

Achieve Center Adult Learning Services

Some people struggle learning to read, spell, and write. Studies have shown that 74% of poor readers in the third grade remain poor readers in the ninth grade. Without specialized instruction, reading, spelling, and writing can remain a lifetime challenge. The Achieve Center's Learning Services Program is designed to assist you to reach your greatest reading potential. Through this program you will learn:

- The spelling rules of the English language
- How to break words down visually to syllables
- Fluency and automaticity at the word level
- Continuous text fluency and composition

Utilizing the Orton-Gillingham approach, an evidence-based method, individuals with dyslexia learn to read and spell. The essential elements of the Orton-Gillingham approach, which will help develop linguistic competency, are:

- Diagnostic and prescriptive
- Individualized
- Explicit
- Systematic and structured
- Sequential and cumulative
- Multi-sensory

With one year of instruction, your reading skills will greatly improve and you will notice advancement in your reading ease, speed, and comprehension.

The Achieve Center's Adult Learning Services Program is taught by Brenda Schultz, MSE, who is certified in the Orton-Gillingham approach by the Orton-Gillingham Academy.

The program requires a minimum of a 3 month commitment with once or twice weekly 1 hour sessions. The requirement is made so the participants can have an opportunity to develop the skills and proficiency necessary for further skills and acquisition.

ACHIEVE! CENTER, INC.
ADULT LEARNING SERVICES

Client: _____ DOB: _____ Gender: Male Female
(first) (MI) (last)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

Contact is permitted At home? yes no At work? yes no On cell? yes no

E-mail: _____

Employer: _____

Referral source: _____

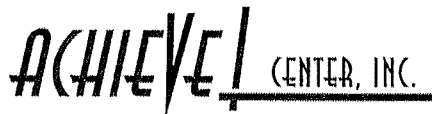
Emergency contact: _____ Phone: _____

I hereby request to participate in the Achieve Center Learning Services Program. I understand that the fee for educational services is \$200.00 for the initial screen and \$40.00/hour for each learning session thereafter which is due on the day the services are provided. I further understand that if I need to cancel an appointment for educational services, a 24 hour advance notice is required. If I do not provide this notice and I do not attend a scheduled appointment, a fee of \$40.00 will be charged.

Signature of client

Printed Name

Date



Adult Learning Services Questionnaire

Please fill out this form as completely as possible. The information you provide is confidential and protected by law.

Date: _____

Demographic Information

Name: _____ Date of Birth: _____ Age: _____ Gender: Male Female

Are you currently employed? Yes No

Employer: _____

Title or job description: _____

Highest level of education: _____

Are you currently a student or applying to become a student: Yes No

If Yes, School: _____

Area of study: _____

What concerns bring you here?

Specific Literacy Problems: (please check)

- | | |
|---|---|
| <input type="checkbox"/> Difficulty reading | <input type="checkbox"/> Difficulty identifying or generating rhyming words |
| <input type="checkbox"/> Difficulty spelling | <input type="checkbox"/> Difficulty counting syllables in words |
| <input type="checkbox"/> Difficulty remembering names or shapes of letters | <input type="checkbox"/> Misread or omit common small words |
| <input type="checkbox"/> Difficulty identifying letter sounds | <input type="checkbox"/> "Stumble" through longer words |
| <input type="checkbox"/> Difficulty decoding (sounding out) words | <input type="checkbox"/> Slow, laborious oral reading |
| <input type="checkbox"/> Difficulty distinguishing different sounds in words | <input type="checkbox"/> Poor reading comprehension |
| <input type="checkbox"/> Difficulty hearing and manipulating sounds in words | <input type="checkbox"/> Difficulty sequencing |
| <input type="checkbox"/> Problems with reversing letters or the order of letters in reading or spelling | |
| <input type="checkbox"/> Difficulty rapidly recalling and naming objects, pictures, colors, etc. | |
| <input type="checkbox"/> Difficulty recognizing or picking up patterns | |

Functional, Social, and Emotional Problems: (please check)

- | | |
|--|---|
| <input type="checkbox"/> Problems with speech | <input type="checkbox"/> Problems organizing my thoughts into words |
| <input type="checkbox"/> Learning problems | <input type="checkbox"/> Impulse control |
| <input type="checkbox"/> Concentration problems | <input type="checkbox"/> Struggles socializing |
| <input type="checkbox"/> Cognitive problems | <input type="checkbox"/> Educational problems |
| <input type="checkbox"/> Memory problems | <input type="checkbox"/> Attention problems |
| <input type="checkbox"/> Poor organizational skills | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Problems meeting responsibilities | <input type="checkbox"/> Other functional problem concern: _____ |
- _____

Have you been diagnosed previously with any type of developmental conditions?

ADHD/ADD Date of diagnosis: _____ Type: _____

By whom: _____

Autistic spectrum disorder Date of diagnosis: _____ Type: _____

By whom: _____

Cognitive impairment Severity (mild / moderate / severe) Date of diagnosis: _____

By whom: _____

Learning Disability Date of diagnosis: _____ By Whom: _____

Did you have an IEP (Individual Educational Plan) in elementary school or secondary school?. Yes No

Speech/Language History: (please check)

Delayed speech in infancy and early childhood

Frustration with self expression

Participated in speech/language therapy

Difficulty with correct word pronunciation

Neurological Disorders History: (please check)

Head Injury Age: _____ Describe: _____

Epilepsy Type: _____

Age of last seizure: _____

Why are you requesting this assessment/services?: _____

Additional information you would like the Achieve Center to know: _____

Signature: _____

Date: _____