

CENTER:

ADMISSION
APPLICATION Page 1 of
2

Date

Child's Name _____ Male
Female

Date of Birth _____ Grade

Parent(s) Name

Address

City _____ State _____ Zip
_____ - _____

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

Email

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Name of School

Address

City _____ State _____ Zip
_____ - _____

Telephone (____) _____ Fax
(____) _____

Has child been evaluated? Yes No If yes, please send copy of evaluation.

Evaluator's Name _____ Telephone
(____) _____

Authorization to check reference: *(Parent's Signature)*

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

If yes, what are they?

Describe your child's learning problem(s)

Does your child know the alphabet? *(If 5 or 6 years old)* Yes No

Can your child write his name? Yes No Handedness: Left Right

Does your child understand words? Yes No Questions? Yes No

Directions? Yes No

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

Do you know of any other problems, including medical? Yes

No

If yes, what are they?

Most recent eye exam date _____ Results

Hearing exam date _____ Results

Does your child have behavioral problems in school? Yes

No

If yes, what are they?

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, *Center(s)* _____ Child's
ID _____

How did you hear of us?

Siblings/Ages

Interests

Release of Information for Research

I understand that information provided to the *Center* as part of the application process may be used in research and hereby give my consent. It is my understanding that my

child's last name will not be used, and that data will be confidential. I further understand that this consent will not affect the *Center's* decision on my child's acceptance into the program.

_____ (Parent
Signature) (Date)