

Dear Parent/Guardian:

We appreciate your interest in the LA Center for Dyslexia and Related Learning Disorders at Nicholls State University. We provide assessment for individuals of all ages to determine eligibility for services and academic accommodations during their school years. The comprehensive evaluation includes assessment in the areas of social/emotional functioning, oral language, cognitive processing, and academic achievement. This is typically accomplished through four appointments (each 2 - 2.5 hours).

Since you have decided to have your child evaluated, there are several steps you must follow. This packet contains instructions and materials that need to be completed in order for an interview and evaluation to be scheduled. Please complete/collect all the information listed on the checklist and mail it, along with a \$50 non-refundable application/processing fee made payable to NSU, to the following address:

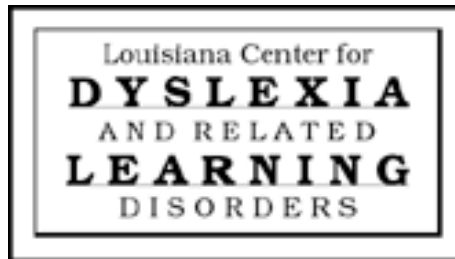
LA Center for Dyslexia and Related Learning Disorders
Nicholls State University
Post Office Box 2050
Thibodaux, LA 70310

When we receive the completed packet and processing fee, you will be contacted to discuss the scheduling of appointments. **Effective July 1, 2011**, the cost of an evaluation is \$750, of which \$250 is due the day of the first testing session. A second payment of \$250 is collected at the last testing session. After the evaluation report is complete, you will be scheduled to return for a feedback appointment, at which time the remaining \$250 is due. Evaluation findings and recommendations will be discussed, and you will receive a thorough written report.

The staff of the Center are here to assist you in any way that we can. If you have any questions, please contact Rhonda Zeringue at (985) 448-4214.

Sincerely,

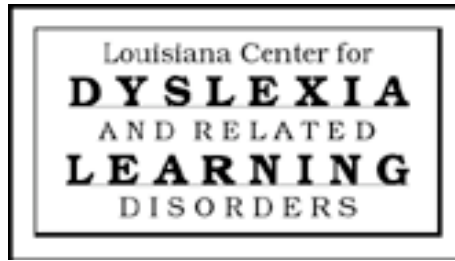
Jason Talbot, SSP, NCSP
Assessment and Research Coordinator



CHECKLIST: Explanation of Items

Please return items in **one group**, not individually.

1. **Release of information signed by parent:** Parent/Guardian should check YES or NO to each item that applies, then sign and date the form.
2. **Case history:** Parent/Guardian should complete this as thoroughly as possible.
3. **Hearing acuity screening:** We **must** have a statement from an audiologist or health department about the current status of your hearing acuity within the last two years (one year if there is a history of hearing difficulties).
4. **Grade transcripts:** Send your child's most recent school transcripts.
5. **Past evaluation/pertinent medical records:** These include psychological evaluations, school IEPs, school evaluations, and medical records concerning conditions that might affect your child's ability to learn (i.e., head injuries, seizure disorders, etc.). If your child has never been evaluated or the evaluations are unavailable, please note this on the checklist.
6. **Writing samples:** Send two samples of your child's writing. One should be written by the student without assistance. The other sample should be of the student's best work (for example: an edited or graded paper).
7. **Education Evaluation:** Please have your child's teacher(s) complete the Education Evaluation questionnaire.
8. **Application/processing fee:** A \$50 *non-refundable* processing fee is required to be placed on the list to be tested. Make checks payable to NSU.



Checklist

Student's name: _____ Date of Birth: _____

Grade currently enrolled in: .

Please complete the following items and return to The LA Center for Dyslexia & Related Learning Disorders:

_____ Release of information

_____ Case history

_____ Hearing acuity screening

_____ Grade transcripts

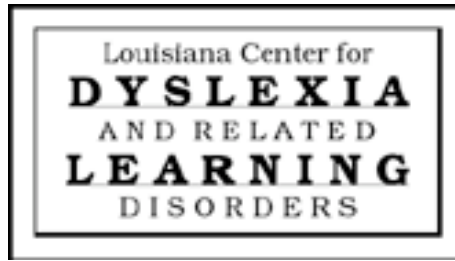
_____ Past evaluations / pertinent medical records

_____ Sample of unassisted writing

_____ Sample of best writing

_____ Education Evaluation

_____ Application/processing fee



RELEASE OF INFORMATION

I, _____, (parent/guardian) in signing this form, signify my understanding that:

_____ YES _____ NO I have completed the information contained in this packet to the best of my ability and agree for it to be released to the LA Center for Dyslexia and Related Learning Disorders at Nicholls State University.

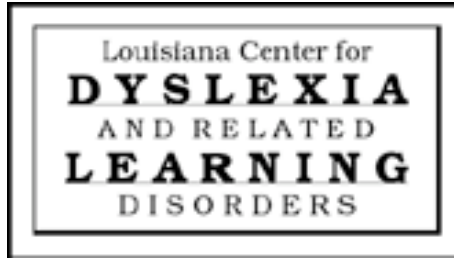
_____ YES _____ NO I understand that this information will be used as part of a diagnostic evaluation of my child's intellectual and learning abilities. I understand the purpose of the diagnostic evaluation and have discussed the objectives for my child's participation with someone from the Center.

_____ YES _____ NO I understand that having this evaluation will not guarantee that a diagnosis of a disability will be made by the Center.

Parent/Guardian Signature

Witness Signature

Date _____



Case History

Client's Identifying Information

Today's Date _____

Name _____					DOB _____	
First	Middle	Last	Nickname			
Address _____						
Social Security # _____				Gender _____		
(Needed for database purposes)						

How did the parent/guardian learn of the Dyslexia Center? _____

Has your child ever been diagnosed with a learning disability _____ (yes or no)

Has your child ever been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), either with or without hyperactivity? _____ (yes or no) Which? _____

Date of last psychological evaluation _____

With which hand does your child write? _____ Does your child ever prefer the other one? (Specify when) _____

Does your child type? _____ If so, with which computer/type of program is your child most familiar? _____

Educational Background

1. Present school attending _____ grade _____

LEAP test scores (if taken) Language _____ Math _____

Did your child receive accommodations? If so, please specify? _____

Other tests taken (IOWA, Stanford, etc) _____

Did your child receive accommodations? If so, which one(s)? _____

2. Which schools has your child attended? Indicate dates & grade placements.

Did your child repeat any grades in school? (please specify) _____

Family of Origin

Father's Name _____ Age _____

Address _____ Phone #: (____) _____

_____ E-mail: _____

Occupation _____ Work/Cell #: (____) _____

Educational Level _____

Difficulties in learning? _____

Other Disabilities? _____

Mother's Name: _____ Age _____

Address _____ Phone #: (____) _____

_____ E-mail: _____

Occupation _____ Work/Cell #: (____) _____

Educational Level _____

Difficulties in learning? _____

Other disabilities? _____

Siblings {add additional page if needed}

Name: _____

Age: _____

Grade (if school age): _____

Difficulties in learning? _____

Other Disabilities: _____

Other significant information about the child's family

Please indicate the existence of any of these conditions in the family, and the relationship of the person to the child (e.g. father, maternal grandmother, etc.):

Mental Health Disorders (specify) _____

Mental Retardation _____

Epilepsy _____

Serious chronic illness (specify) _____

Speech / Language Problems _____

Substance Abuse _____

What languages are spoken in your home? _____

How often has your family moved? _____

Additional Comments: _____

Birth History (pertains to the client's mother)

1. Pregnancy with client:

Bleeding? _____ Illness? _____ Infections? _____

Accidents? _____ RH Incompatibility? _____

Duration of Pregnancy? _____

Explanation of unusual circumstances: _____

2. Birth of Client:

Labor: False? _____ Induced? _____ Length? _____
Anesthesia? _____ Natural? _____

Type of Birth: Normal? _____ Birth weight? _____
Dry? _____ Color: Normal? _____
Breech? _____ Blue? _____
Forceps? _____ Jaundiced? _____
Caesarian? _____ Apgar Score (if known) _____

Complications? _____

Transfusions? _____ Incubator required? _____ How Long? _____

Difficulties sucking or swallowing? _____

Explanation of unusual circumstances? _____

Medical History

1. Childhood Diseases: (include age, duration, temperature, medication, complications, etc.)

Measles? _____

Meningitis? _____

Mumps? _____

Encephalitis? _____

Whooping Cough? _____

Scarlet Fever? _____

Ear Drainage? _____

Influenza? _____

Chicken Pox? _____

Pneumonia? _____

Frequent Colds? _____

Allergies? _____

Other? _____

2. Has your child ever received any blows to the head? _____ When? _____
Was he/she unconscious? _____ For how long? _____
How did it happen? _____

3. Has your child ever had seizures? _____ At what age? _____
Did child receive medication? (please specify) _____
When was the last seizure? _____
Known cause for seizures? _____
4. Has your child ever had injuries or accidents requiring medical treatment? Please specify.

5. Has your child ever been hospitalized? _____ When? _____
Length of hospitalization? _____
Purpose? _____
6. Were there any changes in behavior following illnesses, blows to head, seizures, injuries, or hospitalizations? _____ If yes, please specify: _____
7. Has your child received counseling? _____ When? _____
Purpose _____

Current Medical Condition

1. Describe your child's present health _____

2. Is your child presently on medication? _____ If yes, please specify type, amount, frequency, duration or treatment and the reason(s) for its being prescribed.

3. Is your child allergic to any drugs? Please specify. _____

4. How is your child's appetite? _____ Does your child have food allergies? _____
Please specify. _____

Height _____ Weight _____

5. How many hours does your child typically sleep each night? _____

Is this adequate for your child to function well? _____

Does your child have difficulty sleeping? _____

6. Does your child wear glasses? _____ Purpose? _____

Last eye examination? _____

Developmental History

1. At what age did your child:

Sit alone? _____

Say first word? _____

Walk alone? _____

Understand speech? _____

Use 2-word sentences? _____

Stop using "baby" talk? _____

2. Did your child's family, friends, teachers, etc. ever have difficulty understanding his/her speech?
(yes or no) _____ If yes, please explain.

3. What things were hard for your child to learn as a preschooler (such as names of colors, buttoning, cutting with scissors, learning to ride a bike)?

History of Learning Difficulties

1. What things were hard for your child to learn in school (such as: learning right and left, telling time, reciting the alphabet, recognizing letters, learning the sounds of letters, writing in print or cursive, arithmetic, succeeding in physical education, making and keeping friends)?

2. What things are currently most difficult for your child? _____

3. When was your child's problem first observed? _____

4. **Evaluations related to your child's learning difficulties (list chronologically).**

<u>Date</u>	<u>Examiner</u>	<u>Place of Evaluation</u>	<u>Diagnosis</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Has your child ever received any medical evaluation related to his/her learning problems? Specify diagnosis and give date.

- a) Neurological (i.e. EEG, CAT Scan) _____
- b) Allergy _____
- c) Attention Deficit Hyperactivity Disorder _____
- d) Other _____

6. Has your child ever taken medication(s) related to his/her learning difficulties? List from most current:

<u>Dates Taken</u>	<u>Medication and Dosage</u>	<u>Did it help?</u>	<u>Side Effects?</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. Special Education Services or Tutoring?

a) Did your child attend resource class? _____ Year _____

b) Did your child attend a self-contained class? _____ Year _____

c) Did your child attend a special school? _____ Year _____

Name of School _____

d) Did your child attend other special programs? _____ Specify type, duration, and dates

e) Describe tutoring your child has had (subjects, hours/week) _____

f) What help did your child find the most beneficial and why?

8. What are your child's best subjects? _____

What are your child's poorest subjects? _____

Current Plans

1. What is your purpose in seeking this evaluation? _____

2. Describe how your child's learning problems affect him/her now (such as: self-confidence, oral communication, listening and taking notes simultaneously, academically).

3. What type of special services do you believe your child will need in school and why?

4. Describe your child's strengths as you see them. _____

5. What does your child enjoy doing in his/her spare time? _____

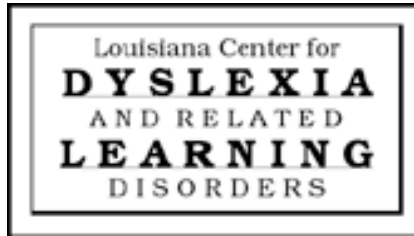
6. In what school activities does your child currently participate or plan to participate (e.g. sports, clubs, etc.)?

7. Additional comments or information: _____

I have provided complete, true, and accurate information to the best of my knowledge.

Signed: _____ Date: _____

Parent/Guardian



EDUCATION EVALUATION

Student's Name _____ Date _____

School _____ Grade Placement _____

Principal's Name _____ Teacher's Name _____

As parent or legal guardian of the above named student, I hereby give my permission for the release of information to the LA Center for Dyslexia and Related Learning Disorders.

Parent's Signature

Dear Teacher:

Thank you for taking the time to complete the attached questionnaire. It is an important tool in developing a better understanding of a student's present difficulties, as well as defining the areas which have been problems in the past.

I. What subjects do you teach this student?

Describe this student as you see him/her.

What do you feel are his/her chief educational needs?

II. Achievement

	<u>Above Grade Level</u>	<u>On Grade Level</u>	<u>Below Grade Level</u>
Reading	_____	_____	_____
Spelling	_____	_____	_____
Arithmetic	_____	_____	_____
General Knowledge	_____	_____	_____
Writing Skills	_____	_____	_____
Oral Expression	_____	_____	_____
Listening Skills	_____	_____	_____

Student's overall functioning in the classroom:

very good good fair poor very poor

Student's apparent achievement motivation:

very good good fair poor very poor

Recent standardized test scores:

III. Description of Behavior

Please read the following behavior descriptions carefully. Then attempt to recall if you have observed the student exhibit any of these behaviors.

Select one of the choices below for each behavior description:

- 0 No opportunity to observe the behavior**
- 1 Behavior not seen in current functioning**
- 2 Behavior noted but not regarded as characteristic**
- 3 Characteristic of student's functioning**

- _____ Student often appears unhappy or distressed.
- _____ Student displays nervous, anxious behavior.
- _____ Student is a disruptive influence in the classroom.
- _____ Student exhibits significant mood changes during the day.
- _____ Student shows a low frustration tolerance.
- _____ Student appears to be unusually fearful.
- _____ Student is notably dependent on others.
- _____ Student is the class clown.
- _____ Student appears to be unusually withdrawn.
- _____ Student has difficulty being accepted by his/her peer group.
- _____ Student is physically aggressive toward others.
- _____ Student had difficulty remembering assignments, textbooks, or personal belongings, or is always saying, "I forgot."
- _____ Student has a delayed response when a question is asked or takes much longer than normal to answer.
- _____ Student evidences inconsistent progress in academic areas; one day he understands perfectly what he has been taught, the next day he acts as though he has never heard it before.
- _____ When copying from a book or the chalkboard, he/she often copies words incorrectly.
- _____ Student approaches assignments in an erratic and haphazard way.
- _____ Lessons must be broken down into the simplest possible steps or the student becomes confused.
- _____ Instructions must be repeated several times before the student can do the assignment.
- _____ Student often seems to daydream -- his/her attention wanders.
- _____ Student is quick to assert that a task is "too hard" or gives up easily.
- _____ Student is unable to shift easily from one concept to another (e.g., addition to subtraction).
- _____ Student needs a great deal of repetition when learning a new skills (e.g., must go over steps in borrowing in subtraction problems many times for many days).
- _____ Student is unable to focus in on important stimuli. He/She cannot handle multiple tasks presented at one time.

- _____ When working independently, the student does very poorly, but when given individual attention, he/she is able to successfully complete the work.
- _____ Student exhibits impulsivity; takes action without thinking.
- _____ When given an opportunity to make decisions, the student has difficulty in selecting from alternatives.
- _____ Student is able to function better in small rather than large groups.
- _____ Student has a very short attention span and has to be constantly asked to pay attention.
- _____ Student's lessons must be explained several ways or the child becomes confused.
- _____ Student's performance on oral tasks is much higher than his performance on written seatwork.
- _____ Student has difficulty telling events in sequential order.
- _____ Student tells you he/she understands arithmetic or reading instructions, but does not follow them when he/she reaches his seat.
- _____ Student fails to understand concepts or directions in a group, but can understand when given individual help.
- _____ Student tends to do comparatively better with concrete or functional ideas and concepts than with abstractions.
- _____ Student is easily distracted (e.g., a speck of dirt must be brushed off paper before he/she can write; he/she stops working to watch when someone walks around).
- _____ When working on a difficult task, student tends to become frustrated sooner than other children.
- _____ Student's work pace is slower than others'; it takes him/her longer to grasp ideas. Student becomes confused when much material is presented on a page.
- _____ Student is disorganized and never seems to be able to systemize his/her work.
- _____ Student is unable to follow a series of directions in sequence.

IV. In the space below, please feel free to make any additional comments that would be helpful to understanding this student.

Teacher Signature _____

Phone No. where you can be reached _____

T h a n k Y o u !