

TUTORING APPLICATION

DYSLEXIA INSTITUTE OF INDIANA, INC.

8395 Keystone Crossing, Suite 102

Indianapolis, IN 46240

Phone: 317-222-6635; Fax: 317-222-6648

www.diin.org

APPLICANT INFORMATION

APPLICANT'S NAME: _____
LAST FIRST NICKNAME

DATE OF BIRTH: _____ AGE: _____ GRADE CURRENTLY ENROLLED IN _____

GENDER: MALE _____ FEMALE _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____ COUNTY _____

HOME PHONE NUMBER _____

Emergency contact information:

NAME: _____ RELATIONSHIP _____ PHONE # _____

APPLICANT LIVES WITH: BOTH PARENTS: _____
SINGLE PARENT FEMALE: _____
SINGLE PARENT MALE: _____
GUARDIAN: _____ (SPECIFY RELATIONSHIP) _____

IS YOUR CHILD ADOPTED?: YES _____ NO _____

PARENT/GUARDIAN INFORMATION

FATHER'S NAME: _____ EMAIL: _____
LAST FIRST

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

MOTHER'S NAME: _____ EMAIL: _____
LAST FIRST

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

GUARDIAN'S NAME: _____ EMAIL: _____
LAST FIRST

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

Children's Application

PERSON RESPONSIBLE FOR TUTORING PAYMENT:

LAST NAME FIRST NAME

INCOME: \$ 0.00 - \$ 20,000.00 _____
\$ 20,001.00 - \$ 40,000.00 _____
\$ 40,001.00 - \$ 60,000.00 _____
\$ 60,001.00 - \$ 80,000.00 _____
\$ 80,001.00 - \$100,000.00 _____
\$100,001.00 and above _____

Please check: American Indian _____ Asian/Pacific _____ Black _____ Hispanic _____ White _____

Names of brothers and sisters: _____ Age _____ Present school or occupation _____

Do any other members of the family have learning disabilities or speech and language difficulties? _____

EDUCATION INFORMATION

Name and address of present school: _____

Public _____ Private _____ Grades repeated, if any _____

Schools attended by applicant with dates _____

Has applicant received tutoring, counseling, or special therapy of any kind? Yes _____ No _____

If Yes: Tutor: _____

Address & Phone #: _____

Counselor/Therapist: _____

Address & Phone: _____

Children's Application

What specific type of learning problems does applicant experience?

Describe applicant's difficulty with basic skills (i.e. reading, spelling, etc.)

Please check what special services have been received at school or privately.

_____ Special Education Classes _____ Speech Therapy _____ Occupational Therapy
_____ Counseling _____ Other (_____)

How did you hear about the Dyslexia Institute of Indiana?

Teacher: _____
NAME

Relative/Friend: _____
NAME

Newspaper/Magazine: _____
TITLE

Other: _____
NAME/TITLE

INITIAL MEDICAL INFORMATION

Medical History:

Current

Condition

Medications: _____

Describe any history of psychiatric, emotional or behavioral problems of applicant:

Children's Application

Significant Conditions: Describe any medical conditions (past, present or recurring) including visual, hearing, and/or motor coordination limitations:

TUTORING INFORMATION DAYS AND TIMES AVAILABLE FOR TUTORING: (Please check all available)

Times	Monday	Tuesday	Wednesday	Thursday	Friday
7 – 8 AM					
8 – 9 AM					
9 – 10 AM					
10 – 11 AM					
11 – 12 Noon					
12 – 1 PM					
1 – 2 PM					
2 – 3 PM					
3 – 4 PM					
4 – 5 PM					
5 – 6 PM					
6 – 7 PM					
7 – 8 PM					

LOCATIONS: (Include any possible locations and other information that may help us to schedule your tutoring:

PARENT DESCRIPTION of your son, daughter or guardian:

- 1) Include interests, likes and dislikes, ability to get along with peers and adults, and any other information you think would be helpful.
- 2) Please tell us what goals you have this year for child with the Dyslexia Institute of Indiana, Inc. (Description may be written on a separate sheet and attached to application)

Children's Application

I give permission for my child's progress in tutoring to be shared with appropriate professionals that affect my child's education.

Signature of Parent/Guardian: _____

Please print name: _____ Date: _____

Thank you for your interest in the Dyslexia Institute of Indiana