

-PART D-

**Admission Application**

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CENTER: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

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

Does your child understand Questions?  Yes  No

Does your child understand 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? \_\_\_\_\_

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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's/Guardian's Signature)

\_\_\_\_\_  
(Date)