

Redwood Reading Solutions

Client Contact Information

Name of Student _____ Date _____

Age _____ Date of Birth _____

Address _____ City _____ Zip _____

School _____ Grade _____ Teacher _____

IEP: yes _____ no _____ Grades repeated: yes _____ no _____ Reason _____

List any diagnosis/label that has been used to describe your child: _____

By whom _____ Date _____

Special Services, reading classes, tutoring or therapy? _____

Food Allergies, dietary restrictions, or medical conditions _____

Parent/ Guardian Name _____ Email _____

Phone: H _____ W _____ C _____

Parent/Guardian Name _____ Email _____

Phone: H _____ W _____ C _____

Client resides with: Mother _____ Father _____ Both Parents _____ Guardian _____

Emergency Contact: Name _____ Relationship to student _____

Phone: H _____ W _____ C _____

Person Responsible for Payment Name _____

Relationship to Student _____

Address _____

Phone: H _____ W _____ C _____

Professional Communications & Confidentiality: We consider the information you share with us as confidential. It will not be shared with another agency or individual unless you give us written permission to do so. Please complete the Information Release form if you wish us to share test results and reports with schools or other professionals.

Parent or Adult Signature: _____