



SCHOOL of EDUCATION
and HUMAN DEVELOPMENT
Sheila C. Johnson Center

McGuffey Reading Clinical Services

Fall 2024 REGISTRATION FORM – READING INTERVENTION

September 16 – November 21, 2024; Monday/Wednesday In-Person, Tuesday/Thursday Virtual

Mail to above address, fax to above fax number, or email directly to April Swain: AS7ST@uvahealth.org

If your child attended the 2024 Summer Reading Intervention Program, you are only required fill out all of Pages 1-3.
If not, please also complete Page 4 (Student Background). Program dates can be found on Page 5.

Client’s Name: _____ Age: _____
Date of Birth: _____ Fall 2024 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”)?

Need-Based Sliding Scale Requested for Reduced Rate: Yes _____ No _____

A sliding scale based on documented income is available. A 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 September 6th, 2024. 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: _____

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/EhZZvhM4qn>

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

Tutoring Dates

Please see Page 5 for a list of all Fall 2024 tutoring dates.

Make-Up Sessions and Illness

We are able to offer one make-up lesson if a student must miss a lesson, but we cannot guarantee it will be with the student's regular tutor. Make-ups for a missed in-person lesson will take place virtually. In the event of mild illness or COVID exposure, an in-person student can attend their lesson virtually with their tutor during their regular lesson time.

Inclement Weather

In the event of inclement weather, virtual tutoring will be held on the regular schedule. For in-person tutoring, we will follow the guidance of Charlottesville City Schools. Early dismissal or cancellation of CCS will result in tutoring cancellation. We are able to make up one day due to inclement weather cancellation and will do so virtually on November 25th.

Please continue to Page 3 to sign releases.

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 viewed or released to anyone without my consent.

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

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 Summer Reading Intervention Program, your form is now complete. If not, please complete Page 4 (Student Background). A list of all Fall 2024 tutoring dates can be found on Page 5.

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 the McGuffey Reading Center? _____ 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 registration.**

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 areas does your child excel? _____

Fall 2024 Tutoring Dates

Monday/Wednesday Dates are for In-Person; Tuesday/Thursday Dates are for Virtual

	In-Person	
	Monday	Wednesday
September	16 First Day	18
	23	25
Sept/Oct	30	2
October	7	9
	14 No Tutoring	16
	21	23
	28	30
November	4 No Tutoring	6
	11	13
	18	20 Last Day
	25 Inclement Weather Make-Up Day (Virtual)	

	Virtual	
	Tuesday	Thursday
September	17 First Day	19
	24	26
October	1	3
	8	10
	15 No Tutoring	17
	22	24
	29	31
November	5 No Tutoring	7
	12	14
	19	21 Last Day