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 two appointments (each 2 - 2.5 hours) although a third session may be required.

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/collection 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 case history, signed release, and processing fee, you will be added to the waiting list for the next available appointments. The cost of an evaluation is $825. Upon request, the assessment fee may be divided into two or three equal payments. After the evaluation report is complete, you will be scheduled to return for a feedback appointment, at which time the final payment must be made. 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 NOTE: When items 1, 2, and 3 are received, the student will be placed on the waiting list. If necessary, the remaining items may be submitted separately.

1. **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.

2. **Release of information signed by parent:** Parent/Guardian should check YES or NO to each item that applies, then sign and date the form.

3. **Case history:** Parent/Guardian should complete this as thoroughly as possible.

4. **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).

5. **Grade transcripts:** Send your child’s most recent school transcripts.

6. **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.

7. **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).

8. **Education Evaluation:** Please have your child’s teacher(s) complete the Education Evaluation questionnaire.
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

Revised 11/4/16
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

Revised 11/4/16
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?_______________________________________________________________

Revised 11/4/16
**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:


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? 

Revised 11/4/16
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? ______________________________________

   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).**

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

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>
</tr>
</thead>
<tbody>
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</tbody>
</table>
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
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  Parent’s Phone Number

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>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
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<tr>
<td>Spelling</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
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<tr>
<td>Arithmetic</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
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<tr>
<td>General Knowledge</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
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<tr>
<td>Writing Skills</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Oral Expression</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Listening Skills</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
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</tbody>
</table>
Student’s overall functioning in the classroom:

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<thead>
<tr>
<th></th>
<th>very good</th>
<th>good</th>
<th>fair</th>
<th>poor</th>
<th>very poor</th>
</tr>
</thead>
</table>

Student’s apparent achievement motivation:

<table>
<thead>
<tr>
<th></th>
<th>very good</th>
<th>good</th>
<th>fair</th>
<th>poor</th>
<th>very poor</th>
</tr>
</thead>
</table>

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 has 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, but 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/her 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!