

Dyslexia Foundation of Memphis

APPLICATION FOR DIAGNOSTIC TESTING

Full name of child _____ Birth Date _____

Does your child wear glasses? _____ Dominant Hand _____ Grade _____

School Attended _____ School to be attended next year _____

Has child been retained? _____ Is child on medication? _____ If so, what? _____

Has child received special help outside classroom? _____

Please specify type of help _____

Full name of head of household where child resides:

(First) (Middle) (Last)

Mother's name _____

Child's address _____
(Street)

(City) (State) (Zip)

Home phone _____ Business phone _____

Has child been tested previously? Yes _____ No _____ Date _____

By whom? _____ Results _____

By whom were you referred to the Foundation? _____

Enclose a check for \$175.00 payable to The Dyslexia Foundation of Memphis. This Testing Fee is **NOT REFUNDABLE.**

Completed application with check should be mailed to:

Dyslexia Foundation of Memphis
Paula Landrum
4901 Montgomery
Millington, TN 38053

Signature of Parent or Guardian

Services of The Dyslexia Foundation of Memphis are provided without regard to race, creed, national or ethnic origin.