CONFIDENTIAL STUDENT INFORMATION

Child’s Name: ___________________________________ 
(First) (Last) (Preferred Name)
DOB: _________________________ (Month / Day / Year) Age: _____ Gender: _____
Adopted: YES NO
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. Name of School ____________________________ Admissions Contact Email ____________________________
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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<td>YES NO</td>
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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>
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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.