



Fellowship Academy Learning Lab Application

Date: _____

Student Name: _____

Birthdate: _____ **Current Age:** _____ **Current Grade:** _____

Mother's Name: _____

Address: _____

Best phone: _____ **Email:** _____

Father's Name: _____

Address: _____

Best phone: _____ **Email:** _____

Tell us about your child:

1. What learning challenges have you noticed with your child? How long have these been evident?

2. Has your child ever been diagnosed with a learning difference (ADHD, dyslexia, auditory processing disorder, aspergers, etc.)? If yes, when was the diagnosis, who diagnosed it, and what was the diagnosis?

3. What classroom accommodations or modifications have been tried with your child? How effective have they been?

4. Has your child ever taken medication for this condition? If so, what? Did you notice the medication to be helpful? Please describe.

5. How would you describe your child? What should I know about him/her? (strengths, weaknesses, likes, dislikes, motivators, etc.)

6. What regular activities does your child participate in outside of the school day?

Please attach copies of any previous academic testing or doctor's reports that might be helpful.