

Student Information

All information provided is strictly confidential.

Full Name of Student: _____ Today's Date: _____

Birth Date: _____ Age: _____ Grade: _____

Mother's Name: _____

Father's Name: _____

Siblings: _____ Age: _____

_____ Age: _____

Primary Parent Cell Number: _____ E-mail _____

Home Address: _____

City, State, Zip: _____

Allergies: _____

Name of School: _____

Emergency Contact name and cell phone: _____

Does your child have an IEP or 504? Y / N. If yes, please provide the most recent active copy.

Does your child have any significant health issues that may affect behavior and/or attention? Y / N

If yes, please explain.

Is your child taking any medications? Y / N. If yes, please explain what the medication is for.

Student Information

Please explain what has led you to seek out tutoring services for your child. Be as specific as possible.

Is there anything else you think I should know in order to understand your child and/or the situation better?

CHECKLIST FOR PARENTS

Student Name: _____

Birth Date: _____

Name of parent completing checklist: _____

Date: _____

Reading & Spelling

When your child reads and spells, does s/he frequently:

• Confuses letters that look similar: d - b, u - n, m - n?	Yes	No
• Confuses letters that sound the same: v, f, th?	Yes	No
• Reverses words: was - saw, now - won?	Yes	No
• Transposes words: left - felt?	Yes	No
• Reads a word correctly and then further down the page, read it wrong?	Yes	No
• Changes words around: the cat sat on the mat (the mat sat on the cat)?	Yes	No
• Confuses small words: of, for, from?	Yes	No
• When reading, has difficulty in keeping the correct place on a line and frequently loses his/her place?	Yes	No
• Reads correctly but does not understand what s/he is reading?	Yes	No

Writing

Even after frequent instruction, does s/he still:

• Not know whether to use his/her right or left hand?	Yes	No
• Leaves out capital letters or use them in the wrong places?	Yes	No
• Forgets to dot the 'i's, and cross 't's?	Yes	No
• Forms letters and numbers badly?	Yes	No
• Slopes his/her writing on the page?	Yes	No
• Uses punctuation and paragraphs in the wrong places, or not at all?	Yes	No

Other Indicators

• Is there a family history of dyslexia or similar difficulties? <i>If yes, please indicate who.</i>	Yes	No
• Was s/he a late developer? <i>If yes, please indicate in what areas.</i>	Yes	No
• Is s/he easily distracted and has poor concentration?	Yes	No
• Does s/he have an awkward head tilt while reading?	Yes	No
• Does s/he squint the eyes while reading or copying things from the board?	Yes	No
• Does s/he have hearing problems?	Yes	No
• Does s/he get confused between: left/right, east/west, up/down, over/under?	Yes	No
• Does s/he hold a pen too tightly and awkwardly?	Yes	No
• Does s/he have problems telling the time?	Yes	No
• Does s/he have problems with tying shoe laces, etc?	Yes	No
• Does s/he have short-term memory problems relating to printed words and instructions?	Yes	No
• Does s/he have mixed laterality (i.e. uses either right or left hands or eyes, in writing and other tasks)?	Yes	No
• Does s/he have particular difficulty copying from a blackboard?	Yes	No
• Does s/he have confusion with mathematical symbols (plus/minus, etc)?	Yes	No
• Does s/he have inability to follow more than one instruction at a time?	Yes	No
• Can s/he use a dictionary or telephone directory?	Yes	No
• Does s/he have sequencing difficulties in reciting the:		
○ Alphabet?	Yes	No
○ Nursery rhymes?	Yes	No
○ Months of the year?	Yes	No
○ Numbers in multiplication tables?	Yes	No
• Is s/he clumsy or has poor body coordination?	Yes	No

Strengths

• Does s/he have good verbal skills – like to talk or tell stories?	Yes	No
• Is s/he good in drawing or painting or sketching?	Yes	No
• Is s/he good with her/his hands, for e.g. fixing or repairing things, like to work with tools, etc?	Yes	No
• Is s/he always full of ideas about various things?	Yes	No
• Do you think your child is creative?	Yes	No
• Do you think your child has a high sense of curiosity and wanting to know about things?	Yes	No
• Do you think your child has good general knowledge?	Yes	No