

Child ID:
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## **School & Services Update Form**

Ch	ild Name	Date
Pe	rson comj	pleting form
1.		ly my child currently attends a (check <b>only</b> one) Public school Private school Parochial school School for LD/Dyslexia Home school
2.		ol, my child receives the following special services (check all that apply) No special services Resource Self-contained Title I Accommodations
3.		cial services referred to in item #2 are for (check all that apply) No special services Reading Spelling Math Speech & Language Homework Other
4.	of tutori	services at school and tutoring at the Center, my child receives a total of hours ng 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.		the tutoring at the Center, my child is currently receiving the following type(s) of tion (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