SCOTTISH RITE CHARITABLE FOUNDATION
LEARNING CENTRE FOR WINDSOR

Office Use Only
Date Rec'd: _____
File No. _____

Child's Full Name:_____ Male ❑ Female ❑

Date and Place of Birth:_____ Age: __ years __ months

Names of Parent(s):_____

Address:_____ Apt.:_____

City:_____ Province:_____ Postal Code:_____

Telephone: Home ( )_____ Work ( )_____ Cell ( )_____

E-mail:_____ Other Contact No. ( )_____

SCHOOL INFORMATION

Name of School:_____ Grade:_____

Has your child received any type of remedial instruction in school? Yes ❑ No ❑

Explain:_____

Has the school created an Individual Education Plan (IEP) or similar plan? Yes ❑ No ❑
If yes, please enclose a copy with this application.

Has a psycho-educational assessment been completed by a registered psychologist?
Yes, through the school ❑ Yes, privately ❑ No ❑
Please enclose a copy with this application or contact the Centre Director if not available

FAMILY HISTORY

Have any other members of the family had learning difficulties?	YES	NO
Father	❑	❑
Mother	❑	❑
Sibling	❑	❑

Explain:_____

Describe your child's learning difficulties: _____

_____

_____

Does your child know the alphabet? Yes ❑ No ❑

Can your child print his/her name? Yes ❑ No ❑

How well do other people understand your child's speech?

_____

Is English the <u>first</u> language? Yes ❑ No ❑ If no, what language?: _____

Is English the child's <u>primary</u> or <u>main</u> language spoken at home? Yes ❑ No ❑

If no, explain: _____

Do you know of any other problems? Yes ❑ No ❑

If yes, explain: _____

_____

PHYSICAL HISTORY

	YES	NO
Has your child ever been chronically ill?	❑	❑
If yes, explain: _____		
Has your child ever had an extremely high fever?	❑	❑
Does your child have any physical problems which you feel may cause difficulty in learning?	❑	❑
If yes, explain: _____		
Does your child have allergies?	❑	❑
If yes, what allergies: _____		
Has your child ever had a severe blow to the head?	❑	❑
Is your child currently taking medication?	❑	❑
If so, please list: _____		
Does your child have difficulty hearing?	❑	❑
Does your child have difficulty seeing?	❑	❑

What other relevant medical history should the *Centre* know about?

_____

_____

BEHAVIOURAL OBSERVATIONS

	YES	NO
Do you often have to repeat instructions to your child?	❑	❑
Does your child seem to have difficulty following instructions?	❑	❑
Does your child spend more time than is appropriate on homework?	❑	❑
Does your child need an extraordinary amount of help with homework?	❑	❑
Do your child's grades in reading, writing and spelling seem low compared to his/her ability to think and understand?	❑	❑
Does your child talk favourably about school?	❑	❑
How often do you spend time reading with your child?	_____ times per week	
Does your child seem to enjoy being read to?	❑	❑
Does your child hesitate to read to you?	❑	❑
Does your child have behavioural problems at school?	❑	❑

If yes, explain: _____

_____

Please include all information which might help us to help your child. Use the space below or the back for other relevant information.

_____

_____

_____

How did you hear of us? _____

The above information is true and accurate to the best of my knowledge. I agree with the planned program to tutor my child using the Orton-Gillingham approach to remedial tutoring, and will abide by the policies and practices of the Scottish Rite Charitable Foundation Learning Centres Program. I attest that I am (we are) legally responsible to make decisions about this child.

Signature(s): _____

Date: _____