



Julie Christian
(605) 321-8374
keystolearning@icloud.com

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.*

Check this box ☐ if you would like assistance in filling out the form.

Complete the personal information section and return form to Julie Christian by email or mail.

General Information

| | |
|----------------|---|
| Full Name: | |
| Date of Birth: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address: | |
| City: | State: Zip Code: |
| Phone: | Email: |

| | |
|----------------------------------|--------|
| School Attending (if applicable) | |
| City: | State: |
| Employer: | |

Background Information

- Please briefly explain why you are seeking an evaluation for dyslexia.
- Have you had previous testing, tutoring or therapies? Please describe.
- What was the highest grade or degree you have completed?

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Illness at Birth | <input type="checkbox"/> Developmental Delays |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Serious Accident | <input type="checkbox"/> Serious Illness | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Speech Delays | <input type="checkbox"/> Gross/Fine Motor Delays | |

- Please include additional information including who and when any of the above diagnoses were made.
- Have other relatives in your immediate or extended families struggled in school or been diagnosed with learning disabilities or ADHD?
- In English your native language? ☐ Yes ☐ No
If English is not your native language, please provide more information.
- Did you receive any services or accommodations at school (IEP, 504 plan, other)?
- Do you utilize supports or technology for tasks that require reading and writing? Please describe.
- Additional information or concerns.

Please check all that apply to you.

- ☐ Creative
- ☐ Like to talk and tell stories
- ☐ Good at fixing or creating with hands, using tools
- ☐ Like to figure out how things work, taking things apart and putting them back together
- ☐ Enjoy many activities that do not require reading
- ☐ Prefer listening to books
- ☐ Difficulty remembering letter sounds
- ☐ Difficulty performing everyday activities because it may require reading
- ☐ Challenges in employment due to requirements or tasks that involve reading
- ☐ Avoid tasks that require reading
- ☐ Experience anxiety or frustration about having to read
- ☐ Experience fatigue easily or headaches when reading
- ☐ Confuse little words that look alike (e.g., was, saw)
- ☐ Omit words when reading or writing
- ☐ Tendency to mispronounce words
- ☐ Read slowly
- ☐ Often have to reread to comprehend
- ☐ Difficulty with comprehension
- ☐ Spelling is challenging
- ☐ Spelling is inconsistent (may spell the same word multiple ways)
- ☐ Difficulty with legible handwriting
- ☐ Difficulty following directions with multiple steps
- ☐ Difficulty sequencing information

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