

# CMU Summer Reading Clinic

## A Partnership with Mt. Pleasant PEAK 2017 Summer Camps

The clinic will meet on the days listed below at Ganiard Elementary School.  
The Reading Clinic starts at 9:00 am and ends at 11:30 am.

MoWn	Tue	Wed	Thu	Fri
No Class	No Class	July 5	July 6	No Class
July 10	July 11	July 12	July 13	No Class
July 17	July 18	July 19	July 20	No Class
July 24	July 25	July 26	July 27	No Class

Please note that students do not have to participate in the PEAK Program in order to register for the Summer Reading Clinic.



*"We hoped to maintain and build our son's reading skills. The program was very helpful on this. We hope to sign up again next summer."*

*"We absolutely loved our teachers! They made my child comfortable and confident! Thank you!"*

*From Parents*

### Whom the Clinic Serves:

Students in grades K through 8 with or without reading and/or writing difficulties. Limited to first 20 applicants. Students receiving a teacher referral will have priority enrollment.

### How the Clinic Can Help:

The Clinic provides intensive, individualized one-to-one tutoring, using assessment and instructional methods proven by research to promote reading and writing.

### Features of the Program:

- Supervised practice to maintain and improve children's reading/writing skills
- Assessment of reading/writing strengths and needs using a variety of assessment tools
- Individual and small group instructional sessions designed to match student needs and strengths
- A final report on student strengths, needs, and recommendations for further growth
- An individual parent/student/teacher conference to share results and successful teaching strategies

### Reading Clinic Fee:

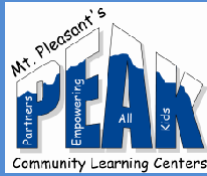
\$250 per child  
\$100 Scholarship rate, based on free/reduced lunch income guidelines.

### For Registration:

Contact Mt. Pleasant Parks and Recreation at (989) 779-5331. Application available at the Parks and Recreation Office in City Hall or online at [www.mt-pleasant.org/summercamps](http://www.mt-pleasant.org/summercamps)  
Registration Deadline: June 24, 2017

### For Further Information:

Please contact Kolleen Homuth at 989-774-3877, or email her at [Homut1km@cmich.edu](mailto:Homut1km@cmich.edu)



# Mt. Pleasant Parks and Recreation CAMPS

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

M/F: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade in 2015-16: \_\_\_\_\_ T-Shirt Size: YS (6-8) YM (10-12) YL (14-16) YXL (18-20)  
(circle) Adult Sizes: AS AM AL AXL

Primary Guardian: \_\_\_\_\_ Secondary Guardian: \_\_\_\_\_

Address (required): \_\_\_\_\_ Address (required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Provider: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Provider: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Summer Camp Registration						Amount Due
Camp PEAK	Pullen (K-3)	Vowles (K-3)	McGuire (4-6)	West (7-8)	C.I.T. (14-15)	\$
School's Out Camp Fancher Elem.	6/13-17	6/20-24	8/8-12	8/15-19	8/22-26 8/29-9/2	\$
Reading Clinic	Ganiard Elementary, 7/5 – 7/27					\$
<b>SUBTOTAL</b>						\$
<b>CAMP PEAK PARTICIPANTS ONLY - Subtract \$20 early bird discount when registered by May 27 (Must be paid in full to receive discount)</b>						\$
<b>TOTAL DUE – Make Checks Payable to MPPR (Payment plans available; contact MPPR for more details.)</b>						\$

I, the undersigned, parent/guardian having legal custody/legal custody of said minor, give permission to attend any of the MPPR/PEAK Summer Camp activities. Said minor is physically and mentally prepared to participate in all activities as described for said program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities for which I have given my permission and, thereby, will not hold the PEAK Program, Mt. Pleasant Parks and Recreation, or Mt. Pleasant Public Schools liable for any injury incurred during these activities.

I do hereby grant permission for photos and/or video of my child to be used by the PEAK Program and Mt. Pleasant Parks and Recreation for promotional and educational purposes

I do hereby grant permission for my child to participate in PEAK Program surveys and program evaluations.

Parent or Guardian Signature Required for Enrollment \_\_\_\_\_

Date \_\_\_\_\_

All interested persons may attend and participate. Persons with disabilities needing assistance to participate may call the Human Resources Office at (989) 779-5313. Persons requiring speech or hearing assistance may contact the City through the Michigan Relay Center at 1-800-649-3777. A seven day advance notice is necessary for accommodation.

Return Registration Form and Payment to:

**Mt. Pleasant Parks and Recreation, City Hall, 320 W. Broadway, Mount Pleasant, MI 48858**  
[www.mt-pleasant.org/PEAK](http://www.mt-pleasant.org/PEAK) 989-779-5331 [www.facebook.com/MYPEAK](http://www.facebook.com/MYPEAK)

For Office Use Only Cash/Check # \_\_\_\_\_

RecTrac Receipt #: \_\_\_\_\_

**CMU READING CLINIC**  
TEACHER'S EVALUATION INFORMATION

Student \_\_\_\_\_

Grade Completed \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

Classroom Teacher: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

1. Student's reading level \_\_\_\_\_

2. Please Check All Relevant Reading Abilities

*Word Identification*

Strength                  Weakness

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Decoding  
Sight words  
Oral reading fluency

*Comprehension*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activates background  
Predicts  
Understands major concepts  
Self-monitors  
Interprets meaning suggested by the text

3. Please Check all Relevant Related Literacy Abilities

Strength                  Weakness

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spelling  
Handwriting  
Listening comprehension  
Study Skills  
Oral expression  
Mathematics  
Written expression

4. Has student received special help in reading? \_\_\_\_\_

If so, when? \_\_\_\_\_

Nature of instruction \_\_\_\_\_

\_\_\_\_\_

Results \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please Check All Related Attitudes and Abilities

Strength	Weakness	
_____	_____	Ability to concentrate
_____	_____	Confidence in ability
_____	_____	Willing to risk error
_____	_____	Intent to remember
_____	_____	Ability to work alone
_____	_____	Ability to work with others
_____	_____	Enjoyment of material read aloud

6. Does student choose to read during free time? \_\_\_\_\_

7. Interests \_\_\_\_\_  
\_\_\_\_\_

Favorite books \_\_\_\_\_  
\_\_\_\_\_

8. Special Information:

Health \_\_\_\_\_

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Other \_\_\_\_\_

9. Student strengths \_\_\_\_\_  
\_\_\_\_\_

10. Additional information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_