

Dear Student:

We appreciate your interest in the LA Center for Dyslexia and Related Learning Disorders at Nicholls State University. We offer a specialized program to serve students with dyslexia and related disorders, operating under the College of Education. We provide assessment for students and potential students to determine eligibility for services and academic accommodations during their college careers. 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 be 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 your 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 for you and your instructors will be discussed, and you will receive a thorough written report.

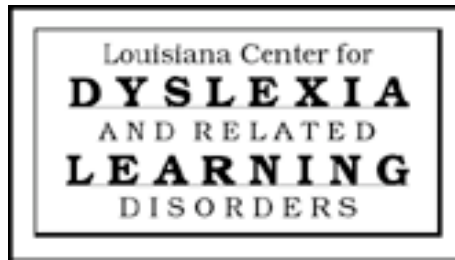
The staff of the Center are here to assist you in any way that we can. If you have any questions, please contact Rhonda Zeringue at (985) 448-4214.

Sincerely,

Jason Talbot, SSP, NCSP
Assessment and Research Coordinator

Nicholls State University □ P.O. Box 2050 □ Thibodaux, LA 70310 □ (985) 448-4214 □ FAX (985) 448-4423 □

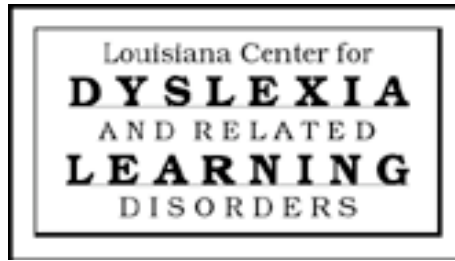
Revised 7/2011



CHECKLIST: Explanation of Items

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

1. **Release of information:** Check YES or NO to each item that applies, then sign and date the form.
2. **Case history:** 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 the 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 ability to learn (i.e., head injuries, seizure disorders, etc.). If you have 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. **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: _____

Class standing (circle one): admissions applicant / developmental studies / freshman /
sophomore junior / senior / graduate student / on probation / on
dismissal

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

_____ Release of information

_____ Case history

_____ Hearing acuity screening

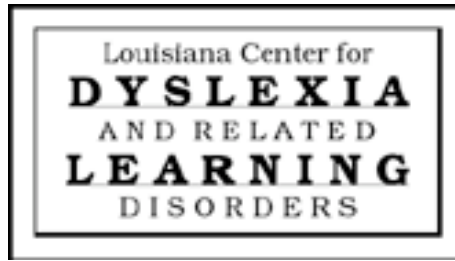
_____ Grade transcripts

_____ Past evaluations / pertinent medical records

_____ Sample of unassisted writing

_____ Sample of best writing

_____ Application/processing fee



RELEASE OF INFORMATION

I, _____, 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 intellectual and learning abilities. I understand the purpose of the diagnostic evaluation and have discussed the objectives for my 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.

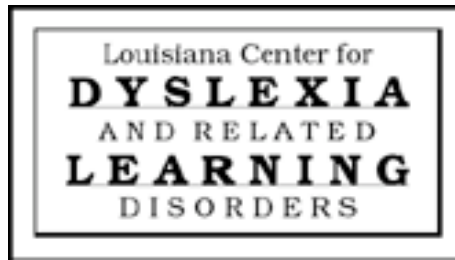
_____ YES _____ NO I give permission for the Center to discuss my test results with my parents.

_____ YES _____ NO I give permission for the Center to discuss scheduling and financial arrangements with my parents.

Client Signature

Witness Signature

Date _____



Case History

Identifying Information

Today's Date _____

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

Phone # _____ Work / Cell / Other # _____

E-mail _____

How did you learn of the Dyslexia Center? _____

Have you ever been diagnosed with a learning disability? _____ Yes or No

Have you ever been diagnosed with Attention Deficit Hyperactivity Disorder, either with or without hyperactivity? _____ (Yes or No) Which? _____

Date of your last psychological evaluation _____

With which hand do you write? _____ Do you ever prefer the other one?

(Specify when) _____

Do you type? _____ If so, with which computer/type of program are you most familiar? _____

Educational Background

1. Last High School attended _____

Did you or will you graduate? _____ Graduation Date _____

High School Grade Point Average _____

Best S.A.T. scores (if taken) Verbal _____ Math _____

Did you receive extended time or unlimited time? _____

Best A.C.T. scores (if taken) _____

Did you receive extended time or unlimited time? _____

Do you plan to take either test again? _____ When? _____

2. Colleges Attended _____

(Indicate dates)

Future College Plans (Indicate anticipated dates) _____

College Currently Attending _____

Current Course Load _____

Did you or will you graduate? _____ Graduation Date _____

Cumulative G.P.A. _____ Class Status _____

Major _____

3. Technical Schools or Special Programs attended (indicate dates)

4. Elementary & Secondary School History

a) Did you attend public or private schools? _____

b) What schools did you attend? Indicate dates and grade placements.

c) Did you repeat any grades in school? (specify) _____

Work History (List all salaried and volunteer positions beginning with the most recent)

Title

Responsibilities

Dates

Family Background

1. Marital Status _____ Spouse's Name _____

Spouse's Occupation _____ Phone _____

Educational Level _____

Difficulties in learning? _____

Other Disabilities (e.g. physical, psychological)? _____

2. Do you have children? _____

Name: _____

Age: _____

Grade (if school age) : _____

Difficulties in learning? _____

Other Disabilities: _____

Family of Origin

Father's Name _____ Age _____

Address _____ Phone#: (____) _____

Occupation _____ Work #: (____) _____

Educational Level _____

Difficulties in learning? _____

Other Disabilities _____

Mother's Name: _____ Age _____

Address _____ Phone#: (____) _____

Occupation _____ Work #: (____) _____

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 Family Information

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

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 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 and complications, if any):

Measles? _____

Meningitis? _____

Mumps? _____

Encephalitis? _____

Whooping Cough? _____

Scarlet Fever? _____

Ear Drainage? _____

Influenza? _____

Chicken Pox? _____

Pneumonia? _____

Frequent Colds? _____

Allergies? _____

Other? _____

2. Have you ever received any blows to the head? _____ When? _____

Were you unconscious? _____ For how long? _____

How did it happen? _____

3. Have you ever had seizures? _____ At what age? _____

Did you receive medication? (specify) _____

When was your last seizure? _____

Known cause for seizures? _____

4. Have you ever had injuries or accidents requiring medical treatment? Please specify.

5. Have you 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 so, please specify: _____

7. Have you received counseling? _____ When? _____

Purpose _____

Current Medical Condition

a) Describe your present health _____

b) Are you presently on medication? _____ If yes, please specify: type, amount, frequency, duration or treatment, and the reason for it being prescribed.

c) Are you allergic to any drugs? Please specify. _____

d) How is your appetite? _____ Do you have food allergies? _____

Please specify. _____

Height _____ Weight _____

Are you attempting to gain or lose weight? _____

e) How many hours do you typically sleep each night? _____

Is this adequate for you to function well? _____

Do you have difficulty sleeping? _____

f) Do you wear glasses? _____ Purpose? _____

Last eye examination? _____

Developmental History

1. At what age did you:

Sit alone? _____

Say your first word? _____

Walk alone? _____

Understand speech? _____

Use 2-word sentences? _____

Stop using "baby" talk? _____

2. Did your family, friends, teachers, etc. ever have difficulty understanding your speech? If so, please explain.

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

2. What things were hard for you in junior high and high school (such as writing compositions, reading long assignments, sports, social skills, oral presentations, foreign language, algebra, geometry)?

3. What things are currently most difficult for you? _____

4. When was your problem first observed? _____

5. Evaluations related to your learning difficulties (list chronologically).

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

6. Have you ever received any medical evaluation related to your learning problems? Specify diagnosis and give date.

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

7. Have you ever taken medication(s) related to your learning difficulties? List from most current:

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

8. Special Education Services or Tutoring?

- a) Did you attend resource classes? _____ Years _____
- b) Did you attend Self-contained classes? _____ Years _____
- c) Did you attend a special school? _____ Years _____
Name of School _____

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

e) Describe tutoring you have had (subjects, hours/week) _____

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

9. What are your best subjects? _____

What are your poorest subjects? _____

10. Have you ever taken or are you currently taking:

Algebra? _____ # of semesters/quarters _____

English Composition? _____ # of semesters/quarters _____

Foreign Language? _____ # of semesters/quarters _____

Current Plans

Other individuals may have helped you complete this case history. However, you, the client, should complete this section. Please use your own words and handwriting.

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

2. Describe how your learning difficulty affects you now (such as: self-confidence, oral communication, listening and taking notes simultaneously, academically).

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

4. Describe your strengths as you see them.

5. What do you enjoy doing in your spare time? _____

6. In what college activities do you currently participate or plan to participate (e.g. fraternity/sorority, intramural sports, student government, intercollegiate sports)?

7. What are you interested in studying? _____

8. What do you plan to do after college? _____

9. Additional comments or information: _____

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

Signed: _____ Date: _____
Applicant