

Reading Therapy Center of Southern Arizona

We teach Children with disabilities how to read

www.readingtherapycenter.org
(520) 342-6530



Intake Form

Date: _____

Client Information

Child's name: _____

Current School: _____

Grade: _____ Age: _____ DOB: _____

Parent/Guardian Information

Parent/Guardian name: _____

Relationship to student (if other than parent): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Home: _____

E-mail: _____

Payment Information: (place a checkmark on how you will be paying)

Private Pay Empowerment Scholarship of Arizona (ESA)

Place a check mark to indicate areas of concern about your child :

Reading Spelling Comprehension Writing

How did you hear about the Reading Therapy Center?

	Circle One	Additional Questions
Does your child have eye glasses?	Yes No	Does he/she consistently wear them? Y N
Has your child ever experienced hearing loss?	Yes No	
Does your child have any diagnoses such as autism, dyslexia, ADHD, etc.	Yes No	List all diagnoses: _____ _____

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Place an X on any special programming that your child receives (or has received) either in-school or out-of-school:

Service	Received in the past	Currently receiving
Reading pull-out/push-in		
Speech therapy		
Occupational therapy		
Physical therapy		
Behavioral therapy		
Other: _____		

Does your child have (or has he/she ever had) one of the following:

Service	Has had one in the past	Currently has one
Individualized Education Plan		
504 plan		

Please share a little about your child, including behaviors, favorite things, hobbies, effective reinforcers (ex. rewards), your concerns, etc.

Is there a family history of dyslexia or difficulties with reading?: ____ Yes ____ No

Elaborate, please: _____

Family and extended family

List brothers, sisters, cousins, grandparents, pets, etc. that regularly interact with your child.

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Photo Release Form for Minors (if under 18)

The Reading Therapy Center of Southern Arizona has my permission to use my or my child's photograph publically for promotional purposes. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

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Permission to Share Information

The Reading Therapy Center of Southern Arizona has my permission to receive and/or share information about my child that is relevant to his or her educational success. I approve the following list of people to communicate about my son/daughter's otherwise confidential information:

NAME	TITLE	AGENCY
1. Retina Bauschatz	Reading Specialist	Reading Therapy Center of S. Arizona
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Child's DOB: _____

Reading Therapy Center of Southern Arizona
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