HOFSTRA UNIVERSITY
Reading/Writing Learning Clinic

Spring 2025 Literacy Program
Registration Information

Welcome to the Reading/Writing Learning Clinic

Hofstra University's Reading/Writing Learning Clinic at the Joan and Arnold Saltzman Community Services Center provides state-of-the-art services for children and adolescents who seek to develop their abilities and confidence as readers and writers. Instructional services are designed to foster literacy growth and allow learners to take risks as they develop their proficiency as readers and writers. All professional services are provided by New York state-certified educators, who offer parents straightforward advice about how to support their children's literacy growth.

Our goals are to:

- Build students' literacy strengths.
- Develop confident readers and writers.
- Support the use of proficient reading and writing strategies.

Literacy Instruction

New York state-certified educators carefully craft unique learning experiences based on the interest of the learners, ensuring that reading and writing remain fun and meaningful. Whether you are looking for an opportunity to develop your child's skills and strategies to successfully address the challenges of the New York State English Language Arts curriculum, to inspire and motivate a reluctant reader or writer, or to explore the joys of reading and writing, there is something for every learner at the Reading/Writing Learning Clinic. Please note that all small group literacy instruction sessions will be held in person and on campus. Remote options are available for individual sessions.

About the Spring 2025 Literacy Program

Intensive reading and writing strategy instruction classes begin in February 2025 and extend through May 2025. Students meet with their literacy specialist once a week for 12 weeks. Three types of settings are offered:

- **In-person small group literacy classes** meet weekly on Saturday for two hours of literacy instruction.
- **In-person individual literacy classes** meet weekly on Tuesday, Wednesday, or Thursday for 60 minutes of literacy instruction. (Limited availability. Please inquire.)
- **Remote individual literacy classes** meet weekly on Monday, Tuesday, Wednesday, or Thursday for 60 minutes of literacy instruction.

Registration

To register your child in the Reading/Writing Learning Clinic's Spring 2025 Literacy Program, please complete the attached registration form and survey, and email it to **RWLClinic@hofstra.edu**. Upon receipt of both forms, we will contact you regarding payment and to confirm placement. Multi-child or Hofstra employee discounts may apply. Please inquire at the time of registration.

Please email RWLClinic@hofstra.edu or call 516-463-5806 with any questions you may have.

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Registration Form

Student's Name:		Date of Birth:
School and School District:		
Grade as of September 2024:		
Primary Phone:		
Home Address:		
Mother/Guardian:		
Cellphone:		Email:
Father/Guardian:		
Cellphone:		Email:

In-Person Small Group Literacy Instruction: Classes meet Saturdays for 12 two-hour sessions.
Please enter a "1" for your preferred instruction time. We will try to accommodate your first choice, but availability may be limited.

	Saturday Small Group Instruction, 8:30-10:30 a.m.	$520
	Saturday Small Group Instruction, 10:45 a.m.-12:45 p.m.	$520

In-Person Individual Literacy Instruction: Please indicate the time period you prefer for 60 minutes of in-person literacy instruction.

	In-Person Individual Instruction, 4-6 p.m.* (60 minutes of instructional time assigned by the program director)	$660
	In-Person Individual Instruction, 6-8 p.m.* (60 minutes of instructional time assigned by the program director)	$660

**Please enter a "1" for your first choice of meeting day and a "2" for your second choice of meeting day.*

	Tuesday		Wednesday		Thursday

Remote Individual Literacy Instruction: Please indicate the time period you prefer for 60 minutes of remote literacy instruction.

	Remote Individual Instruction, 4-6 p.m.* (60 minutes of instructional time assigned by the program director)	$660
	Remote Individual Instruction, 6-8 p.m.* (60 minutes of instructional time assigned by the program director)	$660

**Please enter a "1" for your first choice of meeting day and a "2" for your second choice of meeting day.*

	Monday		Tuesday		Wednesday		Thursday

Please initial to indicate that you have read the Reading/Writing Learning Clinic's Policies and Procedures listed below.

	I understand that instructional fees are nonrefundable. Payment in full is due at the time of invoice. The Reading/Writing Learning Clinic does not provide makeup sessions for missed classes.
	I understand that if I wish to discontinue service, I must email the Reading/Writing Learning Clinic. All refunds or credits are at the discretion of the director. No refunds will be made after the third class. A $35 administration fee will be charged for all program changes, including withdrawals.
	I understand that literacy specialists will arrange a parent/guardian conference before the conclusion of the instructional session.
	I understand that if I register for remote individual literacy instruction, my child will participate in the remote platforms of Zoom and/or Google Classroom, as well as any appropriate applications utilized with my child's literacy specialist. My child has access to an electronic device and internet connection to participate in the Reading/Writing Learning Clinic's remote individual literacy instruction.

☐ I consent to and authorize the use and reproduction by the Reading/Writing Learning Clinic and Hofstra University of any and all written material, audio recordings, photographs, and video recordings that are made of or by my child while attending the Reading/Writing Learning Clinic, without compensation to me or my child. I understand that the purposes include but are not limited to research projects and presentations. All negatives, positives, and recordings, together with the prints and written material, shall be deemed solely and completely the property of the Reading/Writing Learning Clinic and Hofstra University.

☐ I do not give my consent for use of my child's likeness for research or publicity purposes by the Reading/Writing Learning Clinic and Hofstra University. I understand that this determination does not preclude my child's participation in the literacy program at the clinic.

Parent/Guardian Signature: _____ Student: _____ Date: _____
(Please print student's name.)

Nondiscrimination Policy: Hofstra University is committed to extending equal opportunity to all qualified individuals without regard to race, color, religion, sex, sexual orientation, gender identity or expression, age, national or ethnic origin, physical or mental disability, marital or veteran status (characteristics collectively referred to as "Protected Characteristic") in employment and in the conduct and operation of Hofstra University's educational programs and activities, including admissions, scholarship and loan programs, and athletic and other school-administered programs. This statement of nondiscrimination is in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act Amendments Act, the Age Discrimination Act, and other applicable federal, state, and local laws and regulations relating to nondiscrimination ("Equal Opportunity Laws"). The Equal Rights and Opportunity Officer is the University's official responsible for coordinating its overall adherence to Equal Opportunity Laws. Questions or concerns regarding any of these laws, other aspects of Hofstra's Nondiscrimination Policy, or regarding Title IX as it relates to reports against employees or other nonstudents, should be directed to the Equal Rights and Opportunity Officer, who also serves as the Title IX Coordinator for Employee Matters, at **HumanResources@hofstra.edu**, **516-463-6859**, 205 Hofstra University, Hempstead, NY 11549. Student-related questions or concerns regarding Title IX should be directed to the Title IX Coordinator for Student Issues at **StudentTitleIX@hofstra.edu**, **516-463-5841**, 127 Wellness & Campus Living Center, Hempstead, NY 11549. For additional contacts and related policies and resources, see **hofstra.edu/eoe.**

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Registration Survey

☐ **NEW STUDENTS:** Please answer all questions below so that we may understand your child's literacy strengths and needs, and provide an appropriate placement for your child in our Literacy Program. You may ask your child's current teacher to help you complete this survey.

☐ **CONTINUING STUDENTS:** Please answer any questions below to indicate any changes in your child's medical condition(s), medication(s), or educational service(s), as well as any newly diagnosed condition(s).

Name of Student: _____ Today's Date: _____

Student Age/Date of Birth: _____ Email (required): _____

Why are you enrolling your child in our Literacy Program? _____

_____

Is your child receiving any additional support services in school? If so, please describe. _____

_____

Please describe your child as a reader. _____

_____

Does your child consider themself to be a good reader? _____

What does your child like to read? _____

Please describe your child as a writer. _____

_____

When writing, does your child communicate clearly? _____

_____

Does your child consider themself to be a good writer? _____

What does your child like to write? _____

Please indicate if any language(s) other than English is (are) spoken, read, or written in the home.

_____

Does your child speak, understand, read, or write any additional language(s)? _____

_____

Parent/Teacher Comments: _____

_____

_____

_____

Please provide us with copies of any additional information to help us get to know your child better as a reader and writer. This may include a copy of your child's latest report card, standardized test scores, or an IEP report if applicable.

Medical Information

Please advise us about any medical conditions (for example, asthma, food or other allergies, seizure disorders, etc.) or medications that your child is taking. _____

_____

_____

Please advise us about any diagnosed conditions that may help the literacy specialist work more effectively with your child.

_____

_____

Has your child had an evaluation at the Reading/Writing Learning Clinic? Yes_____ No _____ Date _____

Have you utilized other services at the Saltzman Community Services Center? Yes _____ No _____

If yes, which clinic? _____