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 three 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  
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 your 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 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 us 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 6/2013
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

Revised 6/2013
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 _______________________

Revised 6/2013
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 __________________________________________

Revised 6/2013
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)

<table>
<thead>
<tr>
<th>Title</th>
<th>Responsibilities</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ___________________ 

Revised 6/2013
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? _________________________________________________________________________

Revised 6/2013
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?

Revised 6/2013
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? ________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Revised 6/2013
5. **Evaluations related to your learning difficulties (list chronologically).**

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

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:

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

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 __________________________

Revised 6/2013
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? ______________________________

________________________________________________________________________

Revised 6/2013
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?

________________________________________________________________________

________________________________________________________________________

Revised 6/2013
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