***Date Parent Signed Permission to Test:***

***School:***

***Contact Person:***

***Student:***

***Grade:***

***DOB/Age:***

[ ]  Initial [ ]  Re-eval [ ] Gifted [ ] Other [ ] Previous IQ

***Areas of Concern/Disability:***

[ ]  Vision [ ]  Hearing [ ]  Intellectual

[ ]  Autism [ ]  Behavior [ ]  Reading Fluency

[ ]  Reading Comprehension [ ]  Decoding/Basic Skills [ ]  Basic Math

[ ]  Math Fluency [ ]  Math Reasoning [ ]  Spelling

[ ]  Written Language [ ]  Receptive Language [ ]  Expressive Lang

[ ]  Articulation [ ]  ELL [ ]  Attention

***Other information that might affect the testing session:***

***Tests Requested:***

[ ]  **IQ** [ ]  Full-scale [ ]  Non-verbal

[ ] **Academic** [ ]  Reading [ ] Written Expression [ ] Math [ ] Oral Language

[ ] Listening Comprehension [ ] Other:

***Reminders:***

[ ] Inform the student and staff of student absence from class (approximately 90 minutes)

[ ] Reserve a room for individual testing

[ ] Be sure to include **ALL** previous assessments in RED\*\*