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.

1/18/16

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Information Form
Questionnaire for Parents

Test Date: _____ Time: _____
Today's Date: _____
Child's Name: _____
Birth Date: _____

Address: _____
City: _____
Zip Code: _____

Evaluator: _____
Referred by: _____
Mother: _____
Father: _____
Guardian: _____
Home phone number: _____
Cell phone number: _____
Business phone number: _____
Fax number: _____
e-mail: _____

List siblings: names and ages

_____ _____
_____ _____
_____ _____

Does the child live with ___ both parents ___ mother ___ father ___ guardian
Name of custodial parent _____
Name of Guardian: _____

Name of School: _____ Present Grade: _____

Has your child ever been held back a grade? Yes _____ No _____
Has your child ever skipped a grade? Yes _____ No _____
Please explain:

_____
_____
_____
_____
_____
_____

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

Please explain reason for referral. Describe in your own words your child's problem as you understand it. Please include difficulties reported by teachers and your observations at home:

What are your expectations in regard to this evaluation?

If your child has had other testing and/or tutoring, please describe:

If your child's teachers have had concerns about his/her school achievement, please describe them:

What do you consider to be your child's strengths? Weaknesses?

What do your child's teachers consider to be his/her strengths? Weaknesses?

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:

_____

_____

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Please respond to the items below and feel free to include additional information.

Early Childhood Development:

	Yes	No		Yes	No
speech is hard to understand			enjoys looking at books		
delayed speech			has difficulty following one- or two-step directions		
enjoys being read to			stuttered/continues to stutter		
plays rhyming games					

Preschool and Kindergarten:

	Yes	No		Yes	No
child's attitude changed when he/she entered school			"pretended" to read before learning to read		
is easily frustrated or discouraged while doing paper and pencil activities			cannot seem to remember a list/directions		
has a short attention span			has confusion about handedness		
mispronounces words			professional speech therapy		

Elementary Grades:

	Yes	No		Yes	No
does not speak in complete sentences at the start of first grade			does not hold pencil appropriately		
has trouble pronouncing correct sounds of letters			holds pencil in different hand from one he/she eats with		
mispronounces words			has trouble writing on the line		
hates to read			has poor handwriting		
reads but does not comprehend			writes awkwardly		
omits words when reading or writing			can not copy accurately from book or board to paper		
continues to experience reversals			poor speller		
teacher says he/she is not trying			blinks, rubs, or covers eyes frequently		
teacher says he/she does not pay attention			has difficulty rhyming words		

Middle School and High School:

	Yes	No		Yes	No
does not like change			cannot tell time with an analog clock		
likes to work with his/her hands			underlines from right to left		
has headaches or is nauseous after reading			has difficulty finding the "right" word when speaking		
is highly verbal; has an excellent verbal vocabulary			written vocabulary is simpler than speaking vocabulary		
"forgets" what he/she is to do			is a silent or quiet individual		

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