



## **BOOKING FORM TO REQUEST ASSESSMENT**

1) NA	ME OF CLIENT TO BE SEEN:		
2) GEI	NDER:	BIRTH DATE:	
3) IF APPLICABLE, GRADE:		SCHOOL NAME:	
4) NA	ME OF PARENT/CAREGIVER:		
5) FUL	5) FULL MAILING ADDRESS:		
6) PH(	ONE NUMBERS FOR ALL GUARDIANS:	·	
7) E-M	/AIL FOR ALL GUARDIANS:		
OR SH the as	IARE LEGAL GUARDIANSHIP? • If yes, sessment. • Please contact our office	THE PARENTS ARE DIVORCED/SEPARATED, DOES THE OTHER PARENT HAVE please be informed that all legal guardians must provide consent to complete if you wish to discuss guardianship details further.  Check to indicate your request. Costs may change.	
9) ASS	Psychoeducational Assessments (ages	, ,	
	Developmental Assessment (ages 2 to	•	
	Autism Assessments for ages 6+ and u levels): \$2800	p: (includes the use of ADOS2 and ADIR and an assessment of adaptive and cognitive	
	Autism Assessment for ages 2-5 (included levels): \$2500 *You child will need a personal state of the state of	des the use of ADOS2 and ADIR and an assessment of adaptive and developmental ediatrician appointment booked and a speech and language assessment completed d. This is to comply with the provincial government's requirement of a	
	CLBC Eligibility Assessment: \$1250		
10) M	AIN AREAS OF CONCERN:		