



CHILDREN'S DYSLEXIA CENTERS OF NJ
A Scottish Rite Masonic Charity
ADDITIONAL CHILD INFORMATION

Name of Student: _____

Family History

1. Other Family Members with Learning Problems?

Father _____

Mother _____

Siblings _____

Other relatives _____

2. What type of remediation is your child currently receiving in school?

3. Has your child repeated a grade? Yes _____ No _____

If so, what grade? _____

4. Has your child ever been critically or chronically ill?

5. Does your child have allergies? _____

6. Is your child currently taking medication? Yes _____ No _____

If so, what medications? _____

7. Do you spend time reading to your child? Yes ____ No ____

8. Does your child seem to enjoy being read to? Yes ____ No ____

9. Does your child hesitate to read to you? Yes ____ No ____

10. Does your child talk favorably about school? Yes ____ No ____

Please include any additional information which might help us to help your child.

Please mail all application material to:

Children's Dyslexia Centers of NJ
301 Division Avenue
Hasbrouck Heights, NJ 07604
201-288-1183