



# Brain-Grow Education

## Information Sheet

We create an individualized academic program based on your child's skills and learning styles. Students improve their grades and test scores while building confidence! Please complete the following information, as it will help serve the needs of your child. *This information will remain confidential.*

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Referral Source \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Work Phone(s) \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Email(s) \_\_\_\_\_

Preferred Method(s) of Contact: \_\_\_\_\_

Emergency Phone and Contact Person \_\_\_\_\_

Sitter's Name \_\_\_\_\_ Phone \_\_\_\_\_

Has the Student Received Testing Before? \_\_\_\_\_ *Please submit copies if applicable.*

Name/Date of Test(s) \_\_\_\_\_

Has student been diagnosed with a learning disability? \_\_\_\_\_

*Please circle the areas of concern in academics below:*

Test Preparation: \_\_\_\_\_

Reading Fluency

Math Computation

Homework Support

Reading Comprehension

Math Word Problems

Pre-School Enrichment

Phonics

Organizational Skills

Study Skills

Vocabulary

Listening Skills

Writing