



Return to:
 Children's Dyslexia Center of Springfield
 1020 Rickard Road
 Springfield, IL 62704

CENTER: SPRINGFIELD, IL #093

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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/her name? Yes No

Handedness: Left Right

Does your child understand words? Yes No

Questions? Yes No

Directions? Yes No



ADMISSION APPLICATION

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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? _____

Has your child applied to or received services at any other 32° Masonic Learning Center? Yes No

If yes, Center(s) _____ Child's ID# _____

How did you hear of us? _____

Siblings/Ages _____

Interests _____

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.

(Parent Signature)

(Date)