





## **BOOKING FORM TO REQUEST ASSESSMENT**

1) NA	ME OF CLIENT TO BE SEEN:	
2) GENDER:		BIRTH DATE:
3) IF APPLICABLE, GRADE:		SCHOOL NAME:
4) NA	ME OF PARENT/CAREGIVER:	
5) FUI	L MAILING ADDRESS:	
6) PH	ONE NUMBERS FOR ALL GUARDIANS:	
———7) E-N	MAIL FOR ALL GUARDIANS:	
OR SH the as	IARE LEGAL GUARDIANSHIP? • If yes, please contact our office if	HE PARENTS ARE DIVORCED/SEPARATED, DOES THE OTHER PARENT HAVE ease be informed that all legal guardians must provide consent to complete you wish to discuss guardianship details further.
	Psychoeducational Assessments (ages 7 a	and older): \$2250
	levels): \$2500 *You child will need a pedi	: \$1800 s the use of ADOS2 and ADIR and an assessment of adaptive and developmental iatrician appointment booked and a speech and language assessment completed this is to comply with the provincial government's requirement of a
	Autism Assessments for ages 6 and up: (in levels): \$2800	includes the use of ADOS2 and ADIR and an assessment of adaptive and cognitive
	CLBC Eligibility Assessment: Adaptive upo	date only: \$810; Cognitive & Adaptive \$1620
10) M	AIN AREAS OF CONCERN:	