



CONFIDENTIAL

IMPORTANT LEGAL DOCUMENTATION: PLEASE READ, INITIAL () AND SIGN BOTTOM

** Signature Required Prior to Testing**

Privileged Communication and Limits of Confidentiality

Confidentiality is an ethical standard set forth by a profession, whereas *privileged communication* is granted by law.

It is important that parents and legal guardians understand that the law supersedes ethics in three mental health situations for minors:

- 1- Reports of being abused
- 2- Reports of harm to self
- 3- Reports of a plan to do harm to another person.

() I understand and agree to these terms.

Agreement to Terms of Private Testing Services provided by ChildTestingFL ("CTFL")

() The U.S. Department of Education acknowledges a parent's right to seek independent or private testing when their child is struggling at school, or there is concern for a possible learning or behavioral impairment. I understand and agree that results are my private property and are not reported to third parties (i.e. school) by CTFL. As the parent/legal guardian, I have the right to share results with my child's school as part of the IEP or 504 plan process.

() I understand and agree that a diagnosis from an outside evaluation alone does not guarantee accommodations. Parents must actively advocate and have an obligation to find out other requirements that meet their school district's criteria for a student to receive special accommodations.

() I understand that CTFL does not keep nor return hard copies of submitted documentation such as background forms, teacher observation forms, rating scales and questionnaires used during the assessment. Parents are advised to make copies of all documents before submitting, for their records.

() I understand that tools utilized during the assessment process, such as rating scales and other questionnaires, are not mandatory nor a replacement for the evaluator's expertise and experience. I understand CTFL does not use the ADOS for the diagnosis of autism due to its lack of sensitivity for detecting nuanced behaviors in high masking children. I understand some medical insurance companies might still need the ADOS in order to cover ABA therapy.

() Results, scores and diagnosis will not be contested nor disputed once the final report is received.

() I agree that no refunds will be issued.

() I understand and agree that the psychologist does not offer mediation services between divorced parents and is not required to appear in court.

For IQ Testing Only (Gifted Program Placement)

() Parents have a right to seek independent or private IQ testing as part of the criteria for the Academically Gifted Program. I understand IQ scores are final and cannot be altered in any way. In the event that my child does not meet the minimum IQ score required for AGP placement, I am still obligated to pay any fees due associated with this service and agree to not dispute nor contest test scores. I also understand that my child cannot be re-tested using the same instrument (Wechsler Series) within 6 months of administration.

Payment Agreement

() I hereby acknowledge and agree that I am fully responsible for the established fee of _____ for rendered services, which is due in full **on the day of testing**. Accepted forms of payment are: personal checks, Zelle®, cash, money orders or Venmo®. Credit cards may be used through PayPal have a 3.0% service fee.

() CTFL does not take medical insurance and is not obligated to provide superbills.

Parent or legal guardian's signature

Today's date



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Relevant Background Interview Form (3 years to Adult)

ATTENTION: Please take enough time to thoroughly complete this form. This information is a critical part of the assessment process.
If you do not remember exact dates or ages, use closest approximation or mark unknown.
TO PROTECT YOUR PRIVACY DO NOT EMAIL BACK THIS FORM, hard copies will be collected on the day of the appointment. Thank you.

Student Information

Appointment date: _____ Time: _____

Name of student: _____
First Spell out middle name Last

DOB: ___/___/___ Age: ___ Gender: () male () female Race/Ethnicity: _____

Primary language: () English () Spanish Other: _____ Secondary language (if applicable): _____

Handedness: () Right () Left () Ambidextrous

Homeschooler? () Yes () No Scholarship recipient? () Yes () No Type of Scholarship: _____

Grade level or college year: _____ Name of school/college/university: _____ School district or campus: _____

Student's place of birth (city and state): _____

Current address: _____

Parent/legal guardian 1 : _____ Age () Occupation: _____

Parent/legal guardian 2: _____ Age () Occupation: _____

Primary phone number: _____ Secondary phone number : _____

Primary Email : _____ Secondary Email: _____

General Reason for Assessment or Referral

Briefly describe reason for testing:

How did you hear from us? () Search engine -Google/Bing () Social media -Facebook/Instagram () vehicle ad on the road
() Friend/Relative/word of mouth () Past client () Referral, please specify _____



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Home Life (please fill out this section if the student is a minor living at home)

Child is: () Biological () Adopted () Foster () Relative _____ () Other _____

Familial status: () Both biological parents married and living together () Both adoptive parents living together
() Biological parents separated () Biological parents divorced () Remarried parent () Parent living with domestic partner

Describe custodial arrangements if applicable:

How many siblings living full time in household? _____ Ages and gender: _____

If other siblings living part-time in household, ages/gender and frequency in home:

Other persons besides parents/siblings living in same household with child, relationship/age/gender:

Stress and anxiety can affect all areas of an individual's well-being including sleep, diet, mental and physical health, self-esteem, social interaction and academic performance. Studies show that students who are under emotional stress are at higher risk for poor academic performance and in some cases can mimic learning problems. Describe **any recent changes or situations at home that may be a source of stress to the child** (e.g. separation or divorce, new stepparent or domestic partner, new step-siblings, new biological sibling, economic distress, absent parent/parents who work or travel over 50 hrs. a week, death/loss in the family, illness, natural disaster, relocation, new school, older sibling leaving to college, other recent changes in daily routine, etc.)

Relevant Developmental History

Pregnancy:

- Full term: 37-41 weeks Late Pre-term: 34-37 weeks Very Pre-term: less than 32 weeks
 Extremely Pre-term: less than 25 weeks Unknown
 Healthy pregnancy Ectopic pregnancy Gestational diabetes Gestational hypertension
 Preeclampsia Placenta Previa Anemia/iron deficiency High stress Depression Smoker
 Drug or alcohol use Used prescription medications to treat medical condition

Describe any health or emotional complications during **pregnancy**:

Childbirth and First Infancy:

- Natural/Vaginal labor Cesarean section Unknown
 Baby's health at birth: Normal/Healthy Low birth weight Anoxia at birth Low heart rate
 Jaundice NICU stay. How long?: _____ Unknown
 Did the infant pass the Apgar Scale (newborn screening) at birth? yes no unknown

Describe any other complications at **birth**:

Was mother able to spend first 3 months bonding with infant? Yes No. Reason: _____

Breastfed No Yes. How long? _____

Verbal Communication/Language:

- Spoke first words Typical Early Late Unknown
 Spoke complete sentences Typical Early Late Still in progress Unknown
 Primary/Dominant language: English Spanish Other languages spoken at home: _____
 Proficient in English? Yes No

Describe any verbal communication difficulties:

Ever received speech therapy? No Yes Age: _____ Still does Frequency: _____

Motor Development:

- Crawled Typical Early Late Unknown
 Walked without assistance Typical Early Late Unknown
 Climb and run Typical Early Late Still in progress Unknown

Describe any gross-motor difficulties:

- Used utensils to self-feed Typical Early Late Still in progress Unknown
 Scribbled on paper using crayon/pencil Typical Early Late Still in progress Unknown
 Ties shoe laces without assistance Typical Early Late Still in progress Unknown
 Handles pencil correctly Typical Early Late Still in progress Unknown

Handedness Left Right Ambidextrous

Describe any fine-motor difficulties:

Ever receive occupational therapy? No Yes Age: _____ Still does Frequency: _____



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Toileting:

Stopped using diapers: () Typical () Early () Late () Still in progress, wears pullups

Current difficulties: () Bedwetting () daytime enuresis () daytime encopresis () Constipation

Other:

Social development:

Separating from parent/caregiver: () Typical () Had some difficulty () Still in progress () Unknown

Playing with others/making friends: () Typical () Had some difficulty () Still in progress () Unknown

Adjustment to changes or transitions: () Typical () Had some difficulty () Still in progress () Unknown

Describe any **social** difficulties past and current (if relevant, please also fill out the **Anxiety** and **Autism checklists**):

Health History

Describe any past or current **medical conditions** (non-psychiatric) including chronic illnesses or environmental or food allergies, surgical procedures (i.e. ear tubes, adenoidectomy), fractured bones, injuries, stitches and hospital stays. Please include **age of occurrence** and/or diagnosis for each:

Has the student been absent more than 10 times in any given school year due to illness? () No () Yes, reason:

List medications or treatments taken on a regular basis (non-psychiatric):

Sleeping habits: () sleeps at least 8 hours () less than 8 hours () sleepwalking () Nightmares () diagnosed sleep disorder

Eating habits: () normal, healthy weight () overweight () underweight Reason: _____

Describe any visual impairments:

Describe any hearing impairments:

Describe any sensory processing impairments (if relevant, please also fill out the **Sensory Checklist Form**)



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Neurological, Psychiatric and Psychological History

Please describe all previously diagnosed conditions such as ADHD, intellectual disability, specific learning disability, autism, OCD, nervous tics, seizures, anxiety, depression, mood disorder, bipolar disorder, other. Please include **age of occurrence** and/or diagnosis for each:

List medications, treatments, counseling or other interventions (outside of school) milligrams/frequency, age of Rx for each:

Behavior and Interests

Describe any **behavioral** concerns, please circle all that apply: hyperactivity/impulsivity, short attention span, low tolerance to frustration, frequent meltdowns or tantrums, overwhelmed by overstimulating environments, often shuts down, dislikes or refuses to do homework, picky eater, sensory craver, other sensory processing differences, low self-esteem, self-critical, isolation, difficulty engaging with peers, target of bullying, persistent sadness, chronic shyness, depression, generalized anxiety, separation anxiety, social anxiety, irrational fears, refuses to sleep in own room, refuses to bathe alone, disorganized, forgetful, oppositional/defiant, disruptive in class, school refusal, run away, truancy, destruction of property, bullying of others, trouble with police, school suspensions, other:

Describe your child's interests. Example: art, building things (Legos, STEM) video games, helping with chores, memorizing facts, socializing:

What **extra curriculars** or leisure activities does the student participate in? Examples: team sports, gymnastics, martial arts, dance, theatre/drama, chess club, debate club, church youth group, scouting:



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Academic History (If you're an adult or college student please indicate services received during school)

Full name of current school (homeschoolers scroll down): _____ County/district: _____

Public Charter Magnet Private FLVS (Virtual School)

Current grade level: _____

Current placement: Regular Advanced Honors Gifted ESL/ESOL/LEP

ESE inclusive classroom ESE contained classroom. Reason: _____

Has the student ever been held back? No Yes Grade(s): _____

Number of school changes and grades: _____

ESE Services:

Has or had an IEP. Since grade _____ Reason: _____

Has or had 504 Plan. Since grade _____ Reason: _____

Occupational therapy Speech/Language Behavior therapy/Applied Behavior Analysis Social skills

RTI (is pulled out for individualized instruction) ELP (stays after school for additional academic help)

Current **granted accommodations** (please share a copy of most recent IEP or 504 plan): Extra time allotment for exams, preferential seating, stretch breaks, receives notes, allowance of calculator, exam questions are read to student, other: _____

Private tutoring? Yes No

Provider, frequency and subjects: _____

Homeschoolers

Since _____ Current curriculum(s): Classical Conversations, All About Reading, Other: _____

Attend a learning coop or hybrid school? Yes No Frequency and subjects: _____

StepUp scholarship recipient? Yes No Type of scholarship: PEP UA Other _____

Academic performance:

Please circle any **reading** difficulties: Poor fluency, poor phonemic awareness, poor decoding, omits/transposes/adds letters words and sounds while reading, poor comprehension, reading below the expected benchmarks for age/grade level, unable to identify letters, takes a very long time to read, other: _____

Please circle any **writing** difficulties: Poor penmanship/low graphomotor skills but good spelling, poor spelling, poor grammar/syntax, poor use of punctuation, good ideas but struggles with written expression, rushes, illegible penmanship, takes a very long time to write, other: _____

Please circle any **math** difficulties: Poor mental calculation due to poor concentration/limited attention span, forgets/confuses math symbols, difficulty with equations, difficulty with mathematical reasoning, unable to memorize times tables, other: _____

Please check and circle any other difficulties:

Slow processing -Requires an extraordinary amount of time to complete tasks and homework. Usually does not finish test or classwork within the allotted time.

Inattention – Forgetful, “zones out”, daydreaming, requires frequent redirection to task, struggles working independently.

Behavioral: disruptive, oppositional- defiant, aggressive, shyness, shuts down, school anxiety, test anxiety, meltdowns, refusal, poor social cue awareness, developmentally immature, other (please elaborate on back)