

**SDSU COMMUNITY READING CENTER
APPLICATION FORM**

Please note that the number of applications we receive exceeds our ability to provide services to everyone immediately. Applications for assessment are reviewed and processed on a first come, first served basis. Once assessments are completed, clients are eligible to be considered for tutoring in the next Clinic. All Clinic sessions (Fall, Spring or Summer) have a waiting list. Clients selected will be contacted by phone prior to the start of the new session. Please fill out this form as fully as possible and return to:

Dr. Pamela Ross
School Of Teacher Education
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-1153

DATE OF APPLICATION: _____

NAME OF APPLICANT: _____
Last First Middle

AGE: _____ SEX: _____ ETHNICITY: (optional) _____ BIRTH DATE: _____

ADDRESS OF APPLICANT: _____
Street Address

City State Zip Code

PHONE NUMBER: _____

NAME OF PERSON FILLING OUT APPLICATION: _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS: _____
Street Address

City State Zip Code

PHONE NUMBER: _____

HOW WERE YOU REFERRED TO THE READING CENTER? _____

APPLICANT'S SCHOOL: _____ GRADE: _____

SCHOOL ADDRESS: _____ PHONE: _____
Street Address

City State Zip Code

TEACHER OR
COUNSELOR: _____ PRINCIPAL: _____

Reason for coming to the Community Reading Center: (Please explain as briefly as possible.)

SCHOOL HISTORY

Did the applicant attend nursery school? _____ Kindergarten? _____

Has the applicant repeated any grades? _____ Which ones? _____

Does applicant like school? _____ Does applicant remember school assignments? _____

Is the applicant in any special programs in the school he/she attends? _____

What is the applicant's favorite subject in school? _____

Which subjects does the applicant like least? _____

Does the applicant have learning difficulties in subjects other than reading? _____

Please name them: _____

FAMILY INFORMATION

Mother's Name _____ Father's Name _____

Occupation: _____ Occupation: _____

Address: _____ Address: _____

Phone: Home _____ Work _____ Phone: Home _____ Work _____

NAMES OF OTHER MEMBERS OF THE HOUSEHOLD IN WHICH APPLICANT LIVES:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Grade in School</u> <u>(if applicable)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary language spoken at home: _____

Other languages spoken at home: _____

PHYSICAL AND MEDICAL HISTORY

How is the applicant's general health?

Poor _____ Average _____ Excellent _____

Does the applicant have normal vision? _____ Does the applicant wear glasses? _____

Does the applicant experience frequent headaches? _____ Stomachaches? _____

Are there relatives on either side of the family who have had:

Reading Difficulties? _____

Hearing Difficulties? _____

Difficulty speaking or delayed language development? _____

Were there any unusual conditions prior to or during birth which you think may have caused difficulties in the applicant's learning abilities? _____

Has the applicant had any accidents or illness which you feel may have interfered with his learning? _____

Has the applicant had any operations or been hospitalized for illness? _____

If yes, please explain _____

Does the applicant take any medication regularly other than vitamins? _____

If yes, please explain _____

Does the applicant have any physical handicaps? _____

If yes, please describe: _____

At what age did the applicant begin to speak? _____

Do you feel the applicant's language development has been normal? _____

If no, please explain: _____

Did the applicant enjoy being read to? Never _____ Occasionally _____ Frequently _____

Did the applicant enjoy being sung to? Never _____ Occasionally _____ Frequently _____

Has the applicant had speech therapy? _____

If yes, write name and address of therapist _____

Do you consider the applicant talkative? _____ Quiet? _____

Do you consider the applicant well-coordinated? _____ If no, explain _____

What hand does the applicant eat with? _____ Draw or write with? _____

Throw a ball with? _____

BEHAVIOR

Check all phrases which apply to the applicant's behavior.

_____ Is well-behaved most of the time.

_____ Is a discipline problem in school.

_____ Misbehaves frequently, but responds
to discipline.

_____ Is a discipline problem at home.

_____ Has been a discipline problem in the
past. Please explain. _____

_____ Misbehaves frequently and does not
respond to discipline.

Check all phrases that best describe the applicant.

<input type="checkbox"/> Easily frustrated	<input type="checkbox"/> Carefree	<input type="checkbox"/> Healthy	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Kind	<input type="checkbox"/> Untidy	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> Aggressive
<input type="checkbox"/> Determined	<input type="checkbox"/> Neat	<input type="checkbox"/> Worried	<input type="checkbox"/> Forgetful
<input type="checkbox"/> Considerate	<input type="checkbox"/> Fearful	<input type="checkbox"/> Shy	<input type="checkbox"/> Attractive
<input type="checkbox"/> Capable	<input type="checkbox"/> Clumsy	<input type="checkbox"/> Athletic	<input type="checkbox"/> Careful
<input type="checkbox"/> Organized	<input type="checkbox"/> Friendly	<input type="checkbox"/> Domineering	Other? _____

Does the applicant watch T.V.? _____ How many hours each day? _____

Does the applicant play well alone? _____

Does the applicant play well with peers? _____ If no, explain. _____

What activities does the applicant enjoy most outside school? _____

To what club or organizations does the applicant belong? _____

Does the applicant participate in organized sports? _____ Which ones? _____

Comments: Please add any other information which would assist us in our evaluation of the applicant. _____

Your Signature _____

If you have any questions, please call the SDSU Community Reading Center at (619) 594-2758.