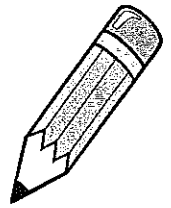
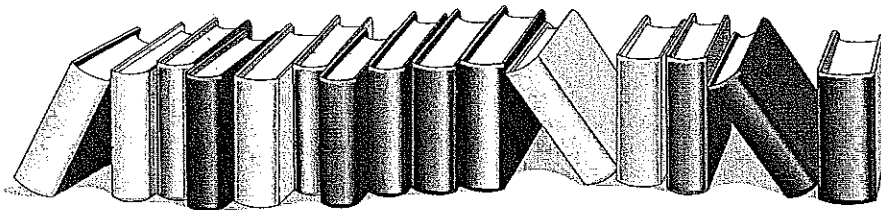


The 2012 B.E.S.T. Reading Clinic
A Program for Increasing Students' Literacy Skills
Focusing on Reading, Writing, and Word Study



- Who?** Students entering grades 2 through 12 who need to improve literacy skills.
- What?** The B.E.S.T. Reading Clinic is a four-week summer program sponsored by Millersville University and under the supervision of Dr. Judith Wenrich, Professor of Literacy.
- ❖ Certified teachers will provide individualized instruction to only one or two students at a time, based on the diagnosed needs of each student.
 - ❖ Students will be instructed in reading, writing, and word study. They will learn how to effectively apply research-based literacy strategies.
 - ❖ Each student will receive a detailed written report at the conclusion of the program, outlining strengths and needs, progress in the program and recommendations for continued activities at home.
- When?** July 16th -August 9th Mondays through Thursdays 9:30 a.m. - 12:00 noon
- ❖ Parents/guardians will be contacted to make an appointment to bring their child to the University for individual testing on Wednesday, July 11th.
 - ❖ In order to be accepted into the program and benefit from the instruction, each student must be available for the testing session and for every daily session of the program.
- Where?** The Stayer Research and Learning Center on the Millersville University campus.
- Tuition?** \$300. *For applications mailed on or before Friday, June 8th, the fee is \$275.
- Questions?** Call Dr. Wenrich at (717) 872-3395.

Please complete and return the registration application.



**REGISTRATION APPLICATION
BEST READING CLINIC 2012**

HELD AT The Stayer Research and Learning Center on the Millersville University campus

Please complete the information below and return it with your tuition check.

Your check should be made payable to B.E.S.T. – M.U.P.

If your registration is mailed on or before Friday, June 8th, the registration fee is \$275.

If mailed after June 9th, the registration fee is \$300.

You will receive notification of your child's admission in the mail after the Teacher/School Information form has been received.

Student's Name _____

Gender _____ Male _____ Female _____

Name of School Attending _____

Name of Classroom Teacher _____

School District _____

Grade Completed by End of School Year _____ Birth Date _____

Parent/Guardian Name (s) _____

Address _____

Phone Numbers (Home) _____ (Cell) _____ (Office) _____

Should your child be accepted into the BEST Reading Program, you will receive additional information in the mail. You will be contacted to make a specific appointment time for the testing scheduled for Wednesday, July 11th.

I understand that my child is expected to attend all sessions throughout the clinic. I give my permission for Dr. Judith Wenrich and/or my child's reading clinician to contact my child's teacher(s), if necessary.

Return to:

Dr. Judith Wenrich

Department of Elementary and Early Childhood Education

Millersville University

P.O. Box 1002

Millersville, PA 17551-0302

Parent/Guardian Signature

TEACHER/SCHOOL INFORMATION

This student has applied to participate in the Reading Clinic held at Millersville University from July 16th until August 9th, 2012. A certified teacher completing his/her reading specialist certification will be working with this student on an individual basis under the direction of a reading supervisor. The information that you provide will give us an early start in planning lessons tailored to the needs of this student. **Please return the completed form to us as soon as possible so that we can act upon this child's application. Return to:**

Dr. Judith Wenrich
Department of Elementary and Early Childhood Education
Millersville University
P.O. Box 1002
Millersville, PA 17551-0302

Student _____ Grade Completing _____
Name of School _____
School District _____

****Please note that the Clinic is designed for students who are less than proficient and are in need of intervention. Space is limited. Receipt of this completed form is necessary for the student to be considered for clinic.**
.....

Date _____

Name of Teacher Completing Form _____

____ Classroom Teacher
____ Reading Teacher
____ Special Education Teacher

Please complete the questions that relate to your involvement with the student.

1. Is this student reading:
_____ at grade level
_____ below grade level
2. At what level is the student reading?
_____ DRA instructional level _____ month/year
_____ Guided reading level _____ month/year
Name of the guided reading leveling system used (e.g., Fountas & Pinnell, DRA)

_____ Grade level of reading series _____ Name of reading series
3. Please provide any additional reading test information you may have
Name of Test Month/Year Results: grade equivalent, percentile rank, etc.

Elementary & Early Childhood Education
Phone: 717-872-3391
Fax: 717-871-5462

April 26th, 2012

Dear School Partner:

Enclosed please find flyers advertising a summer reading clinic available to students within your building, and the necessary registration forms. This clinic has been conducted for many years on the campus of Millersville University, and has served hundreds of students over the years. During this summer, the clinic will be offered at the Stayer Research and Learning Center on the Millersville University campus at 51 Lyte Road. Children will receive instruction Mondays through Thursdays, July 16th to August 9th from 9:30 a.m. until 12:00 noon.


Students will have the opportunity to work individually or in pairs with a certified teacher, often one with considerable experience. Each teacher has completed all of the course requirements for his/her certification as a reading specialist. This clinic serves as the final practicum experience.

This is a unique opportunity. I am asking that you make this information available to the families of students who would benefit from receiving individual and small group attention, and who have demonstrated needs in literacy. A completed Teacher/School Information Form is required prior to a child being accepted into the clinic so that we can make certain that the children selected to participate have need of the services offered.

Should you feel that the cost would present a hardship to a particular family, I urge you to contact me to see if the registration fee might be waived. Regular attendance during the sessions is required. If you have any questions about the clinic, please feel free to contact me at (717) 872-3395 or via e-mail at judith.wenrich@millersville.edu.

I thank you for your attention to this request, and look forward to serving your students.

Sincerely yours,



Judith K. Wenrich, Professor and Director of the BEST Reading Clinic
Department of Elementary and Early Childhood Education