



311 N. Orange Street New Smyrna Beach, FL 32168  
(386) 402-4460

Email: [info@upwardtrendacademy.com](mailto:info@upwardtrendacademy.com) Website: [www.UpwardTrendAcademy.com](http://www.UpwardTrendAcademy.com)

**2024 Upward Trend Academy Reading Tutoring**  
**Tuesdays & Thursdays 3:00-4:00**  
**June 18<sup>th</sup>-July 23<sup>rd</sup>**

**Thank you for your interest in our small group summer reading tutoring. During the six weeks, your child will receive evidence-based instruction in the five main components of reading (phonological awareness, letter sounds, blending sounds, word reading, and sentence reading). At the end of the session, we will collect fluency data to determine your child’s individual progress. If you have any questions, please contact us at the number above.**

**Payment**

The first half of the payment is due before the program begins to secure your spot. You can pay cash, check, or electronically via QuickBooks invoice. The second half of your payment will be due the week of June 18<sup>th</sup>.

**Cancellation & Dismissal**

You are paying for your child's spot in our reading program. Due to the small size of this group, we will not issue refunds for cancellations or missed sessions.

**Sick Policy**

Your child will be sent home if he or she has **any** of the symptoms of illness: a fever of 100.0 or higher, vomiting, pink eye, diarrhea, cough, head lice, etc.

**Drop off/Pick up**

Students can be dropped off for their assigned group, or you can wait in the waiting room. Your child must be picked up at the end of the session. A \$5 late fee will be incurred for every 5 minutes that the parent/guardian is late.

I have reviewed the above policies and hereby give my consent for my child \_\_\_\_\_  
\_\_\_\_\_ to participate in the Upward Trend Academy’s 2024 reading program.

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**Parent/Guardian Signature**

**Date**

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**Parent/Guardian Printed Name**

**Primary Phone Number**



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**Background Information:**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_

**What Grade is the student going into:** \_\_\_\_\_ **Name of the school:** \_\_\_\_\_

**What type of classroom is you child currently enrolled in (general ed., self-contained, mild, multi, etc.)** \_\_\_\_\_

**Primary Caregiver:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Telephone:** (\_\_\_\_\_) \_\_\_\_\_ **Cell phone:** (\_\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**With whom does the child live with?** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Please list the name(s) of individuals authorized to pick up your child:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Does your child have a medical diagnosis?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, what diagnosis?** \_\_\_\_\_

**Diagnosed By:** \_\_\_\_\_ **Age at Diagnosis:** \_\_\_\_\_



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### **Getting to Know Your Child**

The purpose of this program is to fill deficits your child may have in different areas of reading. Therefore, it is important that we are aware of your child’s current level so we can better prepare the materials and put in place strategies to help your child be successful while in our care. Children participating in our small group reading program must have prerequisites to be successful, which include sitting in a group setting and not engage in disruptive behaviors. Upward Trend Academy provides the best care for your child. We strive to collaborate and work together to provide the best learning environment for our students.

How long can your child attend to a group activity: \_\_\_\_\_

Does your child need 1:1 support to attend to a group activity: \_\_\_\_\_

### **Phonics**

Please ask your child to read the following words. Put a line through the ones they do not read correctly within 2-3 seconds.

Tum	Mip	Wat	raf	hid
Log	Sat	nap	Shap	what
Chip	Wing	Slad	Trin	Fosp
Pond	Frog	Raft	Sice	vate
Tapes	Mule	Pete	Torn	hurt

### **Phonological Awareness**

Please ask your child to say the following word, then to say the word with the change. Circle yes or no to indicate if your child was successful or not.

Say football, now say football without the ball. (foot)	Yes	No
Say cupcake, now say cupcake without the cup. (cake)	Yes	No
Say tricycle, now say tricycle without the tri. (cycle)	Yes	No
Say time, now say time without the /t/. (ime)	Yes	No
Say gum, now change the /g/ to a /th/. (Thumb)	Yes	No
Say sleep, now say sleep without the /s/. (leap)	Yes	No
Say went, now say went without the /t/. (when)	Yes	No

Please provide us with some additional information so that we can get to know your student.

What goals and concerns do you have with your child’s growth and development in reading?

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What motivates your child. Please tell us what your student likes and dislikes (activities, foods, items, etc.)?

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Identify some of your child’s strengths and challenges that may be helpful for us to know when he/she is our reading program.

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What else would you like us to know about your child?

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I have reviewed the above information and attest to the best of my knowledge the information provided on this form is accurate. I give my consent for my child \_\_\_\_\_  
\_\_\_\_\_ to participate in the Upward Trend Academy’s reading program.

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**Parent/Guardian Signature**

**Date**

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**Parent/Guardian Printed Name**

**Primary Phone Number**

## **2024 Intensive Reading Program Photo and Video Taping Release**

I hereby \_\_\_\_\_ (do/do not) give consent for photography and video taping of my child that will only be used by Upward Trend Academy for educational, training and promotional purposes only. Photos or videos containing image of my child may be posted on the organization's website or social media page.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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