



Fairfield University

Graduate School of Education
and Allied Professions

Community Clinic Application

Email Completed Application to: GA-RLD@fairfield.edu

Please Visit Fairfield.edu/rld for Clinic Descriptions and Application Deadlines

Date of Application _____

Clinic(s) applying for (select all that apply):

- Healthy Literacy Screening Clinic
- Comprehensive Diagnostic Reading Clinic
- Structured Literacy Reading Intervention Clinic
- Wilson Reading Level I Certification Intervention Clinic

Please request that a complete copy of your child's educational record, including all Special Education and Cumulative Files be forwarded to:
Reading and Language Development Community Clinics
Fairfield University
1073 North Benson Road: Canisius Hall Room 119
Fairfield, Connecticut 06824

Parent/Guardian Contact Information:

Parent's Name	Cell	Email
Street Address	City	State Zip

I have requested that a complete copy of my child's educational record, including all Special Education and Cumulative Files be forwarded to the address above.

Student Profile Information:

Child's Name	Nickname	DOB	Age
Current Grade	Grades Repeated, If Any		
School	School District		

Check All That Apply:

- Child Has an Identified Disability and an IEP. Disability: _____
- Child Has an Identified Disability and a Section 504 Plan. Disability: _____
- Child Does Not Presently Have an Identified Disability

Other: _____

Intake Questions:

1. How Did You Learn About This Clinic Offering?
2. Why Are You Referring Named Child (See Below) to this Clinic?
(Describe Reading, Writing, Achievement Concerns):
3. List the specific questions you are hoping to have answered as a result of having your child participate in this clinic experience:
4. Tell Us About Your Child (Interests, Hobbies, Likes/Dislikes):
5. Does anyone in the child's family have a history of reading, writing, and/or attention problems (consider siblings, parents, grandparents, aunts, uncles, cousins, etc.)?:
6. Please feel free to share any additional information with the team here:

Consent to use Coded Assessment in Instructional Training Contexts

In an effort to support the training efforts of faculty tasked with preparing educators to understand how to administer, score, and report literacy screening assessments, the Reading and Language Development Program is requesting permission to utilize your child's assessment report for candidate training purposes.

Your child's identifying information (e.g. name, school, date of birth, address, etc.) will be concealed so that it will not be possible for candidates to associate report data with an individual, family, or community.

- I consent to having my child's assessment report utilized in candidate training contexts provided his/her identifying information is coded in full.
- I do not consent to having my child's assessment report utilized in candidate training contexts, even if his/her identifying information is coded in full.

Child's Name

Date

Parent/Guardian Name

Cell

Email

Signature

(END)