



OG Summer Program

Student Registration Form



Directions: Please complete all sections of this form to the best of your ability. If you do not have all requested documents, this will not preclude your child from attending our summer program. Completion of this form offers our team an accurate picture of your child's learning needs.

Today's date: _____ Child's Name: _____ Age: _____

Grade in September: _____ Birthdate: _____

Parent/Guardian Information

Mother's name: _____

Address: _____

Home phone: _____ Cell phone: _____

Mother's occupation: _____ Email address: _____

Father's name: _____

Address: _____

Home phone: _____ Cell phone: _____

Father's occupation: _____ Email address: _____

Does your child have siblings? If so, what are their ages? _____

Is English the only language spoken at home? If not, list the language(s) spoken. _____

Who does your child live with? _____

Emergency contact: _____ Relationship to child: _____

Emergency contact phone #: _____

Dyslexia and Other Diagnoses

Does your child have a diagnosis of dyslexia? (Yes or No) If yes, who diagnosed your child?

Does your child have a neuropsychological evaluation? (Yes or No) If yes, please provide a copy. NEW STUDENTS ONLY.

Does your child have an IEP or 504 Plan? (Yes or No) If yes, please provide a copy. NEW STUDENTS ONLY.

Does your child have any other diagnoses that you feel we need to be aware of (autism, ADHD, etc.)? _____

Does your child require daily medication between the hours of 9:15 am-12:00 pm? _____

What support services does the school provide your child?

Skills and Abilities

Does your child know the alphabet? (Yes, No, or I am unsure.)

Does your child know the letter sounds? (Yes, No, or I am unsure.)

Is your child able to decode? (Yes, No, or I am unsure.)

Does your child reverse letters when reading? (Yes, No, or I am unsure.)

Does your child experience problems writing? (Yes, No, or I am unsure.)

Is your child's writing legible? (Yes, No, or I am unsure.)

Can your child write in print? (Yes, No, or I am unsure.)

Can your child write in cursive? (Yes, No, or I am unsure.)

Does your child reverse letters when writing? (Yes, No, or I am unsure.)

Does your child reverse numbers when writing? (Yes, No, or I am unsure.)

Does your child write with his/her left or right hand? _____

Does your child have speech, hearing, or vision issues? If yes, please explain. _____

Does your child receive speech language services? (Yes, No, or I am unsure.)

Does your child receive OT services? (Yes, No, or I am unsure.)

Does your child have problems understanding verbal directions? (Yes, No, or I am unsure.)

Does your child express thoughts clearly? (Yes, No, or I am unsure.)

Does your child socialize appropriately with peers? (Yes, No, or I am unsure.)

Does your child have behavioral problems in school or at home? If yes, please describe. _____

Please describe your child's personality.

Why do you feel that your child would benefit from OG-based instruction?

My child would want to attend:

- Session 1 (July 11 - July 29)
- Session 2 (August 1 - August 19)
- Both sessions