

Office Use Only

Date Application Received:

Date Application Processed:

Follow Up Date:



## Application for Tutoring and Executive Function Skill Building Services

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  Female  Male Client Grade (if applicable) \_\_\_\_\_

Parent Name (if applicable) \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Best Method of contact: Phone Email Other: \_\_\_\_\_

**Program for which you are applying:**

1: 1 Tutoring  
(\$72/hour or \$65/hour for 12 prepaid sessions)

1: 1 Executive Function Skill Building (EFSB)  
(\$72/hour or \$65/hour for 12 prepaid sessions)

**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 the purpose of your tutoring/EFSB request. If more information or clarification is required, you will be contacted by LDA staff.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***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.***

***LDA tutoring/skill building is available on Mondays through Fridays between 8:00 am and 7:00 pm (Ending at 8:00 pm). Some tutors have weekend availability.***

**Preferred day(s):**

- Monday     Tuesday    Wednesday    Thursday    Friday

**Preferred time(s):**

- 8:00am-12:00pm     12:00pm-3:00pm     3:00pm-5:00pm     5:00pm-7:00pm

**Preferred location(s):**

- LDA Offices (Golden Valley)     Virtual Learning Sessions (Skype, Facetime, Etc.)
- Community Location (please specify \_\_\_\_\_)

***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.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Return this application to:***  
**LDA Minnesota**  
**6100 Golden Valley Road**  
**Golden Valley, MN 55422**  
**Fax: 952.582.6031**  
**Email: [kn@ldaminnesota.org](mailto:kn@ldaminnesota.org)**

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