

Orton Reads a Gnu and So Can You!

Some children struggle to learn 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, these children may not read, spell, and write at a level which would allow them to reach their highest potential. The Achieve Center's literacy program, Orton Reads a Gnu and So Can You!, will assist a child to 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

Parents are instructed to be able to assist their children at home with practice assignments and with translating skills to their school work.

Orton-Gillingham is an evidence-based approach to help children and adults 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, a child may grow one academic grade.

The Achieve Center's Orton Reads a Gnu and So Can You! program is taught by Brenda Schultz, MSE, who is certified in the Orton-Gillingham approach by the Orton-Gillingham Academy.

The Orton Reads a Gnu and So Can You! 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 LEARNING SERVICES

Client _____ (first) _____ (MI) _____ (last) _____ DOB _____ Gender male female

Mailing address _____ City _____ State _____ Zip _____

Telephone Home _____ Work _____ Cell _____

Person responsible for scheduling appointments _____

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

Person financially responsible _____

Relationship to client _____ Home phone _____

Address _____ City _____ State _____ Zip _____

Employer _____ Business Phone _____

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

Parent (mother) _____ Phone _____

Address _____

E-Mail _____

Parent (father) _____ Phone _____

Address _____

E-Mail _____

Guardian _____ Phone _____

Address _____

E-mail _____

Foster Parent _____ Phone _____

Address _____

E-mail _____

Who is legally responsible for child? _____

With whom does the child reside? _____

Referral source _____

Emergency contact _____ Phone _____

Family physician/clinic _____

I hereby authorize the Achieve Center to provide educational services to assist my child. 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 my child does not attend a scheduled appointment, a fee of \$40.00 will be charged.

Signature of client or parent/guardian

Printed Name

Date

ORTON READS A GNU AND SO CAN YOU! PATIENT INFORMATION

Orton Reads a Gnu and So Can You is a literacy program for children who struggle with reading, spelling, and writing. The Orton-Gillingham approach is an evidence-based instruction to help individuals with dyslexia build a foundation for literacy success.

The 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 depending on your child's needs. The requirement is made so the participants can quickly develop the skills to have the greatest impact upon their academic progress and self-confidence in their ability to learn.

A specific day and time is reserved for the child's sessions. Because of the importance of instruction continuity for the child, limited time slots available, and other children waiting to be admitted to the program, children are required to attend their assigned sessions.

Parents are an important part of the child's success in the program. Parents are instructed to be able to assist their child at home with practice assignments and with translating skills to their school work.

FEE POLICY AGREEMENT

The fee for the Orton Reads a Gnu and So Can You initial screen is \$200.00 and \$40.00 per hour for each learning session. You will be charged even if the child does not attend the session unless the appointment is rescheduled for an available time in that same week.

Payment is due at the time of service. There is a \$5.00 billing fee if payment is not made and an invoice must be generated.

By signing below, I acknowledge that I have reviewed and understand the Patient Information and Fee Policy Agreement and agree to the terms. I understand that this consent may be withdrawn at any time and is in effect for a 12 month period.

Parent Signature

Date

CHILD/ADOLESCENT QUESTIONNAIRE
for
Learning Services

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

Date: _____

Demographic Information

Child's name: _____ Date of Birth: _____ Age: _____ Gender: Male Female

Who referred you: _____

What concerns bring you here?

Specific Literacy Problems:

- Difficulty learning to read
- Difficulty learning to spell
- Difficulty identifying or generating rhyming words, or counting syllables in words
- Difficulty with hearing and manipulating sounds in words
- Difficulty distinguishing different sounds in words
- Misreads or omits common small words
- "Stumbles" through longer words
- Poor reading comprehension during oral or silent reading
- Slow, laborious oral reading
- Difficulty in learning the sounds of letters
- Difficulty remembering names and/or shapes of letters
- Reverses letters or the order of letters when reading, after the first grade
- Difficulty with rapid naming tasks
- Difficulty recognizing or picking up patterns

Functional Problems:

- | | |
|---|---|
| <input type="checkbox"/> Problems with speech | <input type="checkbox"/> Poor organization skills |
| <input type="checkbox"/> Poor grades | <input type="checkbox"/> Unmotivated |
| <input type="checkbox"/> Learning problems | <input type="checkbox"/> Irresponsible |
| <input type="checkbox"/> Concentration problems | <input type="checkbox"/> Impulse control |
| <input type="checkbox"/> Cognitive problems | <input type="checkbox"/> Social relationships |
| <input type="checkbox"/> Memory problems | |

Behavior Problems:

- | | |
|---|---|
| <input type="checkbox"/> Struggles socializing | <input type="checkbox"/> Tearful |
| <input type="checkbox"/> Refusal to attend school | <input type="checkbox"/> Other behavior of concern: _____ |
| <input type="checkbox"/> Withdrawn | |

Has the child been diagnosed previously with any type of developmental conditions?

ADHD/ADD Date of diagnosis: _____ Type: _____ By whom: _____

Autistic spectrum disorder (autism, Asperger's syndrome, PDD.NOS) Circle one

Date of diagnosis: _____ By whom: _____

Cognitive impairment (mild / moderate / severe mental retardation) Circle one

Date of diagnosis: _____ By whom: _____

Receptive / expressive / mixed speech delay Circle one

Date of diagnosis: _____ By whom: _____

Learning Disability

Date of diagnosis: _____ Type: _____ By whom: _____

Speech/Language History:

Verbal Skills:

Is your child verbal?: Yes No

If verbal, at what age did your child begin using: 1 words? _____ sentences? _____

Delay in verbal response: Yes No

Describe: _____

Becomes frustrated with self-expression: Yes No

Describe: _____

Uses speech/language assistance devices: Yes No

Describe: _____

Can use words to express needs/wants: Yes No

Describe: _____

Can pronounce words correctly: Yes No

Describe: _____

Participates in speech/language therapy: Yes No

Describe: _____

Neurological Disorders History:

Head injury: _____

Epilepsy: _____

FAMILY HISTORY QUESTIONS

Does anyone on either the mother's side or father's side of the family have had or are suspected to have had difficulties with any of the following: (please check which side of family)

	Mother's Side	Father's Side
Dyslexia	Who: _____	_____
Attention	Who: _____	_____
Learning Difficulties	Who: _____	_____
School Problems	Who: _____	_____
Behavior Problems	Who: _____	_____
Depression	Who: _____	_____
Anxiety	Who: _____	_____
Autism, Aspergers	Who: _____	_____
Speech/Language problems	Who: _____	_____
Genetic Disorders	Who: _____	_____

SOCIAL RELATIONSHIPS

What words best describe the child?

- | | | |
|--|--|--|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Few friends |
| <input type="checkbox"/> Popular | <input type="checkbox"/> Socially awkward | <input type="checkbox"/> No friends |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Shy | <input type="checkbox"/> Not interested in friends |
| <input type="checkbox"/> Used to have more friends | <input type="checkbox"/> Interested in friends | |

RELATIONSHIP TO SCHOOL

How did the child feel about school in Grades 1-3? _____

Any specific problems or concerns? _____

How does the child currently feel about school? _____

How does the child feel about reading? _____

Why does the child feel this way? _____

How does the child feel about writing? _____

Why does the child feel this way? _____

What is the child's favorite subject in school? _____

Why is this the child's favorite class? _____

What is the child's least favorite subject in school? _____

Why is this the child's least favorite subject? _____

Extracurricular activities/religious participation/hobbies/interests: _____

PERSONAL INFORMATION

What are the child's greatest strengths/attributes? _____

ACADEMIC

Current school: _____ Current grade: _____

Started school at age: _____

Participated in: Title I reading Developmental kindergarten Early childhood education Birth to 3

Has the child utilized Special Education support services? No Yes IEP 504 Plan

Please specify below all classifications that have been used, and *circle any current classification*.

Cognitively impaired Emotionally impaired Hearing impaired Visually impaired

Other health impairment Severe multiple impairment Speech and language impairment

Learning disabled: _____

Physical disability: _____

Academic Performance:

Consistently above average (A's, B's)

Consistently average (B's, C's)

Consistently below average (C's, D's)

Consistently below average to failing (C's, D's)

Previously strong grades, recent deterioration

Previously weak grades, recent improvement

Dropped out of school (at age: _____, grade: _____)

Graduated from high school Obtained GED Regular diploma Special education certificate

Was child ever:

Held back – What grades? _____

Suspended – For what and for how long? _____

Expelled – From what grade and why? _____

Home schooled – When and why? _____

Additional information you would like the Achieve Center to know:

Completed by

Parent/Guardian: _____ Date: _____