



**Reading Clinic  
Application for Enrollment**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent / Guardian name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Has your child repeated a grade? Yes No If yes, which grade? \_\_\_\_\_

Has your child ever received a psychological evaluation? (i.e. reading disability) Yes No

If the above response is yes, please attach a copy of the most up-to-date testing.

Has your child been diagnosed as having a reading disability? Yes No

If yes, was your child referred for special services such as

\_\_\_\_\_ special instruction in the classroom

\_\_\_\_\_ Special Education services

\_\_\_\_\_ tutoring provided in school

\_\_\_\_\_ tutoring by a private tutor or reading clinic

Does your child have an IEP? Yes No

If yes, what was recommended? \_\_\_\_\_

Approximately, how many hours does your child spend on homework each night? \_\_\_\_\_

Does your child require you to sit with them to complete their work? Yes No

Does your child read for pleasure? Yes No

Does your child enjoy listening to stories read by others (parents, relatives, siblings, etc.)? Yes No

How does your child learn best? \_\_\_\_\_

What do you see as your child's strengths in school? \_\_\_\_\_

What do you see as your child's greatest struggle in school? \_\_\_\_\_

Do you agree to allow agents of the STAR Center Inc. to administer a reading achievement test to your child to properly determine the strengths and weakness of your child's reading skills?

Yes No SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_