

Word Detectives: Summer Reading Program

2026 Student Application

Student First Name _____ Last Name _____ MI _____

Current Grade _____ Date of Birth _____ Pronouns _____

Guardian 1 _____ Home Phone _____

Work Phone _____ Cell Phone _____

Street Address _____

City, State, Zip _____

Email address _____

Guardian 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.
Please also note the information about medication administration on page 6. Program staff are unable to administer medication to students.

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 guardian, 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:

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not certain. Please give your answers based on the child's behavior over the last six months or this school year.

Child's name:

Pronouns:

Date of birth:

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Parent / Teacher / Other (Please specify):

Thank you very much for your help

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 in May/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 OPPORTUNITY

Children enrolled in Word Detectives have the opportunity to participate in a language study with the Language Acquisition and Brain Lab (QLAB) directed by Dr. Zhenghan Qi. Participation entails an interactive computer game where children discover a fictional world and its characters while exploring new sites, sounds, and languages as part of their enriched experience during the first and the last weeks of the program. This study is built on past research showing that individuals' implicit learning abilities are indicators of one's language and reading skills, and such abilities are potentially malleable with growing language and reading experiences (Hu et al., 2023; Qi et al., 2019; Ozernov-Palchik et al., 2023*).

Check one:

- I am interested in have my child participate in this research opportunity.**
 I am not interested in have my child participate in this research opportunity.

Check one:

- I give consent for my child's application materials for Word Detectives to be shared with the QLAB, to assist with their research.**
 I do not give consent for my child's application materials for Word Detectives to be shared with the QLAB, to assist with their research.

Signature _____ Date _____

*Full references available upon request

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.

Of note, **nursing and medical staff are not available on-site to administer medications during the program.** We do accept students who take medication; however, medications must be delivered by a parent/guardian/caregiver prior to or after the Word Detectives program; program staff are unable to administer medications to students.

Once accepted, a \$500 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 15th, 50% will be refunded. However cancellations received after May 15th 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

360 Huntington Avenue, 503 Behrakis

Boston, MA 02115

Attn: Word Detectives