



Summer@Carroll

**Beginning Readers
(entering Grades 1-2)
2012 Student Application**

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.

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

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

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 Carroll School by the applicant and a parent is required. At that time, additional testing will be administered by Carroll School personnel.

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

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 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 _____

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.

- | | |
|---|--|
| <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) | |

How did you hear about the program?

School___ Advocate___ Friend___ Open House___ Web Site___ Ad (where)_____
Camp fair___ Web Search___ Testing Service___ Other_____

<p>Mail this form with required application materials to: Summer@Carroll Admissions Office Carroll School 25 Baker Bridge Rd. Lincoln, MA 01773 781-259-8342 ext. 9731</p>

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the Lincoln and Waltham Boards of Health.



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Beginning Readers Teacher Evaluation Form 2012

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 9731.

Teacher Name _____ School _____

Telephone Number _____ Date Form Completed _____

How long have you known this student? Years _____ Months _____

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

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

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.

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.

Signature: _____

Date: _____



Summer@Carroll

Beginning Readers Program Tutor Evaluation Form (if applicable) 2012

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 9731.

Tutor Name _____ School _____

Telephone Number _____ Date Form Completed _____

How long have you known this student? Years _____ Months _____

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

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

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.

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.

Signature: _____

Date: _____

Mail to: Summer@Carroll Admission Office • Carroll School
 25 Baker Bridge Road • Lincoln, MA 01773 • 781-259-8342 ext. 9731