

Children's Dyslexia Centers, Inc. Child Application		
Date: Rev. 6/21/2023	Policy #5 General Clinical	Owner: Clinical

The Children's Dyslexia Centers, Inc. provides the highest quality, state of the art, multisensory tutorial reading and written language instruction to children with a primary diagnosis of dyslexia. We reserve the right not to treat a child that has another diagnosis when, in our sole discretion, we determine that it will hinder the child's ability to benefit from our services.

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/her 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.
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		

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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: _____

Student Name: _____ Student ID #: _____

Attendance Policy Addendum

Children's Dyslexia Center, Inc. of Southern Illinois #092

The Scottish Rite Charity that supports our program locally believes in consistent attendance for both our students and tutors. We base this belief on several factors:

Our program is provided free to you, as a parent or guardian, for the sole benefit of helping your student find success in school. As such, we work very hard to raise funds to keep the center operational for you, and for those coming behind you who are still on our waitlist.

Because we provide this free gift to you, we do have several expectations in regard to attendance.

- 1) Your child's continuance in our tutoring program can be affected by two unexcused absences. Examples of these might include: camping, forgot, sports, parties, vacation, dance, plays, babysitting etc. We ask that you consult with the director **BEFOREHAND** to discuss the particulars of any future/scheduled absences. These will be addressed on a 1-on-1 basis.
- 2) For extended illness, 2 weeks or more, we do require a doctor's note.
- 3) When a parent or guardian does not call in advance to let us know that they cannot be at tutoring (ie. child is sick, family emergency etc), it is considered a **NO SHOW/NO CALL**. After the second **NO SHOW/NO CALL**, tutoring for your student will be discontinued.
 - a. Our tutors are assigned to your student exclusively and if your child does not attend his/her lesson, we are required to pay our employed tutors whether you are here or not. As a charity, we will not do that more than twice.
- 4) One of the ways that we can provide this service free of charge is that we have a parallel program of training professionals in a Master's Level Certification as a Dyslexia Practitioner 1. As part of their training, they must provide 100 tutoring hours in exchange for the training.
 - a. if your student is absent, that limits the number of hours the trainee tutor can get during a single school year. This is detrimental to their success and we may need to discontinue your spot so that the trainee can complete their training on time.

Research demonstrates that consistent attendance at our tutoring sessions is one of the best benefits and predictors of success for your student. So, we want your student at the center for every lesson we can possibly provide. We want them to be successful!

Parent/Guardian Signature: _____ Date: _____