***Date Parent Signed Permission to Test:***

***School:***

***Contact Person:***

***Student:***

***Grade:***

***DOB/Age:***

Initial  Re-eval Gifted Other Previous IQ

***Areas of Concern/Disability:***

Vision  Hearing  Intellectual

Autism  Behavior  Reading Fluency

Reading Comprehension  Decoding/Basic Skills  Basic Math

Math Fluency  Math Reasoning  Spelling

Written Language  Receptive Language  Expressive Lang

Articulation  ELL  Attention

***Other information that might affect the testing session:***

***Tests Requested:***

**IQ**  Full-scale  Non-verbal

**Academic**  Reading Written Expression Math Oral Language

Listening Comprehension Other:

***Reminders:***

Inform the student and staff of student absence from class (approximately 90 minutes)

Reserve a room for individual testing

Be sure to include **ALL** previous assessments in RED\*\*