

Sinkinson Dyslexia Foundation

We will take into consideration the information you provide and will contact you after reviewing your application. [Please be sure to submit the required financial documentation.](#) We will consider the concerns presented in relation to the possibility of the presence of a significant reading problem. Those who qualify will be accepted for a free, limited psycho-educational evaluation so that we may assess tutoring needs. A formal diagnosis of a learning disability will not be made and documentation of the results will not be distributed. There is typically an 8-week period before a qualifying student begins with a tutor. We appreciate your patience during this time.

Biographical Information

When we begin working with a child, information provided by parents is very useful. We realize some of these answers are difficult to remember and we appreciate your time and cooperation. The more details we know about your child, the better we can help.

Child's name _____ Date _____
Birthdate _____ Age _____
Address _____ City/State/Zip _____
Home Phone _____
School _____ Grade _____

Mother's Name _____ Cell Phone _____
Email _____ Work Phone _____

Father's Name _____ Cell _____
Email _____ Work Phone _____

Other Guardians _____ Cell _____

What is reason for seeking help? _____

How did you learn about Sinkinson Dyslexia Foundation? _____

List all people living in household

Name _____ Age _____ Grade _____ Relationship _____

Name _____ Age _____ Grade _____ Relationship _____

Name _____ Age _____ Grade _____ Relationship _____

Name _____ Age _____ Grade _____ Relationship _____

Name _____ Age _____ Grade _____ Relationship _____

Income

*Please attach a copy of your most recent taxes that indicates total annual earnings for all adults in the household. If there has been any change in income, please submit the changes in writing.

To determine financial qualification, we will compare household size along with total income, to your corresponding city's public school eligibility for free school lunches. With additional grant funding, the financial requirements may be expanded to include those up to low-middle income.

Tax Year _____ Household Size _____ Total Claimed Income _____

Educational Information

Please explain your concerns for your child and why you feel they could be struggling with reading. Please include any comments made by teachers.

Describe this year's school conference outcomes and academic progress:

Describe in detail any previous evaluations and/or diagnoses and dates:

Testing administered (please include the results, the date of testing, and if it was administered by a private group or by the school):

Does your child have an IEP or 504 in place? (please include what the documented reason is for the plan and how long it has been in place)

Schools Attended _____ Grade Level _____ Performance _____

Schools Attended _____ Grade Level _____ Performance _____

Any grades retained and why:

Child's attitude toward school _____ resists attending school: Yes/No

Most difficult subject: _____ Best subject: _____

Reads other than assigned books? Yes/No Parents help with homework? Yes/No

Other comments on school:

Describe child's social relationships:

Personality of child (circle all that apply):

happy unhappy anxious sensitive depressed introverted extroverted
imaginative aggressive impulsive loner social active prefers quiet play
organized loses things easily difficulty remembering things

What is your child's reaction to frustration?

What is your child's favorite free time activity?

Additional information or comments:

Childhood History

Birth: Full Term or Premature ___ weeks Anesthesia: Yes/No

Complications during pregnancy (if yes, explain): _____

Labor induced (if yes, give reason): _____

Any problems immediately after birth (if yes, explain): _____

At approximately what age: Crawled _____ Walked _____ Dressed alone _____

Toilet trained _____ First word _____ First sentence _____

Comparison of development to that of brothers and/or sisters:

Describe child as a toddler: _____

Difficulty using (circle all that apply): Scissors, Crayons/Markers, Pens/Pencils

Handedness (circle one): Left/Right/Uses both equally

Does your child have any of the following? If yes, please explain.

High fevers: No/Yes

Convulsions or staring spells: No/Yes

Hearing or visual impairments: No/Yes

Ear infections: No/Yes

Speech impairments: No/Yes

Injuries or accidents, particularly blows to the head): No/Yes

Is your child allergic to anything? _____

Describe your child's health and any medical conditions: _____

What medications does your child take? _____

Any significant health or emotional problems with other children: _____

Parental History

Mother's birthplace: _____ Birthdate: _____

Occupation: _____ Educational attainment: _____

Did you have any difficulty in school? If yes, please explain.

Did any other member of your family have trouble reading or problems in school? If yes, please explain. _____

Father's birthplace: _____ Birthdate: _____

Occupation: _____ Education attainment: _____

Did you have any difficulty in school? If yes, please explain.

Did any other member of your family have trouble reading or problems in school? If yes, please explain. _____

Marital Situation: (Please circle)

Married and living together Single Divorced Separated

Number of years in present marriage: _____. If remarried since the birth of this child, how old was he/she when divorced _____ and remarried _____.

In describing your marriage, would you say? (circle one)

Very poor situation tolerate each other relative happy happy very happy

Additional comments:
