



Nebraska Dyslexia Association
Reduced Fee Scholarship Application for Nebraska Resident
For tutoring by an Orton-Gillingham trained tutor/interventionist.
Award will be paid directly to the tutor.

Tutoree Applicant's Basic Information

Name: _____ Address: _____
Street City State Zip

Age: ____ Grade: ____ School & City: _____

Classroom teacher: _____ Free/reduced lunch? Yes ___ No ___
Name Phone Contact

Special Education/Support verification and services: _____

I give permission for my child's tutor to contact the current classroom teacher(s): Yes ___ No ___

Parent(s) name(s): _____ Parent(s)' Occupation/Job: _____

Phone contact: _____ Email: _____

Explain family tutoring assistance need: _____

Academic Information

Place a if any of the following apply to the student's learning difficulties.
 Place an if also a teacher concern.

<input type="checkbox"/> <input type="checkbox"/> Delayed speech	<input type="checkbox"/> <input type="checkbox"/> Anxiety, anger, frustration
<input type="checkbox"/> <input type="checkbox"/> Learning letter names, sounds and shapes	<input type="checkbox"/> <input type="checkbox"/> Attention, hyperactivity (ADD/ADHD)
<input type="checkbox"/> <input type="checkbox"/> Rhyming words	<input type="checkbox"/> <input type="checkbox"/> Difficulty in following directions
<input type="checkbox"/> <input type="checkbox"/> Difficulty with reading (decoding)	<input type="checkbox"/> <input type="checkbox"/> Difficulty expressing thoughts clearly
<input type="checkbox"/> <input type="checkbox"/> Misshapen, laborious handwriting	<input type="checkbox"/> <input type="checkbox"/> Disorganization in school and at home
<input type="checkbox"/> <input type="checkbox"/> Extreme spelling difficulties	<input type="checkbox"/> <input type="checkbox"/> Difficulty with time and space
<input type="checkbox"/> <input type="checkbox"/> Poor written composition	<input type="checkbox"/> <input type="checkbox"/> Completing assignments/homework
	<input type="checkbox"/> <input type="checkbox"/> Poor performance on tests

Allergy or medical concerns: _____

Comments: _____

What are your student's strengths? _____

NDA Vision: All individuals possess the skills they need to read and succeed.
NDA Disclaimer: The Nebraska Dyslexia Association supports Orton-Gillingham multisensory instruction, but the Nebraska Dyslexia Association does not endorse any particular Orton-Gillingham language-based program.
 The Nebraska Dyslexia Association is a non-profit 501(c)3 organization.

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Tutor Agreement

Student's Name _____ Date _____

We/I agree to enroll the student listed above in the one-to-one tutoring program and to comply with the following terms of this agreement:

- ❖ Student is enrolled in a K-12 public or private school, is home schooled, is working for a Grade Equivalent Diploma (GED) or is a functionally illiterate adult.
- ❖ Student will meet for 1 hour per session with an Orton-Gillingham trained tutor for a minimum of two times per week for 40/52 weeks (1 year). If further tutoring is needed after one year, student will need to reapply for scholarship.
- ❖ We/I understand that this scholarship provides \$20.00 of the tutor's charge per session. We/I understand that if the student qualifies for a scholarship award, the \$20.00 will be paid directly to the tutor. We/I will provide our/my portion of the tutoring charge to the tutor **per each tutoring session.** ____ *Please initial.*
- ❖ We/I will transport the student to and from the tutoring site unless other arrangements are made.
- ❖ We/I agree to notify the tutor **AT LEAST 4 HOURS PRIOR TO AN APPOINTMENT.** Any sessions missed and **not canceled prior to the 4 hours** will be **CHARGED AS "NO SHOWS"** at the **FULL** hourly rate for tutoring. Services will be **discontinued after three (3) "no shows."** ____ *Please initial.*
- ❖ Services will continue until we/I withdraw the student from the program.

OR

- ❖ Services will continue until the tutor feels it is no longer beneficial. In such case, conference with parent/client will be held prior to the termination of services.
- ❖ We/I understand that during the course of this program, the student may be photographed or videotaped for the sole purpose of program information and evaluation by the Nebraska Dyslexia Association.
- ❖ We/I authorize the tutor to obtain first aid emergency medical care for the student through our/my physician, _____, phone _____ or through a physician of tutor choosing if necessary. We/I also agree not to hold the tutor responsible for any accident or injury that may occur prior to or after the session.
- ❖ Parent/Client must be a member of the Nebraska Dyslexia Association.
- ❖ Please include the name of a close friend/relative the tutor may contact should your child not be picked up within 15 minutes of the close of the tutoring session:

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Client signature: _____ Date of application: _____

Email completed application to cbrandlenda@gmail.com or send to
Nebraska Dyslexia Association, Box 6302, Lincoln, NE 68506