



California Scottish Rite Foundation

SF/ Burlingame RiteCare® Childhood Language Center

Application Form

Today's Date: _____

Child's Name: _____

Date of Birth: _____ Chronological Age: _____ Gender: _____

Child's School: _____ Grade: _____

Any Allergies: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Referred By: _____

Reason for Referral: _____

Does the child have a current diagnosis?

Has the child had any previous testing?

Is the child currently receiving therapy services from the school district/other agency?

Is there a current IEP in place?

Does your child have any behavioral issues? If so , how have they been addressed?

If reading is an area of concern, is the concern primarily regarding (circle one)

Phonics Comprehension Both Don't Know

If age appropriate, are you interested in enrolling your child in the creative writing class and/or putting your child on the waitlist for the class?

(Level 1-2: 5th & 6th grade or Level 3-4: 6th & 7th grade)

Yes_____ No_____

Hearing Tested: Yes_____ No_____ Date: _____ Results: _____

Can the family comply with CASRF vaccination requirements? Yes_____ No_____

The CASRF requires that all vaccinations up to date. We are unable to serve children whose vaccinations are not current.

Would you prefer to be seen in (circle one)

San Francisco Burlingame

Would it be helpful to you to work with a Spanish speaking speech therapist? _____

All service at our center are provided free of charge. **We give priority to low-income families.** Please tell us your annual household income and feel free to share any other information relevant to your current financial situation.

Annual Income: _____

Additional Comments:

*** Please Note: We hope to be able to serve your child within the following year, but it is not possible for us to serve all children on our waitlist. We keep all intake forms for one year from the date upon which they are completed. If we are unable to serve your child in the upcoming year and you are still interested in being on our wait list, please contact the center at that time.

You may mail your application to:

San Francisco & Burlingame Childhood Language Center
2850 19 Ave
San Francisco, Ca 94132

Or Email Application to:

mohlmeyer@casrf.org