



LIGHT UP LEARNING

SPARKING SUCCESS. IGNITING HOPE.

APPLICATION FOR SERVICES/TESTING

Name of Student (nombre de estudiante) _____ Date (fecha) _____

Birthdate (fecha de nacimiento) _____ Sex (sexo) ____ School (Escuela) _____ Grade (grado) ____

Father (padre) _____ Occupation (ocupacion) _____ Work Phone (tel.) _____

Mother (madre) _____ Occupation (ocupacion) _____ Work Phone (tel.) _____

Home Address (direccion personal) _____

City (ciudad) _____ State (estado) _____ Zip Code (codigo postal) _____

Home Phone (tel. personal) _____ Email (direccion digital) _____

How did you hear about us? (Como se entero de nuestro programa?) _____

FAMILY HISTORY(Historia Familiar)

Child is living with (joven vive con):

Birth Mother & Father (madre y padre natural) Birth Mother (madre natural) Birth Father (padre natural)

legal guardian (guardian legal) other (otro): _____

Child is (joven es): adopted (adoptado) foster (cuidado de crianza)

EDUCATIONAL HISTORY

List the current and last school attended (ultimos tres colegios):

School (escuela)	Grades (grados)	Reason for change (razon por el cambio)
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_____	_____	_____
_____	_____	_____

State the area(s) in which you feel your son/daughter needs help (areas que sientes necesita el joven):

Check where applicable (marcar todo que corresponda):

repeated grade(s): if so, grade(s) repeated (grados repetidos) _____

received tutoring: if so, subject(s) (recibe tutoria) _____

receives/received speech or other therapy (recibe terapia de expresion) _____

Note child's best and worst subject: Best (clase favorita) _____ Worst (clase peor) _____

Child has been tested before (joven fue evaluado anteriormente): Yes (si) No (no)

If yes, will you submit copy of test(s) (contesta "si," puedes entregar copias de evaluaciones)? Yes (si) No (no)

Child has been diagnosed with (joven ha sido diagnosticado con): AD/HD ASD Other (otro): _____

SOCIAL / BEHAVIOR HISTORY (Historia social/comportamiento)

Check where applicable (marca todo que corresponda):

- independent (independiente) lacks common sense (sentido comun limitado) stubborn (terco) dependent (dependiente)
- anxious (ansioso) easily distracted (distruido facilmente) aggressive (agresivo)
- complains about school (no le gusta el colegio) dishonest (mentiroso) overly fearful (miedoso)
- withdrawn (introvertido) overly sensitive (sensitivo) shy (timido) moody (de humor cambiante)
- makes friends easily (hace amigos con facilidad) confident (seguro) easily frustrated (facilmente frustrado)

Is there any additional information you would like to personally share with *Light Up Learning* prior to testing/services (hay alguna información adicional que le gustaría compartir personalmente con *Light Up Learning* antes de la prueba / servicios)? Yes No _____

_____ *(FOR OFFICE USE ONLY – To be completed during client interview)* _____

PERMISSION FOR TESTING (if applicable)

-Please indicate which testing option is selected:

- Informal Testing Battery _____
- SEARCH Scan _____
- Academic Testing WJ-III _____ WRAT _____
- Coaching Profile _____

-We give permission to Light Up Learning (and it's representatives) to test our son/daughter, _____, and to communicate and coordinate with all parties relating to his/her academic, psychological and educational needs. _____ (initial here).

SERVICES/ SERVICIOS

-Please indicate which service option you have selected for your child/student (after consultation):

-Por favor, indique qué opción de servicio que ha seleccionado para su hijo / estudiante (previa consulta):

Educational TX _____ Search & Teach _____ Reading RX _____ Tutoring Twist _____

Coaching _____ Test Prep. Course _____ *please indicate test: FCAT - HSPT - IOWA/SAT (2nd – 8th grades)*

**A non-refundable registration fee of \$50 is due with this application for those enrolled in Educational Therapy.*

SCHOOLING

Wonder Academy: Homeschool Option _____ Private School Option _____ (Umbrella School)

L.U.L. Representative (representante)

Date (fecha)