



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? <input type="checkbox"/> Full Evaluation <input type="checkbox"/> Abbreviated Evaluation <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This form is being filled out by:				
Relationship to applicant:				
Applicant lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> 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.

Teachers's Report Form for the Reading Readiness Scale

Today's Date: _____

Child's Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Directions: To access the child's readiness for learning to read and for formal reading instruction, read each item and circle the response ("No" or "Yes") on the right that you think best applies to or describes the child. Give 1 point credit for each "Yes" response circled.

1. After listening to you read a story, can this child distinguish fact from fantasy in the story? No Yes
2. Does this child have enough interest in reading that he/she pays attention the entire time a short book or story is read?No Yes
3. When this child attempts or pretends to read does he/she know to read from left to right?No Yes
4. After listening to you read a story with pictures, can this child look at the at the pictures and retell the story with reasonable accuracy?No Yes
5. When presented with a "read-to me" book, can this child turn to find requested page numbers?No Yes
6. Does this child gain information by looking at pictures in books? (Example: The light is red and the girl is waiting for it to turn green.).....No Yes
7. Does this child read at least five informational words he/she is likely to see in his/her environment? (Examples: STOP, GO, OPEN, PUSH, PULL, ON, OFF, COME IN)....No Yes
8. Does this child read at least ten sight /high-frequency words? (Examples: the, and, to, of, he, she, up, mother, man)No Yes
9. Does this child attempt to sound out known letters or parts of new or unknown words? (Example: Knows the words *ball* and *cat* and uses this knowledge to attempt to figure out the word *bat*, an unknown word)No Yes
10. Does this child recognize/read his/her name when he/she sees it in print? (Examples: His/Her name printed on school work or belongings)No Yes

Raw Score---Number of "Yes" responses above

Reading Readiness Level: (See Table I. Interpreting Results, page 69.)

Below Average _____ Average _____ Above Average _____

11. Do you have any concerns about how well your child will do in learning to read? No Yes

---If yes, please list. _____

12. Have you observed responses or reactions from your child that causes you to suspect he/she may have a vision or hearing problem?.....No Yes

---If yes, please indicate the nature of the suspected problem.

Parent's Report Form for the Reading Readiness Scale

Today's Date: _____

Child's Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Purpose and Directions: We are interested in assessing your child's readiness for learning to read and for formal reading instruction. Our school recognizes that parents can provide valuable information that can be helpful in making this assessment. You can supply this information by responding to the items listed below.

Read each item and circle the response ("No" or "Yes") on the right that you think best applies to or describes your child.

1. After listening to you read a story, can your child tell if what happened in the story was real or make-believe? No Yes
2. Does your child have enough interest in reading that he/she pays attention the entire time a short book or story is read?No Yes
3. When your child attempts or pretends to read does he/she know to read from left to right?No Yes
4. After listening to you read a story with pictures, can your child look at the at the pictures and retell the story with reasonable accuracy?No Yes
5. When presented with a "read-to me" book, can your child turn to find requested page numbers?No Yes
6. Does your child gain information by looking at pictures in books? (Example: The light is red and the girl is waiting for it to turn green.).....No Yes
7. Does your child read at least five informational words he/she is likely to see in his/her environment? (Examples: STOP, Go, Open, Push, Pull, On, Off, Come In)....No Yes
8. Does your child read at least ten sight /high-frequency words? (Examples: the, and, to, of, he, she, up, mother, man)No Yes
9. Does your child attempt to sound out known letters or parts of new or unknown words? (Example: Knows the words *ball* and *cat* and uses this knowledge to attempt to figure out the word *bat*, an unknown word)No Yes
10. Does your child recognize/read his/her name when he/she sees it in print? (Examples: His/Her name printed on school work or belongings)No Yes
11. Do you have any concerns about how well your child will do in learning to read? No Yes

---If yes, please list. _____

12. Have you observed responses or reactions from your child that causes you to suspect he/she may have a vision or hearing problem?.....No Yes

---If yes, please indicate the nature of the suspected problem.