Cole Valley Christian Schools

APPLICATION FOR TESTING

Today's Date:_____

Name of Student: Last_____ First _____ MI_____

Nickname/Name preferred_____

Date of Birth (MM/DD/YYYY)_____ Age_____ □ Male □ Female

School Child Attends _____Grade_____ Teacher_____

Home Address _____ Home Phone_____

City_____ State_____ Zip Code_____

Email Address _____

Father_____ Occupation_____ Work Phone_____

Mother_____ Occupation_____ Work Phone_____

Referred by _____

PERMISSION FOR TESTING

We give our permission to **Cole Valley Christian Schools** to test our son/daughter.

The testing fee of **$350.00** is due with this application. Please make checks payable to **CVCS**. Please include "**assessment**" in the memo line. Payment plan options are available. *Additional testing *may be* recommended which is not included in this fee.

_____ _____

Father *Date*

_____ _____

Mother *Date*

Child's Name_____

FAMILY HISTORY

Child is living with (check all that applies):

□ Birth Father □ Stepfather □Legal Guardian

□ Birth Mother □ Stepmother □ Other: _____

Child is: □ Adopted □ Foster

Since the child's birth there has been: **Reaction of child:**

□ Death in the family _____

□ Separation _____

□ Divorce _____

□ Remarriage of Mother _____

□ Remarriage of Father _____

□ Other major trauma _____

Other children in the family:

Name:	Age	Grade	Present School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there a history of learning difficulties in your family? □Yes □No

If yes, please explain_____

_____

Briefly describe your child's relationship with you, your spouse, and other members of the family:

_____

_____

Child's Name_____

MEDICAL/DEVELOPMENTAL HISTORY

Child was: □ Full Term □ Premature

State any complications which occurred during pregnancy (e.g., toxemia, diabetes, etc.):

_____

_____

State any complications which your child had immediately after birth (e.g., difficulty breathing, blue color, etc.):

_____

_____

Check where applicable:

□ recent physical exam date/results_____

□ recent eye exam date/results_____

□ recent hearing exam date/results_____

□ recent speech evaluation date/results_____

Check any problems in infancy or childhood with:

□ colic □ talking □ crawling □ walking/running

□ sleeping □ bedwetting □eating □ general slow development

Child: (check where applicable)

□ needs glasses □ wears glasses □ has/had frequent ear infections

□ has allergies/asthma □ has/had high fevers □ has/had hearing difficulties

□ has/had seizures, convulsions, or staring spells □ experienced injury/accident to head

Explain any items checked:_____

_____

_____

Child's Name_____

EDUCATIONAL HISTORY

List all schools previously attended (preschool to present)

School	Grades	Reason for change
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child writes with: □ Right hand □ Left hand □ Uses both hands □ Mirror Writer

Check where applicable:

□ Repeated grade(s); if so, grade(s) repeated_____

□ Received tutoring; if so, subject(s)_____

□ Enrolled in special class(es), if so, what kind of class(es)_____

□ Receives/received physical/occupational therapy

□ Receives/received speech or language therapy

State child's best and worst subject: _____Best _____Worst

Child has been tested before □ Yes □ No

If yes, give date and location of testing_____

Child has an: □IEP □ 504 Plan □Other accommodations _____

Child has been diagnosed as: □ ADD □ADHD □Learning Disabled □ Other_____

Additional comments or information regarding child's schooling:_____

_____

State the area(s) in which *you* feel your son/daughter needs help:

_____

_____

_____

_____

Child's Name_____

SOCIAL/BEHAVIORAL HISTORY

Check where applicable:

□ independent	□ lacks common sense	□ stubborn	□ dependent
□ anxious	□easily distracted	□ aggressive	□ complains about school
□ dishonest	□ overly fearful	□ withdrawn	□ overly sensitive
□ shy	□ enjoys school	□ moody	□ self-centered
□ passive	□ makes friends easily	□ confident	□ easily frustrated

□ prefers playing with much older children □ prefers playing with much younger children

Is there any additional information you would like to personally share with the SAS Director prior to testing?

□ Yes □ No