



## 2011 SUMMER SCHOOL PROGRAM

ACL Learning Center will be offering a summer tutoring program that will begin **Monday, June 27<sup>th</sup>** and continues through **Thursday, August 18<sup>th</sup>**. Each session will last **one hour** and students can register for one to three sessions per week between the hours of **8:00 am and 4:00 pm, Monday through Thursday**.

The tutoring sessions are designed to address weaknesses in reading, math, written expression, visual perception, gross and fine motor skills and auditory perception. While each program is carefully designed to meet the student's individual needs, there are often two students assigned per teacher.

The cost for tutoring is **\$30.00 per session** and payments may be made by cash or check, monthly, weekly or after each session. A finance charge of 1.5% will be applied to any balances owed for more than 30 days. Previous students cannot be registered until past due accounts are paid in full. All scheduled sessions, **including absences**, must be paid for unless ACL Learning Center cancels the appointment. While we understand that students may miss sessions for a variety of valid reasons, the hourly fee will be charged to your account to cover the cost of the tutors assigned for your designated time.

Prompt registration will be necessary to insure the availability of a time slot that is best suited for the student. Parents of new students may make an appointment for an orientation and tour of the facility. At no additional charge, new students will participate in diagnostic assessments in order to identify specific skills that need to be strengthened. These assessments will be repeated at the end of the summer session to measure progress. A parent conference can be scheduled with the tutors at the end of the summer program to review the student's progress. In order to provide valid post-test results, the student must attend at least 10 sessions.

If a more in depth psycho-educational evaluation is needed, parents can call to schedule this appointment with the director. The fee for the evaluation is \$400.00, but this evaluation is not necessary to begin tutoring.

Please complete the attached registration form and return to ACL Learning Center as soon as possible. Be sure to state your preferred day(s) and times.

**ACLD LEARNING CENTER**  
**2011 Summer Registration**

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

Parent(s)/Guardian S.S. # : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

*Has this student:* (please check)

Previously attended ACLD? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Had Psychological or Educational Testing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Been Retained? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Grade \_\_\_\_\_

*Is this student:*

Diagnosed with ADHD Yes: \_\_\_\_\_ No: \_\_\_\_\_

Medicated Yes: \_\_\_\_\_ No: \_\_\_\_\_ Type \_\_\_\_\_

*Has this student been diagnosed with:*

\_\_\_\_ Learning Disabilities (SLD)

\_\_\_\_ Autism

\_\_\_\_ Developmental Handicap (DH)

\_\_\_\_ Visual Impairment

\_\_\_\_ Speech & Language Impairment

\_\_\_\_ Behavior Handicap (SBH)

List areas of difficulty you would like to have your child work on: \_\_\_\_\_

List any relevant medical concerns \_\_\_\_\_

Please indicate the number of days this student will attend per week: \_\_\_\_\_

Earliest time you are available for tutoring between 8:00 am – 4:00 pm \_\_\_\_\_

Days you are available (circle): *Monday, Tuesday, Wednesday, Thursday*

I, \_\_\_\_\_, have read the attached information and understand I am fully responsible for payment of all scheduled tutoring sessions. I understand that absences must be paid for unless ACLD cancels the session and I give my permission for \_\_\_\_\_ to attend the ACLD Learning Center program.

**All Absences Must be Paid for.**  
(Only exception: If ACLD cancels the session.)

\_\_\_\_\_  
(Authorized By....(Parent(s)/Guardian(s) Signature)

\_\_\_\_\_  
Date

Internal Use Only

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
Days

\_\_\_\_\_  
Hours