



3701 Pacific Ave. Suite 500, Virginia Beach, VA-23451  
757-437-0733

We will take into consideration your application and the information that you have submitted and will contact you soon after the intake's submission. [Please be sure to include the required financial documentation.](#) When considering who is eligible to receive free services, SDF reviews the applicant's financial standing and the concerns presented below, in relation to the possibility of a presence of dyslexia. Following the approval of the documentation, applicants being considered to receive tutoring will be brought in for a reading assessment for final acceptance into the program. 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  
Guardian(s) \_\_\_\_\_ 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 \_\_\_\_\_

**Income**

\*Please attach a copy of your most recent taxes that indicates total annual earnings for all adults in the household. (2018 tax pg. 1 with all social security numbers blacked out). All disability, child support, and/or unemployment should be included in the income. 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 the upper limits of low and low-middle income brackets.

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)

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Schools Attended \_\_\_\_\_ Grade Level \_\_\_\_\_ Performance \_\_\_\_\_  
Schools Attended \_\_\_\_\_ Grade Level \_\_\_\_\_ Performance \_\_\_\_\_

Any grades retained and why:

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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:

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**Please attach student's end of the year report card or the most recent report card including grades for two or more grading period.**

### **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: \_\_\_\_\_

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Has your child been diagnosed with ADHD? No/Yes  
If No, are there any concerns that your child may have ADHD? If yes, please explain.

Prescribed medication: No/Yes (Type/Dose) \_\_\_\_\_  
Any significant health or emotional problems with other children: \_\_\_\_\_

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:  
\_\_\_\_\_

**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 \_\_\_\_\_.

Additional comments:

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Please let us know your availability for pre-testing. When are you available after school hours on the following days: (Please let us know the earliest you can arrive.)

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Are there any days that you are unavailable for pretesting?

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Please let us know your availability for tutoring sessions by including the days and times of the week that are doable. Please keep in mind the earliest time you can arrive and the latest time you would like tutoring to end.

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Are there any days that you are unavailable for tutoring?

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**Don't forget to return this application with the additional documentation requested:**

**-Financial documentation (details on pg. 2)**

**-Recent report card (details on pg. 3)**

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**Thank You**