



118 E. Wood Street • Youngstown, OH • 44503
(330) 746-0604 • www.acldlearningcenter.com

2022 SUMMER SCHOOL PROGRAM

ACLD will be offering a summer intervention program that will begin **Monday, June 20th** and continue through **Thursday, August 11th**. Sessions typically last **one hour** and students can register for one to three sessions per week between the hours of **8:00 am to 12:00 pm and 1:00 pm to 4:00 pm, Monday through Thursday**.

The sessions are designed to improve skills in reading, math, written expression, visual perception, gross and fine motor development and auditory perception. While each child's program is carefully designed to meet his/her individual needs, there are often two children assigned per teacher.

Prompt registration will be necessary to insure the availability of a time slot that is best suited for the child. New parents are encouraged to make an appointment for an orientation and tour of the facility. At no additional charge, new children will participate in diagnostic assessments in order to identify the specific skills that need to be strengthened. These assessments will be repeated at the end of the summer session to measure progress. A parent conference can be scheduled with the staff at the end of the summer program to review the child's progress. Please keep in mind that, in order to provide valid post-test results, the child must attend sessions consistently.

If a more in-depth psycho-educational evaluation is desired, parents can call to schedule this appointment with the director. The fee for that evaluation is \$400.00. This evaluation is not required to enroll in the summer intervention program.

The ACLD Learning Center is a non-profit organization that strives to offer manageable fees. The cost is **\$35.00 per session** and payments may be made by cash, check, or credit card, monthly, weekly or after each session. A \$25.00 registration fee will be required for children who have not yet attended during the 2021-2022 school year. Because our staff needs to be compensated for all of the hours they are scheduled, all sessions, including absences need to be paid for, unless an ACLD staff member cancels the appointment. However, we understand that children may need to miss sessions for a variety of valid reasons, so this summer, one excused absence will be allowed per child, without charge.

Please complete the attached registration and developmental information forms and return them to ACLD as soon as possible. Please be sure to state your preferred day(s) and times so that we can try to meet your scheduling needs.

ACLD LEARNING CENTER • Summer 2022 Registration

Students Name: _____ Male: ___ Female: ___ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ School: _____ Grade: _____ Birthdate: _____

Parent(s)/Guardian: _____

Parent(s)/Guardian S.S. # _____ E-Mail: _____

Home Phone: _____ Work Phone: _____

Would you like to receive text message and email alerts for unscheduled closings due to weather or emergency?

Yes: _____ No: _____ Cell Phone #: _____ email: _____

Occupation: _____ Referred by: _____

ACLD Office Hours: 9:00 AM - 6:00 PM Monday - Thursday.

Preferred start time for Program. 1st choice: _____ 2nd choice _____

Days you are available: Monday _____ Tuesday _____ Wednesday _____ Thursday _____

List areas of difficulty you would like to have your child work on: _____

Please indicate the number of days this student will attend per week: _____

Has this student attended previously (please check) Yes: ___ No: ___ Have you applied for financial aid? Yes: ___ No: ___

Students Ethnicity (select only one):

<input type="radio"/> Hispanic	<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> Native Hawaiian or other Pacific islander	<input type="radio"/> Multiracial
<input type="radio"/> Black/Non-Hispanic	<input type="radio"/> White/Caucasian /Non-Hispanic	<input type="radio"/> Asian/ Pacific Islander	

A \$ 25.00 registration fee is required.

I, _____, have read the attached information and understand that I am fully
Parent / Guardian

responsible for payment of all scheduled Program sessions. I understand that a 1.5% finance charge will be applied to balances owed more than 30 days. I give my permission for _____ to attend the ACLD Learning Center.

Signature of Parent(s) or Guardian(s) Date

Office Use Only: Date Received: _____ Start Date: _____ Days _____ Hours _____

DEVELOPMENTAL INFORMATION FORM

Development History

Was child born prematurely? _____ If so, how much? _____

Was birth completely normal? _____ If not, please explain. _____

At what age did child say first word? _____

Was language development: normal _____ delayed _____ accelerated _____

At what age did child first walk? _____ Delays in motor skill development? _____

Has child ever had any serious medical concerns? _____ If yes, explain _____

Does child presently wear, or has child ever worn glasses? _____

Has child's hearing ever been checked by a doctor? _____ When? _____

Does child have allergies? _____ If so, what are the allergies? _____

What medication does the child take regularly? _____

Was child on any medication during previous years? _____ What type? _____

Family History

List names and ages of other children in family (oldest to youngest) _____

Does any other member of the family have difficulty learning? Explain: _____

Educational Information

Any special schools attended? _____ Name of school, type, where and how long in attendance? _____

Has child ever had an intelligence or other psychological tests? If so, what tests, by whom, where, when and the results/findings? _____

Has child participated in any special education programs? _____

Has child ever repeated a grade? _____ What grade? _____

Best subjects _____ Worst subjects _____

How does child feel about school? _____

Describe child's report card grades and assessment results _____

Has a teacher ever suggested that this child has problems with (please check all that apply)

___ Attention/Concentration

___ Learning

___ Over activity

___ Following directions

___ Social behavior with others

Which teacher (grade level) made these comments? _____

Please describe your child's ability to complete homework independently and how this impacts his grades as well as home life _____

Please forward copies of previous evaluations, ETR's and/or IEP's.

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info@acldlearningcenter.com