

It's More Than Speech – Eagle River Clinic
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Educational Registration Form

Today's Date: _____

The following information will help place your child in our educational program.

Child's Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Male Female

Person Completing form: (Name/Relationship) _____

Address: _____

Phone #1: _____ Cell Home Work Other TEXT? YES NO

Phone #2: _____ Cell Home Work Other TEXT? YES NO

Emergency contact information: (Relationship/phone number) _____

Email: _____

Child Allergies: _____

Days that work for you (we will do our best to work with you for scheduling) _____

Times that work for you: _____

Are you looking for:

- Small group literacy twice weekly or
- One on one tutoring
 - once - or- twice weekly
 - math -or- reading

How did you hear about It's More Than Speech? _____

Does the child have siblings or are there other siblings in the home?

Child 1 Name: _____ Age: ___ Sex: ___

Child 2 Name: _____ Age: ___ Sex: ___

Child 3 Name: _____ Age: ___ Sex: ___

Others: _____

Other Language(s) spoken in the home & by whom: _____

Is there anything additional you would like to share about the family / home environment?

Any Diagnoses you want to share: _____

Current Medications you want share: _____

Briefly describe why you're seeking educational services at this time: (area of concern or support needed) _____

Describe the child's educational journey thus far: (at/below/above grade level, typically learning to read, delays, curriculum used) _____

How does your child feel about reading? _____

What subject does your child seem to enjoy- explain ... Do you get push back on any subject area?

On a scale of 1-5 how do they feel about their reading ability (5 = they feel they are a great reader and choose to read): _____

On a scale of 1-5 how do they feel about their math ability (5=they feel they can do their math)

Do you know your child's current reading level or ability? (Progress notes from a teacher, lexile level, other information you may have, below/above grade level) _____

What are your child's favorite books/story? _____

What are your educational goals for your child over the next 6 months.(build fluency, build sight words, build subject area confidence) _____

Does the child currently use any equipment? (communication device, hearing aids, colored paper etc.) Describe: _____

Educational History

Is the child currently enrolled in childcare or school: Yes No

What is the name of the program? _____

What day(s) do they attend? _____

What is their grade level: _____

Type of classroom: _____

Homeschool number: _____

If they are on an IEP or receive any accommodations, please describe: _____

Please describe any educational difficulties or learning challenges that this child has faced:

Social History:

At It's More Than Speech we like to support children in all aspects. We offer small group reading to build and practice social skills.

Describe how your child interacts with parents, siblings, or other family members: _____

Describe how your child interacts with friends: _____

Any Strengths or weakness you want to share: _____

What are the child's favorite activities? _____

Does the child become easily frustrated with certain activities? If so, please explain: _____

Describe how the child interacts with other children: _____

What are your social goals for the child over the next 6 months? (sustain attention, speak calmly and quietly with peers/adults?) _____

Thank you very much for supplying this information!