



Asheville Youth Literacy

providing free, long-term, 1-on-1 literacy tutoring for low-income children & teens

31 College Pl. B-221 Asheville, NC 28801
Rebecca Massey, Youth Literacy Director
Email: rebecca@litcouncil.com Telephone: 828-254-3442, Ext. #202

The Youth Literacy program trains tutors who provide free, long-term, one-to-one instruction in reading, writing and spelling to low-income children and teens in WNC struggling with literacy skills. Our tutors receive 40 hours of classroom and practicum training in Orton-Gillingham-based teaching methods, a systematic, multisensory, phonetic approach to reading and written language that has been used successfully for over 50 years. Wilson Reading System® materials guide the lesson planning process. Tutors normally meet with their Youth Literacy student twice a week at the child's school or afterschool program, if teachers and administrators are amenable. If you think your child is a good candidate for this program, please fill out this application and return it to the above address, or email it as an attachment to the director.

Student's name: _____

Street: _____

City, State, Zip: _____

Phone Number: _____ School: _____

Birth date: _____ Grade: _____ Ethnicity: _____
(for statistical purposes only)

Teacher: _____ School _____

mClass Reading Level (circle one) A B C D E F G H I J K L M N O P Q R S T

Name of parent or guardian: _____

Please circle your highest level of education:

High School GED Bachelor's Degree Master's degree PhD Other _____

Address (if different from above): _____

Phone: (work) _____ (home) _____

Parent e-mail address _____

**Literacy Council of Buncombe County
Asheville Youth Literacy**

Number of adults _____, children in the family _____ Student's birth order _____

Primary language spoken in student's home: _____

Family income _____ per week / month / year

Are there any unusual circumstances we should know about (family issues, medical concerns, repeated grades, etc)?

Has your child ever been tested for a learning disability? _____

If yes, please include the test results if you have them.

If no, has your child ever been referred for testing for a learning disability or reading problem?

May we use a picture of your child and his or her tutor in a brochure, newsletter, newspaper article or website about Youth Literacy? _____

May we talk to your child's teacher and/or guidance counselor to get additional educational information?

May we have access to testing results your child's school has on file? _____

Please include any additional information about your child or family circumstances that might be helpful to us. All information will be kept confidential.

Name of Youth Literacy tutor (if known): _____

Signature of parent or guardian: _____

Date: _____
