

☞ 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 an evaluation / re-evaluation. We are concerned with this student's educational history and status, as parents are not always able to provide this information. We would greatly appreciate your cooperation. Please complete this form, and ask each of the teachers who work with this student to complete the third page individually. Thank you for your help.

Name of Student: _____ Age: _____

Name of School: _____ District: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Name of Principal or Program Director: _____

Length of time student enrolled in present school? _____

Grade: _____ Type of class: _____

What resources does your school offer? (Please check)

- | | |
|---|--|
| <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 Education
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 Classroom | <input type="checkbox"/> Alphabetic Phonics Training |
| <input type="checkbox"/> Before/After School Tutoring | <input type="checkbox"/> Other Special Reading, Math, or Written
Language Curriculum Counseling |
| <input type="checkbox"/> Other _____ | |

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

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

Is this student using medication in the educational setting? _____

Is this student receiving special help at school? _____

If so, what kind and how often? _____

If he/she is receiving help, what are these classifications? _____

Is this student on a waiting list for special help? _____

If so, where and what for? _____

Is this student scheduled for an ARD Meeting? _____ If so, When? _____

Has he had an ARD recently? _____ If so, When? _____

What were the results? _____

Has this student received individual testing at school? _____

When? _____ By whom? _____ Title: _____

**Please enclose copies of specific test results as well as records of all his/her group
achievement test scores.**

(A signed release form is attached.)

We would appreciate any comments you might wish to make about this student, his/her progress,
his/her problems, his/her placements. _____

Date

Signature, title

To The Teacher:

_____ will be tested at the Meyer Center for Developmental Pediatrics at Texas Children's Hospital. Please help us to know this student better by completing this form. This information will be used solely by the Meyer Center. Thank you for your cooperation.

- I. 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 growth and recommendations: