

# DOES YOUR CHILD NEED A LITTLE EXTRA HELP IN ONE OF THESE AREAS?

- READING
- SPELLING
- MATH
- WRITTEN EXPRESSION

If yes, then the LEAP clinic may be just what you need!



Department of Special Education  
University of Wisconsin-Eau Claire  
249 HSS Bldg  
Eau Claire, WI 54702-4004  
136-2-118606



Return Service Requested

# 2011 Summer LEAP Clinic

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Permit No. 219  
Eau Claire, WI

UNIVERSITY of WISCONSIN - EAU CLAIRE

# 2011 Summer LEAP Clinic



## A LEAP IN ACHIEVEMENT!

For Students with Special Learning Needs.  
June 20 -July 21, 2011  
(Monday through Thursday)

Sponsored by: UW-Eau Claire Department of  
Special Education, and Eau Claire Area School District,  
Roosevelt Elementary School



## WHO

The LEAP Clinic was established over 20 years ago to provide hands-on experience for pre-service and certified teachers seeking certification in learning disabilities and to offer intensive instruction for community students who were performing below expectations.

## WHAT

At the clinic we provide research-based instruction in reading, mathematics and written expression. The clinic teachers are closely supervised by UW-Eau Claire faculty who are present every day. Each child receives two hours of instruction, four days a week for five weeks. The clinic is designed to meet the unique individual needs of children in grades K-8 who are experiencing difficulty acquiring basic skills. The LEAP clinic is **not appropriate** for students with **moderate/severe cognitive disabilities**.

## HOW

The LEAP Clinic is different from other summer school programs in important ways.

- Low teacher-pupil ratio. The clinic is well-staffed with experienced teachers.
- Success. Appropriate placement at students' instructional level ensures that they will be both challenged and successful.
- Progress. Performance is monitored daily to ensure student mastery.
- Feedback. You will receive a detailed report about your child's progress at the end of the summer if he or she attends daily.
- Engaged. Students are on task during instructional time.
- Academics. Basic skills are stressed to form a foundation for future learning.
- Effective. Curriculum and methods are research-based and validated through field testing.

**For more information call Linda Brunner, 836-5719**



## SUPERVISORS

Dr. Vicki Snider and Dr. Cathy Thorsen

## DATES

June 15, placement testing, 9:30-11:45  
Clinic runs June 20 – July 21 (Mon. – Thurs.)\*

\*There will be no clinic on July 4th for Independence Day.

## TIME

9:30 - 11:45 a.m., Monday through Thursday

## PLACE

Roosevelt Elementary School, 3010 8th Street, Eau Claire

## FEE

The LEAP Clinic charges \$50 tuition plus \$50 materials and supervision fee. The ECASD will pay the \$50 tuition for students who reside in the Eau Claire attendance area. Parents must pay the additional \$50 fee. Cancellations before June 1 will receive full refunds. Late cancellations will be charged a \$10 processing fee.

## NEW REGISTRATION PROCEDURES FOR 2011

Registrations will be accepted until Friday, April 8th.

- Priority registration will be granted to individual students who attended the LEAP Clinic last year and who maintained perfect attendance.
- The remaining openings will be filled through a lottery drawing. You will be notified by April 22 if your child has been accepted or not.

High demand in recent years has caused us to rethink our



registration procedure. The new process provides equal opportunity for all mail-in registration forms and eliminates the need to hand deliver the registration forms to the university.

## ATTENDANCE POLICY

Children are expected to attend the clinic every day. Students with perfect attendance will receive a progress report at the conclusion of the clinic.

## LEAP CLINIC REGISTRATION FORM

To enroll your child, please fill out this form and return with your check (\$50 for families who live in the ECASD attendance area or \$100 for others) made payable to UW-Eau Claire. Space is limited and will be assigned by lottery.

Send form to: Dept. of Special Education, LEAP Registration  
PO Box 4004  
UW-Eau Claire  
Eau Claire, WI 54702-4004

Name of Pupil: \_\_\_\_\_

Grade this year (2010-11): \_\_\_\_\_

*Is your child currently enrolled in a program for:*

Learning Disabilities    Emotional Disabilities    Neither

School: \_\_\_\_\_

Teacher: (Name of teacher who can provide information about areas of need.) \_\_\_\_\_

Guardian/Parent Name: \_\_\_\_\_

Daytime Telephone No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Street: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Office Use Only

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

Paid:  Yes, \$ \_\_\_\_\_    No

Lottery No. \_\_\_\_\_