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

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| Center: Click here to enter Center name,  | Date: Click here to enter date. |
| **Parent/Guardian Information: Please complete the items below.** |
| Parent/Guardian 1: Click here to enter text. |
| Address: Click here to enter text. |
| City: Click here to enter text. | State: Click here. | Zip: Click here. |
| Telephone: Home Click here to enter text. | Work Click here to enter text. |
| Email: Click here to enter text. |
| Parent/Guardian 2: Click here to enter text. |
| Address: Click here to enter text. |
| City: Click here to enter text. | State: Click here. | Zip: Click here. |
| Telephone: Home Click here to enter text. | Work Click here to enter text. |
| Email: Click here to enter text. |
| **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: Click here to enter text. | Birthdate: Click here to enter date. |
| Child’s Gender: [ ] Male [ ] Female [ ] Other  |  Grade: Click here to enter text. |
| Name of School: Click here to enter text. |
| City: Click here to enter text. | State: Click here to enter text. |
| Evaluator’s Name: Click here to enter text. | Date of Evaluation: Click here for date. |
| Does your child know the alphabet? [ ] Yes [ ] No  |
| Can your child write his name? [ ] Yes [ ] No  |
| Child writes with: [ ] Left hand [ ] Right hand [ ] Both hands |
| 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? Click here to enter text. |

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| Describe your child’s learning difficulties: Click here to enter text. |
| Is there a history of learning problems in the family? [ ] Yes [ ] No |
| If yes, please describe. Click here to enter text. |
| Does the child have any other diagnosed learning, attention, emotional, behavior or medical problems? [ ] Yes [ ] No |
| If yes, please describe. Click here to enter text.  |
| Most recent eye exam date: Click here to enter text. | Results: Click here to enter text. |
| Most recent hearing exam date: Click here to enter text. | Results: Click here to enter text. |
| Is English the child’s primary language? [ ] Yes [ ] No  | If no, what is? Click here to enter text. |
| 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. Click here for text. |
| How did you hear about the Center? Click here to enter text. |
| Child’s Siblings/Ages: Click here to enter text. |
| Please list your child’s Interests and hobbies. Click here to enter text.  |
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| Parent/Guardian Printed Name: Click here to enter text. |
| Click here to add signature. |  | Click here to enter date. |
| Parent/Guardian Signature |  | Date |