



THE READING GROUP

Student Information Form

All information remains confidential; it is shared only with our instructors working with the student.

Today's Date: _____

Name of student _____ Age _____ Birthdate _____

Parents/guardians _____

Address _____

City _____ State _____ Zip Code _____ County _____

E-mail _____

Telephones: Cell _____ Home _____ Work _____

School _____ School telephone _____

Teacher _____ Principal _____

Grade _____ Referred by _____

Reasons for seeking services from The Reading Group:

I. Family Information

Father: Age _____ Education _____

Occupation _____ Business/Company _____

Mother: Age _____ Education _____

Occupation _____ Business/Company _____

Is there a family history of learning difficulties? If so, please briefly describe: _____

Any recent major family changes (e.g. divorce, adoption, death, remarriage, etc.) and child's reaction:

Siblings:

Name	Age	Grade	Educational difficulties?

What language(s) are spoken in the home? _____

Please check Yes or No for any of the following behaviors that have been noticed:

Eye turn	Yes ___ No ___	Letter or Number Reversals	Yes ___ No ___
Squinting	Yes ___ No ___	Frowning or Blinking	Yes ___ No ___
Rubs eyes	Yes ___ No ___	Loss of place when reading	Yes ___ No ___
Covers one eye	Yes ___ No ___	Abnormal Head Posture	Yes ___ No ___
Short attention span	Yes ___ No ___	Uses finger as a marker	Yes ___ No ___
Words "run together"	Yes ___ No ___	Poor spacing	Yes ___ No ___
Poor Comprehension	Yes ___ No ___	Difficulty writing on the line	Yes ___ No ___
Lack of concentration	Yes ___ No ___	Skips words or rereads	Yes ___ No ___
Unusual pencil grip	Yes ___ No ___	Close working distance	Yes ___ No ___
Frequent headaches	Yes ___ No ___	Difficulty catching a ball	Yes ___ No ___

II. Educational History

Preschool:

Attended at age(s) _____ Any adjustment problems? _____

Elementary school:

Age entering kindergarten _____ Any adjustment problems? _____

Other Schools attended:

Name	Age	Grade	Reason for change

III. Scholastic Difficulties

Please mark: XX - severe OR X - moderate

Reading _____ Spelling _____ Speech _____ Math _____ Composition _____ Handwriting _____
Other _____

Has your child been assessed for learning problems at school? Yes ___ No ___

Does your child have an IEP or 504 plan? Yes ___ No ___

Has your child been retained a grade? Yes ___ No ___ If yes, which grade(s)? _____

Learning problems reported by school: _____

Does your child receive any special supports or classroom accommodations at school? _____

IV. Medical History

Name of family doctor(s) _____ Medical center(s) _____

General physical condition _____

Major illnesses _____

Accidents _____

**Has your child been diagnosed with or suspected of having any of the following conditions?
(If yes, check the appropriate space):**

Allergies ___ Head Trauma ___ Epilepsy or seizures ___
Developmental Disorder ___ Asthma ___ Hyperactivity ___
Learning Disability ___ Trauma at Birth ___ Frequent Ear Infections ___

Does your child have problems with sleep? Yes ___ No ___ If yes, please describe: _____

Does your child have problems with eating? Yes ___ No ___ If yes, please describe: _____

Is your child currently on medication? Yes ___ No ___ If yes, please describe: type and schedule: _____

V. Previous Professional Evaluations

Has your child been evaluated for any of the following?

Vision ___ Hearing ___ Neurological ___ Psychological ___ Other ___

If other, please describe: _____

Please provide recent information for all evaluation areas marked:

Name of individual, agency or school	Date	Remarks
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. Previous Tutoring/Therapy

Name of individual, agency or school	Date	Remarks
_____	_____	_____

VII. Leisure Activities

Please comment on the following with reference to your child:

A. Reading in the home

Describe your child's interest in reading: _____

Do adults in the home read to or with your child? _____ How often? _____

What are some of your child's favorite books? _____

B. Computer-related activities

Do you own a home computer? Yes ___ No ___ Does your child enjoy working on the computer? Yes___

No ___ Do you own an electronics game system? Yes ___ No ___

If yes, what software, games or activities? _____

C. Television

How much television does your child watch in an average day? _____

Does your child have a television in his/her bedroom? Yes ___ No ___ What are your child's favorite programs? _____

D. Special interests

Please describe any special interests or talents (artistic, musical, mechanical, creative, etc.) your child possesses: _____

E. Sports and exercise

What games does your child enjoy? _____

How much does your child enjoy exercise? _____

F. Other family activities

What are some things you do as a family? _____

G. Activities with friends

What does your child like to do with friends? _____

Please add any additional comments/concerns not noted elsewhere on this form: _____

Thank you for allowing The Reading Group to be part of your child's education.



THE READING GROUP

The Reading Group Policies

Please read and initial each item and sign and date this page at the bottom. Thank you.

___ **Evaluation & Intake:** Evaluation payment must be made on the day of the evaluation. The evaluation is \$100 and includes testing, consultation, and a written report.

___ **Tuition Options:**

- Weekly payments of \$67 for 10 one hour lessons (\$670), (Effective 9/1/2016)
- One-time payment of \$620 for 10 one hour lessons (\$620) if paid in full at the second lesson

___ **Payment is due at the first lesson for one-time payments (in order to take advantage of the early payment discount).** If paying by the lesson, payments must be made at the time of each lesson. If not, lessons may be put on hold until payment is made and may be discontinued if payment is not made within a two week period. Failure to provide notice prior to the start of the lesson will result in you being charged for the lesson.

___ **Payment may be made by check, credit or debit card** (Mastercard, Visa and Discover) or via our website at www.readinggroup.org. Make checks payable to The Reading Group and **write your child's full name on the memo line of your check.** Checks may be turned in to the office or mailed to The Reading Group. **Returned checks will be charged a \$25 handling fee.**

___ **Supervision:** Students under the age of 15 must be escorted to the waiting room by a parent or responsible adult. Instructors will meet students in this area when it is time for their lesson. **Please do not leave children unattended in the waiting room.**

___ **Enrollment/Attendance: Lessons are scheduled in sets of 10 one hour lessons, usually once a week over a ten week period.** It is expected that students will attend all ten lessons. The Reading Group is closed on the following holidays: Memorial Day, Independence Day (July 4), Labor Day, Thanksgiving (Thursday and Friday), Christmas (December 24 and 25), and New Year's (December 31 and January 1). If your student is unable to attend a regularly scheduled lesson for any reason (other than these planned holidays), please contact the instructor or The Reading Group office as soon as possible.

___ **Rescheduling a missed lesson** is dependent upon teacher and student availability and should be discussed with your child's instructor. **Failure to notify us about the need to cancel a lesson 24 hours before the lesson is scheduled to begin may result in a charge for that lesson.** Frequent absenteeism affects student progress and can cause undue inconvenience for the instructor. Excessive absenteeism may result in termination of lessons. If termination occurs, any previously paid and unused lesson fees will be refunded

___ **Parent Participation:** A parent or representative is asked to observe the last ten minutes of each session. Please plan to join your child and the instructor at this time to observe, ask questions, and share information. Because lessons are scheduled back to back, the instructor cannot meet with you after the lesson ends.

___ **Written Reports:** Upon the completion of your child's ten lessons, you may request a written report summarizing your child's lessons, methods used, observations and recommendations. There is a \$25 charge for this report. Please let your child's instructor know if you would like this additional service.

___ **Email and Direct Mail:** The Reading Group will periodically send electronic newsletters and printed marketing communications to individuals and families in our database. If you do not wish to receive these, please let us know.

___ **The Reading Group will be closed if Champaign Unit 4 Schools are cancelled due to inclement weather. Parents should also check The Reading Group's Facebook page to learn if we are open or closed.**

Parent or Guardian

Date