

BOOKING FORM TO REQUEST ASSESSMENT

1) NAME OF CLIENT TO BE SEEN:	
2) GENDER:	BIRTH DATE:
3) IF APPLICABLE, GRADE:	SCHOOL NAME:
4) NAME OF PARENT/CAREGIVER:	
5) FULL MAILING ADDRESS:	
6) PHONE NUMBERS FOR ALL GUARDIANS:	-
7) E-MAIL FOR ALL GUARDIANS:	
OR SHARE LEGAL GUARDIANSHIP? • If yes, plea	PARENTS ARE DIVORCED/SEPARATED, DOES THE OTHER PARENT HAVE ase be informed that all legal guardians must provide consent to complete ou wish to discuss guardianship details further.
9) DO YOU HAVE 3 RD PARTY FUNDING (E.G., School, Jordan's Principle, etc) FOR THE ASSESSMENT? YES NO IF YES, PLEASE PROVIDE THE NAME OF THE 3 rd PARTY PAYEE	
 Developmental Assessment (ages 2 to 6): \$ Autism Assessment for ages 2-5 (includes t levels): \$2700 *You child will need a pediat before an appointment can be booked. Thi multidisciplinary assessment. Autism Assessments for ages 6 and up: \$24 social/emotional functioning). If cognitive a Autism Assessment with Psychoeducations 6 and up: \$3700 CLBC Eligibility Assessment: Adaptive assessment 	d older) for Learning Disability, ADHD, Giftedness etc: \$2470