

Read To Succeed!

Frostburg State University, Lane Center
Frostburg, MD 21532
Phone: (301) 687-4191
Fax: (301) 687-1041

Dear Parent,

Enclosed is the information on the READ TO SUCCEED! program that you requested. Below, you will find all that you need to know about the application and enrollment process.

1. Complete a Student Application and Release Form then return packet to the Program Coordinator:

A STAR! AmeriCorps Read to Succeed! Program Coordinator
Frostburg State University
Lane Center, room 234
101 Braddock Rd
Frostburg, MD 21532
301-687-4191
readtosucceed@frostburg.edu

2. Determine a suitable site. Currently, we provide continuous services at the following locations:
 - Frostburg State University: Monday through Thursday 5-7 p.m.
Washington Street Library Thursdays 5-7pm
3. Our program is based on volunteers. Services are therefore **free** to the public. Our program will provide two to four hours per week of mentoring as long as we have the volunteers to do so.
4. Our program runs through the school year during the majority of fall and spring semesters, with a break during mid-December to late January.
5. Available slots are filled on a first-come, first-serve basis in the order that applications are received. You will be notified when a slot becomes available.

We hope that we can provide our services to your family.



Funded in part by the Corporation for National and Community Service and the Governor's Office on Service and Volunteerism. All positions and programs are contingent on funding approval.

READ TO SUCCEED!

Policies

Program Description

READ TO SUCCEED! is an AmeriCorps literacy and academic enrichment program based out of Frostburg State University. It is designed to provide free, one-on-one mentoring for children in grades K-8. The program year is from September to May. **Interested parents/guardians must fill out and submit a program application. Mentor assignment is then done on a first-come, first-served basis.** All tutors are trained volunteers.

Mentor Assignment

READ TO SUCCEED! mentoring is typically conducted one-on-one and each child enrolled in the program is assigned a mentor for the duration of the academic semester (September-December; February-May) based on each child's interests and needs and the mentor's abilities and interests. Because most volunteers are FSU students and their schedules vary by semester, some mentors are unable to volunteer more than one semester. In those cases, new volunteers are recruited, trained, and assigned to enrolled children, with these children receiving priority over newly enrolled students.

Again, mentor assignment is done on a first-come, first-served basis, and therefore, is not guaranteed. **All mentors are volunteers trained in mentoring support techniques.**

Testing

All children enrolled in the program are pre- and post-tested using the Quantitative Reading Inventory 4. This informal test only measures the student's ability to sound out or to recognize words and is used for program reporting purposes. **Its results should not be compared with any school tests.**

Children are pre-tested the first session they attend and post-tested at one of their last sessions. If a child leaves the program early, such as at the end of the fall semester (December), the coordinator will contact his or her parent/guardian to schedule a separate appointment. **The child will be ineligible for re-enrollment in the program if a post-test is not on file by the end of May.**

Session Scheduling

Sessions are scheduled where and when space is available. **READ TO SUCCEED! operates sites at the Washington Street Library from 5-7pm and on FSU campus on Monday through Thursday from 5-7.** Parents/guardians may select to enroll their child in mentoring sessions for 2-4 hours per week, dependent on volunteer availability.

READ TO SUCCEED! will follow the school closure and cancellation schedule. If school (Allegany County and/or FSU) is canceled or dismissed early, mentoring will be canceled for that evening. According to this policy, there will be no mentoring from late December until late January due to FSU Winter Break or during Spring Breaks.

Attendance

Mentoring sessions will be held every week at their assigned times and locations. If for some reason you are unable to attend a session, please remember to contact the Read to Succeed! Coordinator. **Any child**

who misses three sessions without first contacting his/her mentor and/or the coordinator will be dismissed from the program for excessive, unexcused absenteeism. This policy also applies to volunteers.

Parents/guardians must pick up their children immediately following the session. **Children will be released to individuals other than the parent/guardian only with prior, parental permission.** Parents may identify these individuals on their applications or in a note to the coordinator.

Communication

The coordinator will maintain contact with you throughout the program year through emails, letters, and telephone conversations.

While it is important for parents/guardians to maintain contact with the program coordinator, it is equally important to maintain contact with their student's mentor. Mentors are available immediately following sessions for discussion of progress with parents/guardians.

Read To Succeed Application

Date _____

Name of Student: _____

(Last)

(First)

(Middle)

Address: _____

City _____ State _____ Zip _____ Home Telephone: (____) _____

Student's Birth date: _____ Gender: _____

School Attended: _____ Grade Level: _____

Name of Parents or Guardians: _____

Cellphone(s): _____

Address of Parents or Guardians: _____

Email address of Parents or Guardians: _____

With whom does the student live? _____

Does the student have any reading problems: _____

What languages other than English are spoken at home

Do any members of the family have a reading problem? _____

At what age did the student say first word? _____

Does the student wear corrective lenses? Yes _____ No _____

When was the last time the student had an eye examination? _____

When was the last time the student had a hearing examination? _____

Does the student have normal hearing? Yes _____ No _____

If no, please explain: _____

Has the student attended any non-public schools? Yes _____ No _____

If yes, please provide the name of school, type, location, and dates of attendance:

Has the student ever failed to be promoted to the next grade at the end of a school year?

Yes _____ No _____ If yes, what grades? _____

What other extracurricular activities is the student involved in? (i.e. sports, after-school programs, etc.) _____

Please explain any extended periods of absence the student has had from school?

Worst Subjects _____ Best Subjects _____

How does the students get along with other children?

Is your child generally: Happy? _____ Dependable? _____ Attentive? _____ Aggressive? _____
Fearful? _____ Affectionate? _____ Easily distracted? _____ Other: _____

Describe your child's interest and abilities:

Does your child receive free or reduced priced lunch, or attend a school where majority of students do? Yes _____ No _____

Do you receive one of the following: TANF, Food Stamps, Medicaid, SCHIP, Section 8 housing assistance? (I do not need to know which) Yes _____ No _____

Does your child have an IEP at school? Yes _____ No _____

Emergency Contact Information:

Name: _____ Relationship: _____
Cell Phone Number: _____
Home Phone Number: _____

Full name and address of family physician or child's physician:

Name: _____
Address: _____
City State Zip

Please describe any serious illnesses, extended school absences or other situations that may affect your child's reading or mathematical abilities:

Preferred Site and Days for Mentoring: (please check a site and circle up to 2 days)

FSU (M-Th 5-7 p.m.) _____ M T W Th

Name of person who has completed this form: _____
Print Name

Signature

Read To Succeed!
Parental Permission and Release Form

In consideration of my son/daughter, _____ being permitted to participate in the AmeriCorps Literacy Program's READ TO SUCCEED! Program, I acknowledge and fully understand that my son/daughter may engage in activities that involve risks, including but not limited to the risk of injury resulting not only from his/her actions, inactions, or negligence, but the actions, inactions, or negligence of others. This risk includes, but is not limited to equipment used during the program, conditions that exist on the premises, and other risks that may not be known to me or are not reasonably foreseeable.

I understand that:

- Mentoring sessions may be one-one and I may attend the sessions if I wish to do so.
- All volunteers with the program have completed a disclosure form indicating that they have not been convicted of a crime involving minor children.
- My child's mentor is a trained volunteer and not a professional reading specialist.
- My child will complete a pre-and post-test evaluation and the results of these tests will be released to the AmeriCorps Corporation, A Star! in Western Maryland, and other appropriate agencies, for statistical and program funding purposes only.

I give my permission for my child to participate in all program activities, including outdoor activities that may take place on campus, including CES productions. On behalf of my minor child, I voluntarily assume all risk of loss, damage, illness or injury that my son/daughter may sustain while participating in activities associated with the program. I understand that it is my responsibility to provide either insurance or personal financial coverage for actions arising out of my son's/daughter's participation in these activities. On behalf of myself and my son/daughter and my son's/daughter's heirs and estate, I agree to release, waive, discharge, and hold harmless the State of Maryland, the University System of Maryland, Frostburg State University, the AmeriCorps Program and their respective employees, agents, and volunteers from any and all claims, demands, liabilities, loss, or damages resulting from my son's/daughter's participation in the activities described above, except for that which is due to the gross negligence or actual malice of the AmeriCorps Program, its employees or agents, course instructors or volunteers.

I also give permission for my child's photograph to be taken and used for program promotion such as newspaper articles and promotional displays. **[If you do not agree to this, please cross out this sentence and initial.]**

By signing this form, I authorize medical, ambulance, emergency medical technicians, hospital or other medical facility to treat my son/daughter in case of a medical emergency. I have read and understand the content of this release form and sign it voluntarily.

Name of parent/guardian (please print)

Name of student participant (please print)

Signature of parent/guardian

Date