

GATELY SUMMER ACADEMY – READING & WRITING

205 NE 50th Avenue
Portland, Oregon 97213
503-215-2672
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FAMILY APPLICATION

Due by 5/26/2010

Student Name: _____ Birthdate: _____ Age: _____ Sex: _____

Most recent school attended: _____ Current Grade: _____

School Address: _____ Phone: _____

Current Language Arts teacher: _____ e-mail: _____

Name of Parent: _____

Address: _____

Phone (wk): _____ Phone (hm): _____ e-mail: _____

Is your student presently supported by an active IEP? _____ 504 Plan?: _____ Behavioral Plan? _____

- Does your child have any problems with the following?

	Yes	No	Describe
Academic achievement			
Attendance			
Discouraged about learning			
Behavior in school			
Behavior outside school			
Disorganization			
Timely completion of work			

- With what specific reading/comprehension concerns are you seeking help? (i.e. fluency, literal comprehension, inferential comprehension, decoding/word attack)

When did you become aware of these needs?

Please describe interventions you have tried to meet these needs.

- What are your child's strengths/assets?

Please complete the other side

- Does your child exhibit difficulties with social or behavioral interactions?
If so, please explain:

- Has your child ever been supported with academic assistance (including co-curricular or extracurricular school programs, outside tutoring, etc.)?
If so, please list:

Type of help: By whom (person/agency): When:

- Are you presently in contact with **any** supportive professionals?
If so, please list:

Name	Address	Phone

- List any current physical problems, allergies, medications, medical treatments, special diets, therapy, restrictions, or aids to **physical** functioning, and name of the prescribing physician or other health professional:

- Is there anything else you feel we need to know about your child in order to provide services for him/her?

- How did you become aware of our program?

Signature of person completing application

Print name

Date

Relationship to child