Dear Parents,

We look forward to testing your child at our office as part of the required admission process for Grace School.

Our office (10700 Richmond) is located just west of the Sam Houston Parkway on the north side of Richmond Avenue, between Rodgerdale and Wilcrest. The three-story building is immediately west of the one-story River Oaks Academy. Parking is available on all sides of the building. Our office, suite #201, is on the east side of the building on the second floor, next to the restrooms.

You may contact me at 713.461.7996 to schedule your appointment for testing. The enclosed Confidential Student Information form is to be completed prior to testing. Please bring this paperwork along with the assessment fee of $250.00 (cash or check payable to Education Specialists, LLC) when you come to your scheduled appointment.

Please come with your child to our waiting area a few minutes before your scheduled appointment time. This will help your child get comfortable with the setting, as well as, help our office run on schedule. **Please have only one person attend the testing appointment with your child**, this will help our office to remain quiet for the children testing.

Please make any cancellations or changes at least 24 hours in advance to avoid the $30.00 cancellation fee.

Your child’s results will be forwarded to Grace School within a week of completing the assessment. If you wish to obtain a copy of the report and to have a conference about the results, an appointment can be made directly with the examiner that works with your child. This service is provided for an additional charge.

Call 713.461.7996 several days ahead if you need further directions or clarification.

We look forward to meeting you and working with your child.

Sincerely,

Tami Clark
CONFIDENTIAL STUDENT INFORMATION

Child’s Name: ___________________________________________________ __________________________
(First) (Last) (Preferred Name)

DOB: _________________________ Age: ______ Gender: ______ Adopted: YES NO
(Month / Day / Year)

Address: ___________________________________________ City: _____________________________
State: _____________________________ Zip: _______________ Country: _____________________

Home Phone: ___________ Father’s Cell Phone: ___________ Mother’s Cell Phone: ___________

Current School: __________________________________________ Current Grade: ___________
School Applying For: __________________________________ Grade: ______________________

Additional schools: (Add $10 for each school after the original one for which your child is applying.)

1. __________________________________________________________________________________________

2. __________________________________________________________________________________________

3. __________________________________________________________________________________________

Person Completing Forms: __________________________________ Relationship to Child: ___________
(Please Print)

Your signature indicates that Education Specialists, LLC has permission to test your child and send
results to the schools you have requested.

_____________________________________________ __________________________
Parent / Guardian Signature Date

PARENT INFORMATION

Father’s Name: __________________________________________ Occupation: _______________________
Education Level: ___________________________ Age: ______ Work Phone: _______________________
Marital Status: [ ] Single [ ] Married [ ] Remarried [ ] Divorced Custodial Parent: YES/NO

Mother’s Name: __________________________________________ Occupation: _______________________
Education Level: ___________________________ Age: ______ Work Phone: _______________________
Marital Status: [ ] Single [ ] Married [ ] Remarried [ ] Divorced Custodial Parent: YES/NO

FAMILY INFORMATION - Brothers / Sisters:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Grade</th>
<th>School Attending</th>
<th>Step-sibling</th>
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<tbody>
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<td>YES NO</td>
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<td>YES NO</td>
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<td>YES NO</td>
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</tbody>
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Are there any family situations that affect this child? (divorce, trauma, death, etc.) Explain:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

DEVELOPMENTAL & MEDICAL HISTORY

Unusual aspects of pregnancy, delivery, or child’s development:
____________________________________________________________________________________
____________________________________________________________________________________

Child’s general health (Significant illnesses, fevers, operations, accidents):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
PREVIOUS SERVICES:  Answer  Y = yes   N = no,  for each and provide additional explanation as necessary.

- Speech or Language Therapy - _____________________________________________________________
- Counseling - ____________________
- Previous Educational Testing - ________________________________________________________________
- Previous WPPSI or WISC ___________________ Date________________ Location___________________________
- Wears Glasses _____ Wears Hearing Aid
- Disability - ____________________________________________
- Medical Problem(s) - ________________________________
- Takes Medications - ________________________________

Languages Spoken in the Home - ________________________________
Languages Child Speaks Fluently - ________________________________

EDUCATIONAL HISTORY

Age entered Kindergarten ______ Age entered First Grade ______
List all schools attended :

<table>
<thead>
<tr>
<th>School</th>
<th>Dates</th>
<th>Grade</th>
<th>Reason Discontinued</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>4.</td>
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</table>

This child has . . .
Repeated a grade - __________________________ Skipped a grade - __________________________
____ Had difficulties in school - __________________________

____ Received private tutoring - __________________________
____ Been placed in special classes at school - __________________________

BEHAVIOR:  In the space provided, please answer:  Y = Yes, usually  S = Sometimes  N = No, never

1. Usually minds and behaves.
2. Usually cooperates.
3. Controls temper.
4. Cooperates with other children.
5. Has good concentration and attention.
6. Is overly active or can’t sit still.
7. Is impulsive.
8. Is afraid to be away from parents.
10. Worries all the time.
11. Cringes when meeting strangers.

Thank-you for the opportunity to work with your child. To obtain a copy of your child’s report, you may speak directly to the examiner that works with him/her. This is a separate fee of $100 (made payable to the tester), which includes a copy of the report that is sent to your designated schools and a 30-minute consultation to explain the results and answer your questions.