

THE READING GROUP

The Reading Group Policies

Please read and initial each item and sign and date this page at the bottom. Thank you.

_____ **Evaluation & Intake:** Evaluation payment must be made on the day of the evaluation. The evaluation is \$100 and includes testing, consultation, and a written report.

_____ **Tuition Options:**

Weekly payments of \$67 for 10 one hour lessons (\$670), (Effective 9/1/2016)

One-time payment of \$620 for 10 one hour lessons (\$620) if paid in full at the second lesson

_____ **Payment is due at the first lesson for one-time payments (in order to take advantage of the early payment discount).** If paying by the lesson, payments must be made at the time of each lesson. If not, lessons may be put on hold until payment is made and may be discontinued if payment is not made within a two week period. Failure to provide notice prior to the start of the lesson will result in you being charged for the lesson.

_____ **Payment may be made by check, credit or debit card** (Mastercard, Visa and Discover) or via our website at www.readinggroup.org. Make checks payable to **The Reading Group** and **write your child's full name on the memo line of your check**. Checks may be turned in to the office or mailed to **The Reading Group**. **Returned checks will be charged a \$25 handling fee.**

_____ **Supervision:** Students under the age of 15 must be escorted to the waiting room by a parent or responsible adult. Instructors will meet students in this area when it is time for their lesson. **Please do not leave children unattended in the waiting room.**

_____ **Enrollment/Attendance:** Lessons are scheduled in sets of 10 one hour lessons, usually once a week over a ten week period. It is expected that students will attend all ten lessons. **The Reading Group** is closed on the following holidays: Memorial Day, Independence Day (July 4), Labor Day, Thanksgiving (Thursday and Friday), Christmas (December 24 and 25), and New Year's (December 31 and January 1). If your student is unable to attend a regularly scheduled lesson for any reason (other than these planned holidays), please contact the instructor or **The Reading Group** office as soon as possible.

_____ **Rescheduling a missed lesson** is dependent upon teacher and student availability and should be discussed with your child's instructor. **Failure to notify us about the need to cancel a lesson 24 hours before the lesson is scheduled to begin may result in a charge for that lesson.** Frequent absenteeism affects student progress and can cause undue inconvenience for the instructor. Excessive absenteeism may result in termination of lessons. If termination occurs, any previously paid and unused lesson fees will be refunded.

_____ **Parent Participation:** A parent or representative is asked to observe the last ten minutes of each session. Please plan to join your child and the instructor at this time to observe, ask questions, and share information. Because lessons are scheduled back to back, the instructor cannot meet with you after the lesson ends.

_____ **Written Reports:** Upon the completion of your child's ten lessons, you may request a written report summarizing your child's lessons, methods used, observations and recommendations. There is a \$25 charge for this report. Please let your child's instructor know if you would like this additional service.

_____ **Email and Direct Mail:** **The Reading Group** will periodically send electronic newsletters and printed marketing communications to individuals and families in our database. If you do not wish to receive these, please let us know.

_____ **The Reading Group will be closed if Champaign Unit 4 Schools are cancelled due to inclement weather.** Parents should also check The Reading Group's Facebook page to learn if we are open or closed.

Parent or Guardian

Date

The Reading Group Consent Form

In order to obtain funding to keep ***The Reading Group*** going, we need to apply for grant money from time to time. Funding also helps to keep the costs of tutoring your child low.

The information you provide us is very valuable in documenting how much children benefit from our services. We would like to ask for your consent to use this information in applications for grants. Any information used will not identify you or your child in any way.

_____ I consent to have information used in grant applications

_____ I do not consent to have information used in grant applications

Signature

Student Information Form

All information remains confidential; it is shared only with our instructors working with the student.

Today's Date: _____

Name of student _____ Age _____ Birthdate _____

Parents/guardians _____

Address _____

City _____ State _____ Zip Code _____ County _____

E-mail _____

Telephones: Cell _____ Home _____ Work _____

School _____ School telephone _____

Teacher _____ Principal _____

Grade _____ Referred by _____

Reasons for seeking services from ***The Reading Group***:

Family Information

Father: Age _____ Education _____

Occupation _____ Business/Company _____

Mother: Age _____ Education _____

Occupation _____ Business/Company _____

Is there a family history of learning difficulties? If so, please briefly describe:

Any recent major family changes (e.g. divorce, adoption, death, remarriage, etc.) and child's reaction:

Siblings

Name	Age	Grade	Educational difficulties?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical History

Name of family doctor(s) _____

Medical center(s) _____

General physical condition:

Major illnesses:

Accidents:

Has your child been diagnosed with or suspected of having any of the following conditions?

(If yes, check the appropriate space):

Allergies _____	Head Trauma _____	Epilepsy or seizures _____
Developmental Disorder _____	Asthma _____	Hyperactivity _____
Learning Disability _____	Trauma at Birth _____	Frequent Ear Infections _____

Does your child have problems with sleep? Yes ___ No ___ If yes, please describe:

Does your child have problems with eating? Yes ___ No ___ If yes, please describe:

Is your child currently on medication? Yes ___ No ___ If yes, please describe: type and schedule:

Vision Checklist

Please check Yes or No for any of the following behaviors that have been noticed:

- | | |
|---|---|
| Eye turn Yes ___ No ___ | Letter or number reversals Yes ___ No ___ |
| Squinting Yes ___ No ___ | Frowning or blinking Yes ___ No ___ |
| Rubs eyes Yes ___ No ___ | Loss of place when reading Yes ___ No ___ |
| Covers one eye Yes ___ No ___ | Abnormal head posture Yes ___ No ___ |
| Uses finger as a marker Yes ___ No ___ | Words "run together" Yes ___ No ___ |
| Poor spacing Yes ___ No ___ | Unusual pencil grip Yes ___ No ___ |
| Difficulty writing on the line Yes ___ No ___ | Lack of concentration Yes ___ No ___ |
| Skips words or rereads Yes ___ No ___ | Close working distance Yes ___ No ___ |
| Frequent headaches Yes ___ No ___ | Difficulty catching a ball Yes ___ No ___ |

Leisure Activities

Please comment on the following with reference to your child:

Do adults in the home read to or with your child? _____ How often? _____

What are some of your child's favorite books?

Do you own a home computer? Yes ___ No ___ Does your child enjoy working on the computer? Yes ___ No ___

Do you own an electronics game system? Yes ___ No ___

If yes, what software, games or activities?

How much television does your child watch in an average day? _____

Does your child have a television in his/her bedroom? Yes ___ No ___

What are your child's favorite programs?

Please describe any special interests or talents (artistic, musical, mechanical, creative, etc.) of your child:

What games does your child enjoy?

How much does your child enjoy sports/exercise?

What are some things you do as a family?

What does your child like to do with friends?

Educational History

Preschool (Please list school, ages attended, and any adjustment problems):

Kindergarten (Please list school, age entering Kindergarten, any adjustment problems):

Elementary (Please list school, ages/grades attended, and any adjustment problems):

Other Schools attended: (Please list school, ages/grades attended, reason for change of school):

Has your child been retained a grade?

Yes____ No____

If yes, which grade(s)?

Have learning problems been reported by your child's school?

Yes____ No____ Not sure____

Has your child been assessed for learning problems at school?

Yes____ No____ Not sure____

Does your child have an IEP or 504 plan?

Yes____ No____ Not sure____

Does your child receive any special support or classroom accommodations at school?

Yes____ No____ Not sure____

Previous Professional Evaluations

Has your child been evaluated for any of the following? Please list name of individual, agency or school; date; and any comments:

Vision

Hearing

Neurological

Psychological

Other
(please describe) _____

Previous Tutoring/Therapy

Please list name of individual, agency or school; date; and any comments:

Behavioral or Attitude Difficulties

My child has shown difficulty in the following behaviors/attitudes: (check all that apply)

- Self-confidence, self esteem
- Study Skills/habits
- Attitude towards learning, interest in doing well at school
- Attention/ability to stay on task
- Reading for pleasure/enjoyment
- Decision-making and independence
- Willingness to try
- Reading comprehension (understanding what they read)
- Reading aloud, sounding out words, reading accurately and smoothly
- Writing
- Spelling
- Math/Numbers skills
- Other (please describe)

Would you like to learn ways to support your child’s learning at home?

Yes ___ No ___ Maybe ___

Would you like to learn ways to support/advocate for your child’s learning at school?

Yes ___ No ___ Maybe ___