



Reading Now, LLC
3910 Caughey Road, Suite 120
Erie, PA 16506
814-833-ABCD (2223)
www.ReadingNowErie.com

Parent Questionnaire

Date: _____

Student: _____

Date of Birth: _____ School Grade: _____

Child's School: _____

Parent(s)/Guardian(s) Name: _____

Phone Numbers: Day _____ Evening _____

Address:

Number Street City State Zip Code

E-Mail Address: _____

Questions:

Why do you want to bring your child to **Reading NOW**? How do you think we can help?

How is your child doing in school? In reading? In math? In other subjects?

Has your child had any education evaluations? By whom? When?
(Please bring a copy of previous evaluations)

Is your child currently receiving academic assistance (such as tutoring or special education) in school or with another agency?

Has your child ever been retained? _____ If yes, what grade(s)? _____

How does your child interact with other children at school, in the neighborhood, and with teachers?

As an infant or young child, were there any concerns about your child's development (language, motor skills, lead poisoning, etc.)?

Does your child have any chronic health concerns (such as ADD/ADHD, allergies, asthma, epilepsy, diabetes, etc.)?

Is your child currently taking any medication(s)? If yes, list and explain.

Has your child's vision been tested? When? Does your child wear glasses?

Has your child's hearing been tested? When? What were the results?

Has your child's speech been tested? When? What were the results?

Has your child ever received speech therapy?

What adult(s) live with the child (e.g. mother, stepfather) ? List their ages, occupations, and highest level of education.

Is English the usual language spoken at home? Other languages?

What are your child's interests? What does your child do well?

Is there anything else we should know, including any special concerns that you have about your child (behavior, other)?

In our efforts to select the best times available for you and your child, help us select what day(s) and time(s) work best for you. **Reading NOW** will make every possible effort to accommodate schedules. We offer tutoring according to the following schedule:

(Check box for preferred days, and rank order your preferred times, from (1 – best to 4 – least convenient)

Monday / Wednesday evenings
4:00 pm to 5:00 pm _____
5:00 pm to 6:00 pm _____
6:00 pm to 7:00 pm _____
7:00 pm to 8:00 pm _____

Tuesday evenings / Thursday evenings
4:00 pm to 5:00 pm _____
5:00 pm to 6:00 pm _____
6:00 pm to 7:00 pm _____
7:00 pm to 8:00 pm _____

Saturday mornings
9:00 am to 10:00 am _____
10:00 am to 11:00 am _____
11:00 am to 12:00 pm _____

I give my permission for **Reading NOW**, LLC to use the information provided on this questionnaire and during clinic to assist in identifying my child's educational needs. I understand that this information and any other evaluation information may be used for teaching and/or research purposes. All of the information will be strictly confidential.

Signature of Parent/Guardian

Date

If you would like us to contact your child's teacher, please fill out the information below:

Child's Reading Teacher: _____ School Phone Number: _____

I give my permission for **Reading NOW**, LLC to discuss my child's progress with his/her teacher(s) or counselors.

Signature of Parent/Guardian

Date

I give my permission for my picture or my child's picture to be used in marketing materials (e.g. brochure, web page) for **Reading NOW**, LLC.

Signature of Parent/Guardian

Date