WERKLUND SCHOOL OF EDUCATION

Centre for Wellbeing in Education
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CENTRE FOR WELLBEING IN EDUCATION
READING INTERVENTION APPLICATION FORM

The University of Calgary (UCalgary) respects your privacy and is committed to ensuring the privacy of all students, staff, and community members. Your personal information is being collected under the authority of section 4(c) of the *Protection of Privacy Act,* SA 2024, c P-28.5 (POPA). Your personal information will be used for the registration, coordination, and administration of the UCalgary CWE Clinical Services program, including for program evaluation, quality assurance and quality improvement purposes.

We recognize the sensitive nature of your personal information and are committed to the protection of your privacy. UCalgary will treat your personal information as confidential at all times and will make reasonable security arrangements against such risks as unauthorized access to, collection, use, disclosure or destruction in accordance with POPA. Access to your personal information will be restricted to a limited number of designated individuals and your personal information will only be disclosed in de-identified form, or as otherwise permitted under POPA.

If you have any questions regarding this notice or the collection, use or disclosure of your personal information, please contact the Administrative Assistant at werklundcentre@ucalgary.ca, phone 403-220-2851, or in Clinic at EDT 408, 2500 University Drive NW, Calgary, AB, or contact the UCalgary Access and Privacy Office at accessandprivacy@ucalgary.ca

Please ensure all information provided is correct, current, and as complete as possible.

Today's Date	**Parent/Guardian Completing this Form**

The Clinic offers psychoeducational assessment, intervention, and counselling and therapy programs. Would you like to receive information about programs or services offered by the Clinic in the future?

- ☐ Yes, please email me with future Centre for Wellbeing opportunities
- ☐ No, do not email me with future Centre for Wellbeing opportunities

PARENT ORIENTATION PREFERENCE

Attendance at Parent Orientation is a **required** part of the program. Please choose the session you would like to attend:

- ☐ Night 1 – Tuesday, September 15, 5:00-6:30 PM
- ☐ Night 2 – Wednesday, September 16, 5:00-6:30 PM
- ☐ No Preference

PERSONAL INFORMATION FOR CLIENT		
Name of Child:		
Child identifies as: ☐ Male ☐ Female ☐ Other	Date of Birth:	Current Age:
Current Grade:	School:	

Parent/Guardian Information

With whom does this child live:

☐ Both parents ☐ Parent #1 ☐ Parent #2

☐ Other (specify):

This child's parents are:

☐ Married ☐ Separated Year: _____

☐ Living together ☐ Divorced Year: _____

☐ Mother deceased ☐ Father deceased ☐ Other: _____

Is this child adopted or a foster child?

Adopted ☐ Yes ☐ No | Fostered ☐ Yes ☐ No

If you checked YES to one of the above, when did this child become part of the family?

When a psychologist is providing professional services to a child who is a minor, the psychologist must obtain informed consent from the minor's parent/guardian. Generally, a psychologist is not required to obtain informed consent from both of the parents since either parent normally has the right to consent to services for the child. However, *if the parents are separated or divorced*, the psychologist must make appropriate inquiries to ensure that the adult requesting services is the child's legal parent/guardian. It is recommended by the College of Alberta Psychologists that psychologists obtain relevant court documentation prior to commencing services.

As a result of this requirement, the Clinic will request to view custody/access documentation pertaining to child clients. Also, should a custodial parent be unable/unwilling to participate in the service delivery process, they will be asked to provide a written (email) statement to that effect.

Name of Parent/Guardian #1:	
Address:	
City/town:	Postal Code:
Day Phone:	Evening Phone:
Email Address:	

Name of Parent/Guardian #2:	
Address:	
City/town:	Postal Code:
Day Phone:	Evening Phone:
Email Address:	
What is the primary language spoken at home: Please list any languages, other than English, that are spoken at home:	

HEALTH HISTORY			
Has this child experienced any of the following heath concerns? Check all that apply.			
☐	Recurring ear infections; tubes in ears	☐	Head injury Ex: black-out, concussion
☐	Prescribed glasses	☐	Prescribed medication
If you checked YES to any of the above, provide further details:			
Date of last vision exam and results:		Date of last hearing exam and results:	
EDUCATIONAL/SCHOOL HISTORY			
Name of current school:		Name of current teacher(s):	

Check all that apply to this child:			
☐	Repeated a grade	☐	Failed courses at school
☐	Attended/attends French Immersion Grades:	☐	Attended school in language other than English and French
☐	Received special placement/support	☐	Was often in trouble at school
☐	Received special accommodation at school Ex: extra time/scribe for examinations, spellchecker, computer with word processing	☐	Have been told this child has a learning disability/learning difficulties or an attention disorder
☐ Other:			
If you checked YES to any of the above, provide further details:			
Are you aware that this child's teacher has any concerns? ☐ Yes ☐ No If yes, specify:			

Has this child had any of the following assessments?		
	Yes	**Reason for service and approximate date**
Academic	☐	
Occupational therapy	☐	
Physiotherapy	☐	
Psychology	☐	
Speech and language	☐	
Other: _____	☐	

Does this child have any current diagnoses? ☐ No ☐ Yes If yes, specify:
Has your child received services to help with academic/reading concerns? ☐ No ☐ Yes If yes, specify type of service and dates attended:

Reading History and Environment		
Please answer the following questions:		
Does this child enjoy rhymes/songs?	☐ Yes	☐ No
Does this child enjoy being read to?	☐ Yes	☐ No
At what age did you first read to this child?		
At what age did this child first show an interest in books?		
At what age did this child first recognize common letters/words in print?		
Does this child currently read for pleasure?	☐ Yes	☐ No
Does this child have a favorite author or type of reading material? If YES, specify:	☐ Yes	☐ No
Currently, how often does an adult read to this child? (daily, weekly, etc.)?		
Currently, how often does an adult listen to this child read?		
How many subscriptions for newspapers, magazines, etc. come to your home?		
How many books would you estimate are in your home? 0 -20, 20-100, 100-200, over 200?		
Do you have any further comments or information you feel might be useful in understanding this child's development of reading skills and current functioning?		

How did you hear about us?
☐ Returning Client
☐ Internet Search
☐ Word of Mouth/Referral (doctor, teacher, etc) _____(*Please Specify)*
☐ Social Media_____(*Please Specify)*
☐ Other_____(*Please Specify)*

If this child is not living with both biological parents, all court documents pertaining to custody and decision-making authority should be brought to the first appointment.

Thank you for taking the time to complete this form. Once your application has been screened, the Centre Administrative Coordinator will notify you of your eligibility.