

**ADMISSION APPLICATION**

**Form CD 2**

Page 1 of 5

Scottish Rite Charitable Foundation  
Learning Centre Calgary

|                  |
|------------------|
| Office use only  |
| Date rec'd _____ |
| File No. _____   |

Child's Full Name: \_\_\_\_\_ Male  Female   
 Date and Place of Birth: \_\_\_\_\_ Age in Years: \_\_\_\_ and Months: \_\_\_\_  
 Parent(s) Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Other Contact No: ( ) \_\_\_\_\_

**SCHOOL INFORMATION**

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Has your child received any type of remedial instruction in school? Yes  No

Explain: \_\_\_\_\_

Has the school created an Individual Education Plan (IEP) or similar plan? Yes  No

If yes please enclose a copy with this application.

Has a psycho-educational assessment been completed by a registered psychologist?

Yes through the school  Yes, Privately  No

Please enclose a copy with this application or contact the Centre Director if not available.

**ADMISSION APPLICATION**

Have any other members of the family had learning difficulties?      Yes      No

|         |                          |                          |
|---------|--------------------------|--------------------------|
| Father  | <input type="checkbox"/> | <input type="checkbox"/> |
| Mother  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sibling | <input type="checkbox"/> | <input type="checkbox"/> |

Explain: \_\_\_\_\_

Describe your child's learning difficulties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child know the alphabet? Yes  No

Can your child print his/her name? Yes  No

How well do other people understand your child's speech?

\_\_\_\_\_

Is English the first language? Yes  No  If not, what language? \_\_\_\_\_

Is English the child's primary or main language spoken at home? Yes  No

If no, explain: \_\_\_\_\_

Do you know of any other problems? Yes  No

If yes, explain: \_\_\_\_\_

**PHYSICAL HISTORY**

Has your child ever been chronically ill?

Yes No

If yes, explain: \_\_\_\_\_

Has your child ever had an extremely high fever?

Does your child have any physical problems which you feel may cause difficulty in learning?

If yes, explain: \_\_\_\_\_

Does your child have any allergies?

If yes, what allergies: \_\_\_\_\_

Has your child ever had a severe blow to the head?

Is your child currently taking medication?

If so, please list: \_\_\_\_\_

Does your child have difficulty hearing?

Does your child have difficulty seeing?

What other relevant medical history should the *Centre* know about?

\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIOURAL OBSERVATIONS**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Do you have to repeat instructions to your child?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child seem to have difficulty following instructions?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child spend more time than is appropriate on homework?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child need an extraordinary amount of help with homework?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child's grades in reading, writing, and spelling seem low compared to his/her ability to think and understand? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child talk favourably about school?  | <input type="checkbox"/> | <input type="checkbox"/> |
| How often do you spend time reading with your child?   | _____ Times per week     |                          |
| Does your child seem to enjoy being read to?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child hesitate to read to you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have behavioural problems at school?   | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, explain: \_\_\_\_\_

Please include all information which might help us to help your child. Use the space below or the back for other relevant information.

---



---



---

How did you hear of us? \_\_\_\_\_

The above information is true and accurate to the best of my knowledge. I agree with the planned program to tutor my child using the Orton-Gillingham Approach to remedial tutoring, and will abide by the policies and practices of the Scottish Rite Charitable Foundation Learning Centre Program. I attest that I am (we are) legally responsible for decisions made about this child.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_