

Intensive Reading Program Registration Form

Child Name, Age, and Grade:

Name:	Age:	Grade:
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Parent/Guardian Name(s) and Phone Number:

Name:	Phone:
Name:	Phone:

Parent/Guardian Email:

Email:

Please circle the weeks that your child will attend:

7/12-7/16 7/19-7/23 7/26-7/30

Please circle your preferred time slot(s):

9:00am 10:00am 10:00am (online) 11:00am

Has your child undergone a language/literacy evaluation with MSHC? _____

Does your child receive literacy intervention with MSHC? _____

For those who are NOT already clients of Memphis Speech and Hearing Center:

Please indicate which of following skills are difficult for your child?

___Decoding Individual Words ___Spelling ___Reading Fluency
___Reading Comprehension ___Handwriting
___Other_____

Please indicate if your child has any of the following diagnoses:

___Speech Impairment ___Language Disorder ___Specific Learning Disorder
___Dyslexia ___Reading Disorder ___ADHD
___Dysgraphia ___Auditory Processing Disorder ___Visual Processing Disorder
___Other_____

Please share any other information about your child that you think we should know: