



CONFIDENTIAL

IMPORTANT LEGAL DOCUMENTATION: PLEASE READ, INITIAL () AND SIGN

**** Signature Required Prior to Testing****

Privileged Communication and Limits of Confidentiality

Confidentiality is an ethical standard set forth by a profession, whereas *privileged communication* is granted by law.

It is important that parents and legal guardians understand that the law supersedes ethics in three mental health situations for minors:

- 1- Reports of being abused
- 2- Reports of harm to self
- 3- Reports of a plan to do harm to another person.

There are other exceptions to confidentiality and privileged communication. If mental health professionals are ordered by a court to release counseling records, they can state their objections, but they will be required to forfeit these records or they may be found in contempt of court.

I understand and agree to these terms.

Agreement to Terms of Private Testing Services

(a) The U.S. Department of Education acknowledges a parent's right to seek independent or private testing when their child is struggling at school, or there is concern for a possible learning or behavioral impairment. I understand and agree that results are my private property and are not reported to third parties (i.e. school) by the psychologist. As the parent/legal guardian, I have the right to share results with my child's school as part of the IEP or section 504 process. However, a diagnosis from an outside evaluation alone does not guarantee accommodations. Parents must actively advocate and have an obligation to find out other requirements that meet their school district's criteria for a student to receive special accommodations. (b) I understand and agree that I have done my due diligence in finding a qualified clinician to perform this assessment. Results, scores and diagnosis **will not be contested nor disputed once the final report is received.** (c) I understand and agree that **no refunds will be issued.**

I agree to the above terms and conditions.

For IQ Testing Only (Gifted Program Placement)

Parents have a right to seek independent or private IQ testing as part of the criteria for the Academically Gifted Program. I understand IQ scores are final and cannot be altered in any way. In the event that my child does not meet the minimum IQ score required for AGP placement, I am still obligated to pay any fees due associated with this service and agree to not dispute nor contest test scores. I also understand that my child cannot be re-tested using the same instrument within 6 months of administration.

I agree to the above terms and conditions.

Payment Agreement

I hereby acknowledge and agree that I am fully responsible for the established fee of \$_____ for rendered services, **which is due in full on the day of testing.** Personal checks and money orders are accepted. Credit cards used through PayPal have a 2.9% service fee and request will be sent on the day of testing. **No refunds will be issued.** Parents are responsible for investigating their school district's criteria for accepting outside evaluations.

Parent or legal guardian's signature

Today's date



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Relevant Background Interview Form
(2 years to Adult)

ATTENTION: Please take enough time to thoroughly complete this form. This information is a critical part of the assessment process.
If you do not remember exact dates or ages, use closest approximation or mark unknown.
TO PROTECT YOUR PRIVACY **DO NOT EMAIL BACK THIS FORM**, hard copies will be collected on the day of the appointment. Thank you.

Student Information

Appointment date: _____ Time: _____

Name of student: _____
First Spell out middle name Last

DOB: ___/___/___ Age: ___ Gender: ()male ()female Race/Ethnicity: _____

Primary language: () English () Spanish Other: _____ Secondary language (if applicable): _____

Handedness: ()Right ()Left ()Ambidextrous

Current grade level or college year: _____ Name of School/college/university: _____

School district and county, or campus: _____

Student's place of birth (city and state): _____

Current address: _____

Parent/legal guardian 1 : _____ Age () Occupation: _____

Parent/legal guardian 2: _____ Age () Occupation: _____

Primary phone number: _____ Secondary phone number : _____

Primary Email : _____ Secondary Email: _____

General Reason for Assessment or Referral

Briefly describe reason for testing:

How did you hear from us? () Search engine -Google/Bing () Social media -Facebook/Instagram
() Friend/Relative/word of mouth () Past client () Referral. Please specify _____



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Home Life (please fill out this section if the student is a minor living at home)

Child is: () Biological () Adopted () Foster () Relative _____ () Other _____

Familial status: () Both biological parents married and living together () Biological parents separated () Biological parents divorced () Remarried parent () Parent living with domestic

Describe custodial arrangements if applicable:

How many siblings living full time in household? _____ Ages and gender: _____

If other siblings living part-time in household, ages/gender and frequency in home:

Other persons besides parents/siblings living in same household with child, relationship/age/gender:

Stress and anxiety can affect all areas of an individual's well-being including sleep, diet, mental and physical health, self-esteem, social interaction and academic performance. Studies show that students who are under emotional stress are at higher risk of suffering from poor academic performance and in some cases can mimic learning problems. Describe **any recent changes or situations at home that may be a source of stress to the child** (e.g. separation or divorce, new stepparent or domestic partner, new step-siblings, new biological sibling, economic distress, absent parent/parents who work or travel over 50 hrs. a week, death/loss in the family, illness, natural disaster, relocation, new school, older sibling leaving to college, other recent changes in daily routine, etc.

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Relevant Developmental History

Pregnancy:

- Full term: 37-41 weeks Late Pre-term: 34-37 weeks Very Pre-term: less than 32 weeks
 Extremely Pre-term: less than 25 weeks Unknown
 Healthy pregnancy Ectopic pregnancy Gestational diabetes Gestational hypertension
 Preeclampsia Placenta Previa Anemia/iron deficiency High stress Depression Smoker
 Drug or alcohol use Used prescription medications to treat medical condition

Describe any health or emotional complications during **pregnancy**:

Childbirth and First Infancy:

- Natural/Vaginal labor Cesarean section Unknown
Baby's health at birth: Normal/Healthy Low birth weight Anoxia at birth Low heart rate
 Jaundice NICU stay. How long?: _____ Unknown
Did the infant pass the Apgar Scale (newborn screening) at birth? yes no unknown

Describe any other complications at **birth**:

Was mother able to spend first 3 months bonding with infant? Yes No. Reason: _____

Breastfed No Yes. How long? _____

Verbal Communication/Language:

- Spoke first words Typical Early Late Unknown
Spoke complete sentences Typical Early Late Still in progress Unknown
Primary/Dominant language: English Spanish Other languages spoken at home: _____
Proficient in English? Yes No

Describe any verbal communication difficulties:

Ever received speech therapy? No Yes Age: _____ Still does Frequency: _____

Motor Development:

- Crawled Typical Early Late Unknown
Walked without assistance Typical Early Late Unknown
Climb and run Typical Early Late Still in progress Unknown

Describe any gross-motor difficulties:

- Used utensils to self-feed Typical Early Late Still in progress Unknown
Scribbled on paper using crayon/pencil Typical Early Late Still in progress Unknown
Ties shoe laces without assistance Typical Early Late Still in progress Unknown
Handles pencil correctly Typical Early Late Still in progress Unknown
Handedness Left Right Ambidextrous

Describe any fine-motor difficulties:

Ever receive occupational therapy? No Yes Age: _____ Still does Frequency: _____



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Potty Training:

Stopped using diapers: () Typical () Early () Late () Still in progress () Unknown

Stayed dry at night: () Typical () Early () Late () Still in progress () Unknown

Describe any current elimination difficulties:

Social development:

Separating from parent/caregiver: () Typical () Had some difficulty () Still in progress () Unknown

Playing with others/making friends: () Typical () Had some difficulty () Still in progress () Unknown

Adjustment to changes or transitions: () Typical () Had some difficulty () Still in progress () Unknown

Describe any **social** difficulties past and current:

Health History

Describe any past or current **medical conditions** (non-psychiatric) including chronic illnesses or environmental or food allergies, surgical procedures, fractured bones, injuries, stitches and hospital stays. Please include age of occurrence and/or diagnosis for each:

List medications or treatments taken on a regular basis (non-psychiatric):

Does the student sleep less than 8 hours a day or been diagnosed with any sleep disorder?

Has the student been absent more than 10 times in any given school year due to illness? () No () Yes.

Please describe:

Describe any visual impairments:

Describe any hearing impairments:

Describe any sensory processing impairments:

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Neurological, Psychiatric and Psychological History

Please describe all previously diagnosed conditions such as ADHD, intellectual disability, specific learning disability, autism, OCD, nervous tics, seizures, anxiety, depression, mood disorder, bipolar disorder, other. **Please include age of occurrence and/or diagnosis for each:**

List medications, treatments, counseling or other interventions (outside of school) and frequency of each:

Behavior and Interests

Describe any **behavioral** concerns, please circle all that apply: hyperactivity/impulsivity, short attention span, low tolerance to frustration, frequent meltdowns or tantrums, overwhelmed by overstimulating environments, often shuts down, dislikes or refuses to do homework, picky eater, sensory craver, other sensory processing differences, low self-esteem, self-critical, isolation, difficulty engaging with peers, target of bullying, persistent sadness, chronic shyness, depression, generalized anxiety, separation anxiety, social anxiety, irrational fears, refuses to sleep in own room, refuses to bathe alone, disorganized, forgetful, oppositional/defiant, disruptive in class, school refusal, run away, truancy, destruction of property, bullying of others, trouble with police, school suspensions, other:

Describe your child's **strengths** (what does your child do well) Example: drawing, caring for pets, helping others:

What **extra curriculars** does the student participate in? Example: team sports, gymnastics, equestrian arts, martial arts, chess club, debate club, art, scouting, specific interests.

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Academic History (If you're an adult or college student please indicate services received during school)

Full name of current school : _____ County/district: _____

Public Charter Magnet Private FLVS (Virtual School)

Current grade level: _____

Current placement: Regular Advanced Honors Gifted ESL/ESOL/LEP

ESE inclusive classroom ESE contained classroom. Reason:

Has the student ever been held back? No Yes Grade(s): _____

Number of school changes and grades: _____

ESE Services:

Has or had an IEP. Since grade _____ Reason: _____

Has or had 504 Plan. Since grade _____ Reason: _____

Occupational therapy Speech/Language Behavior therapy/Applied Behavior Analysis Social skills

RTI (is pulled out for reading instruction) ELP (stays after school for additional academic help)

Current **granted accommodations** (please share a copy of most recent IEP or 504 plan): Extra time allotment for exams, preferential seating, stretch breaks, receives notes, allowance of calculator, exam questions are read to student, other:

Homeschoolers

Since _____ Current curriculum(s): Classical Conversations, All About Reading, Other: _____

Does the student attend a learning coop? _____

Academic performance:

Please describe any reading difficulties: Poor fluency, poor phonemic awareness, poor decoding, omits/transposes/adds letters words and sounds while reading, reading below the expected benchmarks for age/grade level, unable to identify letters, other:

Please describe any writing difficulties: Poor penmanship/low graphomotor skills but good spelling, poor spelling, poor grammar/syntax, poor use of punctuation, good ideas but unable to expression written form, rushes, illegible penmanship, other:

Please describe any math difficulties: Poor mental calculation due to poor concentration/limited attention span, forgets/confuses math symbols, difficulty with equations, difficulty with mathematical reasoning, unable to memorize times tables, other:

My child receives tutoring (explain):

Other learning difficulties:

Slow processing -Requires an extraordinary amount of time to complete tasks and homework. Usually does not finish test or classwork within the allotted time.

Inattention – Forgetful, “zones out”, daydreaming, requires frequent redirection to task, struggles working independently.

Behavioral: disruptive, oppositional- defiant, aggressive, shyness, shuts down, school anxiety, test anxiety, meltdowns, refusal, other: