

## Fall 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 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 (for example, asthma, food or other allergies, seizure disorders, etc.) or medications that your child is taking. \_\_\_\_\_

Please advise us about any diagnosed conditions that may help the literacy specialist 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? \_\_\_\_\_