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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 |