

CMU Summer Reading Clinic

A Partnership with Mt. Pleasant PEAK 2016 Summer Camps

The clinic will meet on the days listed below at Vowles Elementary School.

The Reading Clinic starts at 9:00 am and ends at 11:30 am.

Mon	Tue	Wed	Thu	Fri
No Class	July 5	July 6	July 7	July 8
July 11	July 12	July 13	July 14	No Class
July 18	July 19	July 20	July 21	No Class
July 25	July 26	July 27	July 28	No Class

Please note that students do not have to participate in the PEAK Program in order to register for the Summer Reading Clinic.



Whom the Clinic Serves:

Students in grades K through 8 with or without reading and/or writing difficulties. Limited to first 20 applicants. Students receiving a teacher referral will have priority enrollment.

How the Clinic Can Help:

The Clinic provides intensive, individualized one-to-one tutoring, using assessment and instructional methods proven by research to promote reading and writing.

Features of the Program:

- Supervised practice to maintain and improve children's reading/writing skills
- Assessment of reading/writing strengths and needs using a variety of assessment tools
- Individual and small group instructional sessions designed to match student needs and strengths
- A final report on student strengths, needs, and recommendations for further growth
- An individual parent/student/teacher conference to share results and successful teaching strategies

Reading Clinic Fee:

\$250 per child

\$100 Scholarship rate, based on free/reduced lunch income guidelines.

For Registration:

Contact Mt. Pleasant Parks and Recreation at (989) 779-5331. Application available at the Parks and Recreation Office in City Hall or online at www.mt-pleasant.org/summercamps
Registration Deadline: June 24, 2016

For Further Information:

Please contact Dr. Xiaoping Li at 989-774-2581, or email her at li2x@cmich.edu

"We hoped to maintain and build our son's reading skills. The program was very helpful on this. We hope to sign up again next summer."

"We absolutely loved our teachers! They made my child comfortable and confident! Thank you!"

From Parents



Mt. Pleasant Parks and Recreation CAMPS

Child's Last Name: _____ Child's First Name: _____ D.O.B: _____

M/F: _____ Current School: _____ Grade in 2015-16: _____ T-Shirt Size: YS (6-8) YM (10-12) YL (14-16) YXL (18-20)
 (circle) Adult Sizes: AS AM AL AXL

Primary Guardian: _____ Secondary Guardian: _____

Address (required): _____ Address (required): _____

City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: (____) _____ Home Phone: (____) _____ Work: (____) _____

Cell Phone: (____) _____ Provider: _____ Cell Phone: (____) _____ Provider: _____

Email Address: _____ Email Address: _____

Emergency Contact: _____ Emergency Contact: _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Summer Camp Registration						Amount Due	
Camp PEAK	Pullen (K-3)	Vowles (K-3)	McGuire (4-6)	West (7-8)	C.I.T. (14-15)	\$	
School's Out Camp Fancher Elem.	6/13-17	6/20-24	8/8-12	8/15-19	8/22-26	8/29-9/2	\$
Reading Clinic	Vowles Elementary, 7/5 – 7/28					\$	
SUBTOTAL						\$	
CAMP PEAK PARTICIPANTS ONLY - Subtract \$20 early bird discount when registered by May 27 (Must be paid in full to receive discount)						\$	
TOTAL DUE – Make Checks Payable to MPPR (Payment plans available; contact MPPR for more details.)						\$	

I, the undersigned, parent/guardian having legal custody/legal custody of said minor, give permission to attend any of the MPPR/PEAK Summer Camp activities. Said minor is physically and mentally prepared to participate in all activities as described for said program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities for which I have given my permission and, thereby, will not hold the PEAK Program, Mt. Pleasant Parks and Recreation, or Mt. Pleasant Public Schools liable for any injury incurred during these activities.

I do hereby grant permission for photos and/or video of my child to be used by the PEAK Program and Mt. Pleasant Parks and Recreation for promotional and educational purposes

I do hereby grant permission for my child to participate in PEAK Program surveys and program evaluations.

Parent or Guardian Signature Required for Enrollment

Date

All interested persons may attend and participate. Persons with disabilities needing assistance to participate may call the Human Resources Office at (989) 779-5313. Persons requiring speech or hearing assistance may contact the City through the Michigan Relay Center at 1-800-649-3777. A seven day advance notice is necessary for accommodation.

Return Registration Form and Payment to:

Mt. Pleasant Parks and Recreation, City Hall, 320 W. Broadway, Mount Pleasant, MI 48858
www.mt-pleasant.org/PEAK 989-779-5331 www.facebook.com/MYPEAK

For Office Use Only Cash/Check # _____

RecTrac Receipt #: _____

CMU READING CLINIC
TEACHER'S EVALUATION INFORMATION

Student _____

Grade Completed _____ Date of Birth ____ / ____ / ____ School _____

Classroom Teacher: First Name _____ Last Name _____

1. Student's reading level _____

2. Please Check All Relevant Reading Abilities

Word Identification

Strength Weakness

_____ _____

Decoding

_____ _____

Sight words

_____ _____

Oral reading fluency

Comprehension

_____ _____

Activates background

_____ _____

Predicts

_____ _____

Understands major concepts

_____ _____

Self-monitors

_____ _____

Interprets meaning suggested by the text

3. Please Check all Relevant Related Literacy Abilities

Strength Weakness

_____ _____

Spelling

_____ _____

Handwriting

_____ _____

Listening comprehension

_____ _____

Study Skills

_____ _____

Oral expression

_____ _____

Mathematics

_____ _____

Written expression

4. Has student received special help in reading? _____

If so, when? _____

Nature of instruction _____

Results _____

5. Please Check All Related Attitudes and Abilities

Strength	Weakness	
_____	_____	Ability to concentrate
_____	_____	Confidence in ability
_____	_____	Willing to risk error
_____	_____	Intent to remember
_____	_____	Ability to work alone
_____	_____	Ability to work with others
_____	_____	Enjoyment of material read aloud

6. Does student choose to read during free time? _____

7. Interests _____

Favorite books _____

8. Special Information:

Health _____

Vision _____

Hearing _____

Other _____

9. Student strengths _____

10. Additional information _____

