

**Florida Southern College
Roberts Center Registration Form**

Family History Form

Please fill in the information on the form below so we can get a better picture of your child's needs.

Student's Name: _____ Today's Date: _____

Student's D.O.B. ____/____/____ Age: _____ Grade: _____ Retentions: _____

Name of current school: _____ Teacher: _____

Name of person responsible for payment: _____

Address for billing; _____

Home Phone: _____ Cell Phone: _____

Email: _____

Other siblings: Yes _____ No _____

Name	Brother/Sister	Age	Reading Difficulty (Y/N)
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1.

2.

3.

4.

Information that would benefit the tutor in planning the sessions for your child:

School History:

Dates: _____ Fall of: _____ June of: _____

Grade: _____ Pass Retained Summer School

School: _____ Public Private Home School

City: _____ State: _____

Any difficulties academically:

- Struggled with: Reading Penmanship
Written expression: Math Phonics/ phonemic awareness
Behavior Problem: Yes No
ADD: Yes No
Healthy: Yes No
Ear Infections: Yes No
Extra help in school: Reading Specialist Special Reading Group Reduced Spelling Test
 Speech Therapy Reduced Homework Read Every night
Testing in School: Yes No
504 Plan: Yes No
IEP: Yes No
Outside Testing: Yes No (If yes, can you provide a copy?)

Diagnosis: _____ Date: _____

Vision: _____ Hearing: _____

Tutoring outside of school: Yes No FOR: Reading Speech Math

Other:

Where: _____ Duration: _____

Results:

Why stopped:

Homeschooled: Yes No How Long? _____

Other Comments:

Date rec'd: _____ Robert's Center Staff: _____

Tutor assigned: _____ Tutoring Session: _____