

Wright State University Lake Campus Reading Center

Child Referral Form

****Please print or type****

Session dates – please check the quarter your child will be attending

- Fall 2008: Saturdays from September 20 – November 22
- Winter 2009: Saturdays from January 17 – March 21
- Spring 2009: Saturdays from April 11 – June 6

Check preferred session: _____ 8:30-10:00 a.m. (OR) _____ 10:30a.m. - noon

Name of child: _____ **Age:** _____ **Grade:** _____

School District: _____ **Building:** _____

Home Address: _____ **City:** _____

State _____ **Zip** _____ **Phone number (Area code first)** _____

*****Of the following, please check all that apply*****

_____ My child currently has an _____ IEP or _____ 504 plan.

_____ My child receives instruction from a reading specialist (Reading Recovery/Title I).

_____ My child takes the following medication to aid learning and/or behavior.

_____ My child has other special needs. Please explain.

Signature of parent/guardian _____ **Date** _____

Print name of parent/guardian _____

Permission is granted to use reports and other case study information for research and other instructional purposes. Individual names and other personal information will be deleted before such use. Permission is also granted to videotape and photograph my child's sessions for instructional use. Permission is granted to take walking field trips to WSU Lake Campus locations.

Tuition is \$200.00. Financial assistance information is available.

Please mail to:
Wright State University
Lake Campus Reading Center
c/o Judy Brewer
7600 State Route 703
Celina, Ohio 45822
419-586-0322

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