

Children's Dyslexia Centers, Inc. Child Application		
Date: Rev. 9/8/2020	Policy #5 General Clinical	Owner: Clinical
Instructions: Fill in the information listed below.		

Center: _____ Date: _____

Parent/Guardian Information: Please complete the items below.

Parent/Guardian 1: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Telephone: Home (____) _____ Work (____) _____

Email: _____

Parent/Guardian 2: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Telephone: Home (____) _____ Work (____) _____

Email: _____

Child Information: Children must have a psychoeducational evaluation completed by a qualified professional to be eligible for the program. Please complete the items below.

Child's Name: _____ Birthdate: _____

Child's Gender: ☐ Male ☐ Female ☐ Other Grade: _____

Name of School: _____

City: _____ State: _____

Evaluator's Name: _____ Date of Evaluation: _____

Does your child know the alphabet? ☐ Yes ☐ No

Can your child write his name? ☐ Yes ☐ No

Child writes with: ☐ Left hand ☐ Right hand ☐ Both

Does your child understand words? ☐ Yes ☐ No

Does your child understand questions? ☐ Yes ☐ No

Does your child understand directions? ☐ Yes ☐ No

How well do other people understand your child's speech? _____

Describe your child's learning difficulties: _____

Is there a history of learning problems in the family? ☐ Yes ☐ No

If yes, please describe. _____

Does the child have any other diagnosed learning, attention, emotional, behavior or medical problems? ☐ Yes ☐ No

If yes, please describe. _____

Most recent eye exam date: _____ Results: _____

Most recent hearing exam date: _____ Results: _____

Is English the child's primary language? ☐ Yes ☐ No If no, what is? _____

Has your child applied to or received services at any other Children's Dyslexia Center?

☐ Yes ☐ No If yes, please list center location and attendance dates. _____

How did you hear about the Center? _____

Child's Siblings/Ages: _____

Please list your child's Interests and hobbies. _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature

Date

Children's Dyslexia Centers, Inc. School and Services Parent Form		
Rev. Date: 6/11/2020	Policy #5 General Clinical	Owner: Clinical
Instructions: Fill in the information listed below.		

Child Name _____ Date _____

Person completing form _____

1. Currently my child currently attends a (check **only** one)
 - ☐ Public school
 - ☐ Private school
 - ☐ Parochial school
 - ☐ School for LD/Dyslexia
 - ☐ Home school

2. At school, my child receives the following special services (check all that apply)
 - ☐ No special services
 - ☐ Resource
 - ☐ Self-contained
 - ☐ Title I
 - ☐ Accommodations

3. The special services referred to in item #2 are for (check all that apply)
 - ☐ No special services
 - ☐ Reading
 - ☐ Spelling
 - ☐ Math
 - ☐ Speech & Language
 - ☐ Homework
 - ☐ Other _____

4. Besides services at school and tutoring at the Center, my child receives a total of _____ hours of tutoring every week in the following areas (check all that apply)
 - ☐ No tutoring outside of the school or Center
 - ☐ Reading
 - ☐ Spelling
 - ☐ Math
 - ☐ Speech & Language
 - ☐ Homework

5. Besides the tutoring at the Center, my child is currently receiving the following type(s) of intervention (check all that apply)
 - ☐ Wilson
 - ☐ Project Read
 - ☐ SPIRE
 - ☐ Slingerland
 - ☐ Other Orton-Gillingham
 - ☐ LIPS
 - ☐ Reading Recovery
 - ☐ Sylvan/Huntington/Kumon or similar national chain
 - ☐ Fast ForWord
 - ☐ None of the above

Child ID: _____

Attendance Policy Addendum

Center: So. IL #092

A child's continuance in tutoring will be affected by two
unexcused absences. The director of the center determines unexcused
absences. Examples are:

Camping Forgot Sports Parties

Vacation Dance Plays Babysitting

For extended illnesses a doctor's note is needed.

When a parent does not call in advance, it is considered a No Call/
No Show. After the second No Call/ No Show, tutoring will be
discontinued.

I understand and agree to abide by the Absenteeism policy.

(Child's Name)

(Date of Birth)

(Parent's/Guardian's Signature)

(Date)

Children's Dyslexia Centers, Inc. Additional Information for Accepted Children		
Rev. Date: 6/11/2020	Policy #5 General Clinical	Owner: Clinical
Instructions: Please print the information requested below.		
Child's Name:		
Emergency contact (one person):		
Relationship:		
Phone (with area code):		
Email:		
For the majority of the time, with whom does the child reside? _____		
What is the relationship of this/these persons to the child? _____		
Parent/Guardian Occupations: Please check the occupation that best matches your employment.		
Occupation	Parent/Guardian 1	Parent/Guardian 2
Homemaker		
Business, Management & Financial Operations		
Computer & Mathematics		
Architecture & Engineering		
Life, Physical, & Social Science		
Community & Social Services		
Legal		
Education, Training, & Library		
Arts, Design, Entertainment, Sports, & Media		
Healthcare		
Protective Service		
Food Preparation & Serving Related		
Building and Grounds Cleaning & Maintenance		
Personal Care & Service		
Sales & Related		
Office & Administrative Support		
Farming, Fishing, & Forestry		
Construction & Extraction		
Installation, Maintenance, & Repair		
Production		
Transportation & Material Moving		
Military		
Not Currently Employed		

Parent/Guardian Education: Please check the highest level of education completed.

Highest Level of Education Completed	Parent/Guardian 1	Parent/Guardian 2
Less than High School		
High School		
Technical or Trade School		
Associate degree		
Bachelor's degree		
Master's degree		
Doctorate degree		

Please Note: The questions below are optional. We ask this information to collect data for scientific researchers who want to look at the progress of a specific group of children in our program. *This information is not used to make an admission decision for the child and has no impact on the service the child receives.*

Ethnicity: (Optional)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or not Latino
- ☐ Unknown

Race: (Optional)

- ☐ American Indian or Alaskan Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White or European American
- ☐ More than One Race
- ☐ Unknown

Form completed by: _____ Date: _____