

Writers & Books SummerWrite Intro Form Please fill out & return w/registration to:
740 University Avenue, Rochester, New York 14607 / fax: (585) 442-9333 / email: wendyl@wab.org
www.wab.org

Participant: _____ Grade as of May '08 _____

District/School _____

Person filling out: _____ (can be participant if appropriate)

Has child/teen taken courses with us before ? Y/N (If so, what?)

How often does child/teen write?

What kinds of writing does child/teen do willingly and with ease?

What kinds of writing does child/teen have difficulty doing?

Does he or she have challenges with particular parts of writing (handwriting, getting ideas, finishing, editing, etc.)?

Does he/she struggle with attention, keeping still or quiet when needed, or working in a group?

Does he/she have particular strengths, interests or talents that you would like us to know about?

Any questions or concerns that you would like to let us know about?

We'd also appreciate a note in the participant's own writing on the following: What are you enjoying reading this year? What do you like to do best with your free time?