**Western Kentucky University Literacy Clinic**

**Application for Clinical Diagnosis of Reading Growth and Development**

For Office use only: Date Received \_\_\_\_\_\_\_\_\_\_\_

Student grade level \_\_\_\_\_\_\_

Please return this form to:

**Dr. Nancy Hulan**

School of Teacher Education

1083A Gary A. Ransdell Hall

Western Kentucky University,

1906 College Heights Blvd. #61030,

Bowling Green, KY 42101-1030

Office: (270) 745-4324

Fax: (270) 745-6322

1. Child Information: (to be completed by the parent)

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date:\_\_\_\_\_\_\_\_ M\_\_ F\_\_

Child’s Age:\_\_\_\_\_ Current grade level in school: \_\_\_\_\_\_\_\_\_\_\_\_\_

Present school attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Parent Information

Father:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupations of Parents: Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father (work)\_\_\_\_\_\_\_\_\_\_ Mother (work)\_\_\_\_\_\_\_\_\_\_

Cellphones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other household members:

Name Age Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Developmental History Of Child

Has your child experienced any developmental delays? Yes\_\_\_\_ No\_\_\_\_.

Have there been major illnesses or injuries?\_\_\_\_.

If so, what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child experience difficulty with: Hearing\_\_\_\_\_\_\_\_Speech\_\_\_\_\_\_\_\_Vision\_\_\_\_\_\_\_\_

Date of most recent hearing screening:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of most recent vision screening:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child wear glasses?\_\_\_\_\_\_\_\_\_\_\_Take any medication?\_\_\_\_\_\_\_\_

What type of medication?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Are there recurring illnesses?\_\_\_\_\_\_\_\_\_.

If so, what?

Allergy\_\_\_\_\_\_\_\_Colds\_\_\_\_\_\_\_\_\_Sore Throat\_\_\_\_\_\_\_\_\_Ear ache\_\_\_\_\_\_\_\_\_\_

Upset Stomach\_\_\_\_\_\_\_\_High temperature\_\_\_\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_

School History

Present School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age at 1st grade entrance\_\_\_\_\_

Present Grade Level\_\_\_\_\_\_\_\_\_\_ Has child changed schools?\_\_\_\_\_\_\_\_\_

No. of times\_\_\_\_\_\_\_. Was there a problem in adjusting to new situations?\_\_\_\_\_\_

Was the child retained?\_\_\_\_\_\_. If so, at what grade level?\_\_\_\_\_\_\_\_\_\_\_\_.

What subjects does the child like? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What subjects does the child dislike?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Attitude toward school: Good\_\_\_\_Bad\_\_\_\_Indifferent\_\_\_\_

Is your child working at grade level?\_\_\_\_\_\_ Above grade level?\_\_\_\_\_\_ Below grade level?\_\_\_\_\_\_

Does the child have an Individualized Education Plan (IEP)? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, where is he/she served? (please circle all applicable)

resource room regular classroom self-contained speech therapy only

Has your child been absent from school extensively for illness or injury? For other reasons?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavioral History

Does your child get along well with brothers and sisters?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does he/she get along well with peers?\_\_\_\_\_\_\_\_

Does he/she get along well with adults?\_\_\_\_\_\_\_Favorite adult\_\_\_\_\_\_\_\_\_\_\_

Have you observed that your child differs from others in the following ways?

More sensitive Yes\_\_\_\_ No\_\_\_\_ More aggressive Yes\_\_\_\_ No\_\_\_\_

More stubborn Yes\_\_\_\_ No\_\_\_\_ More withdrawn Yes\_\_\_\_ No\_\_\_\_

More fearful Yes\_\_\_\_ No\_\_\_\_ More active Yes\_\_\_\_ No\_\_\_\_

Is there any other information that you feel would aid us in the evaluation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other clinical services or special instruction does your child receive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_