



The Scottish Rite Charitable Foundation
Learning Centre for Niagara
"helping children with dyslexia to read"

Admission Application Form

Information about the Child

Name _____

Date of Birth (dd/mm/yyyy) _____

Preferred Pronoun: ☐ He/him ☐ She/her ☐ They/them

School currently attending: _____ Grade: _____

Adult(s) legally responsible to make decisions for the child

Name _____

Address _____

City _____ Prov _____ PC _____

Phone(s) _____

E-mail _____

Name _____

Address _____

City _____ Prov _____ PC _____

Phone(s) _____

E-mail _____

School Information

Does the child receive any type of remedial instruction in school?

Explain: _____

Does the child have an IEP or similar plan? ☐ Yes ☐ No

If yes please enclose a copy of the plan with this application.

Has a psycho-educational assessment been completed by a registered psychologist?

☐ Yes, through the school ☐ Yes, privately ☐ No

Please enclose a copy of the assessment with this application or contact the Learning Centre Director if the assessment is not available.

Child's History

Is English the child's first language?

☐

YES

☐

NO

What is the primary language spoken in the home?

How well do people understand the child's speech?

Does the child know the alphabet?

☐

YES

☐

NO

Can the child print their name?

☐

YES

☐

NO

Does the child understand words?

☐

YES

☐

NO

Describe the child's learning difficulties:

Child's Physical History

Has the child ever been chronically ill?

☐

YES

☐

NO

Has the child ever had an extremely high fever?

☐

YES

☐

NO

Has the child ever had a severe blow to the head?

☐

YES

☐

NO

Does the child have difficulty hearing?

☐

YES

☐

NO

Does the child have difficulty seeing?

☐

YES

☐

NO

Does the child have any physical problems that may cause difficulty in learning?

☐

YES

☐

NO

List any medications the child is currently taking:

List any allergies the child has:

What other relevant medical history should the Learning Centre know about?

Family History

Have any members of the family had learning difficulties? If so please explain:

Behavioural Observations

Do you often have to repeat instructions to the child?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does the child have difficulty following instructions?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does the child spend an inappropriate time on homework?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does the child need an extraordinary amount of help with homework?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does the child have more difficulty in reading, writing and spelling than with other subjects?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does the child speak favourably about school?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does the child enjoy being read to?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does the child hesitate to read aloud?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
How many hours each week are spent reading with the child?	<hr/>			
Does the child have behavioural problems at school? Please explain.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

How did you hear about the Learning Centre for Niagara?

I/we verify that the above information is true and accurate to the best of our knowledge. I/we agree with the planned program to tutor the child named in this application using the Orton-Gillingham approach to remedial tutoring, and will abide by the policies and practices of the Scottish Rite Charitable Foundation Learning Centre Program. I am/ we are the child's legal guardian(s) and are legally responsible for the decisions made about this child.

Signature:

Signature:

Date:



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Checklist and Instructions

☐ Have you filled out the three (3) pages of the application form?

☐ Have you signed and dated the application?

☐ Have you included

IEP for the child (if one has been assigned—an IEP is not a requirement)

A copy of the child's psycho-educational assessment

*please check with your private health insurance carrier to determine if the cost of the assessment is covered and any conditions (such as prior authorization) must be fulfilled.

Please do not submit the application until you have all the required documentation.

For more information or assistance you may contact the Learning Centre for Hamilton

by e-mail at: learningcentreniagara@outlook.com

by phone at: 905.397.3352

Submit the completed application and any applicable attachments by e-mail to the
Learning Centre Director at:
learningcentreniagara@outlook.com

Or hand deliver the package to:
Scottish Rite Charitable Foundation
Learning Centre for Niagara
102—93 Ontario Street
St. Catharines ON L7R 5J7