

**Hunter College, City University of New York**  
**School of Education**  
**Literacy Space Permission Form**

Date: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian) give my permission for  
\_\_\_\_\_ (my son/daughter/child) to attend the **Hunter College Literacy Space** for  
diagnostic and remedial literacy sessions, and authorize my child's school and Hunter College to exchange  
information concerning my child.

I will arrange for my child to attend the Literacy Space, from 4:30 pm to 5:45 pm one day a week in room 938  
West, West building at Hunter College, on Lexington Avenue between E. 67<sup>th</sup> and E 68<sup>th</sup> Streets. I understand  
this is a two-semester commitment and promise to bring my child each week.

\_\_\_\_\_

(print name)

(signature)

\_\_\_\_\_

(address)

(zip code)

\_\_\_\_\_

(cell phone)

(home phone)

(work phone)

In the presence of:

\_\_\_\_\_

(print name)

(signature)

**In case of emergency, please contact:** \_\_\_\_\_

\_\_\_\_\_

(cell phone)

(home telephone)

(work telephone)

**Return forms to:**

**Dr. Nadine Bryce**

**Hunter College, Department of Curriculum and Teaching**

**695 Park Avenue, New York, NY 10065**

**PHONE 212-772-4770**

**E-MAIL: [nbryce@hunter.cuny.edu](mailto:nbryce@hunter.cuny.edu)**

**FAX 212-772-4698**

**Hunter College, City University of New York**  
**School of Education**  
**Literacy Space Referral**

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_

SCHOOL'S ADDRESS: \_\_\_\_\_

GUARDIAN: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL # \_\_\_\_\_

E-MAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RELEVANT MEDICAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS YOUR CHILD EVER BEEN HELD BACK? \_\_\_\_\_ IF SO, IN WHAT GRADE? \_\_\_\_\_

IS YOUR CHILD RECEIVING SPECIAL SERVICES OF ANY KIND? \_\_\_\_\_

IF SO, WHAT SERVICES?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please ask your child's teacher to provide the information in the box:***

*Por favor, tenga el maestro de su niño proporciona la información en la caja.*

<b>Emergent literacy learner: does the child...</b>	<b>Always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Not at all</b>	<b>Not sure</b>
<b>Identify and say the letters of the alphabet?</b>					
<b>Know sounds of the letters?</b>					
<b>Write the alphabet?</b>					
<b>Read short vowel words (e.g., hat, mop)?</b>					
<b>Read longer words (e.g., something, aircraft)?</b>					
<b>Read simple text independently?</b>					
<b>Comprehend a story read aloud?</b>					

<b>More experienced literacy learner: does the child...</b>	<b>Always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Not at all</b>	<b>Not sure</b>
<b>Read and comprehend grade level texts?</b>					
<b>Decode effectively while reading independently?</b>					
<b>Demonstrate effective word recognition strategies while reading independently?</b>					
<b>Demonstrate effective comprehension strategies while reading independently?</b>					
<b>Read fluently while reading independently?</b>					

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT (“Release”)**

In consideration for the participating in the **Hunter College Literacy Space** program

(Practicum), **(name of child)** \_\_\_\_\_, who resides at

**(address)** \_\_\_\_\_, and

**(name of legal guardian/parent)** \_\_\_\_\_

individually and collectively, hereby covenant not to sue, and to release and discharge Hunter College, the City University of New York, The Board of Trustees of the City University of new York, the State of New York, and all of their respective officers, servants, agents or employees (hereinafter referred to as “Releasees”) from any and all liabilities, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, to us and/or others, or to any property belonging to us and/or others, whether caused by the negligence of the Releasees, or otherwise, while traveling to/from, or participating in the Practicum or while in, on, upon or near the premises where the Practicum is being conducted. We understand that this release applies to participation in all Practicum activities. It is our express intent that this Release shall bind our heirs, assigns and personal representatives.

In the event that any illness should occur involving my child, I wish Hunter College to take all appropriate steps to notify me immediately of the event, but if I am inaccessible for any reason, I authorize whatever medical attention is deemed appropriate by the attending physician for my child.

IN WITNESS WHEREOF, we have hereunto signed below on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**CHILD:**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

**PARENT OR LEGAL GUARDIAN:**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Day phone

\_\_\_\_\_  
Evening phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Alternate phone

**PLEASE specify (in detail) any allergies or medical conditions:**

\_\_\_\_\_  
\_\_\_\_\_