



SCHOOL of EDUCATION  
and HUMAN DEVELOPMENT  
Sheila C. Johnson Center

Sheila C Johnson Center  
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[education.virginia.edu/services-outreach/sheila-c-johnson-center](http://education.virginia.edu/services-outreach/sheila-c-johnson-center)

## McGuffey Reading Clinical Services

### SUMMER 2024 REGISTRATION FORM – READING INTERVENTION

**Virtual: June 17-July 26, 3 Times Per Week / In Person: July 1-26, Every Weekday (No Tutoring July 4 & 5)**

Mail to above address, fax to above fax number, or email directly to April Swain (as7st@uvahealth.org)

**If your child attended the 2024 Spring Reading Intervention Program, you are only required fill out all of pages 1-3. If not, please complete page 4 (Student Background)**

Client’s Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

#### Parent or Guardian’s Information

Parent/ Guardian: \_\_\_\_\_ Parent/ Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

We will communicate primarily via email. What is the preferred email (or please indicate “both”)?

\_\_\_\_\_

Sliding Scale Rate Requested: Yes \_\_\_\_\_ No \_\_\_\_\_

A sliding scale based on documented income is available. A 2022 or 2023 1040 Tax form is **REQUIRED**. There is no guarantee of a reduced rate. Assistance is first-come, first-served and based on available funding.

The \$525.00 program fee should be paid in full by May 15<sup>th</sup> (payment for in-person may requested earlier due to scheduling constraints). Refunds will not be issued after this date. The Sheila C. Johnson Center front desk staff will reach out to collect credit card payments by phone once McGuffey has confirmed your time slot.

If you prefer to make a payment by check, please make the check out to: McGuffey Reading Clinical Services  
Mailing Address: P.O. Box 400270, 417 Emmet Street, S., Charlottesville, VA 22904.

Name of Person Agreeing to Pay (please print): \_\_\_\_\_

SSN of Person Agreeing to Pay: \_\_\_\_\_

Signature of the Person Agreeing to Pay: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

## **Format Preferences**

Please select one option below:

\_\_\_\_\_ I am ONLY interested in in-person tutoring, which may be one-on-one or small-group

\_\_\_\_\_ I prefer in-person tutoring but would consider virtual

\_\_\_\_\_ I am ONLY interested in virtual tutoring, which will be one-on-one

## **Scheduling Preferences**

Students will participate in 18 lessons lasting an average of 45-50 minutes. Please complete the scheduling survey found here to share your preferences for times and format:

<https://forms.office.com/r/2DPhMWLk5x>

*\* Your registration is not complete until we receive both this registration form and the scheduling survey.*

## **Make-Up Sessions and Schedule Changes**

We are unable to make up sessions for in-person tutoring this summer because of the short time frame. For virtual tutoring, we can offer one make-up lesson if the student misses a lesson. Additionally, if the student will miss a lesson for the Juneteenth and/or Fourth of July holidays, we can offer a make-up lesson for one or both of those days. Beyond these three absences, we cannot guarantee a make-up lesson.

For in-person tutoring, we will not be able to accommodate any schedule changes after tutoring begins. For virtual tutoring, we will do our best to accommodate one schedule change—for instance, if the student begins a day camp that conflicts with the original tutoring time. Please indicate any need for a schedule change on the scheduling survey so that we can account for it in our planning.

**Please continue to complete page 3 (Release Forms A, B, C)**

**Please read and sign each release (Forms A, B, C)**

**RELEASE FORM A**

Tutoring Request/Release Authorization:

Date: \_\_\_\_\_ Name: \_\_\_\_\_

It is understood that tutoring/testing activities may be observed, recorded, and reviewed by the McGuffey clinical staff and that the information will not be released to anyone without my consent. I understand that all recordings will be deleted at the completion of the program.

\_\_\_\_\_  
Signature of client or parent/ legal guardian

**RELEASE FORM B**

At parent or guardian request, McGuffey's report and tutoring information may be released to:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (State) (Zip code)

\_\_\_\_\_  
Signature of client or parent/ legal guardian

Do you give us permission to contact your child's teachers if needed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete Academic Status on page 2. Please note: This release does not indicate that we will interface with your child's teacher and/or school. It gives us permission to do so if needed.

**RELEASE FORM C**

Permission is granted to use client's tutoring and assessment data for research to inform researchers and teachers in the area of literacy instruction. The information will be handled confidentially. The client's information will be assigned a code. The list connecting this code will be kept in a digitally locked file. Names will not be used in any report. Choosing to allow or not allow information to be used for research purposes will have no impact on the tutoring process. Permission is completely voluntary, and you have the right to withdraw your consent at any time without penalty.

\_\_\_\_\_  
Signature of client or parent/ legal guardian

If your child attended the 2024 Spring Reading Intervention Program, your form is now complete. If not, please continue to complete page 4 (Student Background).

**Student Background (For New Students)**

Current School: \_\_\_\_\_ Phone: \_\_\_\_\_

Teacher: \_\_\_\_\_ Reading Specialist (if applicable): \_\_\_\_\_

Has your child received any of the services below (please check all that apply)?

Reading Intervention: \_\_\_\_\_ Speech Language: \_\_\_\_\_ Special Education: \_\_\_\_\_ English Learner: \_\_\_\_\_

If your child received Special Education Services what is the primary diagnosis? Are there any other diagnoses?

\_\_\_\_\_

Has your child ever been diagnosed with ADD or ADHD? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been retained? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what grade? \_\_\_\_\_

Has your child ever been to McGuffey? \_\_\_\_\_ If so, when? \_\_\_\_\_

Has your child been evaluated for a reading difficulty or any other related issue at school or elsewhere? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

Are you willing to share copies of the reports? Yes \_\_\_ No \_\_\_ **If yes, please submit reports with this application.**

Has your child received additional help in reading outside of school (private tutoring, etc.)? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

**Health & Developmental History**

Does your child have any health concerns that we should know about? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been diagnosed with any language-related problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Does your child have any articulation issues? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

What are your child's interests? \_\_\_\_\_

\_\_\_\_\_

In what area(s) does your child excel? \_\_\_\_\_

\_\_\_\_\_

**Referral Source**

How did you hear about us? \_\_\_\_\_