

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		