



LITERACY COUNCIL of ALASKA

517 Gaffney Rd, Fairbanks, AK 99701 * Phone: (907)456-6212 * Fax: (907)456-4302 * lca@literacycouncilofalaska.org

LITERACY COUNCIL OF ALASKA'S SUMMER CROSS AGE TUTORING PROGRAM

We are pleased to announce the 33rd summer of our Cross Age Tutoring Program! We provide teens with training, resources, and support as they each help a first through third grader increase his or her foundational academic skills. This program is designed to benefit both the teenage tutors and the students. Students benefit from one-on-one tutoring to help improve their reading, writing, and math skills. Continued academic work during the summer helps students avoid the “summer slump.” Tutors develop leadership skills and gain valuable work experience. We look forward to another summer of skills building!

Enclosed in this application packet you will find:

- Student Enrollment Form *(to be completed by a legal guardian)*
- Teacher Referral Form *(to be completed and returned by your child's teacher)*

Please read the following information carefully and feel free to contact Kristin Backlund at the Literacy Council, 456-6212 with any questions or concerns.

SUMMER SCHEDULE

Skills building tutoring will take place **three days per week** on Tuesday, Wednesday, and Thursday mornings from 9:00 am to 12:00 pm. There are two three week sessions. You may apply for enrollment in one or both sessions. Because our program is small, we have a limited number of spaces available. Student placement is based upon academic need, and not all who apply may be enrolled. The program will take place at Denali Elementary School.

All paperwork, including the teacher referral form, is due to LCA by **May 15th**, Applications received after this date may not be considered.

Placements will be made by June 3rd and parents will be called regarding enrollment.

Session 1 June 9 – June 25	Session 2 July 7 – July 23
Tuesday, Wednesday, Thursday 9:00 am - 12:00 pm	Tuesday, Wednesday, Thursday 9:00 am - 12:00 pm



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Student Enrollment Form

Student's Name: _____ Date of Birth: _____

Name of last school attended: _____

Student's Age: _____ Grade: _____ Name of most recent teacher: _____

Parent / Guardian Names: _____

Mailing Address: _____ Zip: _____

Parent Phone Numbers: Home: _____ Work: _____ Cell: _____

Email: _____

Previous participation in LCA Cross-Age Program ____ If yes, when? _____

What are your specific areas of concern? Which subjects or topics do you feel your child could benefit from the most? _____

May we photograph your child for the purpose of LCA newsletters and possible newspaper articles?
(Please circle one) Yes No

Who is authorized to pick your child up? _____

Is there anyone who is not allowed to have contact with your child? Yes No

If yes, who? _____

Please circle each session(s) you would like your child to attend:

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Tuesday, Wednesday, Thursday 9:00 am - 12:00 pm	Tuesday, Wednesday, Thursday 9:00am - 12:00 pm

PLEASE TURN OVER



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- I understand that all information I provide to the Literacy Council of Alaska (LCA) is for use in providing services to my child and maintaining necessary records and reports.
- I give LCA permission to contact my child's teacher, named on this form, for information regarding my child's education.
- I also understand that my child is not allowed to use or carry weapons, drugs or alcohol during tutoring.
- I further authorize LCA and its employees and agents to take me or my child to the hospital, doctor, or dentist if I have an injury or accident. I agree to pay all medical costs that result. I further release LCA and its employees and agents from all claims for bodily injury and property loss.

Parent Signature _____ Date _____
(Please sign and date in pen)



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Summer Cross Age Tutoring Program Teacher Referral Form

Student Information
Student's Name _____ Grade _____
Referring Teacher's Name _____
School _____
Has this student been retained? _____
Does this student have an IEP or 504 plan? _____

<u>Mathematics</u>	<u>Strength</u>	<u>Weakness</u>
Addition		
Subtraction		
Multiplication (if applicable)		
Division (if applicable)		
Telling Time		
Money		
Word Problems		
Checking personal work		
Specific area of most concern:		

<u>Reading and Language</u>	<u>Strength</u>	<u>Weakness</u>
Comprehend/infer Meaning		
Fluency/ Word recognition		
Retell/restate story		
Identify the main idea		
Read and follow directions		
Express opinions/differentiate between fact		
Connect between text and personal experiences		
Self Correct, Reading for meaning		
Identify plot, main characters & settings		
Specific area of most concern:		

<u>Writing Performance Standards</u>	<u>Strength</u>	<u>Weakness</u>
Grammar/Organization of writing		
Creative writing & responding to prompts		
Self checking/editing their writing		
Specific area of most concern:		





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Teacher Referral Continued

Are there any specific strategies that have been successful or unsuccessful for this student?

How well does this student interact with others? Do you have behavioral or social concerns?

We may need to contact you in order to provide this student with the best possible services. When is the best time to contact you? _____

Phone number where we can reach you _____

Email _____

Teacher signature: _____

Thanks so much for all of your help!

Please return this form with the student enrollment form to:

By Mail:
Summer Cross-Age Tutoring Program
Literacy Council of Alaska
517 Gaffney Rd
Fairbanks, Alaska 99701

By Email:
Kristin@literacycouncilofalaska.org

