

CENTER: _____

ADMISSION APPLICATION

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Date _____

Child's Name _____ Male Female

Date of Birth _____ Grade _____

Parent(s) Name _____

Address _____

City _____ State _____ Zip _____ - _____

Telephone: Home (____) _____ Work (____) _____

Email _____

Name of School _____

Address _____

City _____ State _____ Zip _____ - _____

Telephone (____) _____ Fax (____) _____

Has child been evaluated? Yes No If yes, please send copy of evaluation.

Evaluator's Name _____ Telephone (____) _____

Authorization to check reference: *(Parent's Signature)* _____

Is there a history of learning problems in the family? Yes No

If yes, what are they? _____

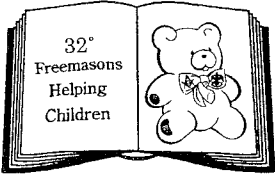
Describe your child's learning problem(s) _____

Does your child know the alphabet? *(If 5 or 6 years old)* Yes No

Can your child write his name? Yes No Handedness: Left Right

Does your child understand words? Yes No Questions? Yes No

Directions? Yes No



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How well do other people understand your child's speech? _____

Do you know of any other problems, including medical? Yes No

If yes, what are they? _____

Most recent eye exam date _____ Results _____

Hearing exam date _____ Results _____

Does your child have behavioral problems in school? Yes No

If yes, what are they? _____

Is English the child's primary language? Yes No If no, what is? _____

How did you hear of us? _____

Siblings/Ages _____

Interests _____

FOR OFFICE USE ONLY

Testing within last two years _____

Implications of testing _____

Tests administered at Learning Center _____

Results _____

Short term goals _____

Long term goals _____