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 three 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  
Attn: Jason Talbot  
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. The cost of an evaluation is $825, of which $275 is due the day of the first testing session. A second payment of $275 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 $275 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 us 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
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? ____________________________

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**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: 

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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? ____________________________


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. ____________________________
   _______________________________________________________________________

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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)?

   ____________________________________________

   ____________________________________________

   ____________________________________________

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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).**

<table>
<thead>
<tr>
<th>Date</th>
<th>Examiner</th>
<th>Place of Evaluation</th>
<th>Diagnosis</th>
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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:

<table>
<thead>
<tr>
<th>Dates Taken</th>
<th>Medication and Dosage</th>
<th>Did it help?</th>
<th>Side Effects?</th>
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<tbody>
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</table>

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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).
   __________________________________________________________________
   __________________________________________________________________

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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

<table>
<thead>
<tr>
<th></th>
<th>Above Grade Level</th>
<th>On Grade Level</th>
<th>Below Grade Level</th>
</tr>
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<tbody>
<tr>
<td>Reading</td>
<td>______</td>
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<td>Writing Skills</td>
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<td>Oral Expression</td>
<td>______</td>
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<tr>
<td>Listening Skills</td>
<td>______</td>
<td>______</td>
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</tbody>
</table>

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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.

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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_________________

Thank You!