

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 (if applicable) _____

Parent Name (if applicable) _____

Home Street Address _____

City _____ State _____ Zip _____

Phone _____ Email address _____

Best Method of contact: Phone Email Other: _____

Executive Function Skill Building 10-hour Group Sessions @ LDA (\$550 for 8 sessions)

Please rank your 1st, 2nd and 3rd choice session dates and times:

Summer Time Options:

- Middle School from 9:00am to 10:15am
- Middle School from 2:30pm to 3:15pm
- Middle School from 5:00pm to 6:15pm

- High School from 10:30am to 11:45pm
- High School from 3:30pm to 4:45pm
- High School from 6:30pm to 7:45pm

Summer Date Options:

- June 18, 19, 20, 21, 25, 26, 27, and 28th
- July 9, 10, 11, 12, 15, 16, 17, 18, and 19th
- July 23, 24, 25, 26, 30, 31, Aug 1, and 2nd
- August 6, 7, 8, 9, 13, 14, 15, and 16th
- August 20, 21, 22, 23, 27, 28, 29, and 30th

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.