



HOFSTRA UNIVERSITY®

SUMMER CAMPS

**Reading / Writing Learning Clinic
Literacy Summer Program
Registration Survey**

Name: _____

Grade September 2012: _____ Age: _____

Session(s) attending: 1 _____ 2 _____ 3 _____

The Literacy Summer Program at Hofstra's Reading/Writing Learning Clinic provides the perfect balance of instructional support to keep your child engaged in relevant literacy experiences during the summer months. Our goals are:

1. To build students' literacy strengths in a small learning community
2. To develop confident readers and writers
3. To support the use of proficient reading and writing strategies

To help us understand your child's literacy strengths and needs, and to provide an appropriate placement in our Literacy Summer Program, please respond to the questions below. You may ask your child's current teacher to help you complete this form.

Why would you like your child to be enrolled in our Literacy Summer Program? _____

Is this child receiving any additional support services in school? If so, please describe. _____

Please describe this child as a reader. _____

Does this child understand what he/she is reading? _____



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Name: _____

Does this child consider himself/herself a good reader? _____

What does this child like to read? _____

Please describe this child as a writer: _____

Does this child communicate his/her ideas clearly in writing? _____

Does this child consider himself/herself a good writer? _____

What does this child like to write? _____

Does your child speak, understand, read, or write any additional language(s) at home? _____

Parent/Teacher Comments: _____

Please provide us with copies of any additional information to help us get to know your child better as a reader and writer. This may include a copy of your child's latest report card, standardized test scores, or an IEP report if applicable.

Kindly Fax to 516-463-4831 or call 516-463-5805.