



1628 South Florida Avenue ✧ Lakeland, FL ✧ 33803  
Phone: 863.688.9477 ✧ Fax: 863.688.0248

Dear Parent:

Thank you for choosing the Learning Resource Center of Polk County, Inc., to meet your child's learning needs. Please complete the enclosed forms and return by mail to the Learning Resource Center.

The billing for tutoring is sent from our office on a monthly basis. As a non-profit United Way agency, our tutoring fees are on a sliding fee scale, based on gross annual family income. If your total gross family income is less than \$50,000 per year, please complete and return the enclosed Application for Fee Reduction. ***Verification of your income is necessary*** in order to adjust our fees on the sliding scale.

There is an initial consultation fee and an advance fee deposit required before tutoring services can begin. This advanced fee deposit is for four weeks of tutoring services, and will be applied as a credit to your account.

Thank you, again, for allowing the Learning Resource Center of Polk County to be of service to you.

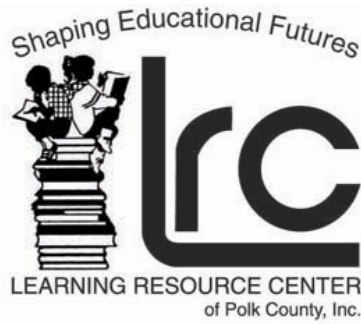
Sincerely,

*Cathie Wright*

Cathie Wright  
Sr. Program Manager

Jenny Reed, Program Manager  
Alice Koehler, Program Manager  
Beverly Mansfield, Program Manager  
Candice Fager, Associate Program Manager  
Lynne Windham, Assistant Program Manager

<b>FOR LRC USE ONLY</b>
Teacher Form _____
Prescriptive Plan _____ T _____
Records Sent _____ T _____
Records Received _____
Advanced Fee Deposit _____
Date Received _____



1628 South Florida Avenue —Lakeland, FL —33803  
 phone: (863) 688-9477 —fax: (863) 688-0248  
 www.LRCPolk.com —email: cathiew@LRCPolk.com

**EDUCATIONAL SERVICES INFORMATION**

Child's Name \_\_\_\_\_  
 (First) (Middle) (Last) (Nickname)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 (Street) (City) (Zip)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Child resides with: " both parents " father " mother " Step Parent " guardian

Child's current school \_\_\_\_\_ Grade \_\_\_\_\_

Current teachers and subjects \_\_\_\_\_

Previous school(s) \_\_\_\_\_

Has your child ever been referred for individual testing in public school or been tested by a private psychologist? If yes, who and what date \_\_\_\_\_

Has your child ever been enrolled in a special program? " yes " no

If yes, specify enrollment date(s) and program(s) \_\_\_\_\_

How did you hear about the Learning Resource Center? " flyer " newspaper " school " other

If a specific person referred you, whom can we thank? \_\_\_\_\_



Describe briefly the circumstances resulting in request for services \_\_\_\_\_

\_\_\_\_\_

When did you first notice your child's need for academic assistance? \_\_\_\_\_

\_\_\_\_\_

Has your child repeated any grades? " yes " no Which one(s) \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_

List subjects or skills which are difficult for your child: \_\_\_\_\_

\_\_\_\_\_

List areas in which your child does well in school: \_\_\_\_\_

\_\_\_\_\_

Does your child have difficulty following directions in school? \_\_\_\_\_

\_\_\_\_\_

What are some of the comments teachers have made to you regarding your child? \_\_\_\_\_

\_\_\_\_\_

Describe any inappropriate behavior which you have noticed? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities or special talents? \_\_\_\_\_

Number of brothers \_\_\_\_\_ Sisters \_\_\_\_\_ Ages of brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Does your child enjoy reading? \_\_\_\_\_ Being read to? \_\_\_\_\_

Reading interest: \_\_\_\_\_

\_\_\_\_\_





## PARENTAL PERMISSION FOR RELEASE OF STUDENT INFORMATION

\_\_\_\_\_

(Date)

I, \_\_\_\_\_, hereby authorize the Polk County  
(Parent/Guardian)

School Board (or private school) to release the following portions of the records regarding my child:

\_\_\_\_\_

(Child's Name)

(Date of Birth)

(School)

to include:

- (For Learning Resource Center-Only Highlighted Items)*
- " Teacher Checklists (sent by the Learning Resource Center)
- " Cumulative grade record card, including current grades
- " Achievement Test Data
- " Psychological Testing and Staffing Forms
- " Current Individual Education Plan and BASIS Test Scores

Release to the Learning Resource Center of Polk County, Inc. for the purpose of planning an individualized supplemental educational program.

**Please return by school courier to: *Learning Resource Center, Rt. A*  
or mail to: 1628 South Florida Avenue, Lakeland 33803**

\_\_\_\_\_

(Parent of Guardian's Signature)

(Relationship to child)

\_\_\_\_\_

(Address)

(City)

(Zip)

(Phone)





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## *Initial Consultation/Start-up Fee and Advance Fee Deposit Form*

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name \_\_\_\_\_

As a non-profit United Way educational agency, the Learning Resource Center of Polk County, Inc. adjusts all fees based on **total annual family income**. A sliding fee scale is available if the total annual family income is **less than \$50,000** per year. **An initial non-refundable consultation/start-up fee and an advance fee deposit is required before tutoring services can begin.** The advance fee deposit is for four weeks of tutoring services. The following formula is used to determine the advance fee deposit.

$$\frac{\$ \quad \quad \quad \times \quad \quad \quad 1 \quad \quad \quad \times \quad \quad \quad 4 \quad \quad \quad \$}{\text{*(hourly rate for tutoring)} \quad \times \quad \text{(hours per week)} \quad \times \quad \text{(4-weeks)} = \text{Advance Fee}}$$

*Or*

$$\frac{\$ \quad \quad \quad \times \quad \quad \quad 2 \quad \quad \quad \times \quad \quad \quad 4 \quad \quad \quad \$}{\text{*(hourly rate for tutoring)} \quad \times \quad \text{(hours per week)} \quad \times \quad \text{(4-weeks)} = \text{Advance Fee}}$$

### TOTALS

	<b>One hour</b>	<b>Two hours</b>
* Initial Consultation/Start-up Fee	\$ _____	\$ _____
* Advance Fee Deposit	\$ _____	\$ _____

**Total Amount Due Before Services Can Begin**      \$ \_\_\_\_\_ *or* \$ \_\_\_\_\_

**\* These figures are estimates if your total family income is less than \$50,000 per year. The actual fees will be determined by your Application for Fee Reduction and verification of your family income.**





