



2011 - 2012 Tutoring Registration

The 2011 - 2012 academic year for the ACLD Learning Center begins Monday, September 12th, 2011. The ACLD Learning Center is open Monday through Thursday from 9:00 AM to 6:00 PM. Please register as early as possible to insure availability of a time slot best suited for you with the most appropriate teacher.

The cost for tutoring is thirty two dollars (\$32.00) per session.* A non-refundable registration fee of twenty-five dollars (\$25.00) is required. The cost for a complete psycho-educational battery of tests is four hundred dollars (\$400.00). This evaluation is optional and an appointment must be made if you are interested in this service. An appointment for testing can be made by calling (330) 746-0604.

Parents of new students should make an appointment for a brief orientation and tour of the facility. Once your child has been registered, the time and teacher will be scheduled. Each year a complete registration form is required for each student, old or new. You will find the Registration and Developmental History form attached to this page. Students will be given diagnostic tests when services begin. The initial results will be sent within the second month of tutoring. These tests will be repeated to measure progress in the middle and end of the school year.

Payments may be paid by cash or check monthly, weekly or after each session and all absences must be paid for except when ACLD closes for snow days or any other reason. The local television stations will announce when we close or you will be contacted personally. Due to past delinquencies, accounts carried for more than one month will be assessed a finance charge. A finance charge of 1.5% will be applied to any balances owed for more than 30 days. Past students will not be registered until past due accounts are paid in full. Our bookkeeper will be glad to discuss this with you.

Please fill out the Registration and Developmental History form and return them to the address above.

Please feel free to call the office to discuss your questions or concerns. We look forward to a good year.

Sincerely,

Erica Brown

Director, ACLD Learning Center

* the actual cost is \$47.00 per session (grants subsidize the \$15.00 additional cost)

ACLD LEARNING CENTER • 2011 – 2012 Registration

SES:

Students Name: _____ Male: _____ Female: _____ Age: _____
Address: _____ City: _____
State: _____ Zip: _____ School: _____ Grade: _____ Birthdate: _____
Parent(s)/Guardian: _____
Parent(s)/Guardian S.S. # : _____ E- Mail _____
Home Phone: _____ Work Phone: _____
Would you like to receive text message alerts for unscheduled closings due to weather or emergency? Yes; No:
Cell Phone: _____ Carrier _____
Occupation: _____ Referred by: _____

ACLD Office Hours: 9:00 AM - 6:00 PM Monday - Thursday.

Preferred time for tutoring. 1st choice: _____ 2nd choice _____

Days you are available: *Monday Tuesday Wednesday Thursday*

List areas of difficulty you would like to have your child work on: _____

Please indicate the number of days this student will attend per week: _____

Has this student: (please check)

Previously attended ACLD? Yes: No:

Has this student been diagnosed with:

Attention Deficit Disorder Yes: No:

Learning Disability Yes: No:

Cognitive Disability Yes: No:

Autism Yes: No:

Emotional / Behavioral Disorders Yes: No:

Speech / Language Disability Yes: No:

I, _____, have read the attached information and understand that I am fully responsible for payment of all scheduled tutoring sessions. Absences must be paid for and I give my permission for _____ to attend the ACLD Learning Center.

All Absences Must Be Paid for.

(Only exceptions: If ACLD closes for snow days or any other reason. The local television stations will announce when we close or you will be contacted personally)

(Signature of Parent(s) or Guardian(s)) *This signature denotes responsibility for payment of all fees. Date

Office Use Only: Date Received: _____ Starting Date: _____ Days _____ Hours _____

DEVELOPMENTAL INFORMATION FORM

Family History

List names and ages of other children in family (oldest to youngest) _____

Does any other member of the family have difficulty learning? Explain: _____

Development History

Was child born prematurely? _____ If so, how much? _____

Was birth completely normal? _____ If not, please explain. _____

At what age did child say first word? _____

Was language development: normal _____ delayed _____ accelerated _____

At what age did child first walk? _____ Delays in motor skill development? _____

Has child ever had any serious medical concerns? _____ If yes, explain _____

Does child presently wear, or has child ever worn glasses? _____

Has child's hearing ever been checked by a doctor? _____ When? _____

Does child have allergies? _____ If so, what are the allergies? _____

What medication does the child take regularly? _____

Was child on any medication during previous years? _____ What type? _____

Educational Information

Any special schools attended? _____ Name of school, type, where and how long in attendance? _____

Has child ever had an intelligence or other psychological tests? If so, what tests, by whom, where, when and the results/findings? _____

Has child participated in any special education programs? _____

Has child ever repeated a grade? _____ What grade? _____

Best subjects _____ Worst subjects _____

How does child feel about school? _____

Describe child's report card grades and assessment results _____

Has a teacher ever suggested that this child has problems with (please check all that apply)

Attention/Concentration

Learning

Over activity

Following directions

Social behavior with others

Which teacher (grade level) made these comments? _____

Please describe your child's ability to complete homework independently and how this impacts his grades as well as home life _____

Please forward copies of previous evaluations, ETR's and/or IEP's.