

**PARENT INFORMATION SHEET****GENERAL INFORMATION**

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Name of School \_\_\_\_\_

Home Address \_\_\_\_\_  
(street & no.) (city) (zip)

Mother's/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's/Guardian's Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's/Guardian's Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Child lives with (✓ one) \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_ Guardian(s) \_\_\_\_\_

**SCHOOL/READING BACKGROUND**

Has your child repeated any grades? \_\_\_\_\_yes \_\_\_\_\_no If yes, which grades? \_\_\_\_\_

What were the reasons for retention? \_\_\_\_\_

In what subjects is your child **most** successful? \_\_\_\_\_In what subjects is your child **least** successful? \_\_\_\_\_

Has your child had any special reading help in the past? \_\_\_\_\_yes \_\_\_\_\_no If yes, where and when? \_\_\_\_\_

Has your child ever attended any special classes? \_\_\_\_\_yes \_\_\_\_\_no If yes, when and what kind? \_\_\_\_\_

Does/did someone read aloud to your child at home? \_\_\_\_yes \_\_\_\_no If yes, how often?

Does your child enjoy being read to? \_\_\_\_yes \_\_\_\_no

Does your child enjoy reading? \_\_\_\_yes \_\_\_\_no Describe \_\_\_\_\_

Does your child bring books home from the school or public library? \_\_\_\_yes \_\_\_\_no

If yes, how often? \_\_\_\_\_

When did you first notice that your child had difficulty in reading? \_\_\_\_\_

Describe your child's reading problem. \_\_\_\_\_

How have you tried to help your child improve in reading? \_\_\_\_\_

Does your child do any writing not required by the school? \_\_\_\_yes \_\_\_\_no If yes, what kind? (For example, letters, lists, stories, etc.) \_\_\_\_\_

What is the amount of reading your child does at home? (✓ one)

\_\_\_\_often \_\_\_\_now & then \_\_\_\_seldom \_\_\_\_never

## **FAMILY/MEDICAL INFORMATION**

Describe your child's behavior and cooperation at home. \_\_\_\_\_

Has the school or a doctor done any medical, vision, hearing, or psychological evaluations of your child within the past two years? \_\_\_\_yes \_\_\_\_no If yes, what were the results?

## **PARENT CONSENT AND AUTHORIZATION**

I hereby grant consent to the Reading & Writing Center to forward to me a final diagnostic and/or instructional services report via the following method (✓ one)

\_\_\_\_ Home Address \_\_\_\_ Mother's/Guardian's Email Address \_\_\_\_ Father's/Guardian's Email Address

I hereby grant consent to the Reading & Writing Center to provide **diagnostic and/or instructional services in reading/writing** to my child. This consent includes my authorization for the Director to (a) make all necessary professional decisions in assigning personnel to test or tutor my child, and to grant access to personnel all pertinent data and (b) obtaining access to, and/or receiving information about my child from certified personnel at his/her school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date