San Diego State University
Community Reading Clinic

Application Form

The SDSU Community Reading Clinic provides expert literacy assessment and tutoring for K-12 students and adults.

Literacy Assessment
A comprehensive battery of individually administered literacy assessments addresses reading level, word identification, phonics, comprehension, spelling, and writing skills. A full written report is created for each student. Assessments may be provided by graduate students or professionals with fees assessed accordingly. A small number of fee waivers are available and are awarded on a sliding scale based on financial need.

Experienced teachers enrolled in our graduate program provide literacy assessments under direct supervision of faculty during the academic semester when appropriate courses are in the schedule. The cost is $150 (nonrefundable).

Professional assessment is available throughout the year at a nonrefundable cost of $300.

Literacy Tutoring
Tutoring services are provided in a one-on-one setting with an emphasis on strategies to improve the student’s reading accuracy, fluency, and comprehension as well as spelling and writing skills. Tutoring may be provided by graduate students or professionals with fees assessed accordingly.

Experienced teachers enrolled in our graduate program provide literacy tutoring under direct supervision in the fall and spring academic semesters. The series of 11-12 week sessions for students generally start in September and February at a cost of $360 a semester. Partial fee waivers are available on a sliding scale upon request and are awarded based on financial need. Please note that the number of applications that we receive exceeds our ability to provide services to everyone immediately. Applications are reviewed and processed on a first come, first served basis. Clients selected for tutoring each semester will be contacted by phone, and asked to make a commitment to attend the full set of tutoring sessions for that semester.

Professional tutoring is also available throughout the year at a cost of $50 per hour. Scheduling of these sessions is more flexible and may occur at times mutually agreeable to the tutor and student. A six-week summer session is offered at a cost of $600. A small number of partial fee waivers are available and are awarded on a sliding scale based on financial need.

For more information, contact me at pross@mail.sdsu.edu.

Please return this application to:
Dr. Pamela Ross
Interim Director, SDSU Community Reading Clinic
School of Teacher Education
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-1153
Tel: 619-594-7033 Fax: 619-594-7828
SDSU Community Reading Clinic

Date of Application: __________________________

Services Needed: _____ Assessment of Literacy Skills

_____ Literacy Tutoring

Name of Student: ____________________________________________

Last First Middle

Age of Student: __________________ Date of Birth ________________

Grade Level: __________________________

Contact Information:

Name of Person Completing Application: _______________________

Relationship to Student: __________________________

Phone Numbers:

Home Work Cell

Best Time to Call: __________________________

Email Address: __________________________

Address: ____________________________________________

Street Address

City State Zip Code

Student’s Current School Information:

School: __________________________________________

School District: ___________________________________

Teacher: _______________________________________

Please list other schools applicant has attended:

School _______________________________________

Dates of Attendance __________________ Grades _________
School___________________________________

Dates of Attendance ________________________Grades_________

Describe the difficulties that this student has experienced while learning how to read and write. Several may apply; check as many as necessary.

_____ Difficulty remembering words already introduced on sight (sight words)
_____ Difficulty with letter sounds (phonics)
_____ Difficulty reading with fluency or smoothly
_____ Difficulty understanding what is read (comprehension)
_____ Difficulty with spelling
_____ Difficulty writing sentences

Other:

_________________________________________________________________________________

When did the difficulties with literacy skills first become apparent? __________________________

_________________________________________________________________________________

Please describe the student’s present reading/writing abilities.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Does the student have an IEP? Yes/No
If yes, what is the focus of the educational plan? _______________________________________

_________________________________________________________________________________

What types of extra assistance has the school been able to provide?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Has the student ever had a psychological assessment (intelligence or mental health evaluation)? Yes/No
If yes, when and by whom? What were the results? _______________________________________

_________________________________________________________________________________

Does the student have any health problems? Yes/No
If yes, please describe. _______________________________________________________________
Does the student have any diagnosed vision problems? Yes/No
If yes, please describe. __________________________________________

Does the student have any diagnosed hearing problems? Yes/No
If yes, please describe. __________________________________________

How would you describe the student’s early language development? At approximately what age did the student begin to say words; 2-3 word phrases; sentences? ____________________________

Primary language spoken at home: _________________________________

Primary language used by this student for school work: ______________

How much time does the student spend watching TV daily? ___________

How much time does the student spend on the computer or other electronic devices daily? ___________

What sort or activities does the student engage in on these devices? ______________________________________________________

What activities does the student most enjoy, in or out of school? ___________________________________________________________

What else would you like us to know about him or her? ________________________________________________________________
Does anyone in the student’s family have a history of reading or writing difficulties? Yes/No
If yes, please explain. ___________________________________________________________________

Parent/Guardian’s Name: ________________________________ Age: __________________
Education: ________________________________ Occupation: __________________
Employer: ________________________________

Parent/Guardian’s Name: ________________________________ Age: __________________
Education: ________________________________ Occupation: __________________
Employer: ________________________________

Please list all household members currently living with the applicant:

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<th>Name</th>
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THANK YOU FOR BEING SO COMPLETE IN FILLING OUT THIS FORM
San Diego State University Community Reading Clinic

Assessment and Photographic Permission and Release of Pupil Information

I, _________________________________________________________________, give permission to
(Name of Parent or Guardian)
the San Diego State University Community Reading Clinic to assess the literacy skills of
________________________________________.
(Name of Student)
I also give permission for the San Diego State University Community Reading Clinic to release copies of
reports of any testing or evaluation completed on ______________________________________
(Name of Student)
to his/her school or to any other professional agency specified by me.

I also hereby grant permission for my child’s photographic image, video and audio recordings to appear in
information published for the SDSU College of Education. The purpose of the photography is to provide
data and illustrations for SDSU instructional and research programs. I understand the images and
recordings may be used in professional conferences, journals, and publications. I understand that these
images and recordings are the property of San Diego State University and may be used at the University’s
discretion without compensation to me or to my child. I waive all rights to inspect or approve the finished
products that may be used in connection with this image.

I have read this release and am fully familiar with its content.

Signature: __________________________________________________________

Print Name: _________________________________________________________

Parent or Legal Guardian of: __________________________________________

Date: ____________________________