

# Learning Lab

## CONSULTATION PACKET

Complete this packet and return to the Learning Lab:

- mail
- drop into mail slot at 1125 Herschel Bess Blvd, Ste#3, Poplar Bluff, MO
- email to [director@pblearninglab.org](mailto:director@pblearninglab.org)
- complete online [www.pblearninglab.com](http://www.pblearninglab.com)

Our team will review the information then contact you to schedule a no-cost consultation appointment.

Thank you!

# WELCOME to the LEARNING LAB



Learning Lab  
1125 Herschel Bess Blvd  
Poplar Bluff, MO 63901  
573.609.2294 573.718.5545  
501c3 Nonprofit Organization  
[www.pblearninglab.com](http://www.pblearninglab.com)



## **STUDENT EXPERIENCE**

Pre-Post Assessment

In-Lab/Online Prescriptive Instruction

Visual-Processing Developmental Intervention

Immediate, Positive Feedback

Incentives for Attendance & Progress

Online Prescriptive Programming Assignments

## **PARENT EXPERIENCE**

Pre-Post Assessment Summary & Goals

Weekly Progress Reports

Online Prescriptive Programming for Home Use

Educator/Public School Coordination - Parent Request

Suggestions for Home Activities - Parent Request

## **AVAILABILITY**

Flexible times, days, and sessions!

**LEARNING LAB: Parent Input Form**

<b>Parent</b>
<b>Address</b>
<b>City</b>
<b>State/Zip</b>
<b>Phone</b>
<b>Email</b>

<b>Educational Concerns</b>

<b>School Attendance</b>
Schools attended?
Consistent attendance? (if N, explain)
Y N

<b>Educational History</b>
Has student repeated a grade?
Y N
Current classroom grades <b>(please attach or list)</b>

<b>Date</b>
<b>Student</b>
<b>Birthdate</b>
<b>Age</b>
<b>Grade</b>
<b>Gender</b>

<b>Educational History Continued</b>
Current diagnosis?
Current interventions? (Title 1, IEP, Tutor, other)
Behavior reports? (if Y, explain)
Y N
Good social skills?
Y N
How does your student best learn?
School activities or other interests?

<b>Family History</b>
Do other family members have learning difficulties? (grandparents/aunt/uncle/cousin)
Y N

Life Style of Student	
Enjoy these activities...	
Frustrated by...	
Helps at home by doing...	
Siblings...	

Health & Development & More	
Vision test	Y N
Prescription glasses	Y N
Hearing test	Y N
Frequent ear infections	Y N
Sensitive to loud noise	Y N
Sensitive to bright lights	Y N
Sleeps well	Y N
Adequate water intake	Y N
Balanced diet	Y N
Pronounces words easily	Y N
Expresses thoughts easily	Y N
Understands directions/concepts easily	Y N
List medical conditions and medications, if any...	

Normal pregnancy (if N, explain)	Y N
C-Section	Y N
Alcohol consumption during pregnancy	Y N
Smoked during pregnancy	Y N
Drug/medication use during pregnancy	Y N
Made 2 word sentences at approx. 2 years	Y N
Interested in books at 18 months	Y N
Attempted nursery rhymes 4-5 years	Y N
Crawled at 6-14 months (not scooted)	Y N
Walked at 10-14 months	Y N
Followed 2 step directions at 4 years	Y N
Skipped at 5 years	Y N
Used scissors and colors at 4-5 years	Y N
Tied shoes at 5-7 years	Y N
Rode a bike at 7-10 years	Y N
Rode tricycle	Y N
Breathes with mouth closed	Y N
Sleeps without snoring	Y N

Other Info	
Reacts to texture of food	Y N
Gags when eating foods (if Y, list foods)	Y N

Math	
Counts forward beginning from a given number between 1 and 20.	Y N
Counts by 1s to 100.	Y N
Counts by 5s to 100.	Y N
Counts by 10s to 100.	Y N
Counts backward from a given number between 20 and 1.	Y N
Reads and writes numerals and represents a number of objects from 0 to 20.	Y N
Demonstrates that a number can be used to represent “how many” are in a set.	Y N
Compares two numerals, between 1 and 10, and determines which is more than or less than the other.	Y N
Classifies objects into given categories; counts the number of objects in each category.	Y N
Orders three or more objects by length.	Y N
Understand two-digit numbers are composed of ten(s) and one(s).	Y N
Understand three-digit numbers are composed of hundred(s), ten(s) and one(s).	Y N
Demonstrates fluency for addition and subtraction within 100.	Y N
Calculates 10 more or 10 less than a given number mentally without having to count.	Y N
Demonstrates fluency for multiplication and division within 100.	Y N
Tells and writes time to the nearest minute from analog and digital clocks, using a.m. and p.m.	Y N
Identifies and knows the value of a penny, nickel, dime, and quarter.	Y N

Finds the value of combinations of dollar bills, quarters, dimes, nickels, and pennies, using \$ and ¢ appropriately.	Y N
Identifies, draws, and models simple two-dimensional shapes.	Y N
Partitions circles and rectangles into two, three or four equal shares, and describes the shares and the whole.	Y N
Recognizes and generates equivalent fractions using visual models, and justifies why the fractions are equivalent.	Y N
Demonstrates fluency for addition and subtraction of fractions and mixed numbers with like denominators.	Y N
Demonstrates fluency for multiplication and division of a fraction by a whole number.	Y N
Reads, writes, and identifies decimals to the hundredths place using number names, base ten numerals, and expanded form.	Y N
Understands that fractions and decimals are equivalent representations of the same quantity.	Y N
Converts decimals to fractions and fractions to decimals.	Y N
Demonstrates fluency for addition and subtraction of multi-digit whole numbers and decimals to the thousandths place.	Y N
Demonstrates fluency for multiplication and division of multi-digit whole numbers and decimals to the hundredths place.	Y N
Shows learning process when working through problems/can explain their thinking.	Y N
Work is organized/legible when solving a problem.	Y N
Uses a calculator when solving basic mathematical problems.	Y N

<b>Vision: Does your student have <u>difficulty</u> with the following?</b>	
Blurry vision	Y N
Double vision	Y N
Headaches while reading	Y N
Wandering eye or “lazy eye”	Y N
Misaligned eyes	Y N
Sensitivity to light	Y N
Red eyes	Y N
Irritated/itchy eyes	Y N
Eye fatigue	Y N
Color blindness	Y N
Misreads words or letters	Y N
Skips lines or sentences	Y N
Uses finger to guide reading	Y N
Holds books close to face	Y N
Difficulty sustaining eye contact	Y N
Tilts head to read	Y N
Short attention to visual activities	Y N
Appears Clumsy	Y N

<b>Reading: Does your student have <u>difficulty</u> with the following?</b>	
Learning letter names	Y N
Learning letter sounds	Y N
Spelling words	Y N
Using prepositions	Y N
Knowing left and right	Y N
Rhyming words	Y N
Transposing the order of letters	Y N
Slow or choppy reading	Y N
Fast reading, ignoring punctuation	Y N
Recognizing multi-syllable words	Y N
Comprehending information read	Y N
Getting thoughts onto paper	Y N
Pencil/paper skills	Y N
Organizing tasks	Y N
Inconsistent grades	Y N

**Does your student plan to attend college?** Y N  
**Does your student plan to attend technical career school?** Y N  
**Does your student plan to begin work after high school graduation? If Yes, in what type of job?** Y N

**How did you find us?**  
 Radio FaceBook Website  
 Chamber of Commerce

Friend (who?)

□ **Please bring school-work samples, reports, and outside agency information.**  
**(IEP/EVALUATION/504/Dyslexia Screening)**