

MASONIC LEARNING CENTER OF LOUISIANA

5746 Masonic Drive, Alexandria, Louisiana 71301

Office: 318-487-4986 Fax: 318-443-5759

Email: dyslexia@la-mason.com

Parent Questionnaire

The qualifications for the program require a full-scale IQ of at least 90 as determined by the Wechsler Intelligence Scale for Children and a diagnosis of Dyslexia by the Woodcock Johnson Achievement Test.

Please respond fully and accurately to all questions. If you cannot remember dates, please give a best estimate.

IF YOU NEED ASSISTANCE COMPLETING THIS FORM PLEASE CONTACT OUR OFFICE.

Section I

Student Contact Information

Name of Child: _____

DOB: _____ Child's Age: _____ Child's Sex: _____

Child's Current School: _____ Child's Current Grade: _____

Child Lives With: Both Parents Father Mother Foster Family Legal Guardian
(Please circle appropriate answer)

Physical Address: _____
Street Address City State Zip

Mailing Address: _____
(If Different) Street Address City State Zip

Preferred email address: _____

Father's Name: _____ Mother's Name: _____
(Step-parent, Legal Guardian if applicable) (Step-parent, Legal Guardian if applicable)

Father's Phone: _____ Mother's Phone: _____
(Step-parent, Legal Guardian if applicable) (Step-parent, Legal Guardian if applicable)

Father's Occupation: _____ Mother's Occupation: _____

Name and Ages of Other Children in the home: _____

Section II

Pregnancy & Delivery Information

Describe any abnormal factors influencing pregnancy with this child: _____

Were there difficulties during labor or delivery? (Circle One) Y N

If yes, please explain: _____

What was the child's condition at birth? _____

Section III

Student Medical History

General state of child's present health: _____

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 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 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

Student Education History

Please check the appropriate choice in the space provided

	Y	N
Does the child have trouble recalling proper names or other nouns?		
Do you consider the child to be overactive?		
Does the child have trouble following directions?		
Does the child have trouble doing things in order?		
Does the child fail to consider the consequences of their behavior?		
Is the child a good reader?		
Is the child a good speller?		
Is the child good in math?		

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

Does the Child: (Mark an X in appropriate box)	N	S	O	VO
Ask you to repeat words or sentences?				
Confuse similar sounding words?				
Understand things told or read to them?				
Have a short attention span?				
Act impulsively?				
Often oppose parents or other adults?				
Show poor organizational skills?				
Spell words the way they sound?				
Show excessive moodiness or anger?				
Express a dislike for school?				
Forget their birthday or other important events?				
Fail to understand what they read?				
Make higher grades in math than in reading?				
Appear hypersensitive (easily offended/indignant)?				
Show good verbal ability in conversation, etc.?				
Exhibit a vivid imagination?				
Show interest in science?				
Show interest in math?				
Display artistic talent (drawing, painting, etc.)?				
Display an interest or talent in drama/theatre?				
Display a talent for things mechanical?				
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) _____