THE CENTER FOR
COGNITIVE
THERAPY

ADMISSIONS TESTING FORM

Date _____

Child's Name _____

Date of Birth _____

Age _____ 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 Dates (if any)

WPPSI-III _____
WPPSI-IV _____
WISC-IV _____
WISC-V _____

(Approximately one year should elapse before any of these tests are re-administered)

OFFICE (703) 618-0900

300 North Washington Street | Suite 304
Falls Church, VA 22046

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Please list the schools you are applying to:

1. _____

2. _____

3. _____

4. _____

5. _____

Please sign below indicating that you have read the information provided above and that you consent to having your child tested by the staff at the Center for Cognitive Therapy and Assessment.

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

_____ _____
Parent (1) Date

_____ _____
Parent (2) Date

If you would like us to send the report to the school(s) listed above, please sign here. If not, we will hold the report until you contact us. At that time, you will need to provide written consent authorizing us to release the report.

_____ _____
Parent (1) Date

_____ _____
Parent (2) Date

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

_____ _____
Parent (1) Date

_____ _____
Parent (2) Date

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The fee is $360 for the WPPSI-IV and $380 for the WISC-V.
Checks should be made payable to the Center for Cognitive Therapy and Assessment.

Please sign here if you are requesting that your child's test results be emailed or faxed.

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

_____
Printed Name

_____
Email

_____ _____
Signature Date

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