this form along with **teacher recommendation & any prior evaluation materials** to:

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