

Education Specialists, LLC

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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	Admissions Contact Email
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.