

## REQUEST FOR A DYSLEXIA-SPELD TUTOR

Membership of the Dyslexia-Speld Foundation WA (Inc) entitles you to access the Foundation's tutoring service and we would be happy to arrange a tutor for you. Upon receipt of your membership payment and details, along with this request form, we will contact you with names and phone numbers of qualified tutors.

The recommended hourly rate for a DSF tutor is between \$45 and \$60. This is a private contractual arrangement between you and the tutor. The tutoring is, however, monitored by DSF with regular reports provided to parents and the DSF Tutor Manager. In order for this arrangement to continue and to ensure that full insurance cover is maintained it is important that you renew your membership with the Foundation each year.

If you have any concerns once tutoring has commenced, we would be more than happy to discuss these with you.

**If any of the tutors you contact are unavailable please let us know. If you are unable to make a match please ring us again to discuss options.**

**PARENT'S / CARER'S NAME:** .....

**CHILD'S NAME:** .....**AGE:**.....**DATE OF BIRTH:**.....

**ADDRESS:** ..... **POSTCODE:** .....

**TELEPHONE NO: (Mob)** ..... **(h)**.....**(w)**.....

**SCHOOL:** ..... **YEAR:** .....

**IF YOU PREFER TUTORING TO TAKE PLACE IN YOUR CHILD'S SCHOOL YOU MUST FIRST HAVE SCHOOL APPROVAL.**

**PLEASE PROVIDE SCHOOL ADDRESS:**.....

### AREAS OF CONCERN:

Reading	<input type="checkbox"/>	Maths	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	Concentration	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	Behaviour	<input type="checkbox"/>
Letter Reversals	<input type="checkbox"/>	Organisation	<input type="checkbox"/>
Handwriting	<input type="checkbox"/>	Other .....	<input type="checkbox"/>

### HAS THE CHILD BEEN ASSESSED BY:

Guidance Officer	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>
Psychologist	<input type="checkbox"/>	Paediatrician	<input type="checkbox"/>
Speech Pathologist	<input type="checkbox"/>	Other	<input type="checkbox"/>

Vision assessment within the last 2 years: Yes / No .....

Hearing assessment within the last 2 years: Yes / No .....

OFFICE USE ONLY:

Membership Date

RN

Recommended Tutors:

Name:

Location:

Phone No.:

Date Names Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials of person giving names:.....