

The Augustine Project

An outreach ministry of St. Paul's Episcopal Church

520 Summit Street, Winston-Salem, Nc 27101

Henri Brown, WS Director

Email: augproj@gmail.com

Website: www.augustineproject-ws.org

The Augustine Project, founded in Chapel Hill, NC in 1994, began in Winston-Salem in 2001. We train tutors who provide free, long-term, one-to-one instruction in reading, writing and spelling to children and teens who struggle with literacy skills. Augustine tutors serve those families who would find it difficult or impossible to pay for private tutoring. Our tutors receive 70 hours of classroom and practicum training in the Orton-Gillingham technique, a systematic, multisensory, phonetic approach to reading and written language that has been used successfully for over 50 years. Wilson Reading System® materials guide the lesson planning process. Tutors normally meet with their Augustine student twice a week at the child's school during the school day. If you think your child is a good candidate for Augustine tutoring, please fill out this application and return it to the above address. (Attention: Henri Brown)

Student's name:

Street:

City, State, Zip:

Phone Number: _____ School:

Age: ____ Birthdate: _____ Grade:

Teacher:

Name of parent or guardian:

Address (if different from above):

Phone: (work) _____ (home)

Number of children in the
family _____

Qualifies for free or reduced lunch? Yes No

Are there any unusual circumstances we should know about (family issues,
medical concerns etc)?

Has your child ever been tested for a learning disability? _____

If yes, please include the test results if you have them.

If no, has your child ever been referred for testing for a learning disability or
reading problem? _____

May we use a picture of your child and his or her tutor in a brochure, newsletter,
newspaper article or website about the Augustine Project?

May we talk to your child's teacher and/or guidance counselor to get additional
educational information? _____

May we have access to testing results your child's school has on file? _____

Please include any additional information about your child or family circumstances that might be helpful to us. All information will be kept confidential.

Name of Augustine tutor (if known):

Signature of parent or guardian:

Date: _____
