



# ASPIRE



## Read to Succeed! Tutoring Program

### Student Application

Student Information – please print

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Language Used by the Child: English Spanish Other \_\_\_\_\_

Parent/Guardian Information – please print

Parent/Guardian Name: \_\_\_\_\_


Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Verbal/Written Contact Preferred in: English Spanish Other \_\_\_\_\_

By signing below, I understand that my child will be given a literacy assessment to determine if he/she qualifies to participate in the ASPIRE Read to Succeed! Tutoring Program. If my child does qualify, I am committed to having my child attend thirty-one (31) weeks with at least eighty-five percent (85%) attendance.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

City of Chandler Neighborhood  
Resources Department  
Housing & Redevelopment Division

 **Book Rich  
Environments**  
A program of the National Book Foundation  
In collaboration with  
U.S. Department of Housing & Urban Development  
National Center for Families Learning  
U.S. Department of Education  
Urban Libraries Council

  
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LIBRARY

Office use only:

Date application received by Program Coordinator: \_\_\_\_\_ Teacher referral received: YES NO

Qualified for tutoring: YES NO

Assigned tutoring session: \_\_\_\_\_



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## Programa de Tutores ¡Lee para el Éxito!

### Solicitud del/la Estudiante

#### Información del/la Estudiante

Nombre del/la estudiante: \_\_\_\_\_

Domicilio: \_\_\_\_\_

Teléfono del hogar: \_\_\_\_\_ Edad: \_\_\_\_\_ Grado: \_\_\_\_\_

Idioma principal usado por el/la niño/a: Inglés Español Otro \_\_\_\_\_

#### Información del/la Padre/Madre/Guardián Legal

Nombre del/la padre/madre/guardián: \_\_\_\_\_


Teléfono celular: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_

Prefiere contacto verbal/por escrito en: Inglés Español Otro \_\_\_\_\_

Al firmar abajo, entiendo que se le hará a mi hijo/a una evaluación de alfabetismo para determinar si califica para participar en el Programa de Tutores ¡Lee para el Éxito! Si mi hijo/a califica, yo estoy dedicado/a a hacer que mi hijo/a asista a sus sesiones asignadas cada semana durante un mínimo de ocho - diez semanas consecutivas.

Firma del/la padre/madre/guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_

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Qualified for tutoring: YES NO

Assigned tutoring session: \_\_\_\_\_



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## Read to Succeed! Tutoring Program **Teacher Academic Referral**

### Student Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Referral Made By: \_\_\_\_\_ Classroom Teacher \_\_\_\_\_ Literacy Coach \_\_\_\_\_ Other

School Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parents Contacted on: \_\_\_\_\_

### Parent/Guardian Permission for Release of Academic Assessment Data (DIBELS)

Parent Name: \_\_\_\_\_


Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I, \_\_\_\_\_, give permission for my child's teacher to release current and future academic assessment data (DIBELS) to the City of Chandler's ASPIRE Read to Succeed Tutoring Program. I understand that these scores will be used to determine if my child qualifies to participate in the ASPIRE Read to Succeed Tutoring Program offered by the City of Chandler Public Housing in partnership with the City of Chandler Public Library to determine the effectiveness of the tutoring program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Read to Succeed! Tutoring Program **Referencia Academica del Profesor**

### Informacion del Estudiante

Nombre de Estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_

Nombre de la Escuela: \_\_\_\_\_

Nombre de Maestro: \_\_\_\_\_

Referencia realizado por:  Maestro  Entrenador de Alfabetizacion  Otro

Person de contacto de la escuela: \_\_\_\_\_ Telefono: \_\_\_\_\_

Padres contactados el: \_\_\_\_\_

### Permiso de los padres/tutores para la publicacion de los datos de evaluacion academica (DIBELS)

Nombre de Padre: \_\_\_\_\_

Direccion: \_\_\_\_\_

Numero de Casa: \_\_\_\_\_ Numero de Trabajo: \_\_\_\_\_

Yo, \_\_\_\_\_, doy permiso para que el maestro de mi hijo/a publique los datos actuales y futuros de evaluacion academica (DIBEL) al Program ASPIRE Read to Succeed de la Ciudad de Chandler. Entiendo que estas calificaciones se utilizaran para determinar si mi hijo/a califica para participar en el programa de lectura para tener exito en la tutoria ofrecido por la Ciudad de Chandler y Viviendas Publicas en asociacion con la Biblioteca Publica de la Cuidad de Chandler para determinar la efectividad del programa de tutoria.

Firma del Padre: \_\_\_\_\_ Fecha: \_\_\_\_\_



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## Read to Succeed! Tutoring Program

### Academic Assessment Data

#### Student Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

#### DIBELS Assessment Data – Fall

Letter Name Fluency (LNF): _____		At Risk	Some Risk	Low Risk
Phoneme Segmentation Fluency (PSF): _____	†	At Risk	Some Risk	Low Risk
Nonsense Word Fluency (NWF): _____	†	At Risk	Some Risk	Low Risk
Overall Indicator for Fall Benchmark:	†	At Risk	Some Risk	Low Risk

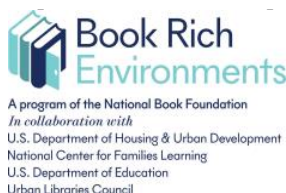
#### DIBELS Assessment Data – Winter

Phoneme Segmentation Fluency (PSF): _____		At Risk	Some Risk	Low Risk
Nonsense Word Fluency (NWF): _____	†	At Risk	Some Risk	Low Risk
Oral Reading Fluency (ORF): _____	†	At Risk	Some Risk	Low Risk
Overall Indicator for Fall Benchmark:		At Risk	Some Risk	Low Risk

#### DIBELS Assessment Data – Spring

Phoneme Segmentation Fluency (PSF): _____		At Risk	Some Risk	Low Risk
Nonsense Word Fluency (NWF): _____	†	At Risk	Some Risk	Low Risk
Oral Reading Fluency (ORF): _____	†	At Risk	Some Risk	Low Risk
Overall Indicator for Fall Benchmark:	†	At Risk	Some Risk	Low Risk

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### Datos de Evaluacion Academica

#### Informacion del Estudiante

Nobre de Estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_

Nombre de la Escuela: \_\_\_\_\_

Nombre de Maestro: \_\_\_\_\_

#### DIBELS Datos de Evaluacion – Otono

Fluencia de Nombre de Letra (LNF): \_\_\_\_\_ En Riesgo Algun Riesgo Bajo Riesgo

Fluencia de la segmentacion del fonema (PSF): \_\_\_\_\_ † En Riesgo Algun Riesgo Bajo Riesgo

Fluidez de palabras (NWF): \_\_\_\_\_ † En Riesgo Algun Riesgo Bajo Riesgo

Indicador general para la referencia de otono: En Riesgo Algun Riesgo Bajo Riesgo

#### DIBELS Datos de Evaluacion – Invierno

Fluencia de la segmentacion del fonema (PSF): \_\_\_\_\_ En Riesgo Algun Riesgo Bajo Riesgo

Fluidez de palabras (NWF): \_\_\_\_\_ † En Riesgo Algun Riesgo Bajo Riesgo

Fluidez en la Lectura Oral (ORF): \_\_\_\_\_ En Riesgo Algun Riesgo Bajo Riesgo

Indicador general para la referencia de Invierno: En Riesgo Algun Riesgo Bajo Riesgo

#### DIBELS Datos de Evaluacion – Primavera


Fluencia de la segmentacion del fonema (PSF): \_\_\_\_\_ En Riesgo Algun Riesgo Bajo Riesgo

Fluidez de palabras (NWF): \_\_\_\_\_ † En Riesgo Algun Riesgo Bajo Riesgo

Fluidez en la Lectura Oral (ORF): \_\_\_\_\_ En Riesgo Algun Riesgo Bajo Riesgo

Indicador general para la referencia de Primavera: En Riesgo Algun Riesgo Bajo Riesgo

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