

**REAL - REaders are Learners
Student Application Form**

<i>Student and Parent(s) should complete this application together.</i>		
Name:		
Address:		
Phone: Day	Evening	Cell
Email address		
Preferred method of contact: phone email		
Do you have a Guardian? (Circle) Yes No		
If Yes, Name:		Phone #:
Parent/Guardian Information:		
Name:		
Address:		
Home Phone:		Home email:
Mother: Cell #:	Work #:	Email:
Father: Cell #:	Work #:	Email:
Parent's preferred method of communication (Circle) Phone Email		
I live with (circle): my family relatives group home on my own or with roommate other		

Special Questions about you:

Do you have a case manager? No Yes (name, agency, phone number):
My disability or relevant medical diagnosis:
Do you have a behavioral diagnosis? Behavior issues? Please tell us:
How my disability affects me:
My reading level (circle one): basic signs 1st-2nd 3rd-4th 4th-6th 6th-8th 9th or above
I want to improve my reading skills because:

Mail application to: Stuart Egan, PDSSN – 824 Chester Road, Winston-Salem, NC 27104

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I would like to be able to read these things that interest me:

My reading needs related to work are:

In my leisure time I spend time doing:

The sports I like are:

The groups or clubs I belong to are:

My favorite thing to do is:

Transportation (circle): I ride with others. I take the bus or taxi by myself. I drive a car.

I need modifications because of a hearing or vision problem (circle): Yes
No

I use assistive technology equipment or other devices (circle): Yes No
If yes, please list:

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For Parents/Guardians only:

What are the motivators for this student? (How can they be used with this program?)
What suggestions to do you have us if the student is hesitant or participate, or refuses to participate in individual or group activities?
What specific goals would you like to see the student accomplish in this program?
1.
2.
3.
4.
5.
What feedback is important for you to receive?
How can you assist him/her to reach their program goals?
How often can you read with him/her?
Is there any additional information you would like to share that might help us help your student?

Signature of Applicant _____

Date _____

Parent consent required if volunteer is under age 18 years:

Signature of parent _____

Date _____

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