



Indiana University of Pennsylvania

COLLEGE OF EDUCATION AND COMMUNICATIONS

Department of Professional Studies in Education
Davis Hall, Room 303
570 South Eleventh Street
Indiana, PA 15705-1080

P 724-357-2400
F 724-357-2961
www.iup.edu/pse

The IUP Individualized Literacy Tutoring Program

Sponsored by The Literacy Center at Indiana University of Pennsylvania

The Bill & Judy Scheeren Literacy Center at IUP is offering a tutoring opportunity for children and adolescents in grades Pre-K through 6 who need additional literacy help.

Each child will be assigned a one-hour time slot between the hours of 3:30-6:30 PM on Tuesday-Thursday. Tutoring will be offered during fall term, starting Tuesday, Oct 4th, with breaks for Fall break (Oct 25), Thanksgiving break(Nov. 21-25), and ending when classes end in December(Dec. 5).

All undergraduate tutors, along with the Literacy Center Supervisors, have current clearances. The Literacy Center is located in room 109 on the first floor of Davis Hall. Under the direction of the Literacy Center Supervisor, each child will be assessed by a tutor to determine the best approach for tutoring. *Parents must be present in the Literacy Center while tutoring takes place.*

If you are interested in enrolling your child, please return the application packet via email to the Literacy Center at literacy-center@iup.edu; please indicate your best available times between 3:30-6:30, Tuesday through Thursday.

You will receive a confirmation e-mail upon receipt of your application. This message will contain a link to IUP's Marketplace, where you can make your payment for tutoring.

WHAT Students and parents participating in the program will be provided with the following by undergraduate teacher candidates or M.Ed. in Literacy program candidates

- Assessment of your child's reading strengths and limitations
- Frequent contact to keep you informed of your child's progress
- A written report for you on your child's reading and writing accomplishments

Registration Form Fall 2022

_____ Yes, I want to enroll my child in the 2022 Fall Reading Program.

***Parents must commit to have children attend the day of which they have signed up for and/or are assigned.*

Child's Name: _____

Child's Age: _____ Gender: ___ Male ___ Female Grade for Fall 2022: _____

Name of School Your Child Attends: _____

Parent's Name and Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Cost for ALL of Fall tutoring: \$50.00- You can pay using the link below:

https://ep01.iup.edu/C20877_ustores/web/store_main.jsp?STOREID=137

Please return the application packet via email to literacy-center@iup.edu

You will receive confirmation of registration and a link to IUP Marketplace so you can submit payment.

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QUESTIONS? Contact the Literacy Center at literacy-center@iup.edu or (724) 357-2400

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Student Information Form

Child's Name: _____ Date: _____

By providing the following information, we can best provide individualized, targeted instruction for your child. Please be as descriptive as possible.

- Has your child previously attended the IUP Reading Program?
_____ No _____ Yes If yes, when? _____

Section One - Your Child's Interests

- What does your child like to do in his/her free time? _____

- Does your child have a favorite book, series of books, television show, board game, video game, sports team or family pet?

- What hobbies does your child enjoy? _____

- Do you have any other information to share about your child that will help us to plan instruction for him/her?

Reading Strengths

- What are your child's strengths in reading? Check all that apply.

_____ My child enjoys reading and chooses to read independently.

_____ My child understands what he/she reads.

_____ My child remembers what he/she reads.

_____ My child enjoys going to the library or book store.

_____ My child does well in math and other subjects.

_____ My child tries hard to read well.

- In what other areas does your child exhibit strong reading capabilities?

Reading/Writing Challenges

- Do you have concerns about your child's progress in reading? _____

If so, do your concerns include (Check any/all that apply): My child:

_____ cannot sound out words.

_____ cannot read smoothly.

_____ reads too slowly.

_____ does not remember what he/she reads.

_____ does not understand what he/she reads.

_____ has difficulty expressing ideas in writing.

_____ does not like to read.

_____ refuses to read.

Other concerns: _____

- If you think your child is reading *below* his/her grade level:

○ What is your child's *actual* grade level for this coming school year? _____

○ On what grade level do you think he/she is reading? _____

○ What is your child's Guided Reading Level at school? _____

- Has your child's reading teacher told you that your child is having difficulty with reading comprehension? _____

If yes, what difficulties has the teacher described? _____

HEALTH FORM

****This form must be submitted for every minor who attends the Reading Program.**

Name: _____
Last First Middle Initial

Address: _____
Number and Street

_____ City State Zip Code

Date of Birth: _____ Age: _____ Sex: _____ Grade: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

If not available in an emergency, notify:

1. _____ Phone No.: __ (____) _____

2. _____ Phone No.: __ (____) _____

Health History: (with approximate dates)

Allergies: _____

Other: _____

Current Medications:

Name	Dosage	Frequency	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last Tetanus Shot: _____

Operations or Serious Injuries (and dates): _____

Chronic Recurring Illnesses or Athletic Injuries (and dates):

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM!

MEDICAL INSURANCE INFORMATION

This section must be completed before the child will be allowed to participate in the Summer Reading Program activities.

Insurance Company: _____

Insurance Company Phone Number: _____

Policy Number: _____

Parent/Guardian Signature: _____

THIS SECTION IS TO BE COMPLETED ONLY FOR THOSE CHILDREN WHO DO NOT HAVE MEDICAL INSURANCE:

In the event there is no medical insurance, Indiana University of Pennsylvania Foundation requires that parents/guardians agree to incur the cost of medical expenses of their child. If there is no medical insurance, please complete the section below:

I, _____ agree to be financially responsible for all medical costs incurred by my child,
_____ at Indiana University of Pennsylvania Foundation Camps.

Parent/Guardian Signature: _____

A Note to Parents/Guardians Without Medical Insurance: You **MUST** sign where indicated if you carry no medical insurance on the camper. Those without a signature will be returned, and registration will be held until a signature is obtained.

PARENT'S AUTHORIZATION

Liability Release: I, the undersigned, individually and as a parent/guardian of the camper named on the front of this form, a minor, ask that he/she be admitted to participate in the sports camp sponsored by the Indiana University of Pennsylvania. I do hereby agree to release, discharge and hold harmless Indiana University of Pennsylvania, Indiana University of Pennsylvania Foundation, their owners, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or in the course of competition and-or activities held in connection with the sport camp.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities.

I give full permission to the camp to medically treat my child. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the camp medical personnel to administer medication. I also give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian Signature: _____ Date: _____

A Note to All Parents/Guardians: You **MUST** sign and date where indicated. Those without a signature will be returned, and registration will be held until a signature is obtained.

Indiana University of Pennsylvania

Photo Release Form

The undersigned agrees to give permission to Indiana University of Pennsylvania to use his/her photograph for the purpose of publicizing the University in either general University promotions, which could include the University Web site; publications which include the print admissions package, brochures, magazines, video, television, newspaper, newsletters, and/or publications that may act as fundraising ventures for University clubs/organizations. The photo will most likely not contain a caption identifying any individuals, although one may occasionally accompany the picture.

Signature of Individual to be Photographed

Date

Printed Name of Individual to be Photographed

Signature of Parent if Individual is under 18 Years of Age

Date

Photographic/Video Consent and Release

I do hereby consent and agree that Indiana University of PA and the College of Education and Educational Technology, its employees or agents further to be known as the "University" to have the right to take photographs or record video of me (and/or my property) and to use these for educational and promotional materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the "University" all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I wave any rights, claims or interests I may have to control the use of my identity or likeness in the photographs or video recordings and agree that any uses described herein may be made without compensation or additional consideration of the "University".

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____
(Please Print Clearly)

Signature: _____

Date: _____

Address: _____

Phone: _____

Guardian (required for minor): _____

Witness for Indiana University of PA: _____

Date: _____

Code of Conduct for Participant

Participant

It is expected that all participants in any University or non-University sponsored program, activity, or service will conduct themselves in a polite, respectful manner and will adhere to all University rules as follows:

- a. The possession or use of alcohol and other drugs, fireworks, guns and weapons is prohibited.
- b. The use of skateboards is prohibited.
- c. No violence, including sexual abuse or harassment, will be tolerated.
- d. Hazing, bullying, and cyber bullying will not be tolerated.
- e. All curfews, if applicable, will be followed.
- f. Misuse or damage of University property is prohibited.
- g. All minors will be accompanied by another minor at all times. This is the buddy system.
- h. Participants in an overnight program are not permitted to be housed in the same room with an adult unless the person is the minor's parent or legal guardian.
- i. Smoking is prohibited in all University buildings.
- j. The inappropriate use of cameras, imaging, and digital devices is prohibited including use of such devices in showers, restrooms, or other areas where privacy is expected by participants.
- k. Profanity is prohibited.
- l. When crossing streets, only cross in the designated crosswalks.
- m. Only use the building designated by your program supervisor or staff.
- n. If you are hurt or injured, immediately report your injury to the program supervisor or staff.

Title IX

Indiana University of Pennsylvania and its faculty are committed to assuring a safe and productive educational environment for all students. In order to meet this commitment and to comply with Title IX of the Education Amendments of 1972 and guidance from the Office for Civil Rights, the University requires faculty members to report incidents of sexual violence shared by students to the University's Title IX Coordinator. The only exceptions to the faculty member's reporting obligation are when incidents of sexual violence are communicated by a student during a classroom discussion, in a writing assignment for a class, or as part of a University-approved research project.

Faculty members are obligated to report sexual violence or any other abuse of a student who was, or is, a child (a person under 18 years of age) when the abuse allegedly occurred to the Department of Human Services (1-800-932-0313) and University Police (724-357-2141).

Information regarding the reporting of sexual violence and the resources that are available to victims of sexual violence is set forth at: <http://www.iup.edu/social-equity/policies/title-ix/>

INDIANA UNIVERSITY OF PENNSYLVANIA

IUP 2022 Fall Reading Program

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in 2022 Summer Reading Program hereinafter called "the Activity", the undersigned, for himself/herself, his/her heirs, personal representatives or assigns, does hereby release, waive, discharge, and covenant not to sue Indiana University of Pennsylvania, or the State System of Higher Education, part of the Commonwealth of Pennsylvania, or their officers, employees, and agents from liability from any and all claims including the negligence of Indiana University of Pennsylvania, its officers, employees or agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activity.

The undersigned understands the description of the Activity above may be changed without notice and that Indiana University of Pennsylvania will provide no compensation for any expenses or losses incurred due those changes.

Signature of Parent/Guardian of Minor	Date	Signature of Participant	Date
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Assumption of Risks: Participation in the Activity may involve travel or other activities that carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

Health Care Authorization: The undersigned hereby authorizes Indiana University of Pennsylvania and its employees and agents to perform any acts which may be necessary or proper to provide emergency health care to a participant in the Activity in the event the parent/guardian and/or emergency contact cannot be reached. This authorization includes consent to and authorization of medical procedures by qualified, licensed physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary. The undersigned understands that (s)he is responsible for all costs and expenses of such medical treatment.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Indiana University of Pennsylvania and the State System of Higher Education HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and will be interpreted under such and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: The undersigned has read this waiver of liability, assumption of risk, and indemnity agreement, fully understands its terms, and acknowledges and understands that substantial rights are being given up, including the right to sue. The undersigned acknowledges that he/she is signing the agreement freely and voluntarily, he/she is assuming all risks voluntarily and intends by his/her signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor

Date

Signature of Participant

Date

Participant's Age (if minor)

Parent/Guardian Contact Information

Emergency Contact Information