

Dyslexia Intake Packet

Date Completed: _____

Name of person completing the Intake Packet: _____ Relationship to child: _____

Are you the legal guardian? Yes No

If legal guardian is NOT a parent, you will need to provide proof of guardianship or medical conservatorship

Language(s) spoken in the home: _____

IDENTIFYING INFORMATION/ FAMILY HISTORY:

Child's Name: Last: _____ First: _____ MI: _____

Date of Birth: _____ Age: _____ Gender: ___ Male ___ Female

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Diagnosis: _____

Legal Guardian 1 Name/Relationship: _____ Age: _____

Address: _____

E-mail: _____

Cell #: _____ Home#: _____

Education: _____ Occupation: _____

Employer: _____ Work Phone #: _____

Work Address: _____

Legal Guardian 2 Name/Relationship: _____ Age: _____

Address: _____

E-mail: _____

Cell #: _____ Home#: _____

Education: _____ Occupation: _____

Employer: _____ Work Phone #: _____

Work Address: _____

Emergency Contact (other than parent or guardian):

Name: _____ Phone number: _____ Relationship: _____

Demographics

The following information is required. Please answer **ALL** questions. MCRC offers services at no charge to our clients. However, we do have to seek funding from various sources including grants, foundations, and private donors. MCRC needs this information to present a clear picture of the population we serve.

What type of insurance do you currently have?

- No insurance
- Medicaid
- Private Insurance: _____
- SSI/Disability

What is your ethnicity?

- Asian
- Black or African American
- Native American
- Caucasian (Non-Hispanic)
- Hispanic/Latino
- Pacific Islander
- Others: _____

What is your Annual income?

- | | |
|---------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$60,001-\$70,000 |
| <input type="checkbox"/> \$10,001-\$20,000 | <input type="checkbox"/> \$70,001-\$80,000 |
| <input type="checkbox"/> \$20,001-\$30,000 | <input type="checkbox"/> \$80,001-\$90,000 |
| <input type="checkbox"/> \$30,001-\$40,000 | <input type="checkbox"/> \$90,001-\$100,000 |
| <input type="checkbox"/> \$40,001-\$50,000 | <input type="checkbox"/> \$100,001-\$250,000 |
| <input type="checkbox"/> \$50,001-\$60,000 | <input type="checkbox"/> \$250,001 and over |

How many people are in your household? _____

How did you hear about MCRC?

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> TV | <input type="checkbox"/> Self |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Friend _____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other _____ |

What is the reason you are seeking services at MCRC? (check all that apply)

- Insurance ran out
- No longer qualify for Medicaid
- Do not have private insurance
- Medicaid is primary insurance
- Have insurance or other coverage, but prefer to come to MCRC
- It is the only facility that has the program we need
- Other _____

Would you like information on any of the following community resources?

- Pediatricians
- Specialists
- Social Services
- SHARE
- Other: _____

Please list your child's diagnoses:

If you had to pay for tutoring services, what is the approximate cost that your family would incur?

- \$20 Copay per visit
- \$50 Copay per visit
- \$____ Out-of-pocket per visit

EDUCATIONAL INFORMATION:

Child's school: _____ Phone: _____

Grade: _____ Teacher's Name: _____

Does your child currently receive tutoring services or PT/OT/ST? If so, please list the facility:

If so, how long have you been receiving services? _____ Are services through your child's school? _____

Does your child attend daycare/after school care? ____yes ____no If yes, how many hours a day? _____

Any customs, religious beliefs, or wishes that we should be aware of? _____

MEDICAL/ DEVELOPMENTAL INFORMATION:

Person who diagnosed your child with Dyslexia: _____

Address: _____

Phone: _____ Approximate date your child was diagnosed: _____

Child's Family Physician: _____

Address: _____

Phone: _____ Date child was last seen by this physician _____



CONSENT TO TREAT

The State of Texas
County of Midland

WHEREAS, we the undersigned are the parents/guardians of

(Child's Name) _____ DOB _____; and,

WHEREAS, we desire that the above named child receive treatment at the Midland Children's Rehabilitation Center in Midland, Texas (the "MCRC").

NOW, THEREFORE, in consideration of the terms, conditions and covenants herein below expressed, the parties agree as follows:

We hereby request that the MCRC furnish treatment for our child, at no cost or expense to us or to our child and the MCRC agrees to provide such treatment, free of charge.

In case of any character of injury or damage to our child arising out of any of the treatment or in any other way related to the MCRC, whether the same should occur at the MCRC or en route to or from the same, we the undersigned, hereby forever waive and release any and all claims which we or our child may now or hereafter have against any person in anywise connected with the MCRC or in any way acting for the MCRC as a part of our child's treatment program or in consideration of the treatment therefore given, or to be hereafter given to our child.

I hereby authorize the above named individual for participation in the following activities if their evaluation indicated the need for this service: medical clinics, wheelchair clinics, orthotic clinics, splinting and casting applications, occupational, speech and/or physical therapy intervention, Dyslexia Tutoring, aquatic therapy, equine assisted therapy and Midland Children's Rehabilitation Center sponsored activities.

_____ (Initial) **Although general referrals to physicians, vendors, or diagnosticians are provided as a courtesy to our clients, MCRC does not endorse any physician, vendor or diagnostician over another. MCRC does not make any representations and cannot be held responsible for any interactions or treatments mutually agreed upon between you and the physician or vendor you choose.**

Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____



Attendance Policy/Academic Release

Welcome to Midland Children's Rehabilitation Center. We are pleased that your child will be receiving services here at the center.

Midland Children's Rehabilitation Center is a 501(c)(3) non-profit organization supported by the generosity of the citizens of Midland and Texas. The vision of the board of directors is that children with disabilities should receive therapy services at MCRC at *no charge to the children or their families*. For this reason we have an extensive waiting list of children seeking our services. Therefore, **please review the following adopted policy:**

- 1. If your child has three No Call – No Show (NCNS) appointments, they may be discharged from tutoring and their slot will be given to the next child on the waiting list.**

MCRC's Attendance Policy is as follows:

Each child is required to have an overall attendance rate of **85%** to continue receiving tutoring services. It is the responsibility of the parent to keep track of their child's attendance. Attendance will be evaluated by MCRC twice per year. If a child has three NCNS appointments or does not meet the 85% attendance rate, the tutoring slot may be given to the next child on the waiting list and they will be discharged from services. If you are unable to make it to tutoring, you must call ahead of your scheduled appointment or it will be considered a no call – no show.

- 2. MCRC will not provide services to children who are currently receiving the same services with any other facility.** If your child is receiving services anywhere else, please discuss with your tutor.
- 3. Parents agree to provide tutors with demographic and academic information deemed relevant by the staff, including but not limited to: attendance, grade promotion, academic skill development and standardized test results.**

Signature of Parent / Legal Guardian

Date

MCRC Staff

Date



Family Responsibility Agreement

Child's Name: _____ **DOB:** _____

Welcome to Midland Children's Rehabilitation Center (MCRC). To make the most out of the services at MCRC, it is important that you understand what we expect of our patients and their families.

Tutor's Responsibilities:

1. We tutor students using the Barton Reading and Spelling Program to help each child reach their potential for reading and academic success. We strive to bring each student to grade level reading.
2. We will provide open communication about your child's progress and suggestions for supplemental activities. Tutors will schedule Parent Conferences at least once per semester.

Family Responsibilities:

1. Provide MCRC with copies of testing that indicate a Dyslexia diagnosis. All students must have a diagnosis of Dyslexia before acceptance into our program.
2. Provide academic information that is pertinent to tutoring (copies of report cards, testing results, etc.)
3. Regular and punctual attendance is required.
 - a. If you are more than 15 minutes late, the session will be considered a "no show."
 - b. If you are more than 15 minutes late, the tutor will not see your child for their appointment.
4. Parents or guardians should stay at MCRC during tutoring sessions. This will also allow the tutor to discuss the session with you and recommend things to do at home.
5. No cell phone use in treatment areas.
6. Share any changes in information (medical, phone number, address, etc.) with the front desk and Head Tutor.
7. For the best outcome, follow through with home recommendations made by the tutor.
8. To protect privacy, no photography or videos are allowed without proper approval.

Attendance Responsibilities:

1. If you need to cancel your appointment or are going to be late, please call the office at (432) 498-2053, or call your tutor as soon as possible.
2. Please call to cancel your child's appointment if they have had vomiting, diarrhea, or fever within the 24 hours prior to their appointment.
3. Extended breaks are not permitted—if you must miss more than 3 consecutive weeks of tutoring, your child may be removed from the schedule and their spot given to the next child on the waiting list.

Reasons for Discharge:

1. Goals set by the tutor at the initial evaluation are reached and tutoring is no longer recommended.
2. A plateau has been made regarding progress towards tutoring goals.
3. Your child misses 3 or more sessions without canceling.
4. Your child does not maintain an attendance rate of 85%.
5. The child's behavior prevents their ability to participate and make progress.
6. Your child is receiving services at another facility - MCRC does not duplicate services.

I have read this document and understand my responsibilities and why they are important.

Parent / Legal Guardian's Signature

Date

Tutor's Signature

Date



Publicity Release for MCRC

Child's Name _____

Date _____

_____ I **do not** want my child's photograph to be used in any publicity by the Center.

_____ I give my permission to the staff of Midland Children's Rehabilitation Center to utilize facts related to diagnosis and/or for my child to be photographed by the staff of MCRC, Newspaper Photographers and TV reporters for the purpose of: Staff training, fundraising and publicity materials to include but not limited to brochures, slideshows, newsletters, MCRC website, social media, TV and newspaper ads.

_____ I acknowledge that photographs/videos of my child may be taken by tutors to demonstrate proper techniques for my educational purposes.

This publicity release is granted from the above date and may be revoked or changed by the parent/guardian at any time by submitting a written request to Midland Children's Rehabilitation Center.

I have read and understand this document.

Signature of Parent/Legal Guardian

Date

Name of Parent/Guardian (Please Print)