



B.E.A.R. Reading Center, Inc.

A Satellite of Compass Reading Center
 427 N. Main Street South Bend, IN 46601
 574-288-0067

Adult Application			
Application Date			
Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birthdate		Age:	
Address			
City		State	Zip
Telephone: Home ()	Cell: ()	Fax: ()	
Email:			
Name of Employer			
Address			
City		State	Zip
Telephone ()		Fax ()	
Have you been evaluated for a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please send copy of evaluation.			
Evaluator's Name			
Authorization to check reference (Signature)			
Were you retained in school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what grade(s)?	
Is there a history of learning problems in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they?			
Describe your learning problem(s) Attach additional pages if necessary.			
Are you left handed or right handed? <input type="checkbox"/> Left <input type="checkbox"/> Right			
Do you have any other problems, including medical? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they?			
Most recent eye exam date			
Hearing exam date			
Did you have behavioral problems in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were they?			
Is English your primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is?			
Have you applied to or received any services previously to address your learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.			
How did you hear of us?			
What are your interests or hobbies?			