



DYSLEXIA

ASSOCIATION of the Pennyrile

REQUEST FOR EDUCATIONAL SCREENING

STUDENT INFORMATION

Full Name						Age	
Street							
City				State		Zip	
Gender		Grade		Present School			
Birthdate (mmddyy)	/	/		Retained/Failed?		Yes? List grades	

MOTHER'S (GUARDIAN) INFORMATION (Only list information that is different than above)

Full Name							
Street							
City				State		Zip	
Home Phone				Cell			
E-mail						Can we send report via e-mail?	

FATHER'S (GUARDIAN) INFORMATION (Only list information that is different than above)

Full Name:							
Street:							
Street							
City				State		Zip	
Home Phone				Cell			
E-mail						Can we send report via e-mail?	

I am requesting an Educational Screening for the above named student 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;
- (4) Test materials are property of Thompson Reading Research Center for Literacy and cannot be released/duplicated; and,
- (5) Fee Schedule: **\$90.00**. Fee includes a \$45.00 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 \$45.00 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			

- * (1) A parent or legal guardian must sign this form. Students, who are 18 years or old, must sign instead of the parents.
- * (2) If returning this form, via email, you will be required to sign the "Authorized Signature" and "Date" in person.

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

- (1) Remember: To reserve appointment, mail **\$45.00** to the office.
- (2) Please type or print carefully.
- (3) **If e-mailed:** First **save form** & e-mail to: dyslexia@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: \$ _____