



Celia Ann Card Educational Assistance Scholarship Fund

Carroll Kids Connect Dyslexia Summer Reading Program

The goal of the Carroll Kids Connect Dyslexia Summer Reading Program is for each student enrolled to maintain or improve their reading level over the summer.

As a participant in this program, the OgStar Reading Complete Software learning application will be provided to the child you are enrolling.

As the guardian of _____ (first name) _____
(last name), I agree to the following terms to participate in this program.

(please place a check in the checkboxes if you agree.)

- I will complete the short pre and post surveys and email them to aknott@caceasf.org for eligibility and grant reporting purposes. Pre survey submission is required for enrollment and post survey is required for future enrollment in grant funded activities with the CACEASF.
- I understand that information provided to the CACEASF will be used for program evaluation and generic grant reporting purposes only. The information I provide to the CACEASF in the surveys will be kept confidential and no identifying information about the child I am enrolling will be shared.
- The child I am enrolling will use the OgStar software application for 5 days a week for one hour daily, (Beginning 7/1/2019 and Ending 9/6/2019).
- I understand that other children will also share the same license that is provided to the child I am enrolling.
- The child I am enrolling will work/play in the application using his/her profile only.
- I understand that this application is compatible with Apple products. (Please let the CACEASF know if you do not have a compatible Apple product and the CACEASF will partner with you to secure this resource for the summer program.)

Guardian Signature _____

Date _____

Pre-Survey- Carroll Kids Connect Dyslexia Summer Reading Program

Due by midnight June 15, 2019

Please print neatly

Date _____
 Guardian Name _____
 Guardian Email Address _____
 Guardian Telephone Number _____
 Annual household income where participant resides _____
 Participant Name _____
 Participant Age _____
 Participant City where he/she lives _____
 Participant School _____
 Participant Grade _____
 Was child ever held back? _____
 Current Fountas and Pinnell Reading Level for the child I am enrolling is: _____
 (please ask your child's ELA teacher or previous ELA teacher for this information)

The child I am enrolling:	Please check all that apply:
Has been diagnosed with a learning disability	
Has been diagnosed with a reading disability	
Has been diagnosed with Dyslexia	
Has been diagnosed with a writing disability	
Has been diagnosed with Dysgraphia	
Has been diagnosed with a math disability	
Has been diagnosed with Dyscalcula	
Has been diagnosed with ADHD or ADD	
Struggles to read	
Struggles to write	
Struggles with math concepts	
Struggles with focus and attention	
Has an IEP reading goal	
Has an IEP writing goal	
Has an IEP Math goal	
Has a 504 for ADHD	
Has a 504 for Autism	
Has a 504 for other health reason	