

Date of submission:	Submitted by:	Referral source:
	Received by (staff initials):	

(This section to be completed by MDC staff)



Dyslexia & Academic Services Application

Location: Hattiesburg Madison New Summit School NNSS Oxford Other _____

STUDENT INFORMATION

Student's full name:	Name to be called:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <u>MM/DD/YYYY</u>	Age:
Current school:			Current grade (if summer, please list last grade completed):	
Desired start date: <input type="checkbox"/> Immediately <input type="checkbox"/> Start of upcoming school year <input type="checkbox"/> Summer <input type="checkbox"/> Other _____				
Please list all allergies and dietary restrictions: If applicable, please list any relevant emergency treatment information/instructions:				
Please briefly describe any special extra-curricular interests, hobbies, talents or aptitudes of your child. (Examples: athletics, music, art, dance, chess, soccer, learning about dinosaurs, etc.)				

FAMILY INFORMATION

Parent's full name: <small>(List parent who is the primary contact here)</small>	Cell phone:	Okay to receive texts?	Work phone:
Email address:		Parent's Employer:	
Mailing Address (Street or PO, City, State, Zip):			Preferred method of contact: <input type="checkbox"/> Cell # <input type="checkbox"/> Work # <input type="checkbox"/> Email
Second parent's full name:	Cell phone:	Okay to receive texts?	Work phone:
Email address:		Parent's Employer:	
Mailing Address (Street or PO, City, State, Zip) OR leave blank if same as above:			Preferred method of contact: <input type="checkbox"/> Cell # <input type="checkbox"/> Work # <input type="checkbox"/> Email
Student lives with:	Siblings' names and ages:		

CONTACT/PICK-UP INFORMATION

Please name all emergency contacts and/or authorized pick-ups other than the parents listed on the previous (may attach additional sheet).

Name	Relationship	Phone	Authorized to pick-up student	Emergency contact
			Y or N	Y or N
			Y or N	Y or N
			Y or N	Y or N

Please list the names of anyone who is restricted from picking up your child:

STUDENT NEEDS & EDUCATION INFORMATION

Please list all schools that student has attended including kindergarten and home school.

Name of school	City, State	Grades attended

Has your student received a formal diagnosis of dyslexia? Yes (please attach evaluation results) No

If yes, please list date and source of diagnosis:

Has your student ever received dyslexia therapy? Yes No

If yes, do you know what therapy method was used?

MS College Dyslexia Therapy Other _____

William Carey University Dyslexia Therapy Not sure

DuBard Association Method/LEAP Therapy

Please attach any final report provided by your student's therapist.

If your child has not received a formal diagnosis of dyslexia, have you ever been informed by any school, educator, speech pathologist, psychologist or other professional that your student may be experiencing reading/language difficulties? Please explain.

Has your student received a 504 Plan or IEP? <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP <input type="checkbox"/> No <input type="checkbox"/> Not sure	Has the student been retained in a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade(s)?
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What educational goals would you like your student to achieve?

Are there any particular physical, developmental, behavioral or emotional needs of which we should be aware to best provide services to your student?

Please tell us any other relevant educational issues/history that you would like us to know.

