

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](mailto: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 6-hour Group Sessions @ LDA (\$330/6 sessions)

All classes will take place at LDA Minnesota's office

#### **Fall 2018 Schedule:**

##### Session 1 Tuesdays

9/18, 9/25, 10/2, 10/9, 10/16, 10/23

- High School from 4:00 pm - 5:00 pm
- Middle School from 5:15 pm - 6:15 pm

##### Session 2 Tuesdays

11/6, 11/13, Off week of 11/19, 11/27, 12/4, 12/11, 12/18

- Middle School from 4:00 pm - 5:00 pm
- High School from 5:15 pm - 6:15 pm

##### Session 3 Thursdays

11/8, 11/15, Off week of 11/22, 11/29, 12/6, 12/13, 12/20

- High School from 4:00 pm - 5:00 pm
- Middle School from 5:15 pm - 6:15 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.**



