



The Reading Roost Educational Services

Where Every Learner Takes Flight

Application for Services

Families interested in services at The Reading Roost Educational Services should complete this application. This information helps us understand your child's academic, social-emotional, and behavioral needs to create the best individualized plan.

Student Information

Name: _____

Date of Birth: _____ Age: _____ Grade: _____

School District: _____

IEP/504 Plan (if applicable): _____

Academic Needs

☐ Reading ☐ Writing ☐ Math ☐ Other: _____

Specific concerns: _____

Behavioral & Social-Emotional Needs

Does your child have behavioral challenges? ☐ Yes ☐ No

If yes, please describe: _____

Does your child have social-emotional needs? ☐ Yes ☐ No

If yes, please describe: _____

Diagnoses, supports, or strategies currently in place: _____

Preferred Services

☐ In-Person ☐ Virtual ☐ Blended

Funding Source

☐ Jon Peterson Scholarship ☐ Private Pay

Parent/Guardian Goals

What do you hope your child will gain from services at The Reading Roost?
