

Children's Dyslexia Centers, Inc. Child Application		
Date: Rev. 6/21/2023	Policy #5 General Clinical	Owner: Clinical

The Children's Dyslexia Centers, Inc. provides the highest quality, state of the art, multisensory tutorial reading and written language instruction to children with a primary diagnosis of dyslexia. We reserve the right not to treat a child that has another diagnosis when, in our sole discretion, we determine that it will hinder the child's ability to benefit from our services.

Center: _____ Date: _____

Parent/Guardian Information: Please complete the items below.

Parent/Guardian 1: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

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

Email: _____

Parent/Guardian 2: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

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

Email: _____

Child Information: Children must have a psychoeducational evaluation completed by a qualified professional to be eligible for the program. Please complete the items below.

Child's Name: _____ Birthdate: _____

Child's Gender: Male Female Other Grade: _____

Name of School: _____

City: _____ State: _____

Evaluator's Name: _____ Date of Evaluation: _____

Does your child know the alphabet? Yes No

Can your child write his/her name? Yes No

Child writes with: Left hand Right hand Both

Does your child understand words? Yes No

Does your child understand questions? Yes No

Does your child understand directions? Yes No

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

Describe your child's learning difficulties: _____

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

If yes, please describe. _____

Does the child have any other diagnosed learning, attention, emotional, behavior or medical problems? Yes No

If yes, please describe. _____

Most recent eye exam date: _____ Results: _____

Most recent hearing exam date: _____ Results: _____

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

Has your child applied to or received services at any other Children's Dyslexia Center?

Yes No If yes, please list center location and attendance dates. _____

How did you hear about the Center? _____

Child's Siblings/Ages: _____

Please list your child's Interests and hobbies. _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature

Date