

Summer 2020 Remote Literacy Program Registration Survey

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? _____