



## **2026-27 Orton-Gillingham Student Application**

**Directions:** Please complete all sections of this form to the best of your ability. If you do not have all requested documents, this will not preclude your child from receiving our services. Completion of this form offers our team an accurate picture of your child's learning needs and will help us best serve your family.

Today's date: \_\_\_\_\_ Child's name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child's age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### **Parent/Guardian Information**

Parent's name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent's occupation: \_\_\_\_\_ Email address: \_\_\_\_\_

Secondary parent's name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent's occupation: \_\_\_\_\_ Email address: \_\_\_\_\_

Does your child have siblings? If so, what are their ages? \_\_\_\_\_

Is English the only language spoken at home? If not, list the language(s) spoken. \_\_\_\_\_

Who does your child live with? \_\_\_\_\_

### **Dyslexia and Other Diagnoses**

Does your child have a diagnosis of dyslexia? (*Yes or No*)

If yes, who diagnosed your child? \_\_\_\_\_

Do you have a special education advocate? If so, who is the advocate? \_\_\_\_\_

Does your child have any other diagnoses that you feel we need to be aware of (ADD, ADHD, etc.)?  
\_\_\_\_\_

Is there a family history of dyslexia or any other learning difficulties? Please explain. \_\_\_\_\_  
\_\_\_\_\_

## School Information

What school/district does your child attend? \_\_\_\_\_

What support services does the school provide your child? \_\_\_\_\_

Does your child participate in afterschool activities? Please list in order of priority. \_\_\_\_\_

Is your child enrolled in tutoring services or reading assistance outside of school? If so, please explain. \_\_\_\_\_

### Skills and Abilities (Please circle one.)

Does your child know the alphabet? (Yes, No, or I am unsure.)

Does your child know the letter sounds? (Yes, No, or I am unsure.)

Is your child able to decode? (Yes, No, or I am unsure.)

Does your child reverse letters when reading? (Yes, No, or I am unsure.)

Does your child experience problems writing? (Yes, No, or I am unsure.)

Is your child's writing legible? (Yes, No, or I am unsure.)

Can your child write in print? (Yes, No, or I am unsure.)

Can your child write in cursive? (Yes, No, or I am unsure.)

Does your child reverse letters when writing? (Yes, No, or I am unsure.)

Does your child reverse numbers when writing? (Yes, No, or I am unsure.)

Does your child write with his/her left or right hand? \_\_\_\_\_

Does your child have speech, hearing, or vision issues? If yes, please explain. \_\_\_\_\_

Does your child receive speech language services? (Yes, No, or I am unsure.)

Does your child receive OT services? (Yes, No, or I am unsure.)

Does your child have problems understanding verbal directions? (Yes, No, or I am unsure.)

Does your child express thoughts clearly? (Yes, No, or I am unsure.)

Does your child socialize appropriately with peers? (Yes, No, or I am unsure.)

Does your child have behavioral problems in at home or in school? If yes, please describe.

To the best of your ability, please describe your child's strengths and weaknesses.

Why do you feel that your child would benefit from Orton-Gillingham instruction?

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### Scheduling

Check **ALL** of the days/times that your child is available for tutoring (check as many as possible). This will enable us to gauge your availability for tutoring.

	3:00-4:00	4:00-5:00	5:00-6:00	6:00-7:00	7:00-8:00
Mondays					
Tuesdays					
Wednesdays					
Thursdays					
Fridays			OFFICE CLOSED	OFFICE CLOSED	OFFICE CLOSED
	9:00-10:00	10:00-11:00	11:00-12:00		
Saturdays					

Does your child have special interests/hobbies? Please explain. \_\_\_\_\_

How did you hear about Literacy Nassau? \_\_\_\_\_

### Application Requirements

Literacy Nassau requires copies of any, and all documents. The more you are able to provide us with, the easier it will be to place your child with a tutor.

Does your child have a neuropsychological evaluation? (Yes or No) If yes, **please provide a copy.**

Does your child have an IEP or 504 Plan? (Yes or No) If yes, **please provide a copy.**

Does your child have standardized testing? (Yes or No) If yes, **please provide a copy.**

- **A neuropsychological evaluation OR an IEP is required to apply for the donation-based program.**

## Programs

After reviewing the *Student Policies & Procedures* document, please check  which program you are interested in? Choose one.

- Donation-based tutoring** with a trainee (3x a week from September to June) – Suggested donation \$50 per session. (Billed monthly)
- Fee-based tutoring** with an experienced OG practitioner (flexible terms, parent/tutor decide on quantity of sessions, and acceptance is on a rolling basis) for \$150 per session.

**Please submit completed application (and requested documents) to Literacy Nassau at the address below or email it to: [kquijano@literacynassau.org](mailto:kquijano@literacynassau.org).**



**Reading. For Life.**

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