



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**

**Fall 2021 REGISTRATION FORM – READING INTERVENTION**

**September 8-November 17, 2021**

Mail to above address, fax to above fax number, or email directly to April Swain: [AS7ST@hscmail.mcc.virginia.edu](mailto:AS7ST@hscmail.mcc.virginia.edu)

If your child attended the 2021 Summer Virtual Reading Intervention Program, you are only required fill out all of pages 1-2 as well as the release of information section on page 4.

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")?

\_\_\_\_\_

Fee Discount Requested: Yes \_\_\_\_\_ No \_\_\_\_\_

Fee discounts based on documented income are available. A 2021 1040 Tax form is **REQUIRED**. There is no guarantee of a reduced rate. Assistance is first come, first serve and based on available funding.

The fee for the program \$525.00 and should be paid in full by September 8, 2021. A non-refundable \$250.00 deposit must be submitted with this form to reserve a space. Please send all payments to: McGuffey Reading Clinical Services, Sheila Johnson Center for Human Services, P.O. Box 400270, 417 Emmet Street, S., Charlottesville, VA 22904. Checks should be made out to McGuffey Reading Clinical Services. You may opt to pay by credit/debit card by calling the Sheila Johnson Center at 434-924-7034 and selecting option 1.

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

This fall, we are offering a limited number of in-person slots on Monday and Wednesday afternoons at 3:30 and at 4:35 along with our virtual sessions. Virtual sessions will be scheduled more flexibly. Please select one option below:

- I am ONLY interested in in-person tutoring
- I prefer in-person tutoring but would consider virtual
- I prefer virtual tutoring but would consider in-person
- I am ONLY interested in virtual tutoring

If you are interested in in-person tutoring, please select one option below:

- I can ONLY do Mondays and Wednesdays at 3:30
- I can do 3:30 or 4:35 but would prefer 3:30
- I can do 3:30 or 4:35 but would prefer 4:35
- I can ONLY do Mondays and Wednesdays at 4:35

### Fall 2021 In-Person Tutoring Dates

	Monday	Wednesday
September		8 <b>First Day</b>
	13	15
	20	22
	27 <b>No Tutoring (No School for CCS)</b>	29
October	4	6
	11 <b>No Tutoring (UVA Fall Reading Day)</b>	13
	18	20
	25	27
November	1 <b>No Tutoring (No School for CCS)</b>	3
	8	10
	15	17 <b>Last Day</b>

**Inclement Weather:** We will follow the guidance of Charlottesville City Schools. Early dismissal or cancellation of CCS will result in a tutoring cancellation. We are able to make up only one day due to inclement weather cancellation and will do so virtually.

**Student Background (For New Students)**

Present School: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Has your child received any of the service 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 Attention Deficit Disorder? 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 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. \_\_\_\_\_

Did s/he have any articulation issues? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain.

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

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

**Please read 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. 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