

1628 South Florida Avenue ♦ Lakeland, FL ♦ 33803  
 Phone: (863) 688-9477 ♦ Fax: (863) 688-0248  
 www.LRCPolk.com cathiew@LRCPolk.com

### EDUCATIONAL SERVICES INFORMATION

Child's Name \_\_\_\_\_  
 (First) (Middle) (Last) (Nickname)

Date of Birth \_\_\_\_\_ *Student's ID#* \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 (Street) (City) (Zip)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Child resides with:  both parents  father  mother  Step Parent  guardian

Child's current school \_\_\_\_\_ Grade \_\_\_\_\_

Current teachers and subjects \_\_\_\_\_

Previous school(s) \_\_\_\_\_

Has your child ever been referred for individual testing in public school or been tested by a private psychologist? If yes, who and what date \_\_\_\_\_

Has your child ever been enrolled in a special program?  yes  no

If yes, specify enrollment date(s) and program(s) \_\_\_\_\_

My student is an approved  Step Up: Gardiner *or*  AAA Scholarship Student

How did you hear about the Learning Resource Center?  
 flyer  newspaper  school  other Please specify: \_\_\_\_\_

If a specific person referred you, whom can we thank? \_\_\_\_\_



Describe briefly the circumstances resulting in request for services: \_\_\_\_\_

\_\_\_\_\_

When did you first notice your child's need for academic assistance? \_\_\_\_\_

\_\_\_\_\_

Has your child been retained in any grades?  yes  no Which one(s) \_\_\_\_\_

Reason for retention(s) \_\_\_\_\_

Please list:

Subjects / skills which are difficult for your child: \_\_\_\_\_

\_\_\_\_\_

Areas in which your child does well in school: \_\_\_\_\_

Does your child have difficulty following directions in school?  yes  no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please share with us some comments your child's teacher has made about your child's academic work ethic, behavior, and any other comments that would be helpful in a tutoring situation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any inappropriate behavior your child has displayed: \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities or special talents? \_\_\_\_\_

\_\_\_\_\_

Number of brothers \_\_\_\_\_ Ages \_\_\_\_\_ Number of sisters \_\_\_\_\_ Ages \_\_\_\_\_

Does your child enjoy reading?  yes  no Being read to?  yes  no

Comments about your child's reading habits: (optional) \_\_\_\_\_

\_\_\_\_\_

Reading interest: \_\_\_\_\_

**MEDICAL INFORMATION:**

List any medications your child is presently taking: \_\_\_\_\_

Dosage: \_\_\_\_\_ Reason(s) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

List any serious illnesses: \_\_\_\_\_ Date \_\_\_\_\_

Please check all that apply:

- Most recent physical examination Date \_\_\_\_\_
- Has had convulsions Date \_\_\_\_\_
- Vision examination Date \_\_\_\_\_
- Wears glasses Describe problem \_\_\_\_\_
- Hearing problems Describe problem \_\_\_\_\_
- Allergies Please list \_\_\_\_\_
- Speech therapy Describe problem \_\_\_\_\_
- Fainted/passed out? Describe problem \_\_\_\_\_

I, the parent/guardian of  authorize the staff of the Polk County School/Learning Resource Center to obtain first aid emergency medical care either through my own physician (listed above) or through a physician of staff choosing if necessary. I also agree not to hold the staff personnel or agents acting in its behalf for any accident or injury that may occur during the program.

Please include the name of a close friend or relative we may contact should your child not be picked up:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Please add any other comments or concerns that would be helpful in planning an academic program for your child: \_\_\_\_\_

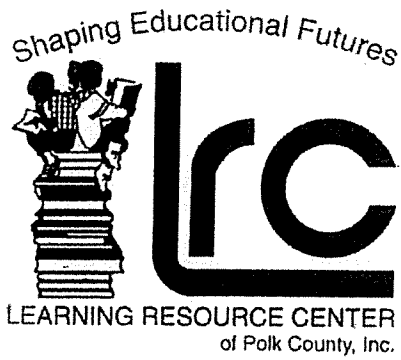
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature  Date \_\_\_\_\_



**OFFICE USE:**

Goals for tutoring:



1628 South Florida Avenue ♦ Lakeland, FL ♦ 33803  
Phone: 863.688.9477 ♦ Fax: 863.6880248  
www.LRCpolk.com

## Tutorial Agreement

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

We, the parents or guardians, have asked the Learning Resource Center of Polk County, Inc. (LRC), to enroll the student listed above in the one-to-one tutoring program with the understanding of the following terms:

- ✧ Services will continue until the end of the Polk County School Board contracted services agreement.
- ✧ The parent/guardian agrees to notify the tutor **NO LATER THAN 12:00 NOON OF THE DAY OF TUTORING IF AN APPOINTMENT CANNOT BE KEPT**. Any sessions missed and *not canceled* within that time will be **CONSIDERED AS "NO-SHOWS"** and the Polk County School Board will be notified. Services will be *discontinued after four (4) "no shows"*.
- ✧ Parents are responsible for arranging necessary transportation to and from the tutoring sessions.
- ✧ In consideration of being assigned to a tutor from the LRC, I agree that I will not employ said tutor independently for a period of **twelve (12) months following the completion of any services by the tutor for the LRC**.
- ✧ *We understand that during the course of this program, my child may be photographed or videotaped. I hereby release any photos or video in which my child appears to be used for program information and evaluation. (No names are included in the photo or videotape.)*  Please initial

\_\_\_\_\_

(Parent/Guardian Signature)

(Address)

(City)

(Zip)



Shaping Educational Futures



LEARNING RESOURCE CENTER  
of Polk County, Inc.

## PARENTAL PERMISSION FOR RELEASE OF STUDENT INFORMATION

\_\_\_\_\_  
(Date)

I, \_\_\_\_\_, hereby authorize the Polk County  
(Parent/Guardian)

School Board (or private school) to release the following portions of the records regarding my child:

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(School)

to include:

*(For Learning Resource Center-Only Highlighted Items)*

- ◆ Teacher Checklists (sent by the Learning Resource Center) *Enclosed*
- ◆ Cumulative grade record card, including current grades
- ◆ Achievement Test Data
- ◆ Psychological Testing and Staffing Forms
- ◆ Current Individual Education Plan and BASIS Test Scores or Service Plan

Release to the Learning Resource Center of Polk County, Inc. for the purpose of planning an individualized supplemental educational program. *I also give permission for my child's tutor to contact the current classroom teachers.*

**Please return by school courier to: Learning Resource Center, Rt. A  
or mail to: 1628 South Florida Avenue, Lakeland 33803**

\_\_\_\_\_

(Parent of Guardian's Signature)

\_\_\_\_\_  
(Relationship to child)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Phone)

