



Orton-Gillingham Student Intake Form

Directions: Please complete all sections of this form to the best of your ability. If you do not have all requested documents, this will not preclude your child from receiving our services. Completion of this form offers our team an accurate picture of your child's learning needs and will help us best serve your family.

Today's date: _____ Child's name: _____ Gender: _____
Child's age: _____ Grade: _____ Birthdate: _____

Parent/Guardian Information

Primary parent's name: _____

Address: _____

Home phone: _____ Cell phone: _____

Parent's occupation: _____ Email address: _____

Secondary parent's name: _____

Address: _____

Home phone: _____ Cell phone: _____

Parent's occupation: _____ Email address: _____

Does your child have siblings? If so, what are their ages? _____

Is English the only language spoken at home? If not, list the language(s) spoken. _____

Who does your child live with? _____

Emergency contact: _____ Relationship to child: _____

Emergency contact phone #: _____

Dyslexia and Other Diagnoses

Does your child have a diagnosis of dyslexia? *(Yes or No)*

If yes, who diagnosed your child? _____

Do you have a special education advocate? If so, who is the advocate? _____

Does your child have any other diagnoses that you feel we need to be aware of (ADD, ADHD, etc.)?

Is there a family history of dyslexia or any other learning difficulties? Please explain. _____

School Information

What school/district does your child attend? _____

What support services does the school provide your child? _____

Does your child participate in afterschool activities? Please list in order of priority. _____

Is your child enrolled in tutoring services or reading assistance outside of school? If so, please explain. _____

Skills and Abilities (Please circle one.)

Does your child know the alphabet? (Yes, No, or I am unsure.)

Does your child know the letter sounds? (Yes, No, or I am unsure.)

Is your child able to decode? (Yes, No, or I am unsure.)

Does your child reverse letters when reading? (Yes, No, or I am unsure.)

Does your child experience problems writing? (Yes, No, or I am unsure.)

Is your child's writing legible? (Yes, No, or I am unsure.)

Can your child write in print? (Yes, No, or I am unsure.)

Can your child write in cursive? (Yes, No, or I am unsure.)

Does your child reverse letters when writing? (Yes, No, or I am unsure.)

Does your child reverse numbers when writing? (Yes, No, or I am unsure.)

Does your child write with his/her left or right hand? _____

Does your child have speech, hearing, or vision issues? If yes, please explain. _____

Does your child receive speech language services? (Yes, No, or I am unsure.)

Does your child receive OT services? (Yes, No, or I am unsure.)

Does your child have problems understanding verbal directions? (Yes, No, or I am unsure.)

Does your child express thoughts clearly? (Yes, No, or I am unsure.)

Does your child socialize appropriately with peers? (Yes, No, or I am unsure.)

Does your child have behavioral problems in at home or in school? If yes, please describe.

To the best of your ability, please describe your child's strengths and weaknesses.

Why do you feel that your child would benefit from Orton-Gillingham instruction?

Scheduling

Check **ALL** of the days/times that your child is available for tutoring (check as many as possible). This will enable us to gauge your availability for tutoring.

| | 3:00-4:00 | 4:00-5:00 | 5:00-6:00 | 6:00-7:00 | 7:00-8:00 | |
|-------------------|------------|-------------|-------------|-----------|-----------|--|
| Mondays | | | | | | |
| Tuesdays | | | | | | |
| Wednesdays | | | | | | |
| Thursdays | | | | | | |
| Fridays | | | X | X | X | |
| | 9:00-10:00 | 10:00-11:00 | 11:00-12:00 | | | |
| Saturdays | | | | | | |

Does your child have special interests/hobbies? Please explain. _____

How did you hear about Literacy Nassau? _____

Application Requirements

Literacy Nassau requires copies of any, and all documents. The more you are able to provide us with, the easier it will be to place your child with a tutor.

Does your child have a neuropsychological evaluation? (Yes or No) If yes, **please provide a copy.**

Does your child have an IEP or 504 Plan? (Yes or No) If yes, **please provide a copy.**

Does your child have standardized testing? (Yes or No) If yes, **please provide a copy.**

Programs

After reviewing the *Student Policies & Procedures* document, please check which program are you interested in? Choose one.

- Donation-based tutoring** (3x a week from September to June) – Pay what you can afford.
- Fee-based tutoring** with an experienced OG practitioner (flexible terms, parent/tutor decide on quantity of sessions, and acceptance is on a rolling basis).

For your child to be placed on our waiting list, please submit completed application (and requested documents) to Literacy Nassau at the address below or email it to: kquijano@literacynassau.org. Thank you.

Reading. For Life.
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