Brian Razzino, PhD PC and Associates
703-533-7779
150 Little Falls St STE 200
Falls Church, VA 22046

Please fill out this form out and bring it printed and signed with you when you come for testing. Thank You.

ASSESSMENT AND SCHOOL ADMISSIONS TESTING FORM

Date _____

Child's Name _____

Date of Birth _____ Age _____

Current School _____ Grade _____

Parent's Name (1) _____

Phone _____

Parent's Name (2) _____

Marital Status of Parents _____

Note: If parents are separated or have joint custody, *both* parents must consent to the evaluation and provide signatures below.

Mailing Address _____

_____

Who referred you to our office? _____

Is there a language other than English spoken in your home?

If yes, please note language(s) here: _____

What would you consider your child's primary language?_____

Previous Testing? WPPSI-III_____   WISC-III_____WISC-IV_____

Date(s) of the testing _____

(Approximately one year should elapse before any of these tests are readministered)

If applicable, please list the schools you are applying to:

1. _____

2. _____

3. _____

4. _____

5. _____

Please print out this form and sign below indicating that you have read the information provided above and that you consent to having your child tested by the staff at Brian Razzino PhD PC.

(Parent (2) signature only necessary when parents are separated or have joint custody)

_____Date:_____
Parent (1)

_____Date:_____
Parent (2)

If you would like us to send the report to the school(s) listed above, please print

and sign here. If not, we will send the report directly to you.

_____Date:_____
Parent (1)

_____Date:_____
Parent (2)

If a school contacts us to discuss the test findings, we would like permission to do so. If you agree, please print and sign below.

_____Date:_____
Parent (1)

_____Date:_____
Parent (2)

We accept cash, checks or credit card. Checks should be made payable to Brian Razzino PhD PC. Fees are calculated on an hourly basis at $200.00 per hour. *Total hours are face-to-face time, plus time for scoring, interpretation, report writing and feedback to parents-caregivers. We require a deposit of ½ of total projected fees to be given at the initial appointment. Ten (12-15) hours of total assessment time is the standard projected time allotment resulting in a deposit of twelve to fifteen hundred dollars ($1200.00-$1500.00).*

<u>School Admissions Testing Rates</u> are as follows:

1) *Wechsler Intelligence Scale for Children-4th Edition: $350.00*

2) *Wechsler Preschool and Primary Scale for Children-3rd Edition: $325.00*

3) *Wechsler Adult Intelligence Scale-4th Edition: $375.00*

You will be provided with a statement that you may use to file your claims to an insurance carrier. It will be the responsible parent/guardian's responsibility to determine eligibility for reimbursement of these services. However, regardless of insurance coverage or reimbursement parents are responsible for payment of the full balance billed.

I also understand that use of electronic transmission, such as email and fax, results in risks to privacy and confidentiality.

_____
Printed Name

_____Date:_____
Signature

_____
Printed Name (2)

Signature (2)_____Date:_____