



# STUDENT INTEREST FORM

- Day School
- Fast ForWord Program
- Summer School
- Tutoring
- Testing
- Individual/ Family Therapy
- Behavior Therapy
- Autism/ ADHD
- Info (Dyslexia/ Learning Disabilities)
- Speech Therapy
- Occupational Therapy
- Early Intervention Program
- Adult Intervention

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

### Prospective Student Information

Name of student: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Age: \_\_\_\_\_

Disability Diagnosis: \_\_\_\_\_ Age of Diagnosis: \_\_\_\_\_

Diagnosis done by: \_\_\_\_\_ Date: \_\_\_\_\_

Name of currently attending & grade: \_\_\_\_\_

### Parent / Guardian's Information

Name of parent /guardian: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

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

**Was an appointment date confirmed: YES or NO**

**Is the parent/ guardian interested in having an assessment done? YES or NO**

**Is the parent/ guardian interested in having an in-house grade level testing done? YES or NO**

Information Recorded By: \_\_\_\_\_

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

Time: \_\_\_\_\_