The Multicultural Association of Wood Buffalo supports newcomers in the community through programs that encourage equality and multicultural inclusion. With this objective in mind, we acknowledge the unique struggles newcomer elementary students face when arriving in a new school and a new community, including limited English and minimal homework supports. The After School Tutoring Program (ASTP) accepts English Language Learning (ELL) students into a specialized tutoring program that focuses on building confidence with the English language through reading, writing, speaking, and listening, as well as providing support with homework and study skills. By improving their language and academic skills, students will be able to get more involved in school activities fostering an inclusive and diverse school environment.

Interested students will have their parent(s)/guardian(s) and teacher complete an application and pre-evaluation form. Students will be admitted based on academic and ELL need, commitment to the program, and space available. There is no cost to the families for the program. Once accepted into the program the student will attend 1.5 hour tutoring sessions after school, 2 days a week. The program runs from October until the end of May excluding all holidays. Parents are encouraged to pack a snack for their child(ren) to eat prior to the session. Regular evaluations will be complete to assess the student’s progress. As their English and academic skills improve students will be phased out of the program to open space for new students in need.

For information on the ASTP or other programs including our Cross Cultural Parenting Program, Financial Literacy Program, and Multicultural Cookery, or if you would like to volunteer with our organizations please contact us at [programs@multiculturefm.org](mailto:programs@multiculturefm.org) or at 780-791-5186.

**Program Details**

**School:**

**Location:**

**Days:**

**Time:**

Please fill in all sections of this form completely. If a parent needs support filling out the form, please have them visit the school office or the Program Manager at the Multicultural Association of Wood Buffalo.

**Application Form**

**Student Information:**

Name:

School:

Grade:

Teacher:

**Parent/Guardian Information:**

Name(s):

Home phone:

Work phone:

Cell phone:

Email:

Address:

Level of English:

**Primary Contact Person:** Same as above unless the parent or guardian has limited English.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Contact Person:** In case the primary contact is not able to be reached

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation information:

*Please list those who have permission to pick your child up from the program along with a phone number they can be reached at. Please note we will ask for ID from everyone who will be picking up children from the program to ensure their safety. If your child will be walking home, please specify.*

Name: Phone:

Name: Phone:

Name: Phone:

How will your child benefit from this program?

*Please explain why you believe this program fits the needs of your child. What would you like your child to achieve from this program. Please not we will be conducting a parent survey at the end of the term or at the completion of the child’s involvement in the program to determine the satisfaction and impact the program has had.*

Please list any additional comments that may be helpful for our tutors to better accommodate your child.

*Does your child have additional learning challenges, allergies etc.*

**Teacher recommendation and agreement:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ believe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will benefit from the after school tutoring program and understand the purpose of the program is for limited English speaking students who need academic support. I agree to completing pre, mid, and post evaluations for the student at the commencement of their enrollment in the program, prior to the winter term break if applicable, and before the student leaves the program or at the end of the academic year, whichever comes first.

**Name** **printed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Terms and conditions**

* Students are to attend the full two sessions each week, missing 3 or more session without a reasonable excuse may result in removal from the program.
* If a student is unable to make the program due to illness please call the program manager.
* Students are expected to be fully committed to this program just as any other extra-curricular activity. A student shall not be enrolled in the program if he or she has other commitments on the same time and day as either of the tutoring sessions.
* Students are to be actively engage in the work and activities provided by the tutor. If the student is not participating, he or she will not be benefitting fully from the program and is taking up a space that may otherwise be filled by someone who can benefit more from the program.
* Students should not distract others from their learning. If a student’s behavior is disruptive other students are unable to focus and benefit from the program the disruptive student may be removed from the program.
* If you wish to remove a student from the program prior to the end date or the phasing out of the program, please notify the program manager.
* Program manager and tutors may freely exchange information between the school and teachers including contact information and academic performance assessments.
* Pictures may be taken during the sessions and are the property of the Multicultural Association. These photos may be used for promotional purposes for the programs. If you wish not to have your child’s photo taken, please contact the program manager.
* The MCA program manager may contact you about upcoming events, programs, news updates and volunteer opportunities.

Failure to comply with these terms and conditions may be cause of dismissal from the program. Students will receive one verbal warning and one written warning prior to being removed from the program. In serious cases students may be removed without warning.

I \_\_\_\_\_\_\_\_\_\_\_ agree to the terms and conditions listed above and assure that all information provided in the application is true and complete.

**Name** **printed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Checklist**

□ Application

□ Teacher recommendation and agreement

□ Terms and conditions

□ Pre-Evaluation (to be completed prior to start date)

□ Mid-Evaluation (to be completed one week before winter holidays)

□ Post-Evaluation (to be completed by the first week of June)

□ Parent Satisfaction Survey (to be completed by the first week of June)

**Attendance**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | October | November | December | January | February | March | April | May | June |
| Present |  |  |  |  |  |  |  |  |  |
| Absent |  |  |  |  |  |  |  |  |  |