

**MASONIC LEARNING CENTER OF LOUISIANA  
5746 MASONIC DRIVE  
ALEXANDRIA, LOUISIANA 71301  
PHONE: (318) 487 4986  
FAX: (318) 443 5759**

Dear Parent/Guardian:

Thank you for your interest in the Dyslexia Training Program of the Masonic Learning Center of Louisiana. The program is calculated to provide additional specialization training to the dyslexic student. Classes are conducted after school and the instruction is intended to supplement and compliment such instruction as may be given in the child's regular school.

There are two programs for children who are dyslexic. One program, which is for two years, is for children who are in grades 4<sup>th</sup>, 5<sup>th</sup>, or 6<sup>th</sup> and who have not reached their 13<sup>th</sup> birthday. The other program, which is for one year, is for the children who are in grades 7<sup>th</sup> through 11<sup>th</sup> and are 13 years or older. Ultimate admission will, of course, require the existence of other such qualifications, the existence of which can be determined only by interviewing and testing. **The testing for the program requires a full-scale IQ of at least 90 as determined by the Wechsler Intelligence Scale for Children and diagnosis of dyslexia by the Woodcock Johnson Achievement Test.**

It should be pointed out that the regimen employed in the Dyslexia Training Program is intended for the dyslexic student and does not cut across any broad range of learning difficulties. The training material will not produce the desired results with a child who is lacking intellectual capacity, a child who is seriously affected by an attention deficit disorder, hyperactivity or psychological problems such as depression. However, a prior diagnosis of ADHD does not automatically exclude the student if the condition is well controlled by medication.

It is essential that all questions be answered on this application. If there is additional information which you feel is appropriate please furnish that information. If your child has been previously examined by a psychologist, please attach a copy of the report containing his/her findings.

Thank you.

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**PARENT QUESTIONNAIRE**

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**Section I**

Please respond fully and accurately. If you cannot remember dates, give best estimate.

Name of Child: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's Sex: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Natural Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Natural Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Names and ages of other children: \_\_\_\_\_

## Section II

Describe any abnormal factors influencing pregnancy with this child: \_\_\_\_\_

\_\_\_\_\_

Were the difficulties during labor or delivery? \_\_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_ Child's condition at birth: \_\_\_\_\_

## Section III

General state of child's present health: \_\_\_\_\_

Has child had serious accidents or illnesses? \_\_\_\_\_

Has child ever been hospitalized? \_\_\_\_\_ For what illness? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_ How Long? \_\_\_\_\_

Is treatment continuing? \_\_\_\_\_ How long is treatment expected? \_\_\_\_\_

Does child have allergies? \_\_\_\_\_ Name of Medicine: \_\_\_\_\_

Has child ever suffered head trauma? If so, explain: \_\_\_\_\_

Has child ever been diagnosed as having Attention Deficit Disorder? \_\_\_\_\_ Has child ever been on medication for ADD? \_\_\_\_\_ If so, what is the name of medication? \_\_\_\_\_

Dosage? \_\_\_\_\_ has child ever been diagnosed as dyslexic? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ By Whom? \_\_\_\_\_

Was training given? \_\_\_\_\_ If so, describe \_\_\_\_\_

Has child been diagnosed as having vision problems? \_\_\_\_\_ If so, explain \_\_\_\_\_

Does child wear glasses? \_\_\_\_\_

Has another family member had difficulty with reading/spelling \_\_\_\_\_?

If so, what is the relationship to child? \_\_\_\_\_

\_\_\_\_\_

## Section IV

Please circle most appropriate.

- |   |        |
|---|--------|
| 1. Is child's speech often garbled?                                       | YES NO |
| 2. Does child have trouble recalling proper names or other nouns?         | YES NO |
| 3. Do you consider child to be overactive?                                | YES NO |
| 4. Does child have trouble following directions?                          | YES NO |
| 5. Does child have trouble doing things in order?                         | YES NO |
| 6. Does child reverse/invert or rotate letters as (b: d, p, q/m: w/n: u)? | YES NO |
| 7. Has child been retained in school? (Which grade? _____ When?)          | YES NO |
| 8. Does child fail to consider the consequences of his/her behavior?      | YES NO |
| 9. Does child tend to choose younger children as friends?                 | YES NO |
| 10. Is child a good reader?   | YES NO |
| 11. Is child a good speller?  | YES NO |
| 12. Is child good in math?  | YES NO |
| 13. Can your child read and write basic cursive                           | YES NO |

|  | N | S | O | VO |
|--|---|---|---|----|
| 1. Ask you to repeat words or sentences?                   |   |   |   |    |
| 2. Confuse similar sounding words?                         |   |   |   |    |
| 3. Understand things read or told to child?                |   |   |   |    |
| 4. Show uncertainty as to which hand to use?               |   |   |   |    |
| 5. Have trouble with directionality (up/down, right/left)? |   |   |   |    |
| 6. Daydream?   |   |   |   |    |
| 7. Have a short attention span?                            |   |   |   |    |
| 8. Act impulsively?  |   |   |   |    |
| 9. Be likely to oppose parents or other adults?            |   |   |   |    |
| 10. Act up in class, gym, lunchroom or bus?                |   |   |   |    |
| 11. Show poor organizational skills?                       |   |   |   |    |
| <b>N= NEVER S= SELDOM O= OFTEN VO= VERY OFTEN</b>          |   |   |   |    |

|   | N | S | O | VO |
|---|---|---|---|----|
| 12. Spell Words the way they sound?                                   |   |   |   |    |
| 13. Complain of headache or stomach ache or both?                     |   |   |   |    |
| 14. Show excessive moodiness or anger?                                |   |   |   |    |
| 15. Exhibit feelings of low self-esteem?                              |   |   |   |    |
| 16. Express a dislike for school?                                     |   |   |   |    |
| 17. Have problems with time, money, or measurements?                  |   |   |   |    |
| 18. Forget his/her birthday or other important events?                |   |   |   |    |
| 19. Have trouble learning or recalling the alphabet?                  |   |   |   |    |
| 20. Fail to understand what he/she reads?                             |   |   |   |    |
| 21. Make higher grades in math than in reading?                       |   |   |   |    |
| 22. Have difficulty with subtraction or multiplication?               |   |   |   |    |
| 23. Fail to get along with his/her peers?                             |   |   |   |    |
| 24. Get upset when routine is changed?                                |   |   |   |    |
| 31. Appear hypersensitive (easily becomes offended or indignant)?     |   |   |   |    |
| 32. Display curiosity (ask why, wants to know how things work)?       |   |   |   |    |
| 33. Is sensitive to others' feelings (reflects others' sorrow, etc.)? |   |   |   |    |
| 34. Display a good sense of humor?                                    |   |   |   |    |
| 35. Show good verbal ability (in conversation, etc.)?                 |   |   |   |    |
| 36. Exhibit a vivid imagination?                                      |   |   |   |    |
| 37. Show interest in science?   |   |   |   |    |
| 38. Show interest in math?  |   |   |   |    |
| 39. Display artistic talent (drawing, painting, etc.)?                |   |   |   |    |
| 40. Display an interest or talent in drama?                           |   |   |   |    |
| 41. Display a talent for things mechanical?                           |   |   |   |    |
| 42. Evidence of good gross motor coordination and skills?             |   |   |   |    |
| 43. Exhibit good athletic ability?                                    |   |   |   |    |

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Application for Admission  
MASONIC LEARNING CENTER OF LOUISIANA  
5746 MASONIC DRIVE  
ALEXANDRIA, LOUISIANA 71301

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone# (     ) \_\_\_\_\_ (     ) \_\_\_\_\_

Please insure that we are furnished all current telephone numbers or any additional numbers that we can use to reach you.

Email Address: \_\_\_\_\_ Permanent Contact # \_\_\_\_\_

Name and phone number of friend or relative to call in case of emergency if the undersigned parent or tutor is unavailable:

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The undersigned parent(s) or guardian of the above applicant ("student") hereby applies for the admission of the student to the school conducted by Masonic Learning Center of Louisiana ("center") for children at risk from dyslexia. I agree that I have been given an opportunity to discuss the curriculum and operation of the center with its representatives. I understand that the center has the right to dismiss the student at its sole discretion and, that in such event; the student may reapply for admission only with prior written consent of the center.

I agree to be solely responsible for the student's transportation to and from the center. I will cooperate with the center to insure that the student is picked up promptly at the conclusion of each session so that the center will not be required to supervise the student after the conclusion of instruction. If the student is determined by the center to be habitually late for sessions or is not picked up promptly, the center may, in its sole discretion, revoke the student's prior admission.

I understand that consideration for admission of the student may include evaluation by a psychologist chosen by the center, the cost of which will be paid by the center, I further understand that in the event of such evaluation, the report thereof will be retained by the center that a **copy will NOT be furnished** to me and I hereby surrender, relinquish and waive all right I may have to claim a copy of said report of evaluation. **I understand that if my child takes the evaluation for the program and meets the criteria for admissions, he/she must enroll in and attend the program. I will reimburse the Masonic Learning Center of Louisiana for the cost of the evaluation if my child meets the criteria for admission but does not enroll in and attend the program.**

I acknowledge that the center has made no claim of any medical, psychological, psychiatric or diagnostic ability and extends no warranty or guarantee with respect to the programs present by it or the individual capabilities of the officers, directors, teachers, screeners or any other person employed by or associated with the center. In consideration of the privilege of participation extended to the student, the student and the undersigned do hereby assume all risks attendant to the student's participation in the program and do hereby release and hold harmless the center, The Grand Lodge of Louisiana, F. & A. M., the officers, directors, teachers, screeners, employees, members or other persons or entities associated with the center from any and all liabilities, actions, causes of action, debts, claims and demands of every kind and nature which we may now have or which may arise out of operation of center or the student's participation in programs or activities arranged or conducted by the center. This release and assumption of risk shall be binding upon ourselves, our heirs, successors and administrators as well as all family members of the student undersigned.

Date: \_\_\_\_\_

Parent: \_\_\_\_\_

Parent: \_\_\_\_\_