



Request for LITERACY or MATH Evaluation

[If you plan to register your child for classes, you don't need to complete this Request form. The Registration form itself will act as the request for evaluation.]

Parent/Guardian Information

Name: _____

Address: _____

City, State Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Student Information

Name: _____ Nickname: _____

Date of Birth: _____ Grade: _____

School Name: _____

What are your primary reasons for bringing your child for a literacy assessment?

How did you learn about our services?

At the time the Request for Literacy Evaluation is scheduled, a payment of \$90.00 is due. (We accept credit payments over the phone.) The balance of \$85.00 is due on the day of the actual test. A \$30.00 nonrefundable fee will be retained in case of a No Show or a cancellation within 24 hours of the testing.

Email Form to: jmradaj@stritch.edu. Fax to: 414-410-4379. Mail to: Cardinal Stritch Literacy and Math Centers, 6801 North Yates Rd., Box 104, Milwaukee, WI., 53217.

OFFICE USE ONLY

Evaluation Scheduled: Day: _____ Time: _____

Evaluation Paid: Amount: _____ Date: _____