

Date: _____

_____ Grade: _____ Retentions: _____

Name of current school: _____ Teacher: _____

Name of person responsible for payment: _____

Address for billing: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Other siblings: Yes _____ No _____

Name	Brother/Sister	Age	Reading Difficulty (Y/N)
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1.

2.

3.

4.

Information that would benefit the tutor in planning the sessions for your child:

School History:

Dates: _____ Fall of: _____ June of: _____

Grade: _____ Pass Retained Summer School

School: _____ Public Private Home School

City: _____ State: _____

Any difficulties academically:

Struggled with:	Reading	Penmanship	
Written expression:	Math	Phonics/ phonemic awareness	
Behavior Problem:	Yes	No	
ADD:	Yes	No	
Healthy:	Yes	No	
Ear Infections:	Yes	No	
Extra help in school:	Reading Specialist Speech Therapy	Special Reading Group Reduced Homework	Reduced Spelling Test Read Every night
Testing in School:	Yes	No	
504 Plan:	Yes	No	
IEP:	Yes		