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# Early Literacy Assessment and Instruction Application 2018-2019



**READING RECOVERY<sup>®</sup>  
& EARLY LITERACY  
TRAINING CENTER**  
CLEMSON UNIVERSITY

**Send Application by  
June 15, 2018 to:**

Program Coordinator  
Clemson University  
400A Tillman Hall  
Clemson, SC 29634

[ReadingRecovery@clemson.edu](mailto:ReadingRecovery@clemson.edu)

# Early Literacy Assessment and Instruction Application

Administrators, Supervisors, Special Educators, ESOL (Non-Certification), Regular Classroom Teachers  
2018 – 2019

## General Information

Reading Recovery® is a research-based intervention for first grade children experiencing difficulty with learning to read and write. Since its introduction within the United States in 1984, more than two million children have received Reading Recovery instruction. Even though the applicant is not applying to train as a certified Reading Recovery teacher, it is important that the roles and responsibilities of the Reading Recovery teacher be understood along with district requirements when implementing Reading Recovery.

Before filling out this application, please read the Teacher application to gain a greater understanding about Reading Recovery training. In addition, you may want to go to <http://readingrecovery.org/reading-recovery> or go to the Clemson University Training Center's website <http://readingrecovery.clemson.edu>

Questions about this information or training should be directed to the Program Coordinator at the Clemson University Reading Recovery® and Early Literacy Training Center (CUTC). Please e-mail [readingrecovery@clemson.edu](mailto:readingrecovery@clemson.edu).

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This application, including Part 1: Vital Information, and Part 2: Commitment, must be completed and returned to the Teacher Leader who serves your district by **June 15, 2018**. The Teacher Leader will forward these on to the Program Coordinator, Reading Recovery Training Center, 400A Tillman Hall, Clemson University, Clemson, SC 29634.

## Part 1: Vital Information

Preferred Reading Recovery® Training Site: \_\_\_\_\_

Name \_\_\_\_\_  
First Middle/Maiden Last Preferred Name

*Other name used previously as a student at Clemson University* \_\_\_\_\_

Birthdate \_\_\_\_\_

District \_\_\_\_\_ School \_\_\_\_\_

Current Position \_\_\_\_\_

**Work** Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work E-Mail Address \_\_\_\_\_

**Home** Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home E-Mail Address \_\_\_\_\_

**Cell number** \_\_\_\_\_ School (work) number \_\_\_\_\_

## Education and Professional Experience

Please provide a complete listing of your education and professional teaching/administrative experience by enclosing a resume with this application. Especially pertinent are educational experiences that relate to reading/language arts and teaching experience that you may have had in grades K-3 or in specialized reading.

**Part 2: Commitment Form**

**Early Literacy Assessment and Instruction 2018 - 2019**

Reading Recovery® must have the support of district administrators, classroom teachers, and building principals to succeed. *This form must be signed by all parties in order for the applicant to be considered for training.*

**I have read and understand the requirements for participation in this yearlong training\* including the daily tutoring of two children (each semester) during the course of the 2018-2019 school year for a total of four children served. In addition, I understand that my participation does not qualify me as a trained Reading Recovery teacher. To be certified as a Reading Recovery teacher, I understand that I will need to repeat the entire training and teach four children (each semester) during the training year for a total of at least eight children served.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**I have read and understand the responsibilities of the district, principal, and teacher, and I will support this applicant in making this commitment.**

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of Teacher Leader \_\_\_\_\_ Date \_\_\_\_\_

Signature of Site Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**\* This coursework can be applied to the South Carolina Literacy Teacher Endorsement.**