

TUTORING APPLICATION

DYSLEXIA INSTITUTE OF INDIANA, INC.

2511 E. 46th Street, Suite O-2
Indianapolis, IN 46205
Phone: 317-545-5451
Fax: 317-545-5473

APPLICANT INFORMATION

APPLICANT'S NAME: _____
LAST FIRST NICKNAME

DATE OF BIRTH: _____ AGE: _____ GRADE CURRENTLY ENROLLED IN _____

GENDER: MALE _____ FEMALE _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____ COUNTY _____

HOME PHONE NUMBER _____

APPLICANT LIVES WITH: BOTH PARENTS: _____
SINGLE PARENT FEMALE: _____
SINGLE PARENT MALE: _____
GUARDIAN: _____ (SPECIFY RELATIONSHIP) _____

IS YOUR CHILD ADOPTED?: YES _____ NO _____

PARENT/GUARDIAN INFORMATION

FATHER'S NAME: _____ EMAIL: _____
LAST FIRST

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

MOTHER'S NAME: _____ EMAIL: _____
LAST FIRST

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

GUARDIAN'S NAME: _____ EMAIL: _____
LAST FIRST

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

Children's Application

PERSON RESPONSIBLE FOR TUTORING PAYMENT:

LAST NAME FIRST NAME

INCOME: \$ 0.00 - \$ 20,000.00 _____
\$ 20,001.00 - \$ 40,000.00 _____
\$ 40,001.00 - \$ 60,000.00 _____
\$ 60,001.00 - \$ 80,000.00 _____
\$ 80,001.00 - \$100,000.00 _____
\$100,001.00 and above _____

Please check: American Indian _____ Asian/Pacific _____ Black _____ Hispanic _____ White _____

Names of brothers and sisters: _____ Age _____ Present school or occupation _____

Do any other members of the family have learning disabilities or speech and language difficulties? _____

EDUCATION INFORMATION

Name and address of present school _____

Public _____ Private _____ Grades repeated, if any _____

Schools attended by applicant with dates _____

Has applicant received tutoring, counseling, or special therapy of any kind? Yes _____ No _____

If Yes: Tutor: _____

Address & Phone #: _____

Counselor/Therapist: _____

Address & Phone: _____

What specific type of learning problems does applicant experience? _____

Children's Application

TUTORING INFORMATION DAYS AND TIMES AVAILABLE FOR TUTORING: (Please check all available)

Times	Monday	Tuesday	Wednesday	Thursday	Friday
7 – 8 AM					
8 – 9 AM					
9 – 10 AM					
10 – 11 AM					
11 – 12 Noon					
12 – 1 PM					
1 – 2 PM					
2 – 3 PM					
3 – 4 PM					
4 – 5 PM					
5 – 6 PM					
6 – 7 PM					
7 – 8 PM					

LOCATIONS: (Include any possible locations and other information that may help us to schedule your tutoring:

PARENT DESCRIPTION of your son, daughter or guardian:

- 1) Include interests, likes and dislikes, ability to get along with peers and adults, and any other information you think would be helpful.
- 2) Please tell us what goals you have this year for child with the Dyslexia Institute of Indiana, Inc. (Description may be written on a separate sheet and attached to application)

I give permission for my child's progress in tutoring to be shared with appropriate professionals that affect my child's education.

Signature of Parent/Guardian: _____

Please print name: _____ Date: _____