

<b>Children's Dyslexia Centers, Inc.</b> <b>School and Services Parent Form</b>		
Rev. Date: 6/11/2020	Policy #5 General Clinical	Owner: Clinical
Instructions: Fill in the information listed below.		

Child Name \_\_\_\_\_ Date \_\_\_\_\_

Person completing form \_\_\_\_\_

1. Currently my child currently attends a (check **only** one)
  - Public school
  - Private school
  - Parochial school
  - School for LD/Dyslexia
  - Home school
  
2. At school, my child receives the following special services (check all that apply)
  - No special services
  - Resource
  - Self-contained
  - Title I
  - Accommodations
  
3. The special services referred to in item #2 are for (check all that apply)
  - No special services
  - Reading
  - Spelling
  - Math
  - Speech & Language
  - Homework
  - Other \_\_\_\_\_
  
4. Besides services at school and tutoring at the Center, my child receives a total of \_\_\_\_ hours of tutoring every week in the following areas (check all that apply)
  - No tutoring outside of the school or Center
  - Reading
  - Spelling
  - Math
  - Speech & Language
  - Homework
  
5. Besides the tutoring at the Center, my child is currently receiving the following type(s) of intervention (check all that apply)
  - Wilson
  - Project Read
  - SPIRE
  - Slingerland
  - Other Orton-Gillingham
  - LIPS
  - Reading Recovery
  - Sylvan/Huntington/Kumon or similar national chain
  - Fast ForWord
  - None of the above