



# SUMMER@CARROLL

## Beginning Readers (entering Grades 1-2) 2010 Student Application

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Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Current Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent 1/Custodial (print) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_

Parent 2 (print) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_

### **Educational Information**

Current School \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_ School Phone \_\_\_\_\_

Teacher Name \_\_\_\_\_ May we contact teacher with questions? \_\_\_\_\_

## Parent Perceptions

In order to meet the goals of each student enrolled in *Beginning Readers*, we carefully screen each potential candidate. To help us accurately assess the needs of each potential student, please provide as much information as you can that will help us with the evaluation and assessment process.

Write a brief description of your child, socially and academically, including activities your child engages in during free time.

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How would you describe your child's academic successes and needs?

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How would you describe your child's social successes and needs?

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## Application Statement

Acceptance to *Beginning Readers* is based on admission criteria. Because *Beginning Readers*' approach to reading remediation is cognitive in nature, students must fall within the average range of intellectual ability and be motivated to learn. Generally, students will have a primary diagnosis of a language-based learning disability, such as dyslexia. *Beginning Readers* is not appropriate for students with primary emotional or behavioral difficulties. The admission criteria are applied with equal consideration to all applicants. Prior to acceptance, a visit to The Carroll School by the applicant and a parent is required. At that time, additional testing will be administered by Carrroll School personnel.

**This application must be accompanied by a \$50 non-refundable application fee.**

*The Carroll School admits students of any race, color, religion, national and ethnic origin, and sexual orientation, or with any disability that can reasonably be accommodated by the school, to all rights, privileges, programs and activities generally accorded or made available to students at The Carroll School. It does not discriminate on the basis of such factors in the administration of its admission, financial aid, educational, employment, or athletic policies.*

All information in this application is true to the best of my knowledge. No information with regard to the profile of the applicant has been knowingly omitted.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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## Diagnostic Information/Required Materials

Applications for *Beginning Readers* will be reviewed after all information is received. Placement is made on a first-come, first-served basis, based on appropriate candidates.

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|-------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Completed application                                            | <input type="checkbox"/> Teacher Evaluation Form               |
| <input type="checkbox"/> Copy of recent report card w/teacher comments                    | <input type="checkbox"/> Tutor Evaluation Form (if applicable) |
| <input type="checkbox"/> Standardized testing such as WPPSI with narrative (if available) | <input type="checkbox"/> \$50 non-refundable application fee   |
| <input type="checkbox"/> IEP/504 Plan (if applicable)                                     |                                                                |

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## How did you hear about the program?

School\_\_\_ Advocate\_\_\_ Friend\_\_\_ Open House\_\_\_ Web Site\_\_\_ Ad (where)\_\_\_\_\_  
Camp fair\_\_\_ Web Search\_\_\_ Testing Service\_\_\_ Other\_\_\_\_\_

<p><b>Mail this form with required application materials to:</b> Summer@Carroll Admission Office The Carroll School 25 Baker Bridge Rd., Lincoln, MA 01773 781-259-8342 ext. 3031</p>
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This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health.



# SUMMER@CARROLL

## Beginning Readers Teacher Evaluation Form

Parents: Please give this form to your child's current teacher. **Please be sure to fill in the student's name.**

Dear Teacher,

\_\_\_\_\_ is applying for Beginning Readers Program, a five week  
(Student Name)  
intervention and remediation program designed for children with specific language learning difficulties, such as dyslexia. The information requested below will be very helpful in determining if our program can meet the needs of this child. It will also help us to group students. All information will be held in the strictest confidence.

Please feel free to contact the Summer@Carroll Office with questions at 781-259-8342 ext 3031.

Teacher Name \_\_\_\_\_ School \_\_\_\_\_

Telephone Number \_\_\_\_\_

How long have you known this student? Years \_\_\_\_\_ Months \_\_\_\_\_

In describing this student, what are the first few words that come to your mind?

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In what area(s) does the student experience academic success and frustration? **Please be specific.**

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*Independent*    *Needs Minimal Support*    *Needs Moderate Support*    *Dependent on Teacher*    *N/A*

**Reading**

Phonemic Awareness					
Decoding					
Reading Fluency					
Reading Comprehension					

**Writing**

Handwriting					
Spelling					

**Math**

Calculation					
Concepts					

**Please comment on student's overall academic performance.**

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*Independent*    *Needs Minimal Support*    *Needs Moderate Support*    *Dependent on Teacher*    *N/A*

**Social/Behavioral**

Interacts well with teachers					
Interacts well with classmates					
Demonstrates appropriate classroom behavior					
Behaves appropriately during unstructured time					
Demonstrates positive attitude					

**Please comment on student's overall daily social/behavioral interactions.**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# SUMMER@CARROLL

## Beginning Readers Program Tutor Evaluation Form (if applicable)

Parents: Please give this form to your child's current tutor. **Please be sure to fill in the student's name.**

Dear Tutor,

\_\_\_\_\_ is applying for Beginning Readers Program, a five week  
(Student Name)  
intervention and remediation program designed for children with specific language learning difficulties, such as dyslexia. The information requested below will be very helpful in determining if our program can meet the needs of this child. It will also help us to group students. All information will be held in the strictest confidence.

Please feel free to contact the Summer@Carroll Office with questions at 781-259-8342 ext 3031.

Tutor Name \_\_\_\_\_ School \_\_\_\_\_

Telephone Number \_\_\_\_\_

How long have you known this student? Years \_\_\_\_\_ Months \_\_\_\_\_

In describing this student, what are the first few words that come to your mind?

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In what area(s) does the student experience academic success and frustration? **Please be specific.**

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*Independent*    *Needs Minimal Support*    *Needs Moderate Support*    *Dependent on Teacher*    *N/A*

**Reading**

Phonemic Awareness					
Decoding					
Reading Fluency					
Reading Comprehension					

**Writing**

Handwriting					
Spelling					

**Math**

Calculation					
Concepts					

**Please comment on student's overall academic performance.**

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*Independent*    *Needs Minimal Support*    *Needs Moderate Support*    *Dependent on Teacher*    *N/A*

**Social/Behavioral**

Interacts well with teachers					
Interacts well with classmates					
Demonstrates appropriate classroom behavior					
Behaves appropriately during unstructured time					
Demonstrates positive attitude					

**Please comment on student's overall daily social/behavioral interactions.**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail to: Summer@Carroll Admission Office • The Carroll School  
 25 Baker Bridge Road • Lincoln, MA 01773 • 781-259-8342 ext. 3031