St. Bonaventure University Reading Center

Testing and Tutoring Agreement 2020

This is to certify that I am giving my consent to St. Bonaventure Reading Center for my child to be tested and evaluated in the area of reading. I understand that the testing is part of a training/education program for graduate students and that the testing is not being conducted by certified reading specialists, but by teachers in training under faculty supervision.

By signing this I understand that all information gathered will be held in confidence by St. Bonaventure Reading Center. I understand that any and all reports generated from the evaluations will not be shared with anyone but me (the signatory), those I designate in writing, and Reading Center faculty. Since St. Bonaventure is a teacher-training/education center, I understand that information from my child’s case may be used in the Bona Reading Specialist degree program as a case study for in-class discussion, but that my and/or my child’s name and any other identifying information will be changed to protect our privacy.

I also agree to pay the designated diagnostic and teaching fee of **$100 by December 5, 2019 or $125 After December 6, 2019** to the St. Bonaventure University Reading Center for the testing and tutoring of my child.

Print Child’s Name: __________________________ Gr: ___ School: ________________

Print Parent/Guardian Name: ____________________________

Parent/Guardian Signature: ________________________________

Date ___________

Permission to Audio/Video record 2020

Since this is a learning experience for all of the teachers involved in the Bona Reading Center program, at times it is valuable to audio and/or video record testing sessions and lessons to allow for thoughtful reflection on assessment and teaching practices. The audio/video recordings will only be viewed by the teachers/grad candidates enrolled in the SBURC Internship courses at St. Bonaventure University and the supervising faculty member(s). There will be no marketing or profit from the video recordings, nor will captured footage be shared outside the graduate program or posted on websites. Video recording is used only to enhance the educational experiences of graduate students at St. Bonaventure University. **I hereby give my permission to allow audio/video recording of my child solely for the purposes stated above.**

Parent/Guardian Signature: ________________________________

Date ___________