



The Scottish Rite Charitable Foundation  
Learning Centre for Hamilton  
*"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?            | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| What is the primary language spoken in the home?  | <hr/>                    |     |                          |    |
| How well do people understand the child's speech? | <hr/>                    |     |                          |    |
| Does the child know the alphabet?                 | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Can the child print their name?                   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Does the child understand words?                  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Describe the child's learning difficulties:       | <hr/>                    |     |                          |    |
|                                                   | <hr/>                    |     |                          |    |
|                                                   | <hr/>                    |     |                          |    |
|                                                   | <hr/>                    |     |                          |    |

### **Child's Physical History**

|                                                                                  |                          |     |                          |    |
|----------------------------------------------------------------------------------|--------------------------|-----|--------------------------|----|
| Has the child ever been chronically ill?                                         | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Has the child ever had an extremely high fever?                                  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Has the child ever had a severe blow to the head?                                | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Does the child have difficulty hearing?                                          | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Does the child have difficulty seeing?                                           | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Does the child have any physical problems that may cause difficulty in learning? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| List any medications the child is currently taking:                              | <hr/>                    |     |                          |    |
| List any allergies the child has:                                                | <hr/>                    |     |                          |    |
| What other relevant medical history should the Learning Centre know about?       | <hr/>                    |     |                          |    |
|                                                                                  | <hr/>                    |     |                          |    |
|                                                                                  | <hr/>                    |     |                          |    |

## **Family History**

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

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## **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 |

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How did you hear about the Learning Centre for Hamilton? 

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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: 

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Signature: 

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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: [office@dyslexiacentrehamilton.com](mailto:office@dyslexiacentrehamilton.com)

by phone at: 905.522.5003

Submit the completed application and any applicable attachments by e-mail to the  
Learning Centre Director at:

**[office@dyslexiacentrehamilton.com](mailto:office@dyslexiacentrehamilton.com)**

Or hand deliver the package to:  
**Scottish Rite Charitable Foundation**  
**Learning Centre for Hamilton**  
**148 George Street**  
**Hamilton ON L8P 1E5**