

☞ Parents ☞

Please complete and sign this release form before you have your child's teacher complete the attached forms. Your signed release is essential in order for the school to send us copies of specific testing.

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Patient's Name: _____/DOB: _____

To (School Name & Address)

From (Parents' Names & Address)

I hereby give authorization to release any
PSYCHOLOGICAL, SPEECH/LANGUAGE, OR EDUCATIONAL
information concerning my child to the
Meyer Center for Developmental Pediatrics-Texas Children's Hospital
8080 N. Stadium Dr., Houston, Texas 77054
(Fax # 832-825-9065)

(Signature of parent or guardian)

(Date)

PLEASE INCLUDE MOST RECENT ARD, FIE REPORTS & ANY ADDITIONAL TESTING SIGNIFICANT TO THE CARE OF THE PATIENT.

Please return to the:
Meyer Center for Developmental Pediatrics-Texas Children's Hospital
8080 N. Stadium Dr., Houston, Texas 77054
(Fax # 832-825-9065)

Attn: Teacher

_____ has been referred to the Meyer Center for Developmental Pediatrics for evaluation/re-evaluation. We are concerned with this child's educational history and status. Please complete this form and return it as soon as possible. Thank you for your help and cooperation.

Name of Child _____ Age _____

Name of School _____ District _____

Address _____ Phone _____

Name of Principal or Program Director _____

Length of time student enrolled in present school _____ Grade _____

Type of Class _____ Student-Teacher Ratio in this class _____

Please check resources offered by your school:

- | | |
|---|---|
| <input type="checkbox"/> Resource Room Support | <input type="checkbox"/> Testing |
| <input type="checkbox"/> Ability Grouping | <input type="checkbox"/> Speech therapy |
| <input type="checkbox"/> Self-Contained Special Ed or Generic Class | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Self-Contained LLD Class | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Emotionally Disturbed Class | <input type="checkbox"/> Adaptive P.E. or Motor Lab |
| <input type="checkbox"/> Before/After School Tutoring | <input type="checkbox"/> Specific Curriculum (Alphabet Phonics, TRAM, Spalding, Others) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Counseling |
| _____ | |

Do any private tutors and/or consultants visit your campus regularly? _____

Describe _____

Would you be willing to attend a staffing conference regarding this child at our Center? _____

When is a good time to reach the teacher(s) at school by phone? _____

Is this child receiving special help at school? _____ If so, what and how often? _____

If he is receiving help, what is his classification? _____

Is this child on a waiting list for special help? _____ If so, when and for what _____

Has this child had an ARD recently? _____ If so, when? _____

What were the results? _____

Is this child scheduled for an ARD Meeting? _____ If so, when _____

Has this child already received testing at school? _____ By whom _____

Title _____ When _____

Tests Administered: _____ Score _____

_____ Score _____

_____ Score _____

Please enclose copies of specific test results as well as records of all his/her group achievement test scores. (Signed release on 1st page)

Academic Achievement

Reading

_____ On grade level
_____ Below grade level
_____ Above grade level
How much above/below?

Spelling

_____ On grade level
_____ Below grade level
_____ Above grade level
How much above/below?

Math

_____ On grade level
_____ Below grade level
_____ Above grade level
How much above/below?

Handwriting _____ Neat _____ Messy _____ Inconsistent

Do you feel he/she has difficulty with writing? _____ Describe _____

With **Physical Education** skills? _____ Describe _____

Please rate the following:

Area of Interest	Poor	Below Average	Average	Above Average	Superior
Comprehension of instructions, class discussion					
Comprehension of social studies					
Comprehension of science					
Written composition (Language Arts) content					
grammar, sentence structure					
punctuation, capitalization					
Reading decoding skills					
Reading comprehension skills					
Verbal Abilities					

Please comment on the following:

1. Quality of academic work (as related to grade level expectations)
2. Evaluation of academic ability
3. Study and work habits
4. Relationships with teachers
5. Relationships with peers
6. Contributions to the school community and extracurricular interests
7. Special needs
8. General emotional stability and health
9. Parent support and cooperation
10. Evaluation of progress and recommendations for placement

Homework

Please describe the homework this child is asked to complete. _____

How much time should it take nightly? _____

Medication(s)

Are medications being used in the educational setting? _____ Please list:

What questions can we answer for you about this child with our testing? _____

We would appreciate any other comments you might wish to make about this child.

(Signature)

(Date)