

CENTRE FOR WELLBEING IN EDUCATION READING INTERVENTION APPLICATION FORM

This information is collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act*. It is required to evaluate your application for Reading Intervention at the Centre. If your child is accepted for Reading Intervention, the information will be used along with other sources of data to better understand his/her present level of reading skills and assist in planning intervention activities.

If you have any questions about the collection or use of this information, contact the Administrative Coordinator.

Phone: 403-220-2851 Email: werklundcentre@ucalgary.ca

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

Today's Date	Parent/Guardian Completing this Form

PERSONAL INFORMATION

Name of child:

Child identifies as:

☐ Male ☐ Female ☐ Other

Date of birth:

Current age:

Name of Mother/Guardian:

Address:

City/town:

Postal code:

Day phone:

Evening phone:

Email address:

Name of Father/Guardian:			
Address:			
City/town:		Postal code:	
Day phone:		Evening phone:	
Email address:			
What is the primary language spoken at home?: List any languages, other than English, that are spoken at home.			
HEALTH HISTORY			
Has this child experienced any of the following health concerns? Check all that apply.			
<input type="checkbox"/>	Recurring ear infections; tubes in ears	<input type="checkbox"/>	Head injury Ex: black-out, concussion
<input type="checkbox"/>	Prescribed glasses	<input type="checkbox"/>	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:			
<input type="checkbox"/>	Repeated a grade	<input type="checkbox"/>	Failed courses at school
<input type="checkbox"/>	Attended/attends French Immersion Grades:	<input type="checkbox"/>	Attended school in language other than English and French
<input type="checkbox"/>	Received special placement/support	<input type="checkbox"/>	Was often in trouble at school
<input type="checkbox"/>	Received special accommodation at school Ex: extra time/scribe for examinations, spellchecker, computer with word processing	<input type="checkbox"/>	Have been told this child has a learning disability/learning difficulties or an attention disorder
<input type="checkbox"/> Other:			

If you checked YES to any of the above, provide further details:		
Are you aware that this child's teacher has any concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:		
Has this child had any of the following assessments?		
	Yes	Reason for service and approximate date
Academic	<input type="checkbox"/>	
Occupational therapy	<input type="checkbox"/>	
Physiotherapy	<input type="checkbox"/>	
Psychology	<input type="checkbox"/>	
Speech and language	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	

Does this child have any current diagnoses? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:
Has your child received services to help with academic/reading concerns? <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child enjoy being read to?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a favorite author or type of reading material? If YES, specify:	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Returning Client <input type="checkbox"/> Referral <input type="checkbox"/> 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.