



B.E.A.R. Reading Center
 A Satellite of Compass Reading Center
 427 N. Main St. South Bend, IN 46601
 574-288-0067

Child Application

Application Date:			
Child's Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	Age:	Grade:	
Parent Name:	Parent Employer:		
	Occupation	Position	Phone
Parent Name:	Parent Employer:		
	Occupation	Position	Phone
Address:			
City:		State:	Zip:
Telephone: Home ()		Mobile ()	
Email:			
Name of School:			
City:		State:	Zip:
Has child been evaluated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please send copy of evaluation.			
Evaluator's Name:			
Has child been retained <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade(s)?			
Is there a history of learning problems in the family? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they?			
Does your child know the alphabet (If 5 or 6 years old) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can your child write his name? <input type="checkbox"/> Yes <input type="checkbox"/> No		Handedness <input type="checkbox"/> Left <input type="checkbox"/> Right	
Does your child understand words? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child understand directions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How well do other people understand your child's speech?			
Please circle a number Well 5 4 3 2 1 Poorly			
Do you know of 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	
Does your child have behavioral problems in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they?			
Is English the child's primary Language <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is?			
Has your child applied to or received services elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
How did you hear of us?			
Child's Interests:			
Describe your child's learning problem(s). Attach a second page if necessary.			