SCHIEFELBUSCH
Speech-Language-Hearing Clinic

Schiefelbusch-Sertoma Summer Program

Reading Wizards

Please complete and return this form to the Schiefelbusch Clinic at your earliest convenience. Space is limited. Program fees are $325 per child, minus $150 SERTOMA Scholarship. **The total family cost is $175 per child.** Questions may be directed to Sarah Domingos by email at sdomingos@ku.edu or phone at (785) 864-4690.

Participant Information

Child Name _____ Pronouns _____

Date of Birth _____ Current Grade _____

Parent/Guardian Name(s) _____

Street Address _____

City _____ State _____ Zip _____

E-Mail _____ Cell Phone _____

License Plate State and Number _____

Ages 6 - 10

June 16th - 27th — Monday thru Friday

9:00 a - 12:00 p

No camp on June 19th to observe Juneteenth

KU SCHIEFELBUSCH Speech-Language-Hearing Clinic

SERVICE TO MANKIND SERTOMA SINCE 1912

Please help us serve each participant the best we possibly can by answering the following questions regarding your child.

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 Reading Wizards program.

Is the child receiving school-based support and/or services for speech, language, and/or reading? If yes, please summarize those supports/services (i.e., type, frequency, goals) or provide a copy of their current Individualized Education Program (IEP).

In what ways does the child express themselves? Verbal, speech-generating device, signs/gestures, other?

At what "grade level" do you believe the child is reading?

Does the child have difficulty sounding out new words?

Does the child have difficulty understanding what they have read?

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Does the child have difficulty spelling?

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

What would you like the child to get from or learn from this program?

Describe needs or challenges that would be helpful for us to know about and how we can best support the child.

Describe any physical, health, or medical information that would be important for us to know (e.g., allergies, medications, physical needs).

Describe some of the child's interests and dislikes.

What else is important for us to know about the child?

If your child has an IFSP or IEP that would help us in supporting them, please send via email to sdomingos@ku.edu or fax to (785)864-5094. Please note, sending private information via email is not HIPAA-compliant.

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In case of emergency, contact: _____ at: _____

Consent for taking and use of pictures and videos:

I give my permission for photographs and videos to be taken of our child during summer program activities for publication, education, or other media use related to the promotion and operation of the summer program and educational use at the University of Kansas.

_____ _____

Parent or Legal Guardian Signature **Date**

Authorization for Emergency Medical Care:

I give my permission to Sertoma-Schiefelbusch Summer Program staff to call emergency medical service and for the medical service to provide emergency medical care for my child _____, should a medical emergency arise. It is understood that staff will make a conscientious effort to locate parents and/or emergency contacts listed on this form before any action is taken. I/We will accept the expense of medical treatment.

_____ _____

Parent or Legal Guardian Signature **Date**

Authorization to Pick-Up Child

Permission is hereby granted to SERTOMA-Schiefelbusch Summer Program staff to release the above-named child to the following persons, provided proper identification is first established. PLEASE LIST THE NAMES OF ALL AUTHORIZED PERSONS AND THEIR RELATIONSHIP TO THE CHILD, INCLUDING YOURSELF AND ANY OTHER PARENT/LEGAL GUARDIAN.

1. _____ Relationship _____ Telephone # _____
2. _____ Relationship _____ Telephone # _____
3. _____ Relationship _____ Telephone # _____
4. _____ Relationship _____ Telephone # _____

Please return original form to:
Schiefelbusch Clinic
1200 Sunnyside Ave. 2101 Haworth Hall
Lawrence, KS, 66045
sdomingos@ku.edu
(785) 864-5094 (fax)