

Office Use Only
Date Application Received:
Date Application Processed:
Follow Up Date:



Application for Executive Function Skill Building Services

Return this application to: LDA Minnesota
6100 Golden Valley Road, Golden Valley, MN 55422
Fax: 952.582.6031, Email: kn@ldaminnesota.org

Date ____ / ____ / ____

Client Name _____

Date of Birth _____ Female Male Client Grade (2019-2020) _____

Parent Name (if applicable) _____

Home Street Address _____

City _____ State _____ Zip _____

Phone _____ Email address _____

Best Method of contact: Phone Email Other: _____

Executive Function Skill Building 6-hour Group Sessions @ LDA (\$340/6 sessions)

All classes will take place at LDA Minnesota's office

Summer 2019 Schedule:

Saturday Sessions (4 Weeks)

- Saturday Session 1: 7/13/19, 7/20/19, 7/27/19, 8/3/19
- Saturday Session 2: 8/10/19, 8/17/19, 8/20/19, 8/27/19

Middle School 10:00-11:30 am / High School 12:15-1:45 pm

Weekday Sessions (2 Weeks- Choose Session Dates and Time)

- Session 1: June- 6/18/19, 6/20/19, 6/25/19, 6/27/19
- Session 2: July- 7/9/19, 7/11/19, 7/16/19, 7/18/19
- Session 3: August - 8/6/19, 8/8/19, 8/13/19, 8/15/19

Early Session

- T/Th: Middle School 10:00-11:30 am/ High School 12:15-1:45 pm

Late Session

- T: Middle School 4:00-5:30 pm / High School 5:45-7:15 pm

Late Summer Camp Sessions (1 Week- M-Th):

- Session 1 - August 19, 20, 21, 22
- Session 2- August 26, 27, 28, 29

Early Session

- T/Th: Middle School 10:00-11:30 am/ High School 12:15-1:45 pm

Late Session

- T: Middle School 4:00-5:30 pm / High School 5:45-7:15 pm

Please provide the following information as fully as possible. The more information you can provide, the better LDA will be able to meet your programming needs.

Please describe what difficulties your child is experiencing that you would like addressed through LDA's Executive Function Skill Building Course:

Have you been assessed for a learning disability, ADHD, or an other condition that affects learning?

If yes, what were the results? _____

Please attach any documents (IEP, 504 Plan, etc.) you would like reviewed by LDA staff prior to your visit.

Schools attended:

| <u>School Name</u> | <u>City/State</u> | <u>Grade Levels</u> |
|--------------------|-------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

How did you hear about LDA Minnesota? (Please check)

- Friend
 Teacher
 Counselor
 Yellow Pages
 Website
 Other

If Other, please indicate source: _____

If you wish, please indicate your ethnicity. This data is used anonymously for reporting to program funders.

- African American
 Asian American
 European American
 Latino/Hispanic American
 Native American
 Multi-racial
 Other _____

By signing below, you give permission to LDA staff to review any documentation related to LDA services that you have provided to this office. Payment is due prior to start of service.

Signature: _____

Date: _____

Thank you for your interest in LDA services. We look forward to working with you.