

Educational Assessment Associates
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ADMISSIONS REGISTRATION FORM

Client Number _____ (Tester will complete number)

Date of Assessment _____ Time _____

Test to be Administered _____ Tester _____

*Child's Name _____

Date of Birth _____ Age _____

*Parents' Names _____

*As you wish names to be on the report

Address _____

Telephone Numbers:

Home _____ Cell: Father _____ Mother _____

Work: Father _____ Mother _____

E-mail: Father _____ Mother _____

Applying for: _____ Pre-K _____ K _____ Grade _____

Present School _____ City _____

Present Grade or Program _____

Previous Testing? _____ WPPSI IV _____ WISC IV _____ WISC V

Date(s) _____

(Approximately one year should elapse before re-administration of any of these tests.)

How did you learn about EAA? _____

Are you applying to a public school/county GT program? Yes ___ No ___ Maybe ___

Payment: Advance payment is necessary to hold your child's testing appointment. This can be made by check or credit card (Visa, MasterCard or Discover).

Fee for WPPSI-IV: \$375; WISC-V: \$450 (Conference included)

Up to four copies of admissions reports will be mailed, faxed or e-mailed to schools. Additional copies will be sent at a cost of \$5.00 per report.

Cancellation policy: If assessment is canceled 48 hours or more in advance of scheduled date, \$25 will be deducted from payment; the balance of the fee will be refunded. If less than 48 hours notice is given, \$50 will be deducted. In case of illness, the assessment will be rescheduled.

Please note below any information pertaining to your child that you feel would be important for us to have, e.g., language(s) other than English your child speaks at home and/or at school; experience living/traveling in countries other than the United States; work with a speech therapist, occupational therapist, etc. Also please note any special interests, sports or hobbies that your child enjoys. Please use the [TAB] key or the mouse to advance to the next field:

It is important to understand that the WPPSI-IV and WISC-IV are protected tests; i.e., knowledge and use of their contents are limited to qualified professionals. No "practice" or preparation for the tests is needed or allowed.

I / We give permission to Educational Assessment Associates to administer the Wechsler Scales and/or the Woodcock-Johnson Tests of Achievement to my child and to send the assessment results to the following schools.

If the parents share joint legal custody, both parents are required to give permission.

Signature of Parent/Guardian

Print Name

Signature of Parent/Guardian

Print Name

Date: _____

Date: _____

In the event that Educational Assessment Associates is contacted by a school admissions officer who has questions about my child's test results/report, I give my consent for the tester to provide clarification of those results.

Signature of Parent/Guardian

Date: _____