



May 8, 2020

Dear Parents/Guardians,

I hope all of you and your families are healthy and doing well during this very challenging time. I am writing to let you know that ACLD Learning Center is planning to offer our summer intervention program this year, from July 6, 2020 through August 20, 2020. The registration form is enclosed. At the top of the registration form, you will need to choose whether you prefer to have services in person at the ACLD facility or online.

For those of you who prefer to have tutoring at ACLD, please know that we have established health and safety protocols to keep the children and the staff safe while working in the building. For example, we will be wearing masks. All of the children will be provided with their own equipment such as pencils, markers, scissors, etc., along with a mask to wear. Their materials will be sealed up after each visit so they are not exposed to contaminants. The tables and other common surfaces will be cleaned with disinfectant after each appointment. A full list of the health and safety procedures will be provided to you along with the confirmation letter, once your child is registered.

If your choice is to have your child participate in tutoring online, you can feel confident that the staff is able to use technology to make the learning materials and strategies accessible while working with the children online. They have been practicing daily for the past two months with the students who attend the ACLD School.

Please complete the enclosed registration form and return it to ACLD as soon as possible to schedule your child's tutoring. Time slots will be offered on a first come first served basis. You can either return the form through the mail or drop it into the ACLD mail slot on the side of the building. Don't forget to let us know if you prefer online or in person services and be sure to indicate the day(s) and times your child is available.

Please call the office and leave a message if you have questions. We will call you back to help in any way we can. Thank you and please stay safe. We will look forward to hearing from you soon.

Sincerely

Erica E. Brown Fire  
Executive Director  
ACLD Learning Center



118 E. Wood Street • Youngstown, OH • 44503  
(330) 746-0604 • [www.acldlearningcenter.com](http://www.acldlearningcenter.com)

## 2020 SUMMER SCHOOL PROGRAM

ACLD will be offering a summer intervention program that will begin **Monday, July 6<sup>th</sup>** and continue through **Thursday, August 20<sup>th</sup>**. 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 2019-2020 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 2020 Registration

I would like for my child to participate in tutoring: \_\_\_\_\_ at ACLD facility or  
\_\_\_\_\_ online

Child's 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 alerts for unscheduled closings due to weather or emergency?

Yes:\_\_\_ No:\_\_\_ Cell Phone #: \_\_\_\_\_

Occupation:\_\_\_\_\_ Referred by:\_\_\_\_\_

## ACLD Office Hours: 8:00 AM - 4:00 PM Monday - Thursday.

Preferred start time. 1<sup>st</sup> choice:\_\_\_\_\_ 2<sup>nd</sup> 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 child will attend per week:** \_\_\_\_\_

Has this child attended previously (please check)

Yes: \_\_\_ No:\_\_\_

Has this child been diagnosed with:

Attention Deficit Disorder Yes: \_\_\_ No:\_\_\_

Learning Disability Yes: \_\_\_ No:\_\_\_

Cognitive Disability Yes: \_\_\_ No:\_\_\_

Autism Yes: \_\_\_ No:\_\_\_

Emotional / Behavioral Disorders Yes: \_\_\_ No:\_\_\_

Speech / Language Disability Yes: \_\_\_ No:\_\_\_

I, \_\_\_\_\_, have read the attached information and understand

Parent / Guardian

that I am fully responsible for payment of all scheduled 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: \_\_\_\_\_ Starting 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.**

ACLD Learning Center 118 E. Wood Street Youngstown, OH

info@acldlearningcenter.com