ACHIEVE! CENTER, INC.

Neuropsychological, Developmental and Learning Services for Children, Adults and their Families

520 N 28th Avenue • Wausau, WI 54401 • 715/845-4900

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
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

Achieve Center
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)

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

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

☐ Problems with speech
☐ Learning problems
☐ Concentration problems
☐ Cognitive problems
☐ Memory problems
☐ Poor organizational skills
☐ Lack of motivation
☐ Problems meeting responsibilities
☐ Problems organizing my thoughts into words
☐ Impulse control
☐ Struggles socializing
☐ Educational problems
☐ Attention problems
☐ Depression
☐ Anxiety
☐ 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:_____