



Dear Parent/Guardian,

Thank you for contacting The Well Education Center regarding tutoring services for your child. We are excited about the possibility of working with your child! For us to better serve our families we begin with an intake process. Please completely fill out the attached paperwork to the best of your ability and return it to our facility.

1. The following paperwork must be received as the first step of the intake process.
 - Intake Form
 - Financial Information
2. When an availability opens, The Well Education Center will schedule a meet and greet to proceed in providing services for your child.
 - Consent Forms
 - How The Well is Different
3. Following our meet and greet, we will schedule a baseline assessment (or diagnostic) for your child and determine their weekly tutoring schedule.
 - The diagnostic takes one hour and costs \$200.00.
 - Tutoring costs range from \$55.00 - \$70.00.
 - Scholarships available.

Please feel free to contact us at any time if you have any questions. We look forward to meeting you and your child soon.



INTAKE FORM

Dear Parent/Guardian:

Please complete the following Case History Form and return it to The Well Education Center. Thank you.

Date: _____

Name of person completing Case History Form: _____

Relationship to child: _____

Language(s) spoken in the home: _____

Language:

___ English Other: _____

Services Requested:

___ Dyslexia Services

___ Tutoring Services

Subject: _____

IDENTIFYING INFORMATION/FAMILY HISTORY:

Child's Name: Last: _____ First: _____ MI: _____

Date of Birth: _____ Age: _____ Sex: ___ Male ___ Female

Street Address: _____

City: _____ State: _____ Zip: _____

(If applicable) Diagnosis: _____

Mother/Guardian's Name: _____ **Age:** _____

Address: _____

Employer: _____ **Occupation:** _____

Email: _____

Cell #: _____ **Home #:** _____

Your educational experiences: _____



Father/Guardian's Name: _____ **Age:** _____

Address: _____

Employer: _____ **Occupation:** _____

Email: _____

Cell #: _____ **Home #:** _____

Your educational experiences: _____

Emergency Contact (other than parent or guardian):

Name: _____ **Phone #:** _____ **Relationship:** _____

EDUCATIONAL INFORMATION:

Child's school: _____ **Phone #:** _____

Grade: _____ **Teacher's Name:** _____

Previous schools attended: _____

Has your child repeated any grade: _____ **If so, which grade?** _____

Does your child receive special education services? If so, describe services and include length of time per day: _____

Any customs, religious beliefs, or wishes that might affect care? _____

Has your child received dyslexia or tutoring services in the past?

Where: _____ **Length of Services:** _____

Dyslexia/Tutoring Program Used: _____

Please provide a copy of previous dyslexia services records. Please provide a copy of the students' 504 plan or IEP.

MEDICAL/DEVELOPMENTAL INFORMATION:

Please list any childhood illnesses and/or medical conditions (past and present):

Food Allergies: ____ **Yes** ____ **No** if yes, please list _____

SOCIAL BEHAVIOR:

Please describe any social concerns (short attention span, interaction with children and adults, over active, aggressive behaviors, anxiety, emotional difficulties):

CHILD OBSERVATIONS:

Please note your child's strengths and talents: _____

Indicate your child's area of greatest need in school related tasks:

Please list any activities that your child particularly enjoys or does well and anything that may be useful as rewards: _____

ADDITIONAL INFORMATION:

What is it about your child that concerns you? _____

INFORMATION (FOR DYSPLEXIA SERVICES ONLY):

Does your child suffer from chronic ear infections currently or in the past? Please describe frequency and treatment: _____

Has your child had a formal eye examination? _____

Has your child had a recent hearing test? _____

Has your child had tubes in his/her ears, hearing aids, or cochlear implants?

Has your child established a hand preference? Right ____ Left ____

Is there a history of reading, spelling, and written expression difficulties in the family?

____ Father

____ Mother

____ Sibling

____ Other relative

Is your child currently receiving dyslexia services at another school or facility?

Dyslexia Program: _____ Where: _____

Length of time served: _____ Days per week served: _____

Has your child ever attended:

____ Reading Recovery

____ Leveled Literacy Intervention (LLI)

____ Lexia Reading Program

____ Speech Therapy

____ Summer school

____ School based tutoring

____ Private tutoring

____ Dyslexia intervention

DEVELOPMENTAL MILESTONES:

| Speech Skills | Age | Motor Skills | Age |
|---------------------|-----|---------------------|-----|
| Babbling | | Rolling | |
| First Word | | Sitting unassisted | |
| 2 Word Utterance | | Crawling | |
| Phrases/Sentences | | Walking | |
| Chewing solid foods | | Drinking from a cup | |
| Reaching | | Spoon feeding self | |



FINANCIAL INFORMATION

Guarantor

Person Responsible for Account (Last, First, MI) _____

Relationship to Student _____ Date of Birth _____

Address _____

Address

City

State Zip

Guarantor Employer _____ Occupation _____

Employer Address _____

Address

City

State

Zip

Phone

Scholarship

- ☐ Are you interested in applying for scholarship funds?
- ☐ Are you willing to complete additional paperwork and vetting processes to ensure you qualify for a scholarship?

Costs

- ☐ Diagnostic/Baseline Assessment - \$200.00
- ☐ Start-up Materials Fee - \$50.00
- ☐ 1-hour Tutoring Session 2x/wk - \$55.00 each
- ☐ 75-minute Tutoring Session 1x/wk - \$70.00



PAYMENT, ATTENDANCE & CANCELLATION POLICIES

The Well Education Center is a 501(c)(3) non-profit organization. One thing that makes us pretty different from your average tutoring service is that we take a radical stance on modeling generosity.

We donate the first 30% of each student's service-payment.

In this your service-fee becomes a platform - where YOU help both your own child and other children - who either do not have access to reading/academic support or access to the Gospel of Jesus Christ.

Please review the following policies:

PAYMENT: Cash, personal checks, and Venmo transactions are accepted. Payment can be made by phone, mail or in person at The Well Education Center. **Payment is required at the time of service at the beginning of each week. Tardy payments will result in an additional charge: \$5.00 additional per day late.**

The Well Education Center offers a sliding fee scale payment arrangement based on household income/expenses for patient families who might otherwise be unable to afford the cost of academic support services. Please ask for Scholarship forms to apply.

ATTENDANCE: If you need to cancel your appointment or are going to be late, please contact your tutor as soon as possible.

- If your child has **two (No Call – No Show) sessions**, they will be discharged from services.
- Three tardies will count as one absence for attendance purposes.
- If a student arrives tardy, the session will not be extended. It will end at the scheduled time.
- We ask that a student not miss more than one session per month that has not been rescheduled.

CANCELLATIONS: If a child or tutor is sick or has a schedule conflict arise, we ask for **24-hour notice for cancellations.**

- Private sessions will be rescheduled, and payment will *roll over* to the rescheduled session.
- If a child is absent without 24 hour-notice or is a No call - No show, the service fee will still be due, and the session will not be made up or rescheduled.

I understand that I am personally responsible to The Well Education Center for all charges for services.

Parent/Guardian's Printed Name

Date

Parent/Guardian's Signature



FAMILY RESPONSIBILITY AGREEMENT

Student's Name: _____ **Date of Birth:** _____

Welcome to The Well Education Center (The Well). To make the most out of the services at The Well, it is important that you understand what we expect of our patients and their families.

Tutor Responsibilities:

1. Our goal is to provide comprehensive academic support services by either a trained educator and/or a trained dyslexia specialist.
2. Communication is encouraged. The parent and tutor/dyslexia specialists are encouraged to conference periodically. Conferences must be scheduled prior to meeting with the tutor/dyslexia specialist.

Family Responsibilities:

1. Before being seen for tutoring, The Well **MUST** have an intake form completed.
2. Comply with attendance, payment and cancellation policies.
3. **If parents are in the waiting/back room not to engage in conversations (create distracting noises).**

Student Responsibilities:

1. Come mentally and physically prepared for the session: HW completed, having a good attitude & ready to learn.
2. Follow the OKAY Rules: Obey and respond respectfully and willingly to tutor instruction, Keep your hands and feet to yourself, Always pay attention, and You can only use kind words.
3. **No cell phone use during sessions.**

The Well's Discipline Steps:

1. Daily REVIEW of rules/expectations and consequences (OKAY rules – as stated above).
2. WARN misbehavior 1x using a QUESTION, ACKNOWLEDGE the misbehavior and RESTATE expectation & consequence.
3. If behavior is not corrected, FOLLOW THROUGH with CONSEQUENCE – removal of 1 of 3 chips - & verbalize OPPORTUNITY to REDEEM – gain back a chip.
4. If all 3 chips are removed the session will end and the parents will be called for pick up.
5. If all 3 chips remain the student gains a reward (predetermined on a case-by-case basis).

Reasons for Discharge:

1. Student demonstrates mastery of the curriculum.
2. Child misses 2 sessions without calling to cancel.
3. Child misses too many sessions in a month.
4. The child's behavior prevents their ability to participate and make progress during services or interferes with the learning of others in the group.

I have read this agreement and understand my responsibilities and why they are important.

Child's Name: _____

DOB: _____

Parent/Legal Guardian's Signature

Date

Tutor's Signature

Date



PUBLIC RELEASE FOR THE WELL EDUCATION CENTER

Child's Name _____ Date _____

_____ I DO NOT want my child's photograph to be used in any publicity by the Center.

_____ I give my permission for my child to be photographed by the staff of The Well Education Center, Newspaper Photographers, and TV reporters to be used for the purpose of: Staff training, and publicity materials but not limited to brochures, slideshows, newsletters, The Well Education Center website, and newspaper.

Please list any exceptions to the above items where you do not want your child's picture to be included.

This publicity release is granted from the above date and may be revoked or changed by the parent/guardian at any time by submitting a written request to The Well Education Center.

I have read and understand this document.

Parent or Guardian Name
(Please Print)

Parent/Guardian Signature