



**12-week semesterly program:**

**Thursdays**

**4:00 pm – 5:15 pm**

This book club aims to provide a fun and engaging environment where children can develop their reading, spelling, and writing abilities. Through individualized therapy time, group reading experiences, and various activities, we aim to foster a love for reading while also addressing important language and literacy goals.

Participating in the book club will offer your child the chance to:

- Strengthen foundational skills in phonics and decoding
- Develop spelling and written language skills
- Enhance reading fluency
- Improve vocabulary and reading comprehension skills
- Build confidence and develop social communication skills through group activities

Spring  Fall  Year: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

**\$30**

**per session**

Billed to insurance.

Kansas Medicaid accepted  
with physician referral.

For any questions  
please feel free to reach out to  
Tanya Myrick at [tanya.myrick@ku.edu](mailto:tanya.myrick@ku.edu) or  
Sarah Domingos at [sdomingos@ku.edu](mailto:sdomingos@ku.edu).

**Schiefelbusch SPLH Clinic**

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2101 Haworth Hall  
Lawrence, Kansas 66045  
(785) 864-4690



Do you believe that your child has a reading problem?  Yes  No

If yes, please answer the following questions:

Has your child's vision been recently checked?  Yes  No

Does your child wear glasses?  Yes  No

Does your child have difficulty sounding out new words?  Yes  No

Does your child have difficulty understanding what he/she has read?  Yes  No

Has anyone else in your family had difficulty with reading?  Yes  No

If yes, who and what was the nature of the problem? \_\_\_\_\_

At what "grade level" do you believe your child is reading? \_\_\_\_\_

When did you first notice a reading problem? \_\_\_\_\_

When did your child learn the alphabet? \_\_\_\_\_

Does your child know the sounds of letters? \_\_\_\_\_

Does your child have difficulty with spelling? \_\_\_\_\_

Does the child have difficulty expressing their thoughts in written form? \_\_\_\_\_

Has the child been diagnosed with a speech, language, and/or reading disorder? If yes, please provide the diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Please provide other diagnoses that might be relevant to the child's participation in the Book Club. \_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information that you think is pertinent to your child's reading difficulty: \_\_\_\_\_  
\_\_\_\_\_