

Section III

General state of child's present health: _____

Has there been any serious accidents/illnesses, if so please explain: _____

Has the child ever been hospitalized? If so, please explain, include date, location, and duration: _____

Is the child currently receiving any type of treatment? If so, please explain: _____

Does the child have allergies? If so, please explain: _____

Is there medication prescribed for the allergy? If so, please list medication: _____

Has the child ever suffered a head trauma? If so, please explain: _____

Has the child ever been diagnosed with Attention Deficit Disorder (ADD)? Y N

Has the child ever been on medication for ADD? If so, please list medications & dosage: _____

Has the child been diagnosed as having vision problems or needing glasses? If so, please explain: _____

Has the child ever been diagnosed as dyslexic? Y N

By Whom and Where? _____

(Please attach copy of evaluation)

Has Dyslexia training been given? If so, please explain: _____

Has another family member had difficulty with reading/spelling? Y N

What is their relationship to the child? _____

Section IV

Please check the appropriate choice in the space provided

	Y	N		Y	N
Is the child's speech often garbled?			Does the child fail to consider the consequences of their behavior?		
Does the child have trouble recalling proper names or other nouns?			Has the child been retained in school? Which grade? _____ When? _____		
Do you consider the child to be overactive?			Does the child tend to choose younger children as friends?		
Does the child have trouble following directions?			Is the child a good reader?		
Does the child have trouble doing things in order?			Is the child a good speller?		
Does the child reverse, invert, or rotate letters? (b,d,p,q,m,w,n,u)			Is the child good in math?		
Can the child read and write basic cursive?					

N= NEVER S= SELDOM O= OFTEN VO= VERY OFTEN

Does the Child:	N	S	O	VO	Does the Child:	N	S	O	VO
Ask you to repeat words or sentences?					Have trouble learning/recalling the alphabet?				
Confuse similar sounding words?					Fail to understand what they read?				
Understand things told or read to them?					Make higher grades in math than in reading?				
Show uncertainty as to which hand to use?					Have difficulty with subtraction or multiplication?				
Have trouble with directionality (up,down,left,right)?					Fail to get along with their peers?				
Daydream?					Get upset when their routine is changed?				
Have a short attention span?					Appear hypersensitive (easily offended/indignant)?				
Act impulsively?					Display curiosity (asks why, wants to know how things work)?				
Often oppose parents or other adults?					Display sensitivity to others' feelings?				
Act up in class, gym, lunchroom, or bus?					Display a good sense of humor?				
Show poor organizational skills?					Show good verbal ability in conversation, etc.?				
Spell words the way they sound?					Exhibit a vivid imagination?				
Complain of headache, stomach ache, or both?					Show interest in science?				
Show excessive moodiness or anger?					Show interest in math?				
Exhibit feelings of low self-esteem?					Display artistic talent (drawing, painting, etc.)?				
Express a dislike for school?					Display an interest or talent in drama/theatre?				
Have trouble with time, money, or measurements?					Display a talent for things mechanical?				
Forget their birthday or other important events?					Have evidence of good gross motor skills?				
Exhibit good athletic ability?									

**MASONIC LEARNING CENTER OF LOUISIANA DYSLEXIA TRAINING PROGRAM
PARENT ACKNOWLEDGEMENT & RELEASE FORM
EMERGENCY CONTACT INFORMATION**

Name of Applicant (Student): _____ DOB: _____

Physical Address: _____
Street Address City State Zip

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): (H) _____ (C) _____ (W) _____

Please ensure ALL current telephone numbers are provided.

Parent/Guardian Email Address: _____

I, the undersigned parent(s) or guardian(s) of the above applicant ("student"), hereby apply for the admission of the student to the program conducted by the Masonic Learning Center of Louisiana Dyslexia Training Program ("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 and 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 of Signature: _____

Parent/Guardian Printed Name: _____ Signature: _____

Parent/Guardian Printed Name: _____ Signature: _____

EMERGENCY CONTACT INFORMATION:

Please provide contact information of at least 2 individuals authorized to pick-up your student in case of an emergency. Photo ID will be required to release student to authorized individuals.

Full Name: _____ Relationship to student: _____

Contact Phone: (H/C) _____ (W) _____

Full Name: _____ Relationship to student: _____

Contact Phone: (H/C) _____ (W) _____