

COLLEGE OF EDUCATION

LITERACY CLINIC

Northern Illinois University
Literacy Clinic – 3100 Sycamore Rd, Ste. 2003
DeKalb, IL 60115
(815) 753-8450
litclinicassistant@niu.edu

Dr. Laurie Elish-Piper, Director

Parent Form Application for Admission

CHILD'S PERSONAL INFORMATION

Child's Full Name _____

Fluent in another language? Yes No

Place of Birth _____

If yes, specify _____

Adopted? Yes No

School Name _____

If yes, does child know? Yes No

School Address _____

Sex Adopted? Male Female

School Telephone _____

Race _____

Grade Placement _____

Any disabilities? Yes No

Free/Reduced Lunch Program? Yes No

If yes, explain _____

PARENT INFORMATION

Father

Name _____

Any difficulties in school? Yes No

Home Address _____

Describe _____

Home Telephone _____

Occupation _____

Can be reached at home from ____ to ____

Can accept calls at work? Yes No

Highest Grade Completed _____

Business Telephone _____

Mother

Any difficulties in school? Yes No

Name _____

Describe _____

Home Address _____

Occupation _____

Home Telephone _____

Can accept calls at work? Yes No

Can be reached at home from ____ to ____

Business Telephone _____

Highest Grade Completed _____

Present marital status Single Married Divorced Separated Widowed

If divorced, is this recent? Yes No

Describe child's reaction to divorce _____

With whom is the child living? _____

Is either parent remarried? Father Mother Date Remarried _____

Either parent deceased? Yes No Age of child at the time _____

SIBLING INFORMATION

Name	Age	Sex	Physical Challenges (e.g., vision, hearing)	Experience problems in school?

CHILD'S MEDICAL HISTORY

Has your child ever had a speech defect? Yes No

Any attempt to correct this? _____

Are your child's eating/sleeping habits unusual? Yes No

Describe _____

Has your child's vision and/or hearing been checked within the last year? Yes No

Below, please describe any serious accidents, operations or unusual illness (e.g., high fevers, prolonged confinement, serious diseases):

Age	Type of Illness	Lasting Effects

Below, please describe any types of medication your child has been on for any length of time:

Type of Medication	Approximate Dates	Physician	Reason

Assess your child on the following scales:

Physical Condition: Excellent Good Fair Poor

Mental Ability: Superior Above Average Average Below Average

SCHOOL INFORMATION

Schools attended:

Name	Location	Grade Level(s)	Child's Reaction to Change

Has your child ever received special help in school? Yes No

Describe _____

Has your child ever received help with homework at home? Yes No

Has your child ever repeated a grade? Yes No

Describe child's reaction _____

CHILD'S READING MATERIAL/INTEREST

What age did your child begin to say single words? _____

Simple sentences or phrases? _____

Does your child have any age-appropriate reading materials at home? Yes No

Describe _____

Do you subscribe to any magazines for your child? Yes No

If so, which ones: _____

Do you read to your child at home? Yes No

Explain: _____

What are your child's interest and hobbies? _____

What problems have you noted with your child's reading? _____

Please describe the following in regards to your child:

Attitude toward teachers _____

Attitude toward this year's teacher _____

Get along with classmates? (Check one)

Well-liked Liked by most Liked by a few Does not get along

Socializes with older, younger or same age children? _____

Same sex or opposite? _____

Does your child feel he/she has a reading problem? Yes No

Describe their reaction _____

The NIU Literacy Clinic will prepare a detailed case report about your child's reading. A copy of the case report will be sent to the parent. Check the appropriate box below to indicate whether you would like a copy sent to your child's school.

The case report should be sent to _____ at _____ School.

No, do not send a case report to my child's school.

Wait until after I have received the case report. I will contact the NIU Literacy Clinic within 30 days if I want a copy of the report sent to my child's school.

Please print your name

Relationship to child

Signature

Date

Please return the completed form to Literacy Clinic Assistant, Northern Illinois University, 3100 Sycamore Rd., Suite 2003, DeKalb, IL 60115.