



B.C. LEARNING CENTRES FOR DYSLEXIA APPLICATION

Please submit only fully completed application packages. If you are waiting to receive your Psychoeducational assessment or reference letter, please refrain from sending the student admission application document on its own to avoid delays in the processing of your application.



Learning Centre Admission Application, British Columbia & Yukon

Please provide requested information and submit any psychological testing results for your child

PERSONAL INFORMATION

Child's First Name: _____ Last Name: _____ Male Female

Date & Place of Birth: _____ Age in Years _____

Parent(s) Name(s): Mother _____ Father _____

Address: _____ City: _____ Postal Code: _____

Phone (Home): _____ (Work): _____ (Cell): _____

E-Mail: _____ Other Contact No.: _____

In Case of Emergency, call: _____ ask for: _____

Phone Number

Name of Person

Name of School: _____ Grade: _____ Teacher: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ (Fax): _____ (E-Mail): _____

CHILD'S HISTORY

Has the child been evaluated for an Individual Education Plan (I.E.P.) or similar plan? Yes No

If yes, please send a copy of the evaluation (enclosed)

Name of Evaluator (or contact person): _____ Telephone: _____

Where the evaluation took place: _____

Authorization to check reference (parent signature) _____

Is there a history of learning difficulties in the family? Yes No If yes, what are they? _____

Describe your child's learning difficulties: _____

Does your child know the alphabet? Yes No Comment (if any): _____

Can your child print his / her name? Yes No Comment (if any): _____

How well do other people understand your child's speech? _____

Does he / she understand words? Yes No Comment (if any): _____

Does he / she understand questions? Yes No Comment (if any): _____

Does he / she understand directions? Yes No Comment (if any): _____

Do you know of any other problems? Yes No If yes, what are they? _____

Does your child have behavioral problems at school? Yes No If yes, what are they? _____

Admission Application, Vancouver BC

Is English the child's first language? Yes No If not, what is? _____

Is English the child's primary or main language? Yes No If not, what is? _____

Is English spoken at home? Yes No

Does your child have any allergies? Yes No If so, what allergies? _____

What other relevant medical history should the Centre know about? _____

How did you hear of us? _____

I verify that the above information is true and accurate to the best of my knowledge. I agree with the planned program to tutor my child using the Orton-Gillingham approach to remedial tutoring, and will abide by the policies and practices of the Scottish Rite Charitable Foundation Learning Centre Program. I am (we are) this child's legal guardian and are legally responsible for the decisions made about this child.

Guardian Signature(s): _____

Mother

Father

Date: _____

Address: _____

Please send to: BC Learning Centres, c/o Suite 200 – 1687 West Broadway, Vancouver, BC V6J 1X2
Or fax to 604-738-8116
Feel free to contact us at: 604-736-4659 or 604-738-1111



Consent to the Disclosure, Transmittal and/or Examination of Records for Information

I, _____
(Print name of Parent/Guardian and state relationship)

of _____
(Address and Telephone Number)

hereby consent to the disclosure or transmittal to or the examination by:

Scottish Rite Charitable Foundation Learning Centre for Children – Vancouver, British Columbia

(School/Board, Facility, Agency or Individual)

in respect of _____
(Student Name) (Date of Birth)

for the purpose of: _____
(Reason for Disclosure eg. Educational Planning)

Description of information to be disclosed: [check appropriate items(s)]

[] Any pertinent information

[] Educational Records

[] Records/Reports compiled in/by: [List name(s) of Agency, Facility or Practitioner]

This consent is valid for 1 year from date signed or until: _____
(Date)

I understand that I may revoke this consent in writing at any time before the duration of consent expires, except where action has already been taken in reliance on the authorization.

Signature: _____ **Date:** _____
(Signature of Parent/Guardian)

Signature: _____ **Date:** _____

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Learning Centre Parent Questionnaire, British Columbia & Yukon

PERSONAL INFORMATION

Child's First Name: _____ Last Name: _____ Male Female

School: _____ Grade: _____ Birthdate: _____

Parent(s) Name(s): Mother _____ Father _____

Address: _____ City: _____ Postal Code: _____

Phone (Home): _____ (Work): _____ (Cell): _____

To aid in assessing the learning difficulties your child is experiencing in school, and to detect the possibility of dyslexia, please answer each of the questions that follow. If more space is required, please use the back of this sheet.

FAMILY HISTORY

Has any other members of the family had learning difficulties? Yes No

 Mother Yes No

 Father Yes No

 Sibling(s) Yes No

Explain: _____

Which hand does the child predominantly use? Left Right

Has your child received any type of remedial instruction in school? Yes No

Explain: _____

Has your child repeated a grade? Yes No

PHYSICAL HISTORY

Has your child ever been chronically ill? Yes No

 Explain: _____

Has your child ever had an extremely high fever? Yes No

Has your child ever had a severe blow to the head? Yes No

Does your child currently take medication? Yes No

 If yes, please list what they are: _____

Does your child have any physical problems
 which you feel may cause difficulty in learning? Yes No

Does your child seem to have difficulty hearing? Yes No

Does your child seem to have difficulty seeing? Yes No

Does your child have difficulty speaking? Yes No

Parent Questionnaire, Vancouver BC

BEHAVIOURAL OBSERVATIONS

- Do you often have to repeat instructions to the child? Yes No
- Does your child seem to have difficulty following instructions? Yes No
- Does your child seem to spend more time than is appropriate on homework? Yes No
- Does your child seem to need an extraordinary amount of help with homework? Yes No
- Does your child seem to have more difficulty in reading,
writing and spelling than with other subjects? Yes No
- Does your child talk favorably about school? Yes No
- Does your child seem to enjoy being read to? Yes No
- Does your child hesitate to read to you? Yes No
- Do you spend time reading to your child? Yes No
- If so, on average, how many hours per week? _____

Please include all information which might help us help your child. Use the back of this sheet for other relevant information, if you wish.

PLEASE NOTE:

The foundation is dedicated to providing assistance to families who would otherwise not be able to afford private tutoring for their children. There is no request for financial information; however, we require a reference from someone closely connected to your child or your family who could speak about your family's need, i.e. a teacher, family physician, clergy member, school counselor, resource teacher, or other.

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Learning Centre Document Check List

Put and "X" in the box when you have enclosed the corresponding document.

- Completed and signed Student Admission Application
- Psychoeducational Assessment documentation for your child
- Reference letter from someone closely connected to your child or your family who could speak about your family's need, i.e. a teacher, family physician, clergy member, school counselor, resource teacher, or other. The foundation is dedicated to providing assistance to families who would otherwise not be able to afford private tutoring for their children.

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