



# HOFSTRA UNIVERSITY

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JOAN AND ARNOLD SALTZMAN COMMUNITY SERVICES CENTER  
READING/Writing LEARNING CLINIC

## **Welcome to the Reading/Writing Learning Clinic**

Hofstra University's Reading/Writing Learning Clinic at the Joan and Arnold Saltzman Community Services Center is dedicated to providing state-of-the-art literacy support services for children, adolescents and adults who seek to develop their abilities and confidence as readers and writers in a safe and supportive environment. Instructional services are designed to foster literacy growth and allow learners to take risks as they develop their proficiency as readers and writers. All professional services are provided by New York state certified educators, who offer parents straightforward advice about how to support their children's literacy growth. The Literacy 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 to:

- ♦ Build students' literacy strengths in a small learning community.
- ♦ Develop confident readers and writers.
- ♦ Support the use of proficient reading and writing strategies.

### **About the Summer Literacy Program**

Intensive reading and writing strategy instruction classes begin July 2, 2012 and extend through August 10, 2012. Classes meet Monday through Friday for two hours each day. Each session is two weeks in duration. Families may register for group instruction for one, two, or all three summer sessions. Instruction is provided in small groups, with a maximum of five students per group. For individual instruction, classes meet twice a week for one hour; families can choose to register for individual classes in a four or six week session.

### **Literacy Instruction**

At the Reading/Writing Learning Clinic, New York state-certified literacy teachers provide small group or individual instruction for school-aged children and adults seeking to develop their abilities and confidence as readers and writers. Literacy specialists work closely with learners to build on their strengths and support their literacy needs. Instructional sessions focus on reading and writing in terms of meaning construction and are carefully crafted to assist in the development of flexible reading and writing strategies. Phonics and spelling skills are addressed and taught in the context of meaningful language study. Our program strives to achieve the perfect balance of instructional support and enjoyment in order to keep participants engaged in literacy experiences.

## **Policies**

### **Summer 2012**

#### **Student Progress**

Instructors will arrange a parent/guardian conference before the conclusion of the instructional session. Parent conference reports are provided at the conference.

#### **Absences/Lateness**

If you need to miss a session, please call the Reading/Writing Learning Clinic at **(516) 463-5805** or **(516) 463-5806**. We ask that you contact us in advance so that your instructor may be notified in a timely manner. Please make every effort to arrive promptly for your instructional sessions.

#### **Payment**

A payment agreement must be signed and included with your registration. Failure to do so may result in a delay in registration for your child. Instructional fees are due according to your payment agreement. For your convenience, an installment plan may be arranged. All balances must be paid in full by the due date.

Instructional fees are not refundable and fees for service will not be adjusted due to absence(s). Class sessions missed due to absence will not be made up by the instructor.

#### **Withdrawal**

If you wish to discontinue instruction, you must notify the Reading/Writing Learning Clinic in writing. All refunds or credits for withdrawal are at the discretion of the director and are contingent upon the date of receipt of written notification.

#### **Library**

We are pleased to provide your child with the opportunity to borrow books from our library. Your cooperation is requested in returning our library books promptly. A typical loan cycle is one to two weeks. Parents/Guardians will be charged for lost library books.

**All forms must be sent to the Joan and Arnold Saltzman Community Services Center.**

**Your may mail them to:  
Reading/Writing Learning Clinic  
131 Hofstra University, Hempstead  
NY 11549-1310**

**Or fax them to: (516) 463-4831**

**Please call 516-463-5805/5806 if you have further questions.**

## Registration Information Summer 2012

In order to confirm placement in our program, please complete the enclosed registration forms, and return them with a \$100 registration deposit. Please note, your \$100 deposit is fully applicable to your tuition. Registration forms received by **June 1, 2012** are eligible for a **10 percent** discount on your deposit; this will reduce your registration deposit to \$90.

<b>Summer Session I</b> July 2 – July 13	9 sessions	<b>Summer Session II</b> July 16 - July 27	10 sessions	<b>Summer Session III</b> July 30 - August 10	10 sessions
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## Fee Schedule

### Reading/Writing: Small Group

Classes meet daily for 2 hours of small group literacy instruction with up to 5 students per small group.

#### One Session

Session I	\$360.00
Session II or Session III	\$400.00

#### Two Sessions \*

Session I & Session II	\$740.00
Session I & Session III	\$740.00
Session II & Session III	\$775.00

#### Three Sessions\*

Session I, Session II, & Session III	\$1,100.00
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*\*Fees reflect multi-session discount*

### Reading/Writing: Individual Sessions

Classes meet twice a week, Monday and Wednesday or Tuesday and Thursday, for 1 hour of literacy instruction.

#### Two Sessions

Session I & Session II	Monday & Wednesday	7 Classes	\$315.00
	Tuesday & Thursday	8 Classes	\$360.00
Session II & Session III	Monday & Wednesday	8 Classes	\$360.00
	Tuesday & Thursday	8 Classes	\$360.00

#### Three Sessions

Session I, Session II & Session III	Monday & Wednesday	11 Classes	\$495.00
	Tuesday & Thursday	12 Classes	\$540.00

To expedite and ensure proper placement of your child in our summer program, and to benefit from early registration discount, please return registration forms and deposit by June 01, 2012.

Registration Checklist:

- ✓ Completed Registration Forms
- ✓ Completed Reading/Writing Survey
- ✓ Completed Student Information and Medical Information Form
- ✓ Completed Subject Release Form
- ✓ Completed Payment Agreement

**Registration Form  
Summer 2012**

Kindly return your registration forms and registration fee by June 01, 2012 to benefit from the early registration discount.

Name of Student: \_\_\_\_\_ Grade as of September 2012: \_\_\_\_\_  
 Home Phone:( ) \_\_\_\_\_ Student Status:  New  Continuing  
 Date of Birth: \_\_\_\_\_  Male  Female

**Small Group Instruction**

Complete this section only if you are interested in enrolling your child in small group instruction.

- Classes meet Monday through Friday for two hours each day. Each session is two weeks in duration.
- Students are placed in an appropriate group and assigned an instructor based on their individual needs.
- We make every effort to accommodate your preference for time of small group instruction; however, we can only place students when an appropriate group is available.

**Session**

You may select one or more sessions.

		<b>Grades 1 - 5</b>	<b>Grades 1-9</b>	<b>Grade 6-9</b>
<input type="checkbox"/>	<b>Session I</b> July 2- July 13	<input type="checkbox"/> 9:30-11:30	<input type="checkbox"/> 11:30-1:30	<input type="checkbox"/> 1:30-3:30
<input type="checkbox"/>	<b>Session II</b> July 16-July 27	<input type="checkbox"/> 9:30-11:30	<input type="checkbox"/> 11:30-1:30	<input type="checkbox"/> 1:30-3:30
<input type="checkbox"/>	<b>Session III</b> July 30-August 10	<input type="checkbox"/> 9:30-11:30	<input type="checkbox"/> 11:30-1:30	<input type="checkbox"/> 1:30-3:30

**Individual Instruction**

Complete this section only if you are interested in enrolling your child in individual instruction. Enrollment is limited.

- These sessions are for students requiring special attention. Placement requires approval of the director.
- There are no individual classes offered Friday, Saturday, or Sunday.
- The student will be assigned an instructor based on his/her needs.
- Requests for an instructor and session time will be granted only if available.
- There are no refunds for missed hours.

Select one session:  July 2<sup>nd</sup> - July 27<sup>th</sup>       July 16<sup>th</sup> -August 10<sup>th</sup>       July 2- August 10<sup>th</sup>

<b>Days (select one)</b>	<b>Times (please provide a 1<sup>st</sup> and 2<sup>nd</sup> choice)</b>
<input type="checkbox"/> Monday/ Wednesday	<input type="checkbox"/> Mid Morning 11:30-1:30
	<input type="checkbox"/> Afternoon 3:30-5:30
	<input type="checkbox"/> Evening 5:30-7:30 (limited availability)
<input type="checkbox"/> Tuesday/Thursday	<input type="checkbox"/> Mid Morning 11:30-1:30
	<input type="checkbox"/> Afternoon 3:30-5:30
	<input type="checkbox"/> Evening 5:30-7:30 (limited availability)

**For all clients:**

I have read and understand the aforementioned Clinic Policies and information. I agree to abide by these policies.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Registration Survey  
Summer 2012**

Please answer the questions below so we understand your child’s literacy strengths and needs and provide an appropriate placement in our Literacy Program. You may ask your child’s current teacher to help you complete this part of the form. If you are a returning client, please provide us with any new information.

Why are you enrolling your child in our Literacy Program? \_\_\_\_\_

Is your child receiving any additional support services in school? If so, please describe. \_\_\_\_\_

Please describe your child as a reader. \_\_\_\_\_

Does your child consider himself/herself a good reader? \_\_\_\_\_

What does your child like to read? \_\_\_\_\_

Please describe your child as a writer. \_\_\_\_\_

Does your child communicate his/her ideas clearly in writing? \_\_\_\_\_

Does your child consider himself/herself a good writer? \_\_\_\_\_

What does your child like to write? \_\_\_\_\_

Please indicate if any additional language(s) other than English is (are) spoken, read, or written in the home. \_\_\_\_\_

Does your child speak, understand, read or write any additional language(s)? \_\_\_\_\_

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.*

**Medical Information**

Please advise us about any medical conditions or medications that the student is taking that we should be aware of to best serve this student. Examples: asthma, food or other allergies, seizure disorders, etc. \_\_\_\_\_

\_\_\_\_\_

Please advise us about any diagnosed conditions that may help the teacher to work more effectively with your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Contact Information  
Summer 2012**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade as of September 2012: \_\_\_\_\_

School: \_\_\_\_\_ School District: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City/Town* *ZIP*

**To be filled out for clients 18 years old or younger:**

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
*(if different than above)* *(if different than above)*

Home Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
*(if different than above)* *(if different than above)*

Work Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency contacts other than parent(s):**

*\*Please note, parent/guardian will be called first.*

1) Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Has this student had an evaluation at the Reading/Writing Learning Clinic?

Yes \_\_\_ No \_\_\_

Is another member of this student's immediate family attending the Reading/Writing Learning Clinic?

Yes \_\_\_ No \_\_\_ If yes, please indicate name. \_\_\_\_\_

Have you utilized other services at the Saltzman Community Services Center?

Yes \_\_\_ No \_\_\_ If yes, which clinic? \_\_\_\_\_

Is a member of this student's immediate family an employee of Hofstra University?

Yes \_\_\_ No \_\_\_ If yes, please indicate employee name. \_\_\_\_\_

**Subject Release Permission Form  
Summer 2012**

I hereby consent and authorize the use and reproduction by Andrea Garcia and Hofstra University, of any and all written materials, audio recordings, photographs and video recordings which are made of or by \_\_\_\_\_, while attending the Reading/Writing Learning Clinic, photo-positive or photo-negative, for any purpose whatsoever, including, but not limited to, research projects and presentations thereof, without compensation to me. All negatives, positives and recordings, together with the prints and written material shall be deemed, solely and completely, the property of Andrea Garcia and Hofstra University.

Guardian/Parent Signature: \_\_\_\_\_

Student: \_\_\_\_\_  
*(Please print student's name)*

Date: \_\_\_\_\_

Parent/Guardian Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment Agreement Form  
Summer 2012**

I, \_\_\_\_\_, select the following payment plan for instructional  
*(Please print parent/guardian name)*  
services for \_\_\_\_\_.  
*(name of client or child)*

Please select one of the following payment plans.

**Reading/Writing Group Instruction**

- Plan 1. Full payment with registration form by June 01, 2012
- Plan 2. Installment plan as follows:  
Deposit \$100.00 due with registration form by June 01, 2012  
**(\$90 with early registration discount)**

Remaining balance calculated by bookkeeper due on first day of class.

- Session I: July 2, 2012     Session II: July 16, 2012     Session III: July 30, 2012

**Individual Instruction**

- Plan 1. Full payment with registration form by June 01, 2012
- Plan 2. Installment plan as follows:  
Deposit \$100.00 due with Registration form by June 01, 2012  
**(\$90 with early registration discount)**

Remaining balance calculated by bookkeeper. Balance is due on the first day of class.

- July 2, 2012; Session July 2-27
- July 16, 2012; Session July 16-August 10
- July 2, 2012; Session July 2-August 10

I understand that any outstanding balance must be paid according to the specified dates. Failure to make payment may result in termination of service and your account being sent to collection.

Parent/Guardian or Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Card Payment Authorization Form**

For your convenience, we accept MASTERCARD and VISA credit cards only as payment for evaluation and instructional services rendered at the Reading/Writing Learning Clinic.

To process the payment, submit the following information:

Card Holder's Name: \_\_\_\_\_

Client's Name (if different): \_\_\_\_\_

Card Type (circle one): Mastercard or VISA

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Card Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form with your invoice, statement, or registration in the envelope provided. Thank you.