

PARENT QUESTIONNAIRE

Address		gist		Date of Testing		
Name of Psychologist	Address					
Address	Where has your child been tested most recently (if different from above)?					
How did you learn of the GREENVILLE LEARNING CENTER? Have you had a previous association with the GREENVILLE LEARNING CENTER? Summer School (year) Tu	Name of Psycholo	gist		Date of Testing		
Have you had a previous association with the GREENVILLE LEARNING CENTER? Summer School (year) Tu	Address			Telephone		
Is Child adopted?	How did you learn	How did you learn of the GREENVILLE LEARNING CENTER?				
Is Child adopted?	Have you had a pr	evious associat	ion with the GREENVILLE LEAF			
Hand Dominance				□ Student Enrichment Programs	3	
Glasses	_					
Is child a twin?		ŭ				
Names, ages and current schools of brothers and sisters						
Other siblings diagnosed as LD or ADD? □ Yes □ No Either parent diagnosed as LD or ADD? Mother □ Yes □ No Father □ Yes □ No Write a brief description of your child. (Use additional sheet if needed) What are your child's chief strengths? What are your child's areas of greatest need? What are your child's hobbies or interests? In what sports has your child participated? What diagnoses have been given for your child's symptoms? (i.e., learning, disability, dyslexia, dysgraphia, attention defict disorder, reading/math disbility, etc.)	Is child a twin?		No Name of twin	□ Identical □ Frate	rnal	
What are your child's areas of greatest need? What are your child's hobbies or interests? In what sports has your child participated? What diagnoses have been given for your child's symptoms? (i.e., learning, disability, dyslexia, dysgraphia, attention deficition disorder, reading/math disbility, etc.)	,	_		Father □ Yes □ No		
What are your child's areas of greatest need? What are your child's hobbies or interests? In what sports has your child participated? What diagnoses have been given for your child's symptoms? (i.e., learning, disability, dyslexia, dysgraphia, attention deficition disorder, reading/math disbility, etc.)						
What are your child's hobbies or interests? In what sports has your child participated?						
What diagnoses have been given for your child's symptoms? (<i>i.e.</i> , learning, disability, dyslexia, dysgraphia, attention defic disorder, reading/math disbility, etc.)						
disorder, reading/math disbility, etc.)	What are your chil	ld's chief streng	gths?			
	What are your chil	ld's chief streng	eatest need?			
	What are your child what are your child what are your child what diagnoses had	ld's chief streng ld's areas of gre ld's hobbies or	eatest need? interests? In what sports has your for your child's symptoms? (i.e.,	child participated?learning, disability, dyslexia, dysgraphia, attentic		
Is your child currently receving services at the present school? □ Yes □ No	What are your child what are your child what are your child what diagnoses had	ld's chief streng ld's areas of gre ld's hobbies or	eatest need? interests? In what sports has your for your child's symptoms? (i.e.,	child participated?learning, disability, dyslexia, dysgraphia, attentic		

18.	Is your child receiving other outside services? Please list provider □ Speech and Language □ Occupational Therapy	□ Counseling					
19.	Is your child currently taking any medication? Name of medication No						
	If YES, describe the condition for and dosage under which it is being given:						
20.	List any medical conditions significant to your child's well-being:						
21.	Is there any history of emotional or behavioral difficulty, either in relationship to family, peers, or academic setting?						
	Has any evaluation or treatment been conducted in relationship to these problems? □ Yes □ No						
	If YES, please briefly describe below and have Psychologist or Psychiatrist involved in evaluation or treatment of these problems submit a report to the GREENVILLE LEARNING CENTER . An application will not be complete until all of this information is provided.						
	Psychologist and/or Psychiatrist						
	Address						
22.	* * * * * * * * * * * * * * * * * * *	Has the Applicant ever been subject to major disciplinary action (suspension or dismissal) in any school? Yes No If YES, please give dates and details. (Use additional sheet if necessary.)					
23.	If you would like to make any other statement regarding your chil enclose it with this application.	If you would like to make any other statement regarding your child, please feel free to do so on a separate sheet of paper and enclose it with this application.					
<u>APPL</u>	ICATION STATEMENT						
I hereb	by make application to the GREENVILLE LEARNING CENTER for 1	ny son/daughter	for the				
□ 20 <u></u>	20 Academic Year, \Box 20 Summer Program (The summer	r program serves stu	dents in grades K-6)				
	sed is a non-refundable <u>application fee</u> as listed on the schedule of coordinate and application. (applies to Academic Year Programment of the pr		Attach Photo of Applicant (Optional)				
Parent	's Signature						
Date _							
and e or mo color,	REENVILLE LEARNING CENTER admits students of any race, of athnic origin to all the rights, privileges, programs, and activities generate available to students at the school. It does not discriminate on the national and ethnic origin in administration of its educational policion programs, and athletic and other school-administered programs.	erally accorded e basis of race,					