



REQUEST FOR EDUCATIONAL SCREENING

CLIENT INFORMATION
Full Name:
Address:
City/State/Zip:
Phone/Email:
Birthdate (month, day, year):
Highest Grade Completed in School:

I am requesting an Educational Screening for the above named client to determine if he/she would demonstrate the patterns of a specific learning disability and to determine if the child would benefit from enrollment in a multisensory educational program.

I understand the following:

- (1) The screening will be handled by Thompson Reading Research Center for Literacy staff and the results are not used for a diagnosis. The results are not to be used for exclusion or inclusion in other public/private schools;
- (2) I will be notified if the student qualifies for enrollment in the tutorial program.
- (3) A brief report listing test scores/recommendations will be mailed/emailed;
- (4) Test materials are property of Thompson Reading Research Center for Literacy and cannot be released/duplicated; and,
- (5) Fee Schedule: **\$100.00**. Fee includes a \$50.00 processing fee deposit (Payable: [Dyslexia Association of the Pennyrile](#)). The remaining balance is due at the time of your appointment. You must reserve the appointment by sending the \$50.00 nonrefundable deposit fee. Fees not received result in cancellation of the appointment. **If paying with credit/debit card, a 4% processing fee will be added.**

Screening Date		Appointment Time	
Type (or print) Name		Date	
* Signature			

Mail Form: Dyslexia Association of the Pennyrile
 538A Noel Avenue
 Hopkinsville, KY 42240 Phone: 270-885-5804

- (1) Remember: To reserve appointment, mail **\$50.00** to the office.
- (2) Please type or print carefully.
- (3) **If e-mailed:** First **save form** & e-mail to: dvslexia@hesenergy.net.

REPORT

We will email a copy of the final report – if you indicate “Yes” in email cells above.

FOR OFFICE USE ONLY

Payment #1: \$ _____ Ck # _____ Cash _____

Payment #2: \$ _____ Ck # _____ Cash _____ Scholarship: \$ _____