The Reading Center
DYSLEXIA INSTITUTE OF MINNESOTA
"Toward Literacy for All"
847 5th Street NW
Rochester, MN 55901
507-288-5271 fax 507-288-6424

Registration for Educational Services

FOR OFFICE USE ONLY	Date Received:	Charges: $	Scholarship: $	Client #:

Today's Date:	What kind of services are you requesting from the Reading Center? ☐ Full Evaluation ☐ Abbreviated Evaluation ☐ Reading Readiness/BEFORE

STUDENT'S NAME:
(Person who will be receiving services)

BIRTHDATE: AGE: Sex: Current GRADE: Current SCHOOL:

Ethnic Origin:	Has this student received any other services from the Reading Center? ☐ Yes ☐ No

This form is being filled out by:

Relationship to applicant:

Applicant lives with: ☐ Mother ☐Father ☐ Both ☐Other ☐ Not Applicable

1) Parent (mother)/guardian/client name:

Address:

City/State/Zip:	County:

E-Mail:

Phones H/W/Cell:

Employer:

2) Parent (father)/guardian/client name:

Address:

City/State/Zip:	County:

E-Mail:

Phones H/W/Cell:

Employer:

How did you learn of the Reading Center? *(Please give name so we can thank them!)*

☐ Teacher ☐Friend ☐Doctor ☐Newspaper ☐Other_____

Does the applicant have any previously administered evaluation summaries, IEPs, and/or Section 504 Plans available for review? ☐ Yes ☐ No

- *If yes, please provide the information to the Reading Center in advance of your testing date.*

Is the applicant taking medication that may affect his/her performance in a testing situation? ☐ Yes ☐ No

- *If yes, please provide details. Make sure that any medications normally taken are also administered on the day of the evaluation.*

Has the applicant's hearing or vision been checked recently? ☐ Yes ☐ No

- *Please provide details if the results were notable.*

How do you see the Reading Center helping you or your child?

What concerns brought you to the Reading Center?

Please mark the type of service that you are requesting from the Reading Center.

I agree upon fees of:

☐ $825 Full Educational Evaluation (2 days for evaluation/conference)
☐ $925 Full Education Evaluation (1 day for testing/conference)
☐ $355 Abbreviated Educational Evaluation (no written report)
☐ $230 Reading Skills Assessment
(Requires a recent medical/educational report approved by a Reading Center tester.)
☐ $300 Full Reading Readiness Assessment w/written report for ages 4-6 years
☐ No Charge* Reading Readiness Assessment w/no written report for ages 4- 6 years
*Costs covered by BEFORE grant

Important note: Clients selecting the Abbreviated Educational Evaluation do not receive any written documents beyond the profile of test scores. If the client expects to provide the results of the testing to their school, or for any other reason desires a written report of test findings, then they should choose the Full Educational Evaluation. If a client has elected to have the Abbreviated Educational Evaluation ~~with no written report and~~ then, after the testing is completed, determines that they wish to have the Full Educational Evaluation so that they might have a written report, this must be requested NO LATER than 2 weeks after the conference. When this is requested the client will pay the balance of the fee for the Full Educational Evaluation (additional $470) and the student and tester will schedule the additional testing required to support recommendations for findings and accommodations.

If you would like to pay by credit card, please indicate amount paid: _____

Visa/Master Card Account # _____ Exp. Date _____

Name on Card: _____ Cardholder Signature:_____

Please return this completed form with your $200 nonrefundable payment for services to the Reading Center. Upon receipt, you will be contacted to schedule an appointment for the evaluation. There will be a $25 no show charge.

_____DATE:_____

Signature of person financially responsible for services

The Reading Center is committed to providing equal access to its services for individuals from diverse populations.

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Information Form
Adult Client Questionnaire

Test Date: _____ Time: _____ Evaluator: _____

Date: _____ Referred by: _____

Client's Name: _____ Home phone number: _____

Birth Date: _____ Cell phone number: _____

Address: _____ Business phone number: _____

City: _____ Fax number: _____

Zip Code: _____ e-mail: _____

Name of School Attended: _____ Highest Level of Education: _____

Have you ever been held back a grade? Yes _____ No _____

Have you ever skipped a grade? Yes _____ No _____

Please explain:

_____

_____

_____

Please explain reason for referral. Describe in your own words your difficulty, as you understand it. Please include difficulties reported by others and your own observations:

_____

_____

_____

What are your expectations in regard to this evaluation?

_____

_____

_____

_____

_____

If you have had other testing and/or tutoring, please describe:

If you have had concerns about your school achievement, please describe them:

What do you consider to be your strengths? Weaknesses?

Describe your study habits, if applicable, average time spent on homework, and study environment (quiet, loud, in bedroom, in family room):

It is generally accepted that learning difficulties run in families. Do you know of other relatives in the immediate or extended family who struggled in school or had a diagnosis such as LD or ADHD?

No _____ Yes _____ (Explain below) Adopted _____

_____

_____

_____

Date of last vision check with an eye doctor? _____

Results: _____

Date of last hearing check? _____ Ear infections? _____yes _____no

Results: _____ If yes, please describe: _____

_____

History of illness (please check all that apply)

- ☐ Complicated Pregnancy
- ☐ Illness at Birth
- ☐ Serious Accident
- ☐ Serious Illness
- ☐ Vision Impairment
- ☐ Allergies
- ☐ Received Speech Therapy
- ☐ Physical Disability
- ☐ Continuing Health Problems
- ☐ Developmental Delays
- ☐ Motor Delays
- ☐ Diagnosed EBD
- ☐ Diagnosed ADHD
- ☐ Diagnosed Asperger's
- ☐ Diagnosed Autism
- ☐ Diagnosed Anxiety
- ☐ Diagnosed ODD
- ☐ Diagnosed OCD
- ☐ Diagnosed Depression
- ☐ Additional Medical History
- ☐ Procedures with General Anesthetic

  Years of Age ☐ 0-1 _____
  ☐ 1-2 _____
  ☐ 2-3 _____
  ☐ 3-5 _____
  ☐ 5-10 _____
  ☐ 10+ _____

List of Medications_____

Additional Comments:

_____

_____

Please respond to the items below. Please feel free to include additional comments.

Early Childhood Development:

	Yes	No		Yes	No
speech hard to understand			enjoyed looking at books		
delayed speech			had difficulty following one- or two-step directions		
enjoyed being read to			stuttered/continues to stutter		
played rhyming games					

Preschool and Kindergarten:

	Yes	No		Yes	No
did your attitude change when you entered school			"pretended" to read before learning to read		
was easily frustrated or discouraged while doing paper and pencil activities			could not seem to remember a list/directions		
had a short attention span			had confusion about handedness		
mispronounced words			had professional speech therapy		

Elementary Grades:

	Yes	No		Yes	No
did not speak in complete sentences at the start of first grade			did not hold pencil appropriately		
had trouble pronouncing correct sounds of letters			held pencil in different hand from one you ate with		
mispronounced words			had trouble writing on the line		
hated to read			had poor handwriting		
read but did not comprehend			wrote awkwardly		
omitted words when reading or writing			had difficulty copying accurately from book or board to paper		
continued to experience reversals			poor speller		
teacher thought you were not trying			blinked, rubbed, or covered eyes frequently		
teacher thought you did not pay attention			had difficulty rhyming words		

Middle School and High School:

	Yes	No		Yes	No
did not like change			could not tell time with an analog clock		
liked to work with your hands			underlined from right to left		
had headaches or nausea after reading			had difficulty finding the "right" word when speaking		
highly verbal; have an excellent verbal vocabulary			written vocabulary was simpler than speaking vocabulary		
"forget" what you are supposed to do			had difficulty rhyming words		

adapted (2006) from the work of Phyllis C. Hutson, Language Skills Academy, Richmond, IN 1/4/16ba