

Revised Slingerland Summer School Dates!!

(See new dates below)

Valley Christian School 2019 Slingerland Summer School Class

General Description of Program and Student Eligibility

This program is for students **who have completed grades three, four or five**. All students must be recommended for the summer school by parents, teachers, or clinicians due to observed difficulties in one or more areas of penmanship, letter-sound-symbol association for reading or spelling, written expression, decoding, reading fluency, or reading comprehension. Students will be accepted into the program only with the approval of the summer school director after completing a personal interview.

Procedures to establish and extend competence in each of the areas noted above are systematically introduced and practiced. The first 10 minutes of the academic day is devoted to concise oral language expression. Next, instruction progresses to a structured lesson to develop spelling and written language expression. Next, instruction progresses to a structured lesson to develop spelling and written language skills. The final portion of the lesson is devoted to decoding, reading fluency, and reading comprehension. Students participate in two instructional periods each day - one in a classroom setting with a Slingerland instructor and the other in a tutorial format with a Slingerland teacher-in-training. Each day consists of a minimum of 150 minutes of instruction of which one hour is in a tutoring session. Beginning Slingerland students are grouped into one class with teachers who are learning the program. No homework is assigned because students are kept very busy while in school.

Class hours are **9:00 AM until noon** each day. Students may not be dropped off early and must be picked up promptly at noon. There is no provision for before school or after-school care. Each day will begin with a very brief devotional time. During the final week of summer school, parents will be invited to observe the group Slingerland lesson. This will be followed by a general conference with all parents.

Dates: June 10-July 3, 2019

Hours: 9:00 AM- 12:00 PM

Location: Valley Christian Elementary School, 1450 Leigh Ave, San Jose, CA

Staff: Shirley Hitchcock, MA, Slingerland Director, Beginning Class

To schedule an interview for you and your child, please call Shirley Hitchcock at (408) 513-2508.

Cost: \$500 (\$200 nonrefundable deposit due with the application. If your child is not admitted into the program the deposit will be refunded. \$300 balance due June 3, 2019)

Make check payable to Valley Christian School and note at bottom "Slingerland"

Mail application to: Valley Christian School Slingerland Summer Program, Attn: Shirley Hitchcock, 100 Skyway Dr., San Jose, CA 95111 or bring to the elementary office.

Valley Christian School
2019 Slingerland Summer School Class
Student Application (Completed Grades 3-5)

Please print all information. Mail to Valley Christian School Slingerland Summer Program, 100 Skyway Drive, San Jose, CA 95111 or bring to the Valley Christian Elementary School office. Please put "Attention: Shirley Hitchcock" on the envelope.

Student's Full Name _____

DOB _____ Age as of 6/1/19 _____ Current Grade (18-19) _____

Current School _____ City _____

Name of current teacher to call for reference _____ School Phone (____) _____

Has your child ever been evaluated for learning differences? YES NO

Has your child ever been in a Slingerland-based class or had Slingerland tutoring? YES NO

Has your child ever had (or currently has) an IEP at a public school? YES NO

Is your child currently receiving any special services in school or after school? YES NO

Does your child consistently interact with peers in an appropriate manner? YES NO

Does your child consistently respond to adults in a respectful manner? YES NO

Is your child currently taking any medications to help him/her focus? YES NO

Is your child currently taking other medications for any other medical condition? YES NO

Why would you like your child to participate in this program? Who recommended it to you?

What do you want most for your child to gain from this experience? _____

With whom does your child reside? __Two parents __Mother __Father __Other _____

Mother's Name _____ Father's Name _____

Child's Address _____ City _____ Zip _____

Home Phone (____) _____ Mother's Work (____) _____ Mother's Cell (____) _____

Father's Work (____) _____ Father's Cell (____) _____ Other (____) _____

Parent email address: _____

Emergency Contact (if parent unavailable) Name _____ Phone _____

****\$200 non-refundable deposit due with application**