OG Summer Program
Student Registration Form

July 8 - August 1 (Monday-Thursday 9:15am-12:00noon)

Directions: Please complete all sections of this form to the best of your ability. 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

Parent #1 Name:_____

Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Email Address: _____

Parent #2 Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

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?

_____

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.

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_____

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

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