

Summer Clinic 2017

Invitation to Participate

The Center on Teaching and Learning at the University of Oregon is pleased to announce the Summer CTL Clinic.

Students will spend 1-2 hours each day, 4 days per week, focusing on reading or math instruction. There will be a snack and break for those students spending 2 hours at the clinic.



Who: Current Kindergarten and 1st grade students who are struggling in the area of reading or math. (Grade levels for 16-17 school year)

Where: HEDCO Clinic
(UO Campus)
1655 Alder Street
Eugene, OR 97403

When: June 26th—July 27th
Monday—Thursday
9:00 am—11:15 am **or**
11:30 am—1:45 pm

Note: There will be no clinic sessions on July 3 and 4, 2017.

Please submit your child's application to Clinic Program Assistant, Anna Ingram (annad@uoregon.edu, 541-346-4314). **Space is VERY limited and applications will be accepted on a first come first served basis.**

Assessments to determine placement will begin June 12th.

CTL Clinic

Nancy J. Nelson, Ph.D., Director
Sarah E. Carlson, Ph.D., Coordinator
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Eugene, OR 97403
<http://ctlreadingclinic.uoregon.edu>



UNIVERSITY OF OREGON



Student Application

The CTL Clinic provides diagnostic assessment and tutoring in both Reading and Math, at the University of Oregon, to students experiencing academic difficulty. Please fill out the following information for application to our Summer Camp.

Date: _____

PERSONAL INFORMATION

Student Information

Student's Name: _____ Age: _____
Last First Middle Initial

Date of Birth: _____ Sex: _____

School: _____ Current Grade (this year, not next fall): _____

Parent's or Guardian's Information

Name: _____
Last First Middle

Address: _____
Street
City State Zip

The CTL Clinic uses email as our primary form of communication. If you would prefer a different form of communication please let us know:

Email Phone Text Message (put number and carrier on email line.) Written/Mail

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

HEALTH & DEVELOPMENT HISTORY

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

Has your child ever been diagnosed with one of the following: ADD ADHD Dyslexia

Does your child have any allergies that the staff should know about? Yes No If yes, please list.

Does your child have any health conditions that interfere with participation in the clinic? Yes No

If yes, please list.

Does your child have an IEP (Individual Education Plan)? Yes No If yes, check all that apply:

Specific Learning Disability Communication Disorder Autism Deaf/Blindness

Emotional Disturbance/Behavior Disorders Hearing Impairment Intellectual Impairment

Orthopedic Impairment Other Health Impaired Visual Impairment Traumatic Brain Injury

AVAILABILITY

I would like my child to attend Summer Camp for

- Reading
- Math
- Both

My child is available for the following session times. **Please list all of your availability. Parents will be informed of their child’s schedule once group placement is made a few weeks before summer camp starts. Summer Camp runs from June 26th through July 27th, Monday through Thursday. Note: There will be no clinic sessions on July 3 and 4, 2017**

<p>Session 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reading – 9 am to 10 am <input type="checkbox"/> Math – 10:15 am to 11:15 am 	<p>Session 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reading – 11:30 am to 12:30 pm <input type="checkbox"/> Math – 12:45 pm to 1:45 pm
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OTHER INFORMATION

What is your preferred language to receive communication from the CTL Clinic? Currently all the staff at the Clinic only speak English. We will do our best to accommodate parents who are more comfortable with Spanish, but communication may be limited to written reports.

- English
- Spanish

RELEASE FORM

Permission for Intake Assessment

Assessment Request/Release Authorization:

Date: _____ Student’s Name: _____

I am authorized to and do request a diagnostic assessment of the student identified above. I understand that the assessment will be conducted by trained assessors and supervised by CTL Clinic staff and that the completed assessment will not be viewed or released to anyone outside of the CTL Clinic without my consent, except as required by law or as necessary to the CTL or the University of Oregon.

Signature of client or parent/legal guardian