HOFSTRA UNIVERSITY
Reading/Writing Learning Clinic

Summer 2025 Literacy Program
Registration Information

Welcome to the Reading/Writing Learning Clinic

Hofstra University's Reading/Writing Learning Clinic at the Joan and Arnold Saltzman Community Services Center provides state-of-the-art services for children and adolescents who seek to develop their abilities and confidence as readers and writers. 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.

Our goals are to:

- Build students' literacy strengths.
- Develop confident readers and writers.
- Support the use of proficient reading and writing strategies.

Literacy Instruction

New York state-certified educators carefully craft unique learning experiences based on the interest of the learners, ensuring that reading and writing remain fun and meaningful. Whether you are looking for an opportunity to develop your child's skills and strategies to successfully address the challenges of the New York State English Language Arts curriculum, to inspire and motivate a reluctant reader or writer, or to explore the joys of reading and writing, there is something for every learner at the Reading/Writing Learning Clinic. Please note that all small group literacy instruction sessions are held in person and on campus. Remote and in-person options are available for individual sessions.

Registration

To register your child in the Reading/Writing Learning Clinic's Summer 2025 Literacy Program, please complete the attached registration form and survey and email it to **RWLClinic@hofstra.edu**. Upon receipt of both forms, we will contact you regarding payment and to confirm placement. Multi-child or Hofstra employee discounts may apply. Please inquire at the time of registration.

SESSION 1: June 30-July 11 • SESSION 2: July 14-25 • SESSION 3: July 28-August 8

Small Group Literacy Instruction	
One Session	
Session 1	$390
Session 2 or Session 3	$435
Two Sessions*	
Session 1 and Session 2	$800
Session 1 and Session 3	$800
Session 2 and Session 3	$840
Three Sessions*	
Session 1, Session 2, and Session 3	$1,185
**Fees reflect multi-session discount.*	

Individual Literacy Instruction			
Four Weeks			
June 30-July 25	Monday and Wednesday	8 classes	$440
	Tuesday and Thursday	8 classes	$440
July 14-August 8	Monday and Wednesday	8 classes	$440
	Tuesday and Thursday	8 classes	$440
Six Weeks			
June 30-August 8	Monday and Wednesday	12 classes	$660
	Tuesday and Thursday	12 classes	$660

The University is closed Friday, July 4; classes are not in session.

Please email RWLClinic@hofstra.edu or call 516-463-5806 with any questions you may have.

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Registration Form

Student's Name:			Date of Birth:
School and School District:			
Grade as of September 2025:			
Home Phone:			
Home Address:			
Mother/Guardian:			
Cell Phone:		Email:	
Father/Guardian:			
Cell Phone:		Email:	

Small Group Literacy Instruction: Classes meet Monday through Friday for two hours a day.

Session I: June 30-July 11		9:30-11:30 a.m. Grades 1-5		1:30-3:30 p.m. Grades 6-9
Session II: July 14-25		9:30-11:30 a.m. Grades 1-5		1:30-3:30 p.m. Grades 6-9
Session III: July 28-August 8		9:30-11:30 a.m. Grades 1-5		1:30-3:30 p.m. Grades 6-9
You may select one or more sessions.				

Individual Literacy Instruction: Meets twice weekly. Each class is 60 minutes of instructional time assigned by the program director.

Dates			A	B	C	D
June 30-July 25 4 weeks		Monday and Wednesday				
		Tuesday and Thursday				
July 14-August 8 4 weeks		Monday and Wednesday				
		Tuesday and Thursday				
June 30-August 8 6 weeks		Monday and Wednesday				
		Tuesday and Thursday				

Please enter a "1" for your first choice, and a "2" for your second choice of days and time period.
A = 8:30-9:30 a.m.
B = 11:30 a.m.-1:30 p.m.
*C = 3:30-5:30 p.m.
*D = 5:30-7:30 p.m.
**Remote only.*
Please inquire about additional times for remote individual literacy instruction.

Please initial to indicate that you have read the Reading/Writing Learning Clinic's Policies and Procedures, listed below.

	I understand that instructional fees are nonrefundable. Payment in full is due at the time of invoice. The Reading/Writing Learning Clinic does not provide makeup sessions for missed classes.
	I understand that if I wish to discontinue service, I must email the Reading/Writing Learning Clinic. All refunds or credits are at the discretion of the director. No refunds will be made after the third class. A $35 administration fee will be charged for all program changes, including withdrawals.
	I understand that literacy specialists will arrange a parent/guardian conference before the conclusion of the instructional session.
	I understand that if I register for remote individual literacy instruction, my child will participate in the remote platforms of Zoom and/or Google Classroom, as well as any appropriate applications utilized with my child's literacy specialist. My child has access to an electronic device and internet connection to participate in the Reading/Writing Learning Clinic's remote individual literacy instruction.

☐ I consent to and authorize the use and reproduction by the Reading/Writing Learning Clinic and Hofstra University of any and all written material, audio recordings, photographs, and video recordings that are made of or by my child while attending the Reading/Writing Learning Clinic, without compensation to me or my child. I understand that the purposes include but are not limited to research projects and presentations. All digital photos and recordings, together with the prints and written material, shall be deemed solely and completely the property of the Reading/Writing Learning Clinic and Hofstra University.

☐ I do not give my consent for use of child's likeness for research or publicity purposes by the Reading/Writing Learning Clinic and Hofstra University. I understand that this determination does not preclude my child's participation in the literacy programs at the clinic.

Parent/Guardian Signature:_____ Student: _____ Date: _____
(Please print student's name.)

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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 themself 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 themself 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? _____