



*STICHTING
LEERLINGBEGELEIDING
"JAN STEEN"
voor Basis- en Voortgezet Onderwijs*

APPLICATION FORM

Client information

Surname _____

First (and middle) name(s) _____

Family composition _____

Address _____

Post code _____ Town / city _____

Date of birth _____

Telephone number parent(s) _____

Email address parent(s) _____

Reason for application _____

Have there been any intelligence, dyslexia or dyscalculia tests? If so, when, and what were the results? * _____

Has your child's learning development been tested previously? If so, when, and what were the results? * _____

What are you applying for?

remedial teaching

dyslexia test

intelligence test

dyscalculia test

If you want to apply for **remedial teaching** for you son/daughter, please mention below when your child is available. We offer tuition during and after school hours. The more options you give, the sooner your child will be able to start!

School information

Name _____

Address _____

Post code _____ Town / city _____

Telephone number _____

Group / class _____ Teacher _____

For primary school (basisschool): Has your child had trouble with spelling / reading before? If so, since when? _____

Have the problems received any extra attention from a form teacher, coordinator (interne begeleider) or remedial teacher? If so, how long for and what was the effect? * _____

Has your child had to repeat a year? If so, which year? _____

Which subjects is your child having trouble with at the moment? _____

Assistance outside school

Has there been any assistance from other organisations? _____

If so, which organisation(s) and what were the results? * _____

Medical details

Is there any history of dyslexia or other learning difficulties in the family? _____

Did the pregnancy go well? _____

Were there any problems surrounding the birth? _____

Have there been any hospital admissions? _____

Did your child learn to crawl normally? _____

Did your child learn to walk normally? _____

Did your child learn to talk normally or where there any problems? _____

Have there been any problems with his/her vision? (E.g. blurry vision or lazy eye)

Have there been any problems with his/her hearing? (E.g. ear infections) _____

Were there problems with the fine motor skills during the "kleuter" period (ages 4 to 6)? (e.g. using scissors or glue, tying shoelaces, writing) _____

Psychological details

Are there (or have there been) any problems with:

Motivation _____

Fears / phobias _____

Concentration _____

Social behaviour _____

Memory _____

Does your child have ADD / ADHD? _____

Other issues, i.e. _____

Parent information

Name and initials of father _____

Date of birth _____ Occupation _____

Name and initials of mother _____

Date of birth _____ Occupation _____

Marital status (single, married, living together, divorced)

Application form completed by: _____

Payment details (This section only needs to be filled in if the billing address differs from the address of the client. If that is the case, please make sure you give the name of whoever will be financing the tuition and/or tests.)

Financed by _____

Address _____

Post code _____ Town / city _____

Telephone number _____

Place _____ Date _____

Signature of both parents (if applicable)

* For all sections marked with an asterisk, you are kindly requested to include a copy of the report. This concerns reports of psychological tests, if applicable the official diagnosis of dyslexia ("dyslexieverklaring"), other diagnoses (e.g. dyscalculia), any information about extra help given at school ("handelingsplannen") and the results of extra help in or outside school.

CONSENT FORM

Client information

Name of child: _____

Date of birth: _____

Name(s) of parent(s): _____

We / I give Stichting Leerlingbegeleiding "Jan Steen" consent to digitally process information concerning our / my child related to the offered learning support and care. This consent comprises:

- Using personal details for billing purposes;
- Using my email address for billing purposes;
- Processing personal details from my child's file in written reports;
- Keeping reports for a period of ten years;
- After consultation only, sharing of personal details with other care providers, when necessary for remedial teaching or testing purposes.

Place _____ Date _____

Signatures of both parents (if applicable)
