



CHILDREN'S DYSLEXIA CENTERS OF NJ
A Scottish Rite Masonic Charity
301 Division Avenue – Hasbrouck Heights, NJ 07604

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Circle Center Choice:

Burlington Hasbrouck Heights Northfield Scotch Plains Tenafly

Date: _____

Child's Name _____ Male Female

Date of Birth _____ Grade _____

Parent(s) Name _____

Address _____

City _____ State _____ Zip _____

Occupation _____ (Father)

Occupation _____ (Mother)

Telephone: Home _____ Cell _____ Work _____

Email: _____

Name of School _____

City _____ Tel: _____

Has Child Been Evaluated? Yes No Evaluations Enclosed Yes No

Authorization to Check Reference: Parent Signature _____

Is there a history of learning problems in the family? Yes No

If Yes, what are they? _____

Describe your Child's Learning Problem(s) _____

If child 5 or 6: Does your child know the alphabet: Yes No

Is your child Right handed Left handed

Any medical problems? Yes No

If Yes, what are they? _____

Most recent eye exam date _____ Results _____

Hearing exam date _____ Results _____

Does our child have behavioral problems in school? If Yes, what are they?

Is English the child's primary language? Yes No If NO, what is? _____

Has your child received services at any other Dyslexia Center? Yes No

If YES, what Center? _____

How did you hear about our program? _____

Siblings/Ages _____

Interests _____

Release of Information for Research

I understand that information provided to the Center as part of the application process may be used in research and hereby give my consent. It is my understanding that my child's last name will not be used and that data will be confidential. I further understand that this consent will not affect the Center's decision on my child's acceptance into the program.

(Parent Signature)

(Date)