

**SINKINSON DYSLEXIA FOUNDATION
PARTICIPATION PERMISSION FORM**

Name of Student: _____

I am: (check one) ___the above-named individual; the ___mother ___father ___legal guardian of the above-named child.

I hereby give my permission to Sinkinson Dyslexia Foundation (hereinafter "SDF") to conduct a brief cognitive educational screening to determine eligibility of the named student for tutoring. I understand that this is not a diagnostic evaluation and is for the purpose of determining eligibility. Additionally, I understand that I will not receive formal documentation of the testing results as it is only for SDF intake processing. In addition, I am aware that there is no guarantee my child will be offered services and it will be up to the discretion of the President/CEO of SDF. Please initial in the space provided after each item.

Furthermore, I understand and agree as follows: (please read carefully and initial)

1. The student is initially offered 60 hours of tutoring. If progress testing by the Foundation reveals tutoring brought the student within or above grade level, then it may be less than 60 hours total; _____

2. Barring unforeseen circumstances, should a student miss more than one scheduled tutoring session in a five-week period the missed session shall be counted against the 60 hours; _____

3. I have signed and agree to the absentee policy and understand that if it is violated, tutoring will discontinue; _____

4. Tutors are volunteers trained by SDF. Although they are required to have some college, they are not required to have a background in education. If I am dissatisfied with an assigned volunteer tutor, I may address my concerns with the Chief Operating Officer of SDF at any time; _____

5. It is my responsibility to provide transportation to and from the location designated for tutoring sessions; _____

6. I will remain in the vicinity of tutoring during my child's tutoring session; _____

7. I understand that it is my responsibility to contact the Educational Coordinator at SDF if it is decided that my child, or myself, will be taking a "break" from tutoring (e.g. over the summer). There is no guarantee that your tutor will be available to continue after a "break" and it best to discuss a plan with the Educational Coordinator first; _____

8. I will continue to attend tutoring sessions on the agreed upon day and time on a regular basis. It is up to the tutor's discretion if they are able to offer a make-up day for a missed session or adjust the tutoring day due to scheduling conflicts (e.g. sports practice). Tutoring times and days are not to be decided upon on a weekly basis; _____

9. SDF does not encourage meetings of tutors and students outside of the sessions scheduled by and through the foundation. Any meeting of a student and volunteer tutor not scheduled through SDF is not deemed to be sponsored by or affiliated with SDF; _____

10. In order to monitor the student's progress, SDF requires pre- and post-tutoring assessments. In addition, an interim assessment must be scheduled after the student's completion of 60 hours to determine whether additional tutoring is recommended; however, no student is eligible to receive more than 100 total hours of tutoring. The parent/guardian of a minor student shall be responsible for scheduling the final assessment for the student once tutoring is discontinued; adult students shall be responsible for scheduling their final assessments; _____

11. As part of SDF follow-up procedures, I may be contacted by a representative of SDF after tutoring is concluded. The purpose of the contact is to gain information regarding post-tutoring progress. I agree to provide a status, if requested. _____

I hereby waive and release any and all claims against Sinkinson Dyslexia Foundation Inc., members of its Board of Directors, employees, tutors, volunteers, independent contractors, and affiliates, for any emotional or physical injury suffered by me or my child in connection with participation in tutoring sessions or SDF events and activities.

Signature of Student or Child's Parent/Guardian

Date

Address

Telephone Number

City/State/Zip Code

Email Address

Emergency Contact Name

Emergency Contact Telephone
Number