

*It's More Than Speech*  
12812 Old Glenn HWY Ste. B2  
Eagle River, AK 99577  
admin@itsmorethanspeech.com  
907-290-9595



## **Educational Registration Form**

Today's Date: \_\_\_\_\_

**The following information will help place your child in our educational reading program.**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female

Person Completing form: (Name/Relationship) \_\_\_\_\_

Address: \_\_\_\_\_

Phone #1: \_\_\_\_\_  Cell  Home  Work  Other

Phone #2: \_\_\_\_\_  Cell  Home  Work  Other

Emergency contact information: (Relationship/phone number) \_\_\_\_\_

Email: \_\_\_\_\_

Child Allergies: \_\_\_\_\_

Days that work for you (we will do our best to work with you for scheduling): \_\_\_\_\_

Times that work for you: \_\_\_\_\_

Are you looking for small group reading twice weekly or one on one tutoring (once/twice weekly)?

How did you hear about It's More Than Speech? \_\_\_\_\_

Does the child have siblings or are there other siblings in the home?

Child 1 Name: \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_

Child 2 Name: \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_

Child 3 Name: \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_

Others: \_\_\_\_\_

Other Language(s) spoken in the home & by whom: \_\_\_\_\_

Is there anything additional you would like to share about the family / home environment?

---

---

Any Diagnoses you want to share: \_\_\_\_\_

Current Medications you want share: \_\_\_\_\_

---

Briefly describe why you're seeking educational services at this time: \_\_\_\_\_

---

Describe your child's reading journey thus far: (at/below/above grade level, typically learning to read, delays, curriculum used): \_\_\_\_\_

What would your child say if you asked them to read to you or say "It's time to read": \_\_\_\_\_

---

On a scale of 1-5 how do they feel about their reading ability (5 = they feel they are a great reader and choose to read): \_\_\_\_\_

Do you know your child's current reading level or ability? (Progress notes from a teacher, lexile level, other information you may have, below/above grade level): \_\_\_\_\_

---

What are your child's favorite books/story?: \_\_\_\_\_

What are your reading goals for your child over the next 6 months.(build fluency, build sight words, build reading confidence): \_\_\_\_\_

---

Does the child currently use any equipment? (communication device, hearing aids, colored paper etc.) Describe: \_\_\_\_\_

---

### **Educational History**

Is the child currently enrolled in daycare/ school:  Yes  No

What is the name of the program? \_\_\_\_\_

What day(s) do they attend? \_\_\_\_\_

What is their grade level: \_\_\_\_\_

Type of classroom: \_\_\_\_\_

Homeschool number: \_\_\_\_\_

If they are on an IEP or receive any accommodations, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Please describe any educational difficulties or learning challenges that this child has faced:

\_\_\_\_\_  
\_\_\_\_\_

### **Social History**

At It's More Than Speech we like to support children in all aspects. We offer small group reading to build and practice social skills.

Describe how your child interacts with parents, siblings, or other family members: \_\_\_\_\_

\_\_\_\_\_

Describe how your child interacts with other children: \_\_\_\_\_

\_\_\_\_\_

Any Strengths or weakness you want to share: \_\_\_\_\_

\_\_\_\_\_

What are the child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

Does the child become easily frustrated with certain activities? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

What are your social goals for the child over the next 6 months? (sustain attention, speak calmly and quietly with peers/adults?) \_\_\_\_\_

\_\_\_\_\_

**Thank you very much for supplying this information!**