



Enrollment Form | Fast ForWord® Online Program

Student Name: _____ Grade _____ Age _____

DOB _____ School student attends: _____

Has your child been recommended for retention for the 2023-2024 academic year? **Yes -or- No**

Has your child been retained in previous years? *If so, what grade level?* _____

Has your child had a history of:

Ear infections Delayed speech Difficulty with reading Difficulty following directions

Does your child have an IEP? _____

What services in school or in private practice settings does your child receive? Ex. Speech/language, learning disabilities etc. _____

Parent Name: _____

Address: _____

Phone number: _____ Email: _____

The Fast ForWord® programs require that a student participate in the program while online, in a quiet setting. Students must use an ipad or a computer (Android tablets are not compatible) must wear headphones while participating and work on the program in a quiet setting. Students will work on the program for a minimum of 30 minutes per day and must be able to participate a minimum of 3 days per week. Parents will receive a weekly report, electronically, and may schedule a phone consultation to review data.

Deposit for program and assessment: **\$250.00**

Monthly fee for access to the program, electronic reports and consultation: **\$100.00**

(Must be paid at the beginning of each month)

Parent Agrees to terms _____ Date _____

Parents will be asked to print a copy of the form, sign the form and mail with the deposit and assessment fee, or bring information to the Bridges to Learning Tutoring Center.

(To be completed by Ms. Egli)

Date received to office _____ | Check/Cash Deposit _____

**You will be contacted by email or phone for initial consultation and start dates for activation of the program.*