The Reading Center is a free, public service provided by the Department of Reading and Language Arts at Central Connecticut State University to New Britain and the surrounding communities. The department receives many applications for this service. Admission to the Reading Center is based upon the child's need for intervention, and school records indicating the need for intervention, the number of available clinicians, (with the appropriate background and training) requested for specific levels, and the Reading Center Director’s own criteria. Parents are advised that new applications are required twice a year, (fall and spring).

Children are tutored by certified teachers who are graduate students. Because the ratio of children to reading clinic tutors is one-to-one, enrollment is very limited. Sessions are one hour in length and designed for specific learning areas as determined by information provided by your child's school and data collected at the Center.

The Reading Center Director determines acceptance to the Reading Center. You will be notified by telephone and/or mail as to days, time, and room number. Your child's participation must be confirmed prior to the start date. Repeated absences will eliminate your child from the Reading Center.

Application Process:
1. Complete the enclosed "Request for Parent Information “Part One” application for parents, sign the form, and return to the Reading Center.
2. Take the “Request for School Information “Part Two” form to your child’s school principal giving your permission to release information and mail, or you may hand deliver to the Reading Center Director. Due to the private nature of this report, it is advised that you bring the information to the Reading Center as soon as possible.

Spring and Fall Reading Center:
Mondays and Wednesdays, or Tuesday and Thursdays 4:30-5:25 p.m. or 5:30-6:25 p.m. (times may vary). The Center follows the university's academic calendar, and therefore may differ from public or private school calendars. Dates and times will be provided after acceptance is confirmed. Children must be picked up and dropped off by a parent/guardian to the Center.

Summer Reading Clinic:
Monday - Thursday, one hour per day, early morning hours; 8:15-9:15 a.m. or 9:30-10:30 a.m. (times may vary), 5 weeks, beginning approximately the first week of July through the first week of August. Actual dates and times provided after acceptance. This is a relatively short period of time. Because the summer program is a relatively short period of time, do not plan vacation or other activities during this period. Your child will not be accepted.

If your child cannot attend a session, please call Stephanie Waldman at 860 832-2175.

NOTE:
Parents need to escort their child to all sessions in order to meet with the clinician and the Center Director. The Reading Center is located on the second floor of Henry Barnard Hall, room 209. Free public parking is available in the parking lot behind the Student Center.
Date: __________________________

Circle One: Spring  Summer  or  Fall   Year: 20____

Child’s Name: ____________________________  Age: ______

Date of Birth: ____________________________  Grade: (last completed): ____________________________

Parent/Guardian: ______________________________________________

Address: ______________________________________________________
(Street)  (City)  (Zip)

Phone: _______________________________________________________
(Primary)  (Secondary)

Email address: ________________________________________________

School: _______________________________________________________

Address: ______________________________________________________

Teacher’s Name: ______________________________________________

Reason for referral: _____________________________________________
______________________________________________________________

Has your child ever attended this Reading Clinic? If yes when? ____________________________

Has your child or is your child currently receiving academic help such as tutoring, or special education in
school or with another agency? _______________________________________
______________________________________________________________

Does your child have any health concerns (ADD, ADHD, allergies, asthma, diabetes., epilepsy, etc)?
______________________________________________________________

Is your child currently taking any medication(s). If yes, what? ______________________________________

Has your child’s vision been tested? When? Does the child wear glasses? ___________________________

Has your child’s hearing been tested? When? Results. ____________________________

Is there anything else we should know, including special concerns that you have about your child? ______
______________________________________________________________
I give my permission for the Reading Center to use the information provided on this questionnaire to assist in identifying my child’s educational needs. I give my permission for a Central Connecticut State University Reading Center teacher to complete a diagnostic reading assessment of my child. I understand all of the information will be strictly confidential.

(Signature of Parent/Guardian)                     Date

I give my permission for my picture or my child’s picture to be used in marketing materials (e.g. brochure, web page) for the CCSU Reading Center.

(Signature of Parent/Guardian)                     Date

Attached is a request form for release of school record information (Part Two of the application form). Please sign this request for information and present it to your teacher/principal in order for him/her to send records to CCSU Reading Center Director (or if you choose, you may pick them up yourself). This part of the application process is very important in determining acceptance into the Reading Center. **Processing of your child’s application cannot begin without the school information.**

**Return completed application and school records/test scores to:**
CCSU
Reading Center Director
Barnard Hall, 209
1615 Stanley St.
New Britain, CT 06050

Parent/Guardian Signature: ____________________________

Date Application Submitted: __________________________

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**For Reading Center Use Only**

Application Received (Date) ___________________________ Initials _________

Sent Receipt of Application (Date) ______________________ Initials _________

Semester Enrolled (Date) ______________________________ Initials _________
Dear Principal and Teacher:

The child named below is being considered for admittance to the Reading Center offered by the Department of Reading and Language Arts at Central Connecticut State University. In order to assist the director in determining this student's eligibility for the Center would you please send any formal or informal assessment information, standardized test information, reason for referral, district and or state test results, current reading level, publisher and text, academic help received both one on one and/or group sessions or other indication of the student's reading and language arts levels for the student to:

Reading Center Director  
Department of Reading & Language Arts  
Central Connecticut State University  
Barnard Hall 245  
1615 Stanley St.  
New Britain, CT 06050

Admission to the Center is determined by the Reading Center Director. **Any and all materials received from the child’s school and the parents will affect the director’s decision.**

Thank you for your prompt attention to this matter.

Sincerely,

*Dr. Jesse Patrick Turner*
Reading Center Director  
C.C.S.U.

Child's Name: ___________________________  Grade: ___________________________

Parent/Guardian: ___________________________  
(Signature denotes permission to release information to Reading Center Director)

Date: ___________________________
Date: _________________________________

Child’s Name: ___________________________________________________________

Child’s Current Grade: ______________________________ Has the child been retained? Yes/No __________

Child’s School and District: ________________________________________________

Teacher’s Name and telephone number: ______________________________________

Teacher’s e mail address: ___________________________________________________

Child’s current reading text, publisher, and level: ________________________________

Reason for Referral: _______________________________________________________

Informal Reading Test Results: _____________________________________________

DRA results or other formal reading results: _________________________________

Has the child been seen for special services such as one on one tutoring or small group instruction? If so in what areas and what were the results? ________________________________

Do you have district level or state level test results: ____________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________