

Julie Holcomb, Dyslexia Specialist & Certified Barton Tutor

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CLIENT HISTORY

General Information

Date: _____

Child's name: _____

Date of birth: _____

Address: _____

Mother's Name: _____

Mother's Email: _____ Cell #: _____

Father's Name: _____

Father's Email: _____ Cell #: _____

Does Child live with both parents? Yes No

Educational History

Current School: _____ Grade: _____

When did you become aware of your child's academic struggles?

Is your child reading below grade level? Yes No

If yes, at what grade level do they read? _____

Has your child had an SST? Yes No

Does your child have a 504? Yes No

Does your child have an IEP? Yes No

If yes, in what category did he or she qualify?

Has your child had any outside tutoring or therapy? Yes No

If yes, what kind of intervention and for how long?_

Was there significant improvement? _____

Reasons for requesting services: