

PRIVATE HOME TUTORING REGISTRATION FORM

For Special Needs Students

Building Academic Skills

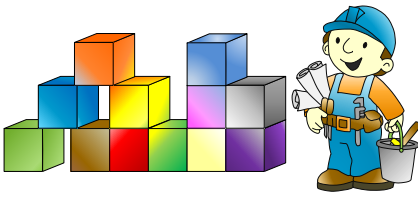
Let us expand your child's educational horizon!

PARENT(S) INFORMATION		
FIRST NAME:	LAST NAME:	
ADDRESS:		
Email	Day Phone	Evening Phone
Best time of day to be reached		

CHILD'S INFORMATION			
STUDENT'S FIRST NAME:		STUDENT'S LAST NAME:	
BIRTH DATE (MM/DD/YYYY):	AGE:	GRADE	PHONE #

SCHEDULES (please indicate)
<p>Preferred Days</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday </div> <div style="width: 45%;"> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday </div> </div> <p>Preferred Timing</p> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
<div style="border: 1px solid black; width: 60%; margin: 0 auto; padding: 5px;"> Other Request (if any) </div>

PAYMENT FORM
<p>Method of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash (in person) <input type="checkbox"/> Money Order <input type="checkbox"/> Autism Funding</p> <p>Cost \$35.00 /h + travel</p> <p style="font-size: small; text-align: center;">Each session is 2 hours long & meets 3/week, or at family request. For best results we recommended 4 – 6 uninterrupted weeks.</p>



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SCHOOL – CHILD ANALYSIS

How does your child feel about going to school?

- Like
- Stressed
- Dislike

How does your child behave in school with his/her study?

- Enjoy
- Boredom
- Overwhelmed
- Difficulty understanding

Does anything upset or frightens your child?

- Yes

PLEASE PROVIDE DETAILS

- No
- Don't Know

Do you think your child gets enough help at school which help his/her overall development?

- Yes

PLEASE PROVIDE DETAILS

- No

PLEASE PROVIDE DETAILS

Does the teacher make clear demands & have clear expectations for your child's work effort?

- Yes
- No

PLEASE PROVIDE DETAILS

Does the teacher plan the learning/teaching in the way your child is learning?

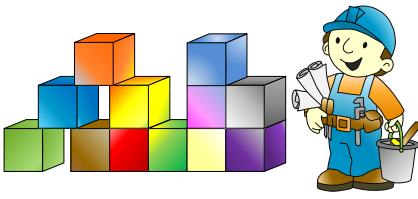
- Yes
- No

Does your child enjoy working with other students in the class?

- Yes
- No
- Sometimes

Do you discuss your child behavior in the school with your child's teacher?

- Often
- Sometimes
- No



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SCHOOL – CHILD ANALYSIS

Does your child receive adapted education in all subjects according to his or her abilities and aptitude?

- Yes
- No
- Don't Know

Does your child show interest in doing school homework?

- Yes
- No
- Sometimes

Are the tasks given at school challenging enough for your child?

- Yes
- No

PLEASE PROVIDE DETAILS

- Don't Know

Please provide any other information that you feel relevant to your child learning skills & behavior.

Please specify the reason for consultation in details:

What is your expectation from this program? Please provide details.

NOTE

Please remember to forward any recent relevant reports: IEP, evaluation, etc.

You can register either by Email register@autismdrills.com or fax: 778-593-2773 A confirmation will be provided by Email.