



Summer 2024 Literacy Program Registration Survey

NEW STUDENTS: Please answer all questions below so that we may understand your child’s literacy strengths and needs and provide an appropriate placement for your child in our Literacy Program. You may ask your child’s current teacher to help you complete this part of the survey.

CONTINUING STUDENTS: Please answer any questions below to indicate any changes in your child’s medical condition(s), medication(s), or educational service(s), as well as any newly diagnosed condition(s).

Name of Student _____ Today’s Date: _____

Student Age/Date of Birth _____ Email (required) _____

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 themselves to be a good reader? _____

What does your child like to read? _____

Please describe your child as a writer. _____

When writing, does your child communicate clearly? _____

Does your child consider themselves to be a good writer? _____

What does your child like to write? _____

Please indicate if any 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 your child is taking (for example, asthma, food or other allergies, seizure disorders, etc.). _____

Please advise us about any diagnosed conditions that may help the literacy educator work more effectively with your child.

Has your child had an evaluation at the Reading/Writing Learning Clinic? Yes _____ No _____ Date _____

Have you utilized other services at the Saltzman Community Services Center? Yes _____ No _____

If yes, which clinic? _____