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

***School:***

***Contact Person:***

***Student:***

***Age:***

***DOB:***

***Grade:***

Initial  Re-eval Gifted Other

***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: