



Indiana University of Pennsylvania

www.iup.edu

Bill and Judy Scheeren Literacy Center

Davis Hall, FIRST FLOOR

570 South Eleventh Street

Indiana, PA 15705-1050

724-357-2400

www.iup.edu/pse/literacy/index.html

The IUP Individualized Literacy Tutoring Program

The Bill & Judy Scheeren Literacy Center at IUP is offering a tutoring opportunity for children and adolescents in grades Pre-K through 8 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 IUP's **spring semester**, starting **Tuesday Jan. 17th**, with break for **Spring break (March 13-17)** and ending when classes end in **April (April 27th)**.

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.

Parents/guardians of students will be provided with the following:

- an informal report of the assessments of the student's reading strengths and limitations
- frequent contact with information on the student's progress
- suggestions for at-home activities to strengthen literacy development

Registration Form Spring 2023

Child's Name _____

Child's Age: _____ Gender: _____

Current Grade Level: _____

Name of School Your Child Attends: _____

Parent/Guardian's Name and Address: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Cost for full semester of tutoring: \$50.00
PLEASE PAY USING THE LINK PROVIDED BELOW:

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

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

QUESTIONS?

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

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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 Communications, 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

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

IUP 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. Information regarding the reporting of sexual violence and the resources that are available to victims of sexual violence is set forth at: IUP Office of Social Equity and Title IX at <https://www.iup.edu/socialequity/>



**INDIANA UNIVERSITY OF PENNSYLVANIA
IUP Individualized Tutoring Program**

**Waiver of Liability, Assumption of Risk,
and Indemnity Agreement**

Waiver: In consideration of being permitted to participate in any way in IUP's Individual Tutoring 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, pail 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 _____

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

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