



Julie Christian
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To proceed with scheduling an evaluation, please submit the completed form with a non-refundable deposit of \$200 to Keys To Learning by mail: 1004 W. Golden Eagle St., Sioux Falls, SD 57108 or email: keystolearning@icloud.com.

**The deposit will be applied toward the total fee of \$650.*

| General Information | |
|--|------------------|
| Childs Name: | |
| Date of Birth: | |
| Address: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| City: | State: Zip Code: |
| School | Grade: |
| City: | State: |
| Mother's name: | |
| Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other | |
| Address: | |
| City: | State: Zip Code: |
| Phone | Email: |
| Father's name: | |
| Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other | |
| Address: | |
| | |
| City: | State: Zip Code: |
| Phone | Email: |

Siblings' Names and Ages _____

General Information

- Please explain the reason for your referral. Describe in your own words your child's problem as you understand it. Please include difficulties reported by teachers and your observations at home.
- What do you consider to be your child's strengths and weaknesses?
- What would your child's teachers describe as your child's strengths and weaknesses?
- Has your child had previous testing, tutoring or therapies? Please describe. (Reports are often helpful, please bring them with you to the evaluation.)
- Have other relatives in your immediate or extended families struggled in school or been diagnosed with learning disabilities or ADHD?
- Is English your child's native language? ☐ Yes ☐ No

Developmental/Medical Conditions (Please check all that apply.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Complicated Pregnancy | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Premature Birth | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Illness at Birth <input type="checkbox"/> Serious Accident | <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Speech Delays | <input type="checkbox"/> Emotional Behavioral Disorder |
| <input type="checkbox"/> Other (please describe below) | <input type="checkbox"/> Motor Delays | <input type="checkbox"/> Oppositional Defiance Disorder |
| | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Obsessive Compulsive Disorder |
- Please include additional information including who and when any of the above diagnoses were made.

- Has your child's vision and hearing been checked? Please note dates and results

- Does your child currently take any medications? Please list.

- Did your child receive any early childhood services through the school district?
 - ☐ Birth to Three ☐ Preschool

- Is your child currently receiving therapies or tutoring?
 - ☐ Speech Therapy ☐ Occupational Therapy ☐ Preschool
 - ☐ Other

- Does your child currently receive any services or accommodations at school?
 - ☐ Individualized Education Program (IEP) ☐ 504 Plan
 - ☐ Other

Please check all that apply.

- ☐ Is creative (loves drawing, signing, acting, inventing)
- ☐ Likes to talk and tell stories
- ☐ Is good with fixing or creating with hands, using tools
- ☐ Like to figure out how things work, taking things apart and putting them back together
- ☐ Has a sense of curiosity
- ☐ Enjoys many activities that do not require reading
- ☐ Likes listening to books
- ☐ Difficulty learning how to rhyme words
- ☐ Difficulty learning the letters of the alphabet
- ☐ Difficulty remembering letter sounds
- ☐ Actively avoids tasks that require reading
- ☐ Complains about having to read
- ☐ Shows anxiety or frustration about having to read
- ☐ Dislikes or refuses to read aloud
- ☐ Blinks, rubs or covers eyes frequently
- ☐ Seems to fatigue easily when reading or complains of headaches
- ☐ Confuses little words that look alike (ie. was, saw)
- ☐ Omits words when reading or writing

- ☐ Blinks, rubs or covers eyes frequently
- ☐ Seems to fatigue easily when reading or complains of headaches
- ☐ Confuses little words that look alike (ie. was, saw)
- ☐ Omits words when reading or writing
- ☐ Mispronounces words
- ☐ Does not read as well as peers
- ☐ Reads slowly, may often have to reread to comprehend
- ☐ Takes longer than expected to complete assignments
- ☐ Doesn't comprehend well
- ☐ Poor speller
- ☐ Will spell the same word multiple ways
- ☐ Knows how to spell a word but then forgets, spelling is inconsistent
- ☐ Has poor handwriting (messy or illegible)
- ☐ Difficulty following directions with multiple steps
- ☐ Difficulty sequencing information

- Additional comments or concerns

What to Expect and Additional Information

When your form and non-refundable deposit have been received, Julie Christian will contact you to set up a time for a brief interview and to schedule a date for the evaluation.

For this evaluation, you will be administered a battery of standardized educational assessments. The results of these assessments, combined with the interview, review of previous testing (if applicable), and observations during testing, will be used to determine if your strengths and weaknesses are consistent with the definition of dyslexia.

This testing will not result in a medical diagnosis, and it is not intended for use in determining eligibility for services. The full evaluation does add comprehensive and valuable objective documentation that can be used to request accommodations and services.

The evaluation typically takes 2-4 hours and ends with a meeting or a follow-up meeting to review the evaluation. You can then expect a written report within a few weeks that includes the findings of the evaluation and a list of resources and recommendations.

Please bring any previous documentation you feel would be helpful for review.

Full payment for the balance (\$450) in the form of cash or a check is due on the day of evaluation.

Questions? Please contact Julie Christian at (605) 321-8374.

By signing below, I agree to services provided by Julie Christian, Keys to Learning LLC.

Signature

Date