



CALIFORNIA STATE UNIVERSITY  
**FULLERTON**

*HMC Reading Center, EC24  
(657) 278-2758*

**HMC Croy Reading Center Application  
(assessment and/or intervention services)**

Parent/Caregiver Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Child's Reading Level (Estimate): \_\_\_\_\_

Is your child receiving special services at school? Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

Reason for interest in Reading Center services or additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please scan and return by email to: [readingcenter@fullerton.edu](mailto:readingcenter@fullerton.edu)**

**Or mail to: CSUF Croy Reading Center, PO Box 6868, Fullerton, CA  
92834-6868**