



## RCLD Testing packet

1. Complete this packet and return to me at Dalton State.
2. If Vocational Rehabilitation is paying for your evaluation, I will communicate with them about the paperwork needed.
3. Make sure you include a SAMPLE of your BEST writing. This can be any assignment (essay or paper) that is an example of your best work. It can be from high school or college or just something you feel is your best work.
4. You can get a Hearing Screening for free at Looper Speech and Hearing. See voucher for details.
5. Once RCLD has received the packet from me they will review it and call you to schedule the appointments. This could take several weeks.
6. Once the evaluation is complete they will provide me and you with the accommodations you qualify for.

## Instructions for Completing the RCLD Packet

1. **Referral Letter/Checklist:** Complete the identifying information (up through "Disability Service Representative") on the *Referral Letter/ Checklist*. **Do not sign or date this page or check off anything** on the checklist until you have met with your Disability Service Provider or the designated person at your Office of Disability Services.
2. **Consent for Evaluation:** Please read this document in its entirety and fill out/initial where indicated. Then sign and date the last page.
3. **Consent to Contact:** If you are willing to participate in research projects at the Regents Center, please read, sign and date this form. Your participation is completely voluntary; declining will not affect your eligibility for evaluation.
4. **Client Case History Questionnaire:** Please complete all pages of this questionnaire. Every line or box must have a written response; do not leave blanks. If a question does not apply to you, mark the space with "NA" (for Not Applicable). A parent or guardian may help you answer questions regarding your early background. Missing/blank information may delay your application for evaluation.
5. **BAARS-IV Other Report – Childhood Symptoms:** This should be completed by an adult who knew you well between the ages of 5-12. Do not complete this form yourself because an independent rater is required, but the same person (for example, a parent) can complete both the childhood and current adult checklists.
6. **BAARS-IV Other Report – Current Symptoms:** This should be completed by an adult who has known you well during the past 6 months. Do not complete this form yourself because an independent rater is required. This could be a parent, spouse, other relatives or close friends.
7. **Additional Required Items:** There are four items noted on the application "Checklist," that are not forms in the packet you received. You must obtain the following items and include them when submitting your application packet. They are:
  - a. **Transcripts:** Supply a copy of all college transcripts, including previously attended institutions. The transcripts may be unofficial copies; you do not need to order/pay for them. They should include courses that did not transfer, courses from which you withdrew, or that you failed. If high school transcripts are available, please include these as well. If you have been accepted for admission or you are a freshman with only a few college courses listed on your college transcript, you will need to supply an unofficial high school transcript.
  - b. **Past Evaluations and Pertinent Medical Records:** Include copies of reports/results from any previous evaluations or testing of any psychological or medical conditions that could affect learning. These may include, but are not limited to, psychoeducational evaluations (current or in the past); Individualized Education Plans; evaluations of psychological conditions such as depression or anxiety; medical evaluations of seizures,

head injuries, or other conditions that may affect cognitive functioning. These records are very helpful to the RCLD assessment team in understanding your present difficulties at school. If you don't have copies of these records, contact the doctor, practitioner or institution where you were evaluated or treated, and ask for a copy of your records to include with your packet.

- c. **Two writing samples** must be turned in with your RCLD packet.
  - i. **Sample of your best writing.** A term paper or writing assignment would be best. This could be a paper for which you received help from others such as a professor, proofreader/tutor, or parent. You may use a computer with spell check and grammar check.
  - ii. **Sample of your “unassisted” writing.** Make an appointment with your disability service provider to do a timed writing sample. A topic and writing materials will be provided.
8. **Hearing Screen:** A hearing screen form is provided for you to take to a qualified provider for completion. Some audiologists use their own forms, which are also acceptable. Your Disability Services Provider may be able to suggest a location for a hearing screening. For example, you may be able to be screened at a public health clinic; go to <http://health.state.ga.us/regional/index.asp> for further information. In addition, the Speech and Hearing Clinic at Georgia State University (404-413-8044) offers free hearing screenings for GSU students and low-cost screenings to others, but you need to allow time to get an appointment. The clinic is closed during breaks. Hearing screenings may also be obtained at the Speech Clinic at University of West Georgia. Call 678-839-6145 for more information.

Once you have completed your hearing screening, attach the report/results to your application packet.

9. **Financial information:**

- The non-refundable \$250.00 deposit must accompany the completed packet. Make your check or money order payable to **Georgia State University**. The Office of Disability Services will send the completed packet to RCLD; an appointment cannot be scheduled without the deposit.
- We have included a letter in this packet that may help you identify sources of payment. Medical insurance often will not pay for neuropsychological evaluations, but students may want to investigate this option. If you are a Department of Labor Division of Rehabilitation Services (Vocational Rehabilitation) client, VR may be willing to cover the cost of your evaluation.

10. **Cancellation Policy:** Please read this document in its entirety. Then sign and date.
11. Once the completed packet is turned in, you will be contacted by the RCLD, rather than the Office of Disability Services, to schedule an appointment.
12. For more information regarding the RCLD go to: [www.gsu.edu/rcld](http://www.gsu.edu/rcld).

REGENTS CENTER FOR LEARNING DISORDERS

Mailing Address:  
PO. Box 3995  
Atlanta, GA 30302-3995

In Person:  
Urban Life Building  
140 Decatur Street, Suite 1053  
Atlanta, GA 30303

Phone 404-413-6245  
Fax 404-413-6130



**THIS LETTER TO BE KEPT BY STUDENT**

Dear Student:

Students from your college or university who have been experiencing academic difficulties or have a history of learning disorders have been assigned to The Regents Center for Learning Disorders at Georgia State University (RCLD) for evaluation. We are looking forward to meeting you, and helping you in whatever way we can. Toward the front of this packet, you will find a document called "Instructions for Completing the RCLD Packet," which will provide specific information about how to complete all the enclosed application materials. The Disability Services Provider (DSP) who gave you this application packet can also answer questions you have about completing the enclosed forms. We also suggest that you go to our website at [www.gsu.edu/rcld](http://www.gsu.edu/rcld) to get more information about our Center and the assessment process.

Your completion of the enclosed forms will help us accurately and completely assess your learning strengths and weaknesses. All of the information must be collected before you can be scheduled for an evaluation. **If your packet is not complete, it may delay your evaluation**, as the Center will need to contact you to obtain the missing information before scheduling your first appointment.

**The full cost of the evaluation is \$500.**

- **\$250 non-refundable deposit** must accompany your application packet when it is returned to the RCLD (to reserve your first appointment and prepare for your evaluation). **Make check payable to RCLD at Georgia State University**
- The remaining \$250 is to be paid on or before the first testing session.

You may pay with cash, check, or credit card. If you are paying by check, make the check payable to Georgia State University.

If the \$500 fee would create a hardship for you, discuss financial options with your DSP, such as private insurance, Student Aid, or vocational rehabilitation funds. We have enclosed a document in this packet that may help you arrange for the payment of your evaluation at the RCLD ("Possible Sources of Financial Assistance").

**Once we receive the completed packet**, you will be contacted and scheduled for eight hours of testing, typically scheduled over two days of 4 to 4½ hours each. However, it is not unusual for students to need an additional session or two to complete the testing to fit their work speed and need for breaks, or to gather additional test data to better understand their learning difficulties.

**Cancellation Policy.** Students are encouraged not to cancel appointments for any reason, except illness or emergency. Please see cancellation policy enclosed within your packet for further details.

**After the testing has been completed, you will be contacted within approximately 4 weeks to schedule a 1 to 1½ hour feedback session with the psychologist. You are welcome to invite other people to attend this session. Evaluation findings will be discussed, as well as recommendations and suggestions for you, the DSP, and your instructors.**

**With your written permission, your DSP will be notified directly after your feedback meeting, so that your referral concerns can be addressed as soon as possible. You will then receive a detailed written psychological report in the mail. It will document the information discussed in the feedback meeting, including your disability diagnosis, if appropriate, and the RCLD's recommendations. If you have been diagnosed with a disability and academic accommodations have been recommended, you will need to provide your DSP a copy of your report. Your DSP cannot offer you accommodations without this important documentation. This report will not be shared with anyone else, including your instructors, without your written permission.**

Again, we look forward to working with you to help you better understand your learning strengths and weaknesses and find strategies that can promote your academic success.

Sincerely,



Fontina Rashid, Ph.D.  
Licensed Psychologist  
Director

March 2017

**POSSIBLE SOURCES OF FINANCIAL ASSISTANCE**  
**- THIS PAGE TO BE KEPT BY STUDENT -**

Dear Student:

The following information is intended to help you determine how to cover the cost of your evaluation at the Regents Center for Learning Disorders at GSU (RCLD).

Many students ask whether their private health insurance, PPO, HMO, etc. will cover part or all of the cost. Although, the RCLD does not file for insurance or accept assignment, we will gladly provide you with standard billing information, which many insurance companies require, but **you are responsible for the \$500 assessment charge**. We can accept payment in a variety of forms: cash, checks, money orders and credit cards. If, after you have completed your evaluation, you decide that you want to send your **paid** bill to your insurance company so they can reimburse you, this is **your responsibility**. Once your evaluation has been completed, we will be glad to provide your insurance company with a list of the actual tests we used, if that is requested.

Because there are hundreds of insurance carriers and special health care organizations (HMO, PPO, IPA, EAP, etc), in addition to numerous programs and types of policies within each company, we cannot provide you with specific details regarding whether your particular health insurance plan will pay for your evaluation. However, this letter will attempt to provide some information that may help you communicate with your insurance company.

*The RCLD is not a specified preferred provider nor enrolled as a provider in any health plan in the State of Georgia. Many insurance companies will not pay for any evaluation or testing unless you use a professional on the provider roll or organizational list. It may be important to explain to your insurance company that the evaluation you are receiving would cost about three to five times as much if obtained from most other providers, and that they will save money by using the RCLD.*

If you plan to ask your insurance company to pay for your testing, you will need to inform them that you will be having *comprehensive psychological testing*, which is designed to identify why you are having trouble in school. *All testing is done under the supervision of a psychologist licensed in the State of Georgia*, and our fee is a set \$500 for the complete evaluation. Most students take at least eight to ten hours to complete the entire battery.

There are also some insurance companies that will cover the cost of your evaluation *up front* (so that you do not have to pay and then get reimbursed), but you would have to obtain a pre-approved authorization form from your company to guarantee this. The RCLD will accept a *written guarantee of payment* of \$500 for your evaluation, but this has to be submitted on official letterhead (or a voucher) before you are evaluated and must be approved by the director. The RCLD will then bill your insurance company for the evaluation when it is completed.

Some insurance companies require a physician's referral before they agree to cover you. Some want to know the specific disorder that you are having assessed before they provide funds. Many of the students who come to us have a learning disability, but some also have Attention-Deficit/Hyperactivity Disorder (ADHD), or a mood or anxiety disorder related to stress. Because we do not know what, if any, diagnosis may be appropriate until *after* your comprehensive evaluation, it is not possible to answer this question ahead of time.

Students using Medicare, Medicaid, CHAMPUS, or other governmental agency system such as the Division of Rehabilitation Services should contact their case manager to discuss their options regarding payment of the evaluation fee.

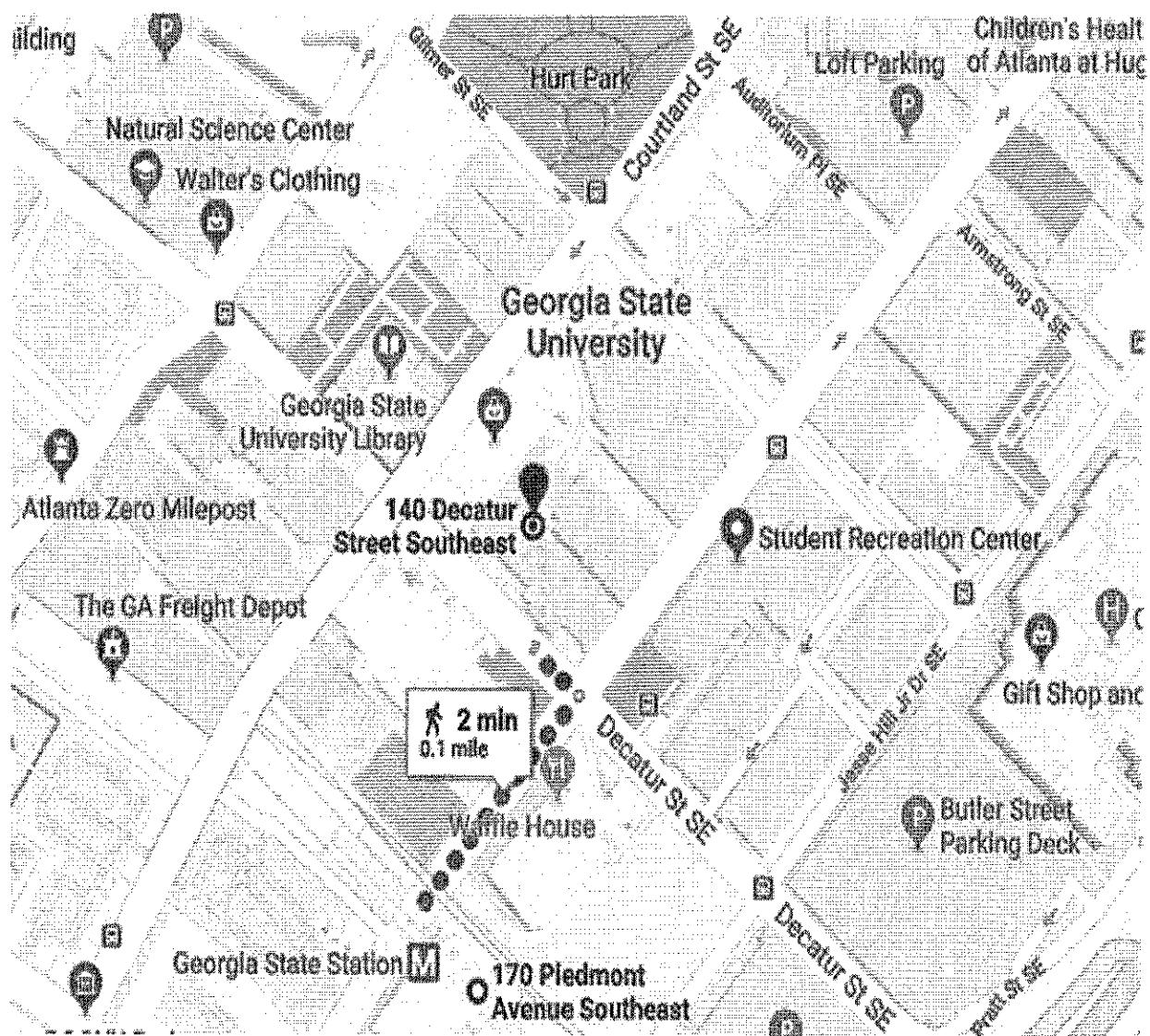
Evaluation scholarships may be available through your referring institutions. You should consult with the disability coordinator at your school about this. Some institutions will allow the cost of the evaluation to be included in the student's financial aid package. You should ask your financial aid office whether this is an option. Finally, alternate payment arrangements may be made in extenuating circumstances, if approved by both your disability coordinator and the RCLD director.

Sincerely,

Director  
Regents Center for Learning Disorders at GSU

Directions from the Georgia State Marta Station to the Regents Center for Learning Disorders

- Walk one (1) block north on **Piedmont Avenue** to **Decatur Street**. You should be walking away from the Georgia State Capitol building (the big gold dome).
- At the **northeast corner** of Decatur Street and Piedmont Avenue, enter the **Urban Life Building**
- There are two different sets of elevators in the lobby of the Urban Life Building. Walk all the way back to the 1<sup>st</sup> floor to the 2<sup>nd</sup> set of elevators. These will take you to the 10<sup>th</sup> floor. If you are not sure where the elevators to the 10<sup>th</sup> floor are located, please call our office at **404-413-6245**.



**Regents Center for Learning Disorders**  
Urban Life Building, Suite 1053 (10th Floor)  
140 Decatur Street  
Atlanta, GA 30303

**GPS Address for Deck M Visitor Parking:**  
33 Auditorium Place, SE  
Atlanta, GA 30303

---

The Urban Life Building is located at the corner of Decatur Street and Piedmont Avenue in downtown Atlanta.

Visitor parking is available for \$7.00 in Deck M (entrance on Auditorium Place)

#### **Driving Directions to Parking Deck M**

From the North: Take Interstate 75/85 southbound to Exit 249A (Courtland Street) and follow the exit ramp to the right onto Courtland Street. Continue along Courtland Street for .5 miles and turn left onto Auditorium Place (Courtland curves to the right at Edgewood Avenue and Auditorium Place is immediately to the left after this curve). Turn right into the first Deck M driveway for visitor parking.

From the South: Take Interstate 75/85 northbound to Exit 248B (Edgewood Avenue/Auburn Avenue/J.W. Dobbs Avenue) and continue for .2 miles. Turn left onto Edgewood Avenue and continue for .3 miles. Turn left onto Courtland Street and take an immediate left onto Auditorium Place. Turn right into the first Deck M driveway for visitor parking.

From the East: Take interstate 20 westbound to Exit 58A (Capitol Avenue/Downtown) and continue for .6 miles. Turn right onto Capitol Avenue and continue for .2 miles. After passing the Capitol on the left, Capitol Avenue turns into Piedmont Avenue. Continue straight on Piedmont Avenue for .4 miles and turn left onto Auditorium Place (which is the next street after Gilmer Street). Turn left into the first Deck M driveway for visitor parking (indicated by a red 'visitor parking' sign).

From the West: Take Interstate 20 eastbound toward Atlanta and merge onto Interstate 75/85 northbound via exit 57 toward Chattanooga/Greenville. Continue on 75/85 for 1.4 miles and then take Exit 248B (Edgewood Avenue/Auburn Avenue/J.W. Dobbs Avenue) and continue for .2 miles. Turn left onto Edgewood Avenue and continue for .3 miles. Turn left onto Courtland Street and take an immediate left onto Auditorium Place. Turn right into the first Deck M driveway for visitor parking.

#### **Walking Directions to the Regents Center for Learning Disorders from Parking Deck M**

Exit Deck M onto Gilmer Street. Cross Gilmer Street and walk down Piedmont Avenue (in the opposite direction of traffic) to the next corner. The Regents Center for Learning Disorders is in the Urban Life Building on your right at the corner of Piedmont Avenue and Decatur Street. After entering the Urban Life Building, take the elevator to the 10th floor. The Regents Center for Learning Disorders is in Suite 1053.



## Referral Letter/Checklist

Last name, first name, MI		SS# (Last four digits only):
		Home Phone:
Street address, city, state, zip code		Best Daytime Contact Phone:
		Email: *
		Birthdate:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed	
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multiracial		School:
		Coordinator:
Class Standing: <input type="checkbox"/> institutional admissions review <input type="checkbox"/> accepted for admission <input type="checkbox"/> learning support <input type="checkbox"/> freshman <input type="checkbox"/> sophomore <input type="checkbox"/> junior <input type="checkbox"/> senior <input type="checkbox"/> graduate student <input type="checkbox"/> on suspension <input type="checkbox"/> on exclusion <input type="checkbox"/> other: _____		
Reason for Referral: (to be completed by Disability Services Representative)		
Regents level accommodation requested: <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Since the confidentiality of email communication cannot be assured, we will not provide any personally sensitive information to you via email, and recommend that you observe the same procedure.		

Checklist	
<input type="checkbox"/> \$250 deposit	<input type="checkbox"/> BAARS Other Report Current Symptoms
<input type="checkbox"/> Referral Letter/Checklist	<input type="checkbox"/> BAARS Other Report Childhood Symptoms
<input type="checkbox"/> Release of Information/Consent for Evaluation	<input type="checkbox"/> Sample of Unassisted Writing
<input type="checkbox"/> Case History	<input type="checkbox"/> Sample of Best Writing
<input type="checkbox"/> Transcripts	<input type="checkbox"/> Hearing Acuity Screening
<input type="checkbox"/> Past evaluations/pertinent medical records	<input type="checkbox"/> Cancellation Policy
<input type="checkbox"/> No previous evaluations	
<input type="checkbox"/> Records not available. Explain: _____	
<input type="checkbox"/> Special Accommodations needed for evaluation?	
Specify: _____	

I have enclosed \$250 to secure my first appointment, and agree to make final payment (\$250.00) at the time of or before my first appointment. I understand that if I cancel my appointment with less than five business days' notice, my deposit is nonrefundable. (Total cost of services = \$500.00)

Signature

Date

## Consent for Evaluation

Welcome to the Department of Psychology at Georgia State University (GSU). The Department has two separate centers, which share an office suite on the 10<sup>th</sup> floor of the Urban Life Building: the Psychology Clinic for Assessment, Therapy, and Research; and the Regents Center for Learning Disorders (Suite 1053). During the time that you receive clinical services within the GSU Department of Psychology, you may encounter personnel from both centers in this shared physical space. All personnel of these two centers, which include staff and clinicians, are part of the GSU Department of Psychology. Thus, all personnel adhere to the American Psychological Association's ethical standards including confidentiality guidelines. If you have any questions concerning this, please talk to your assigned clinician.

You may be aware that Georgia House Bill 280, often referred to as the "Campus Carry" law, went into effect on 7/1/2017. The Campus Carry legislation allows anyone properly licensed in the state of Georgia to carry a handgun in a concealed manner on university property with noted exceptions. One of the noted exceptions is within faculty offices and office suites. Suite 1053, which houses the Psychology Clinic and the Regents Center for Learning Disorders, is an office suite, and handguns are not allowed within this area. Information about the law can be found at [safety.gsu.edu/campus-carry](http://safety.gsu.edu/campus-carry). It is the responsibility of the license holder to know the law. Failure to do so may result in a misdemeanor charge and may violate the Georgia State Student Code of Conduct.

I, in signing this form, and **INITIALING** each appropriate blank below, signify my understanding that:

I have completed the information contained in this packet to the best of my ability and agree for it to be released to the Regents Center for Learning Disorders (RCLD) at Georgia State University.

I have been informed of the cost involved in obtaining this evaluation and agree to make payment or arrange for payment by the date of my first appointment.

I understand that the information contained in this packet and all other information provided over the course of this evaluation will be used as part of a diagnostic evaluation of my intellectual, psychological and learning abilities. I understand that the purpose of this evaluation is to identify any developmental, psychological, or psychiatric disorders that could impact my academic functioning, and to make recommendations regarding appropriate academic accommodations and/or interventions.

I understand that the information contained in this packet and all other information provided over the course of this evaluation is confidential, and that the RCLD will keep confidential all information gathered during this evaluation and will not release or discuss the results of my evaluation with any other persons outside the Center without my written permission, with the following four exceptions: 1) if there is reason to believe that I am at imminent risk for doing serious harm to myself, 2) if there is reason to believe that I am at possible risk for doing serious harm to others, 3) if there is reason to believe that a child under the age of eighteen or a vulnerable adult has been abused, neglected or exploited, and, 4) if disclosure of information is ordered by a judge in a court of law.

I understand that there may be privacy issues involved in completing my evaluation. The RCLD is sensitive to privacy needs, and works to maintain a comfortable setting for all clients. Please be aware that there may be times when you encounter someone in the RCLD whom you know from another setting. For example, if you are a student at GSU, you may happen to see your instructor, professor, or a fellow student. You might also encounter your clinician or someone else from the RCLD in another setting. If either of these situations occurs or you are concerned about such potential encounters, discuss this with your assigned clinician to determine if this situation poses a significant conflict for you.

I understand that having this evaluation does not guarantee that a diagnosis of a disability will be made by the RCLD.

I understand that admission to any college in the University System of Georgia is not guaranteed by a diagnosis of a learning disorder. Although some colleges may make special admissions considerations, I understand that admissions decisions are made based on high school GPA, SAT or ACT scores, fulfillment of RHSC requirements and other factors. Recommendations for specific accommodations are also not guaranteed and will be made based upon the determination of my individual pattern of processing deficits.

I understand that by signing this release of information and consent form that I agree to undergo evaluation and testing for learning disorders and related problems. I understand that this evaluation may be performed by doctoral psychology students under the supervision of licensed psychologists. I also understand that I will be given both verbal and written feedback regarding my evaluation results after they have been evaluated and reviewed by the RCLD's professional staff.

I understand that information collected in my evaluation may be included in group data for research purposes. This information can be used to increase understanding of the experience of students with learning disorders. If utilized for research purposes, this data will be coded in a manner that does not identify me personally, and will be analyzed at a group level. I am assured that identifying information will be removed, and my confidentiality will be protected.

**INITIAL** \_\_\_\_\_ I give permission for my assessment to be video recorded and viewed by the licensed psychologist who is responsible for my evaluation and for the purpose of supervision of the student clinicians involved in my evaluation. I understand that there may be occasions in which this tape may be viewed by other licensed psychologists and student clinicians in the RCLD during the course of the evaluation process for the purpose of supervising and training student clinicians. I understand that this video recording will be erased after my evaluation is complete.

**INITIAL** \_\_\_\_\_ I give permission for the RCLD to discuss scheduling and financial arrangements with my parents.

**INITIAL** \_\_\_\_\_ I give permission for the RCLD to gather information necessary for this evaluation from my parents.

**INITIAL** \_\_\_\_\_ I give permission for the RCLD to gather information necessary for this evaluation from the Disability Services provider at my college.

**INITIAL** \_\_\_\_\_ I give permission for the RCLD to contact my campus Disability Services Provider to provide them with information about the progress and status of my evaluation.

If you have any concerns about any of the procedures described herein, you may contact the Center Director, Regents Center for Learning Disorders, at (404) 413-6245.

---

Client Signature	Date	Age
------------------	------	-----

---

Witness Signature	Date	Age
-------------------	------	-----

---

**Parent Signature if Client is a minor (parents have access to evaluation results of minor children)**

## Client Case History Questionnaire

The information requested on this questionnaire is required as part of your evaluation. Please feel free to add as much information as you want. Use the backs of pages if necessary.

The highest standards of professional confidentiality are maintained. Information about any particular client can be released only with the explicit written consent of that person except in exceptional legal situations.

### Identifying Information

Name: _____	SS#: _____			
Last	First	MI	Preferred	Last four digits only
Address: _____				Birthdate: _____
City	State	Zip Code	Home Phone: _____	
Ethnicity: _____ Marital Status: _____				
Who is filling out this form? _____				
Who will be responsible for scheduling testing sessions? _____				
Have you ever been diagnosed with a learning disability? <input type="checkbox"/> yes <input type="checkbox"/> no				
Have you ever been diagnosed with Attention Deficit Disorder, either with or without hyperactivity? <input type="checkbox"/> yes <input type="checkbox"/> no				
Which? <input type="checkbox"/> with hyperactivity <input type="checkbox"/> without hyperactivity				
Date of your last psychological evaluation? _____			Please provide copies of all reports.	
By whom? _____				
Are there any left handers in your immediate family? _____				

## Family Background

### 1. Spouse Information

Name \_\_\_\_\_

Occupation: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Difficulties in learning?  yes  no Describe: \_\_\_\_\_

Other disabilities (e.g., physical, psychological)? Describe: \_\_\_\_\_

### 2. Do you have children? yes no

Names	Ages	Highest Grade Completed	Difficulties in Learning or Other Disabilities (Describe)

### 3. Father's Information (pertains to your biological father)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Educational Level: \_\_\_\_\_

Difficulties in learning?  yes  no Describe: \_\_\_\_\_

Other disabilities (e.g., physical, psychological)? Describe: \_\_\_\_\_

### 4. Mother's Information (pertains to your biological mother)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Educational Level: \_\_\_\_\_

*Family Background, Mother's Information (pertains to your biological mother), continued*

Difficulties in learning?  yes  no Describe: \_\_\_\_\_

Other disabilities (e.g., physical, psychological)? Describe: \_\_\_\_\_

5. Do you have sisters and brothers?  yes  no (add additional pages if needed)

Names	Ages	Highest Grade Completed	Difficulties in Learning or Other Disabilities (Describe)

6. Other Significant Information About Your Family

Please indicate the existence of any of these conditions in your family. Indicate the relationship of the person to you (e.g., father, maternal grandmother):

Mental Health Disorders  yes  no Who? \_\_\_\_\_ What? \_\_\_\_\_

Mental Retardation  yes  no Who? \_\_\_\_\_ What? \_\_\_\_\_

Epilepsy  yes  no Who? \_\_\_\_\_

Other Neurological Disorder  yes  no Who? \_\_\_\_\_ What? \_\_\_\_\_

Autism Spectrum Disorder  yes  no Who? \_\_\_\_\_ What? \_\_\_\_\_

Serious Chronic Illness  yes  no Who? \_\_\_\_\_ What? \_\_\_\_\_

Speech/Language Problems  yes  no Who? \_\_\_\_\_ What? \_\_\_\_\_

Substance Abuse  yes  no Who? \_\_\_\_\_ What? \_\_\_\_\_

Trouble with the Law  yes  no Who? \_\_\_\_\_ What? \_\_\_\_\_

What languages are spoken in your home? \_\_\_\_\_

What language did you learn first? \_\_\_\_\_

At what age did you begin to learn English? \_\_\_\_\_

How often has your family moved? \_\_\_\_\_

## Birth History (pertains to your biological mother)

1. History of miscarriage? \_\_\_\_\_ Stillbirths? \_\_\_\_\_

Please indicate when miscarriages and/or stillbirths occurred in relation to your birth.

---

2. Pregnancy with you:

Bleeding:  yes  no Illness:  yes  no Infections:  yes  no

Accidents:  yes  no RH Incompatibility:  yes  no

Length of Pregnancy: Was the delivery  early  on time  late By how much? \_\_\_\_\_

Medications Taken?  yes  no What? \_\_\_\_\_

Explanation of unusual circumstances? \_\_\_\_\_

3. Birth of Client

Labor: False?  yes  no Induced?  yes  no Length? \_\_\_\_\_

Anesthesia?  yes  no Natural?  yes  no

Type of Birth: Normal?  yes  no Dry?  yes  no Breech?  yes  no

Forceps?  yes  no Caesarean?  yes  no Birthweight? \_\_\_\_\_

Complications: \_\_\_\_\_

Apgar Score (if known): \_\_\_\_\_

Color: Normal?  yes  no Blue?  yes  no Jaundiced?  yes  no

Transfusions?  yes  no Incubator required?  yes  no How long? \_\_\_\_\_

Difficulties sucking, swallowing or feeding?  yes  no Explain. \_\_\_\_\_

Explanation of unusual circumstances? \_\_\_\_\_

---

## Developmental History

1. At what age did you:

Say your first word? \_\_\_\_\_

Sit unassisted? \_\_\_\_\_

Understand speech? \_\_\_\_\_

Walk unassisted: \_\_\_\_\_

Use 2-word sentences? \_\_\_\_\_

Stop using "baby" talk? \_\_\_\_\_

2. Did your family, friends, teachers, etc. ever have difficulty understanding your speech?  yes  no

If so, please explain. \_\_\_\_\_

3. What skills were hard for you to learn as a preschooler? \_\_\_\_\_

\_\_\_\_\_

4. Did you tend to get in trouble frequently in school?  yes  no

What for: \_\_\_\_\_

5. Were you ever suspended or expelled from school?  yes  no

What for: \_\_\_\_\_

## Medical History

1. Childhood diseases

Measles?  yes  no Age \_\_\_\_\_ Explain: \_\_\_\_\_

Meningitis?  yes  no Age \_\_\_\_\_ Explain: \_\_\_\_\_

Encephalitis?  yes  no Age \_\_\_\_\_ Explain: \_\_\_\_\_

Whooping Cough?  yes  no Age \_\_\_\_\_ Explain: \_\_\_\_\_

Scarlet Fever?  yes  no Age \_\_\_\_\_ Explain: \_\_\_\_\_

Ear Infections?  yes  no Age \_\_\_\_\_ Explain: \_\_\_\_\_

Chicken Pox?  yes  no Age \_\_\_\_\_ Explain: \_\_\_\_\_

*Medical History, Childhood diseases, continued*

Pneumonia?       yes       no      Age \_\_\_\_\_ Explain: \_\_\_\_\_

Frequent Colds?       yes       no      Age \_\_\_\_\_ Explain: \_\_\_\_\_

Allergies?       yes       no      Age \_\_\_\_\_ Explain: \_\_\_\_\_

Others?       yes       no      Age \_\_\_\_\_ Explain: \_\_\_\_\_

2. Have you ever received any blows to the head that required treatment in a hospital or emergency room?

yes       no      When? \_\_\_\_\_

Were you unconscious?       yes       no      For how long? \_\_\_\_\_

How did it happen? \_\_\_\_\_

3. Have you ever had seizures?       yes       no      At what age? \_\_\_\_\_

Did you receive medication?       yes       no      Specify: \_\_\_\_\_

When was your last seizure? \_\_\_\_\_

Known cause for seizures? \_\_\_\_\_

4. Have you ever been diagnosed with or treated for stress, anxiety, depression, substance abuse, or other types of psychological problems?

As a child?       yes       no      Specify: \_\_\_\_\_

As an adult?       yes       no      Specify: \_\_\_\_\_

5. Have you ever had injuries or accidents requiring medical treatment?       yes       no

Specify: \_\_\_\_\_

6. Have you ever been hospitalized?       yes       no      When? \_\_\_\_\_

Length of hospitalization(s)? \_\_\_\_\_

Purpose? \_\_\_\_\_

7. Were there any changes in thinking, behavior, or school performance following illnesses, blows to head, seizures, injuries or hospitalizations?

yes       no      Specify: \_\_\_\_\_

## Current Medical Condition

1. Describe your present health. \_\_\_\_\_
2. Are you presently on medication?  yes  no

### Current Medications

Type	Amount	Frequency	Duration of Treatment	Reason

3. Have you been on medication in the last five (5) years?  yes  no

### Medication History

Type	Amount	Frequency	Duration of Treatment	Reason

4. Are you allergic to any drugs?  yes  no Please specify: \_\_\_\_\_

5. How is your appetite? \_\_\_\_\_

Do you have food allergies?  yes  no Please specify: \_\_\_\_\_

Are you trying to gain or lose weight?  gain  lose  neither

Have you recently had any weight gain or weight loss?  gained  lost  neither

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

6. How many hours do you typically sleep each night? \_\_\_\_\_

Is this adequate for you to function well?  yes  no Do you have difficulty sleeping?  yes  no

7. Do you wear glasses or contact lens?  yes  no Last exam: \_\_\_\_\_

near-sighted  far-sighted  other

*Current Medical Condition, continued*

8. Have you used any of the following substances?

Substance	Current Use: <i>please check which of these you have used in the past 6 months</i>			<b>If you have ever used this substance, at what age did you <i>first</i> use it?</b>			
	Never	Sometimes	Often	12 or under	13-17	18-22	22 +
Caffeine							
Cigarettes							
Beer							
Wine or wine coolers							
Liquor							
Marijuana							
Cocaine or crack							
Hallucinogens (e.g. LSD)							
Uppers (non prescription)							
Downers (non prescription)							
Heroin or opiates							
Designer Drugs							
Inhalants							
Methamphetamine							

## **Educational Background**

### **Elementary and Secondary School History**

1. Did you attend public or private schools? \_\_\_\_\_

2. How many schools did you attend? Indicate when moves took place.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you repeat any grades in school?  yes  no Specify: \_\_\_\_\_

4. What things were hard for you in elementary school.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Educational Background, continued*

5. What things were hard for you in junior high and high school.

---

---

---

6. Did you or will you graduate high school?  yes  no Graduation date? \_\_\_\_\_

7. Did you earn a GED?  yes  no Graduation date? \_\_\_\_\_

8. High school grade point average? \_\_\_\_\_

9. Best S.A.T. scores (if taken): Verbal \_\_\_\_\_ Math \_\_\_\_\_ Was test:  Standard Time  Extended Time

10. Best A.C.T. scores (if taken): Was test:  Standard Time  Extended Time

11. In high school, have you taken or are you currently taking?

Algebra?  yes  no # of semesters \_\_\_\_\_ letter grade earned \_\_\_\_\_

English Composition?  yes  no # of semesters \_\_\_\_\_ letter grade earned \_\_\_\_\_

Foreign Language?  yes  no # of semesters \_\_\_\_\_ letter grade earned \_\_\_\_\_

**Special Education Services or Tutoring**

1. Did you receive any special education services in school?  yes  no Years \_\_\_\_\_

2. Did you have an IEP or 504 Plan?  yes  no Years \_\_\_\_\_

3. Did you attend resource classes?  yes  no Years \_\_\_\_\_

4. Did you attend self-contained classes?  yes  no Years \_\_\_\_\_

5. Did you attend a school or program for students with special needs?  yes  no Years \_\_\_\_\_

6. Did you attend any other types of academic support programs?  yes  no Years \_\_\_\_\_

Specify type, duration and dates of attendance: \_\_\_\_\_

7. Describe tutoring you have had (subjects, hours/week): \_\_\_\_\_

*Special Education Services or Tutoring, continued*

8. What help did you find the most beneficial and why? \_\_\_\_\_

## History of Learning Difficulties

1. What things are currently most difficult for you? \_\_\_\_\_  
\_\_\_\_\_
2. When was your problem first observed? \_\_\_\_\_
3. Evaluations related to your learning difficulties (list chronologically).

Date	Examiner	Place of Evaluation	Diagnosis

4. Have you ever had any of the following medical evaluations? Specify diagnosis and give date.

a. EEG       yes  no      Specify: \_\_\_\_\_

b. CT/MRI       yes  no      Specify: \_\_\_\_\_

c. Neurological examination       yes  no      Specify: \_\_\_\_\_

d. Other       yes  no      Specify: \_\_\_\_\_

## College History

1. Colleges and/or Technical Schools Attended (indicate dates):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. College Currently Attending \_\_\_\_\_
3. List Current Courses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Have you taken any Learning Support classes?  yes  no  
If yes, which areas?  Reading  English  Math  
Will you need to take any Learning Support classes?  yes  no
5. Do you need to take the Regent's Exam?  yes  no
6. Are you required to take foreign language courses for your degree?  yes  no  don't know
7. In college, have you taken or are you currently taking?  
Algebra?  yes  no # of semesters \_\_\_\_\_ letter grade earned \_\_\_\_\_  
English Composition?  yes  no # of semesters \_\_\_\_\_ letter grade earned \_\_\_\_\_  
Foreign Language?  yes  no # of semesters \_\_\_\_\_ letter grade earned \_\_\_\_\_
8. What are your best subjects? \_\_\_\_\_
9. What are your poorest subjects? \_\_\_\_\_
10. Current Cumulative G.P.A.: \_\_\_\_\_ Major: \_\_\_\_\_
11. Class Status:  freshman  sophomore  junior  senior  graduate
12. Anticipated Graduation Date: \_\_\_\_\_

**Work History (list all salaried and volunteer positions beginning with the most recent)**

Title	Responsibilities	Dates

1. Have you ever been, or are you currently involved in any legal difficulties?  yes  no

Specify: \_\_\_\_\_  
\_\_\_\_\_

2. Are you a veteran of the armed forces?  yes  no Dates of service: \_\_\_\_\_

**Current Plans**

Other individuals may have helped you complete this case history. However, you should complete this section in a frank, complete and thoughtful manner. Please use your own words and handwriting.

1. What is your purpose in seeking this evaluation? \_\_\_\_\_  
\_\_\_\_\_

2. Describe how your learning problems affect you now. \_\_\_\_\_  
\_\_\_\_\_

3. What type of special services do you believe you will need in college and why? \_\_\_\_\_  
\_\_\_\_\_

4. Describe your strengths as you see them. \_\_\_\_\_  
\_\_\_\_\_

5. What do you enjoy doing in your spare time? \_\_\_\_\_

*Current Plans, continued*

6. In what college activities do you currently or plan to participate (e.g., fraternity/sorority, intramural sports, student government, intercollegiate sports)?

---

7. What are you interested in studying? \_\_\_\_\_

---

8. What do you plan to do after college? \_\_\_\_\_

---

9. Additional information: \_\_\_\_\_

---

---

I have provided complete, true and accurate information to the best of my knowledge. I understand that false or inaccurate information may invalidate my evaluation.

Signed: \_\_\_\_\_  
Applicant

\_\_\_\_\_ Date

## BAARS-IV: Other-Report: Current Symptoms

Name of person to be rated: \_\_\_\_\_ Date: \_\_\_\_\_

Your name: \_\_\_\_\_

Your relationship to person being rated: (Circle one)

Mother Father Brother/sister Spouse/partner Friend Other (specify): \_\_\_\_\_

### Instructions

You are being asked to describe the behavior of someone whom you know well. How often does that person experience each of these problems? For the first 27 items, please circle the number next to each item below that best describes the person's behavior **DURING THE PAST 6 MONTHS**. Then answer the remaining three questions. Please ignore the sections marked "Office Use Only."

	Never or rarely	Some- times	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in his/her work or other activities	1	2	3	4
2. Has difficulty sustaining his/her attention in tasks or fun activities.	1	2	3	4
3. Doesn't listen when spoken to directly	1	2	3	4
4. Doesn't follow through on instructions and fails to finish work or chores	1	2	3	4
5. Has difficulty organizing tasks and activities	1	2	3	4
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	1	2	3	4
7. Loses things necessary for tasks or activities	1	2	3	4
8. Is easily distracted by extraneous stimuli or irrelevant thoughts	1	2	3	4
9. Is forgetful in daily activities	1	2	3	4
<b>Office Use Only (Section 1)</b>				
Total Score:	Symptom Count:			
	Never or rarely	Some- times	Often	Very often
10. Fidgets with hands or feet or squirms in seat	1	2	3	4
11. Leaves his/her seat in classrooms or in other situations in which remaining seated is expected	1	2	3	4
12. Shifts around excessively or feels restless or hemmed in	1	2	3	4

(cont.)

From *Barkley Adult ADHD Rating Scale-IV (BAARS-IV)* by Russell A. Barkley. Copyright 2011 by The Guilford Press. Permission to photocopy this form is granted to purchasers of this book for personal use only (see copyright page for details).

**BAARS-IV: Other Report: Current Symptoms (page 2 of 3)**

13. Has difficulty engaging in leisure activities quietly (feels uncomfortable, or is loud or noisy)	1	2	3	4
14. Is "on the go" or acts as if "driven by a motor" (or he/she feels like he/she has to be busy or always doing something)	1	2	3	4
<b>Office Use Only (Section 2)</b>				
Total Score: _____ Symptom Count: _____	Never or rarely	Some times	Often	Very often
15. Talks excessively (in social situations)	1	2	3	4
16. Blurts out answers before questions have been completed, completes others' sentences, or jumps the gun	1	2	3	4
17. Has difficulty awaiting his/her turn	1	2	3	4
18. Interrupts or intrudes on others (butts into conversations or activities without permission or takes over what others are doing)	1	2	3	4
<b>Office Use Only (Section 3)</b>				
Total Score: _____ Symptom Count: _____	Never or rarely	Some times	Often	Very often
19. Is prone to daydreaming when he/she should be concentrating on something or working.	1	2	3	4
20. Has trouble staying alert or awake in boring situations	1	2	3	4
21. Is easily confused	1	2	3	4
22. Is easily bored	1	2	3	4
23. Is spacey or "in a fog"	1	2	3	4
24. Is lethargic, more tired than others	1	2	3	4
25. Is underactive or has less energy than others	1	2	3	4
26. Is slow moving	1	2	3	4
27. Doesn't seem to process information as quickly or as accurately as others	1	2	3	4
<b>Office Use Only (Section 4)</b>				
Total Score: _____ Symptom Count: _____	Never or rarely	Some times	Often	Very often
Sum of Sections 1-3 for Total Scores: _____	Never or rarely	Some times	Often	Very often
Sum of Sections 1-3 for Symptom Counts: _____	Never or rarely	Some times	Often	Very often

**BAARS-IV: Other Report: Current Symptoms (page 3 of 3)**

**Section 3**

28. Did the person experience any of these 27 symptoms at least "Often" or more frequently (Did you circle a 3 or a 4 above)?      No      Yes      (Circle one)

29. If so, how old was the person when those symptoms began? (Fill in the blank)

They were \_\_\_\_\_ years old.

OR If you do not know, place a *check mark* (✓) below

\_\_\_\_\_ I don't know.

30. If so, in which of these settings did those symptoms impair the person's functioning? Place a *check mark* (✓) next to all of the areas that apply to that person.

- \_\_\_\_\_ School
- \_\_\_\_\_ Home
- \_\_\_\_\_ Work
- \_\_\_\_\_ Social Relationships

**Note.** Items 1-18 are adapted with permission from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; Text Revision*. Copyright 2000 by the American Psychiatric Association.

## BAARS-IV: Other Report: Childhood Symptoms

Name of person to be rated: \_\_\_\_\_ Date: \_\_\_\_\_

Your name: \_\_\_\_\_

Your relationship to person being rated: (Circle one)

Mother Father Brother/sister Spouse/partner Friend Other (specify): \_\_\_\_\_

### Instructions

You are being asked to describe the childhood behavior of someone whom you know well. How often did that person experience each of these problems? For the first 18 items, please circle the number next to each item below that best describes their behavior when they were a child **BETWEEN 5 AND 12 YEARS OF AGE**. Then answer the remaining two questions. Please ignore the sections marked "Office Use Only."

	Never or rarely	Some times	Often	Very often
1. Failed to give close attention to details or made careless mistakes in his/her work or other activities	1	2	3	4
2. Had difficulty sustaining his/her attention in tasks or fun activities.	1	2	3	4
3. Didn't listen when spoken to directly	1	2	3	4
4. Didn't follow through on instructions and failed to finish work or chores	1	2	3	4
5. Had difficulty organizing tasks and activities	1	2	3	4
6. Avoided, disliked, or was reluctant to engage in tasks that required sustained mental effort	1	2	3	4
7. Lost things necessary for tasks or activities	1	2	3	4
8. Was easily distracted by extraneous stimuli or irrelevant thoughts	1	2	3	4
9. Was forgetful in daily activities	1	2	3	4
<b>Office Use Only (Section 1)</b>				
Total Score:	Symptom Count:			
	Never or rarely	Some times	Often	Very often
10. Fidgeted with hands or feet or squirmed in his/her seat	1	2	3	4
11. Left his/her seat in classrooms or in other situations in which remaining seated was expected	1	2	3	4
12. Shifted around excessively or felt restless or hemmed in	1	2	3	4
13. Had difficulty engaging in leisure activities quietly (felt uncomfortable, or was loud or noisy)	1	2	3	4
14. Was "on the go" or acted as if "driven by a motor"	1	2	3	4

(cont.)

From *Barkley Adult ADHD Rating Scale-IV (BAARS-IV)* by Russell A. Barkley. Copyright 2011 by The Guilford Press. Permission to photocopy this form is granted to purchasers of this book for personal use only (see copyright page for details).

## BAARS-IV: Other Report: Childhood Symptoms (page 2 of 2)

15. Talked excessively	1	2	3	4
16. Blurted out answers before questions had been completed, completed others' sentences, or jumped the gun	1	2	3	4
17. Had difficulty awaiting his/her turn	1	2	3	4
18. Interrupted or intruded on others (butted into conversations or activities without permission or took over what others were doing)	1	2	3	4
<b>Office Use Only (Section 2)</b>				
Total Score: _____	Symptom Count: _____			
Sum of Sections 1-2 for Total Scores: _____				
Sum of Sections 1-2 for Symptom Counts: _____				

### Section 3

19. Did the person experience *any* of these 18 symptoms at least "Often" or more frequently (Did you circle a 3 or a 4 above)?    No    Yes    (Circle one)

20. If so, in which of these settings did those symptoms impair the person's functioning? Place a *check mark* (✓) next to all of the areas that apply to that person.

\_\_\_\_\_ School  
 \_\_\_\_\_ Home  
 \_\_\_\_\_ Social Relationships

**Note.** Items 1-18 are adapted with permission from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; Text Revision*. Copyright 2000 by the American Psychiatric Association.

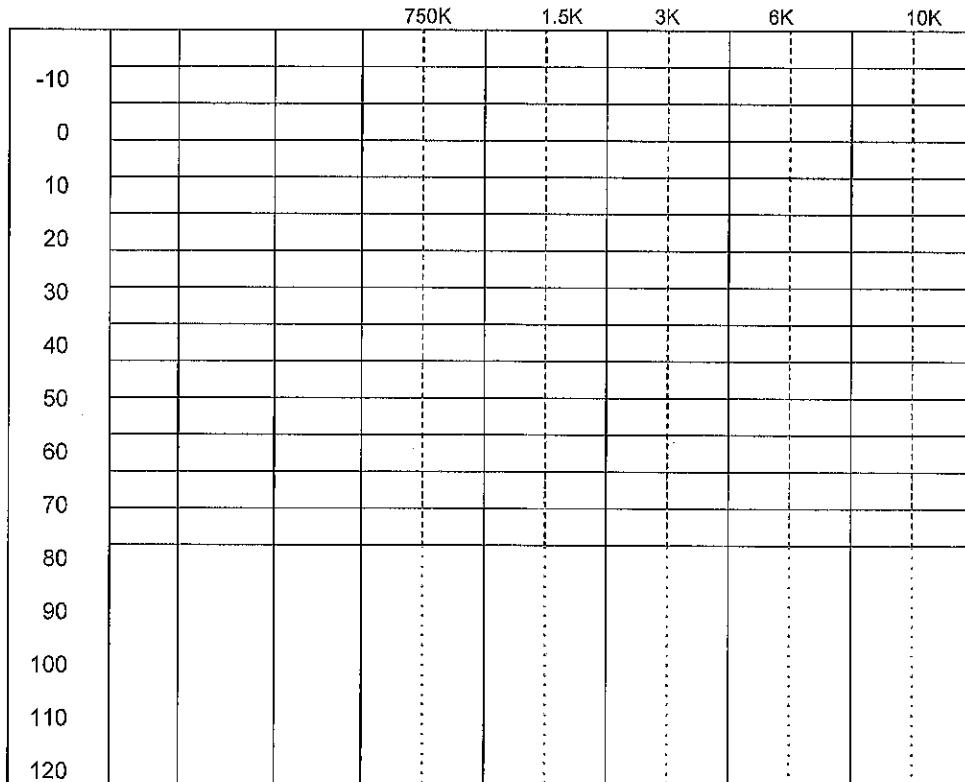
# Looper Speech and Hearing Voucher

This voucher makes you eligible, as a Dalton State Disability Access student, for one FREE Hearing Screening. Current Student ID Required.

## Looper Speech and Hearing

706-226-4623 to schedule an appointment  
1011 Professional Blvd. Dalton, GA 30720  
<https://www.loopershc.com/>

125    250    500    1000    2000    4000    8000



Please graph L and R ear performance above.

Test Results: Pass / Fail      Test Conditions: Excellent    Good    Fail    Poor  
Audiometer: \_\_\_\_\_

If failed, please describe findings:

---

---

Recommendations:

---

---

## Consent to Contact

The Regents Center for Learning Disorders at Georgia State University has several missions:

1. providing evaluations for students
2. recommending appropriate accommodations
3. developing new ways to help students with learning disorders
4. training graduate students to better understand and assess learning disorders
5. research to help us learn more about learning disorders

We will be developing many research projects at the Center to help us better understand the types of learning problems that college students may experience and to find out what things can help students with learning disorders succeed in college. You can provide valuable assistance to us in this area if you are willing to participate in our ongoing research activities. If you would be willing to consider participating, please read and sign the following statement.

I would be willing to be contacted by the Regents Center in the future to hear about research projects available for my participation. I understand that agreeing to be contacted does not mean that I agree to participate in any project. I can make this decision after hearing about what a particular project involves. I also understand that choosing to be contacted will not affect my evaluation and/or the recommendations of the Regents Center regarding my academic needs.

---

Client's Signature

---

Date

---

Witness

---

Best phone numbers to reach you

---

Best times to reach you

---

Email addresses

## Written Expression Sample for RCLD Evaluation

---

Name of Student	Date	Amount of Time
-----------------	------	----------------

Dear Student: The purpose of this writing sample is to help us determine whether you have any problems in expressing yourself in writing. Please use unlined paper and a pen (not a pencil or erasable pen). We want to be able to see any changes you make. Please choose one of the topics below and write for 15 minutes. We want your best effort, but don't be concerned about revisions and possible mistakes.

1. **Space exploration:** Provide one argument for and one against continuing government funding for space exploration.
2. **Legal drinking age:** Provide one argument in favor of lowering the legal drinking age, and one argument against it.
3. **Legalization of marijuana:** Provide at least one argument in favor of the legalization of marijuana for medical use and/or recreational use and one argument against it.
4. **Environmental issues:** should the need for additional energy in this country outweigh concerns about damage to the environment? Provide one argument in favor of environmental protection (i.e., protection of animal or plant species and/or habitat) over energy needs, and one argument supporting energy needs over environmental protection.
5. **Home schooling:** Is home schooling a threat to public education? Provide one argument opposed to home schooling because of possible negative consequences for public education, and one argument in support of home schooling.



Mailing Address:  
PO. Box 3995  
Atlanta, GA 30302-3995

In Person:  
Urban Life Building  
140 Decatur Street, Suite 1053  
Atlanta, GA 30303

Phone 404-413-6245  
Fax 404-413-6130



### Cancellation Policy

Appointments for evaluations at the Regents Center for Learning Disorders (RCLD) are limited each semester, and we spend much time preparing for your evaluation. Many RCLD personnel are involved in the process of scheduling, assigning clinicians, studying your packet of information, and preparing for your individualized assessment. Therefore, if you cancel your appointment with **less than five business days' notice**, we will not be able to fill your slot with someone else who is waiting for an appointment.

If you decide not to proceed with an evaluation in its entirety, and do not provide five business days' notice, **your deposit is nonrefundable**. However, if you have failed to give proper notice, and you would like to reschedule an appointment, you will need to pay a **\$75 no show fee**. Please be advised that this may delay your evaluation.

Students are encouraged not to cancel appointments for any reason, except illness or emergency. We allow students to reschedule **one time only** in the event of an emergency or unavoidable last minute conflict (i.e., death in the family, appearance in court, significant illness). Oversleeping, forgetting the appointment, group meetings, studying, etc., do not count as emergencies. Therefore, absences due to those types of reasons will result in the forfeit of your deposit.

#### Cancellation of Evaluation/Refund Requests

- A full refund (minus the \$15 processing fee) will be issued if written cancellation/refund request is made prior to five working days before the first appointment date.

#### Less than five business days/No-show/Appointment Rescheduling Requests

- A \$75 no-show fee will be charged to any client who does not give proper notice or has failed to show for an appointment, yet wants to reschedule. The fee is payable prior to rescheduling.

By signing below, you understand and accept the terms and conditions set forth herein. These terms and conditions govern the relationship between You ("Client") and the Regents Center for Learning Disorders ("RCLD"). By submitting your packet and deposit, you agree to be bound by these terms and conditions, which outline our cancellation policy.

A handwritten signature in black ink that reads "Fontina Rashid, Ph.D."

Fontina Rashid, Ph.D., Director

---

Client Signature or Parent/Guardian Signature if under 18