

—PART C—

Children's Dyslexia Centers, Inc.

(CD.1—Page 1 of 2)

**Admission Application
& Consent to Release of Information**

Center: _____ Date: _____
(Number & Name)

— Child's Demographics —

Name: _____ Birthdate: _____
Gender: Male Female Grade: _____

— Parent / Guardian Contact Information —

Name(s): _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Evening Phone: _____
Email: _____

— Additionally Requested Information —

Name of School: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax Number: _____

Yes No Has child been evaluated?

If "Yes", please send copy of evaluation.

Evaluator's Name: _____

Phone: _____

Authorization to check reference:

Parent's Signature: _____

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

If "Yes", what are they? _____

Describe your child's learning problem(s): _____

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

Yes No Can your child write his name?

Left Right Handedness

—PART C—

(CD.1—Page 2 of 2)

Yes No Does your child understand Words?

Yes No Does your child understand Questions?

Yes No Does your child understand Directions?

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

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

If "Yes", what are they? _____

Most recent eye exam date: _____ Results: _____

Hearing exam date: _____ Results: _____

Yes No Does your child have behavioral problems in school?

If "Yes", what are they? _____

Yes No Is English the child's primary language?

If "No", what is? _____

Siblings/Ages: _____

Interests: _____

Yes No Has your child applied to or received services at any other Children's Dyslexia Center?

If "Yes", child's ID Number: _____ Center(s): _____

How did you hear of us? _____

— Release of Information for Research —

I understand that information provided to the Center as part of the application process may be used in research and hereby give my consent. It is my understanding that my child's last name will not be used, and that data will be confidential. I further understand that this consent will not affect the Center's decision on my child's acceptance into the program.

Print Name: _____ Date: _____
(Parent or Guardian)

Signature: _____