

Children's Dyslexia Centers, Inc. Child Application		
Date: Rev. 1/11/2024	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 who 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

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: \_\_\_\_\_