

ADMISSION APPLICATION

Form CD 2

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Scottish Rite Charitable Foundation
Learning Centre Barrie & Muskoka

Office use only
Date rec'd _____
File No. _____

Child's Full Name: _____ Male Female
Date and Place of Birth: _____ Age in Years: ____ and Months: ____
Parent(s) Name(s): _____
Address: _____
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.

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Have any other members of the family had learning difficulties?	Yes	No
Father	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>
Sibling	<input type="checkbox"/>	<input type="checkbox"/>

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 first language? Yes No If not, what language? _____

Is English the child's primary or main language spoken at home? Yes No

If no, explain: _____

Do you know of any other problems? Yes No

If yes, explain: _____

PHYSICAL HISTORY

Has your child ever been chronically ill? Yes No

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 any 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 have to repeat instructions to your child?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child seem to have difficulty following instructions?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child spend more time than is appropriate on homework?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child need an extraordinary amount of help with homework?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child's grades in reading, writing, and spelling seem low compared to his/her ability to think and understand?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child talk favourably about school?	<input type="checkbox"/>	<input type="checkbox"/>
How often do you spend time reading with your child?	_____ Times per week	
Does your child seem to enjoy being read to?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child hesitate to read to you?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have behavioural problems at school?	<input type="checkbox"/>	<input type="checkbox"/>

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? _____

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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 Centre Program. I attest that I am (we are) legally responsible for decisions made about this child.

Signature(s): _____

Date: _____