Reading/Writing Learning Clinic
Fall 2013
Registration Information
Hofstra University is committed to extending equal opportunity to all qualified individuals without regard to race, color, religion, sex, sexual orientation, gender identity or expression, age, national or ethnic origin, physical or mental disability, marital or veteran status in employment and in the conduct and operation of Hofstra University’s educational programs and activities, including admissions, scholarship and loan programs and athletic and other school administered programs.
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. 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 Literacy Program

Intensive reading and writing strategy instruction classes begin in September 2013 and extend through December 2013. Classes meet once a week for two hours for group sessions. Families may register for classes that meet after school one day a week or for classes that meet on Saturday mornings. Instruction is provided in small groups, with a maximum of five students per group. The determination of a class for your child is based on his/her needs. For individual sessions, classes meet once a week for one hour; families can choose to register for individual classes after school one day a week.
Registration
In order to confirm placement in our program, please complete and return the registration forms, along with a $100 registration deposit. Please note that your $100 registration deposit is fully applicable to your tuition. Your check must be made payable to Hofstra University. Registration forms received by August 30, 2013, are eligible for a 10 percent discount on your deposit; this will reduce your registration deposit to $90. All forms must be sent to the Joan and Arnold Saltzman Community Services Center, Reading/Writing Learning Clinic, 131 Hofstra University, Hempstead, NY 11549-1310.

Fee Schedule Small Group (up to 5 students per group)  Individual
$520 for 12 sessions (two hours per session)  $660 for 12 sessions ($55 per one-hour session)

Student Progress
Instructors will arrange a parent/guardian conference before the conclusion of the instructional semester. 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. 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 nonrefundable 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, immediately. 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.

Please call 516-463-5805 if you have further questions.
Name of Student: __________________________

Grade as of September 2013: ____________

Home Phone: ( ) ____________________________

Student Status: □ New □ Continuing

Date of Birth: ________________________________ □ Male □ Female

Please complete either Section 1 or 2, and sign below.

Section 1 – Small Group Instruction
Complete this section only if you are interested in enrolling your child in small group instruction. Fee: $520 (maximum of five students per group, 12 sessions/two hours each)

- Classes meet for two hours once a week, on Monday, Tuesday, Wednesday, Thursday or Saturday.
- Students are placed in an appropriate group and assigned an instructor based on their individual needs.
- We make every effort to accommodate your first preference for day and time of small group instruction; however, we can only place students when an appropriate group is available. It is for this reason that we request that all registrants provide an alternate choice.

Please mark “1” for your first choice and “2” for your alternate choice, for both your preferred day and your preferred time frame.

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Section 2 – Individual Instruction
Complete this section only if you are interested in enrolling your child in individual instruction. Enrollment is limited.

Fee: $660 for 12-week session (one hour each)

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

Please mark “1” for your first choice and “2” for your alternate choice, for both your preferred day and your preferred time frame.

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I have read and understand the above policies and information. I agree to abide by these policies.

_______________________________

Parent/Guardian Name (Please print.)

_______________________________

Parent/Guardian Signature

_______________________________

Date
Reading/Writing Learning Clinic
Registration Survey Fall 2013

Please answer the questions below so we may 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 are spoken, read, or written in the home.

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

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 (examples: asthma, food or other allergies, seizure disorders, etc.).

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

________________________________

________________________________

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________________________________
Name of Student: ________________________________

Date of Birth: __________________________________

Grade (as of September 2013): ______________________

School: __________________________________________

School District: __________________________________

Home Phone: ( ) ________________________________

Address: ________________________________________

Street Address ________________________________ City/Town ZIP

To be filled out by 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, indicate employee name: ______________________________________________________
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 name.)

Date: ______________________________________________________________________________

Parent/Guardian Mailing Address: 
I. _____________________________, select the following payment plan for
(Please print name.)

instructional services for___________________________________________.
(name of client or child)

**Reading/Writing Group Instruction (Total: $520)**

- Plan 1: Full payment with registration form by August 30, 2013 ($510 with early registration discount)
- Plan 2: Installment plan as follows:
  - Registration deposit of $100 due with registration form by August 30, 2013
    ($90 with early registration discount)
  - First payment of $300 due by September 21, 2013
  - Final balance in full due October 26, 2013

**Individual Instruction (Total: $660)**

- Plan 1: Full payment with registration form by August 30, 2013 ($650 with early registration discount)
- Plan 2: Installment plan as follows:
  - Registration deposit of $100 due with registration form by August 30, 2013
    ($90 with early registration discount)
  - First payment of $400 due by September 21, 2013
  - Final balance in full due October 26, 2013

I understand that any outstanding balances must be paid according to the specified dates. Failure to make payment may result in my account being sent to a collection agency as well as termination of service.

Parent/Guardian or Client Signature _____________________________ Date ______________________

**Credit Card Payment Authorization**

*For your convenience, we accept MasterCard and Visa for services rendered by the Reading/Writing Learning Clinic.*

*To process your payment by credit card, please submit the following information:*

Cardholder Name: _________________________________________________

Client Name (if different): __________________________________________

Credit Card (circle one): MasterCard or Visa

- Please check here if you would like us to use this credit card for your payment plan.

CardNumber: ____ ___ ___ ___ - ____ ___ ___ ___ - ____ ___ ___ ___ - ____ ___ ___ ___

Expiration Date: Month _____________________________ Year _____________________________

Amount: $______________________________

Signature:__________________________________________

Date: _________________________________
About the Reading/Writing Learning Clinic

The Reading/Writing Learning Clinic at the Saltzman Community Services Center is affiliated with the Literacy Studies Program of Hofstra’s School of Education, Health and Human Services. The clinic embraces an understanding of literacy as a human right and education for social justice. It is a site for developing exemplary teaching practices, for training interns in the literacy studies graduate programs in the Teaching, Literacy and Leadership Department, and for conducting state-of-the-art literacy research. The Reading/Writing Learning Clinic is nationally recognized for exploring both the nature of literacy and exemplary ways to support literacy development.

Services

The Reading/Writing Learning Clinic provides literacy evaluations and literacy support services to children, adolescents and adults seeking 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 to allow learners to take risks as they develop their proficiency as readers and writers. All professional services are provided by New York state-certified teachers, who offer parents straightforward advice about how to support their children’s literacy growth. The clinic provides services to families in the communities surrounding Hofstra University as well as those in the larger metropolitan area.

Services include:

- **Literacy Instruction**
  At the Reading/Writing Learning Clinic, New York state-certified literacy teachers provide weekly 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.

- **Professional Literacy Evaluations**
  The Reading/Writing Learning Clinic offers professional reading and writing evaluations for school-aged children and adults. Our evaluations are qualitative assessments that describe the learner’s use of reading and writing strategies when transacting with and composing texts. The assessment process culminates with the development of a Biographic Literacy Profile, which provides a detailed appraisal of the learner’s reading and writing strengths. Each literacy evaluation is conducted to advocate for the learner. Reading and writing proficiency is described in terms of meaning construction, and our evaluations provide parents and teachers with straightforward recommendations to support literacy development inside and outside of school settings.
Reading/Writing Learning Clinic
Saltzman Community Services Center

Fall 2013 Instructional Schedule

<table>
<thead>
<tr>
<th>MONDAY classes will be held on:</th>
<th>TUESDAY classes will be held on:</th>
<th>WEDNESDAY classes will be seen on:</th>
<th>THURSDAY classes will be held on:</th>
<th>SATURDAY classes will be held on:</th>
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Classes will not be held on the following dates:

- October 14, 2013 – Columbus Day
- October 31, 2013 – Halloween
- November 11, 2013 Veterans Day
- November 27-30, 2013- Thanksgiving Break

If you need to miss a session, please notify the Reading/Writing Learning Clinic as soon as possible by calling 516-463-5805.

In the event of inclement weather or illness of the instructor, you will be notified of class cancellations by phone.

For Hofstra University closing information, call 516-HOF-SNOW.