

Education Specialists, L.L.C.

10700 Richmond Ave, Ste. 201

Houston, Texas 77042

Telephone 713.461.7996

Tamra J. Clark, M.Ed., RPED

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

Education Specialists, LLC

10700 Richmond Ave., Ste. 201
Houston, TX 77042
Phone: 713-461-7996

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CONFIDENTIAL STUDENT INFORMATION

Child's Name: _____
(Last) (First) (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.)**

	Name of School	Address of School
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:

Name	Age	Grade	School Attending	Step-sibling	
_____				YES	NO
_____				YES	NO
_____				YES	NO
_____				YES	NO

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 :

School	Dates	Grade	Reason Discontinued
1. _____			
2. _____			
3. _____			
4. _____			

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.
- ____ 9. Is overly dependent.
- ____ 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.