

May 15, 2005

Dear

Re: (student name)

Godfrey-Lee Public Schools in conjunction with Grand Valley State University will be offering a Literacy Center Program in the Godfrey-Lee School District June 14 through July 1, 2005. Your child/adolescent has been selected as a potential student for the program. This program is designed to help your child/adolescent improve his/her language, reading and/or writing. The teachers working in the program are all Michigan certified teachers who are completing their master's degree from Grand Valley State University in Reading/Language Arts. During this summer program a Grand Valley State University graduate student will tutor GFPS students.

This letter is to give you written information about the program and to request your permission for your child to be a part of the Literacy Center Program. The Literacy Center Program will operate each week day from June 14 through July 1 from 8:30 a.m. to 11:30 a.m. and will be conducted at _____ school. Your written consent is required if you would like your child to receive this summer instructional service in the area of language, reading and/or writing. Attendance at each session is important. If you say yes, we will need your help to ensure that your child/adolescent is present every tutoring session. **If you would like your son/daughter to be involved in this program, please sign the accompanying document and return it to (Suzanne Richards at Godfrey Lee Public Schools). Failure to sign the release will prevent your child from being allowed to participate.**

A GVSU faculty member will oversee all educational work of the graduate students and your son/daughter during the duration of the program. The course instructor has been a teacher, administrator, reading specialist and professor for the past 34 years.

We hope you will allow your son/daughter to participate in this summer program. If you have further questions, please don't hesitate to contact Ms. Suzanne Richards (Godfrey-Lee Public Schools or me.

Sincerely,

Barbara J. Reinken, Ph.D.
616-331-3347
reinkenb@gvsu.edu
Grand Valley State University

I give my consent for _____ to:
Child's Name

Attend the Literacy Center Program conducted jointly by Godfrey-Lee Public Schools "GLPS" and Grand Valley State University "GVSU" from June 14 through July 1, 2005.

By signing this consent I understand and agree to the following:

GVSU students have my permission to receive academic/attendance information from GLPS teachers, the parent, and the student. Furthermore, I understand that district and state assessment information will be shared with the GVSU program instructor and graduate students. This information will be used to help complete my child's assessment report to determine literacy needs.

GVSU graduate students will assess my child (using standardized and informal language/reading/writing assessments) to develop a profile of my child's literacy needs.

GVSU students will communicate with me, my child, the school district administrator and the course instructor to provide a summary of assessment information and instruction. Furthermore, recommendations for further instruction will be provided. I will be invited to a closing reporting session in which this information will be shared.

I will complete the attached questionnaire about my child and return it to Ms. Suzanne Richards, Director of Curriculum and Community Education, Godfrey-Lee Public Schools for use in the GLPS/GVSU Literacy Center Program.

GVSU students will tutor my son/daughter for 14 days (3 hours per day) in one or more areas of literacy need.

I as the parent will receive a report on my son/daughter on July 1, 2005 that gives assessment results and instructional recommendations. This final report will be presented orally during a conference or via mail per my choice.

As the parent, I always have the right to ask for information at any time during the period of this project.

I as the parent ensure that my son/daughter is available each of the literacy center program days and is at the school site on time in the morning. I also understand that if my child's behavior during the Literacy Center Program hours is harmful to him/her self or others that my child will be removed immediately from the program and a meeting with the GLPS Administrator, myself, the child, and the GVSU Literacy Center Coordinator will take place so that a solution to the behavior is agreed upon so that the academic environment of the Literacy Center is maintained.

Parent Copy to keep

I give my consent for _____ to:
Child's Name

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Parent/Caregiver Signature: _____

Phone: _____ Address: _____

Date: _____

GVSU copy, must be returned

8) Are there any health concerns that you believe we should be aware in the Literacy Center as we work with your child?

9) Explain when you first noticed your child had difficulty with reading or writing – what was it that you first noticed?

10) What does your child like to do when not in school?

11) What special interests or hobbies does your child have?

12) Is there anything else we should know about your child that will help us focus on his/her literacy needs?