

Dear Parent(s):

We are pleased that you chose our office for your child's admissions evaluation and would like to ensure that the assessment process goes smoothly and is a positive experience for both you and your child.

Children under the age of 6 will take the Wechsler Preschool and Primary Scale of Intelligence- Third Edition (WPPSI-III). Testing time typically runs 30-60 minutes, depending on your child's age. The fee is \$350 for 3-year-olds and \$380 for 4 and 5-year-olds.

Children ages 6 and above take the Wechsler Intelligence Scale for Children- Fourth Edition (WISC-IV). Testing time typically runs 60-90 minutes. The fee is \$400.

Your child will be asked to participate in a series of activities that assess their language development and visual perceptual/visual-motor abilities. *I.Q. tests are not valid if your child has taken it within the last year, but the results of previous testing are usually accepted by the schools.*

When preparing your child, it is best to tell them that they will coming to the office to do "activities" or "work" rather than "play." You can tell them they will perform tasks that are similar to activities they do in school. We encourage you to refer to us by our first names so your child feels relaxed about the meeting. If your child wears glasses in school, please have him/her wear them for testing. Medication should be taken just as on a regular school day.

If your child is sick, please call us immediately and we will reschedule the evaluation. Rest assured that we will accommodate you as soon as your child is well. We prefer you stay in the office while your child is being tested.

A written report will be mailed to you within two weeks of testing. If you are in need of the report more quickly, please alert the tester and we will make every effort to accommodate you. The reports are detailed and will answer many of your questions; however, we are available to meet with you if you would like further explanation. There is an additional fee of \$100 for a 30-minute consultation. We will also send the report to any schools you indicate on the form provided; we do not charge a fee for this service. Please submit the entire fee with your application in order to confirm your appointment. Checks should be made payable to Maria Zimmitti, Ph.D. & Associates and sent to:

Maria Zimmitti, Ph.D. & Associates
1321 Wisconsin Avenue, NW
Washington, DC 20007

We are pleased to be working with you and look forward to meeting you and your child. If you have questions about your appointment or need to reschedule, you may reach me at (202)333-6251 or via email at mzimmitti@drzimmitti.com.

ADMISSIONS TESTING INFORMATION FORM

Child's Name _____

Date of Birth _____ Age _____

Current School _____ Grade _____

Parent's Name (1) _____

Phone (home) _____

(work/cell) _____

Email _____

Parent's Name (2) _____

Phone (home) _____

(work/cell) _____

Email _____

Marital Status of Parents _____

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

Primary 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: _____

Are you working with an educational consultant? If yes, please provide his/her name. If you would like us to release the report to the consultant, please sign below.

Name of consultant: _____

_____ Date: _____

Parent (1)

_____ Date: _____

Parent (2)

Please list the schools you are applying to:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Please sign below indicating that you have read the information provided in this packet and that you consent to having your child tested by Maria Zimmitti, Ph.D. & Associates.

_____ Date: _____
Parent (1)

_____ Date: _____
Parent (2)

Please sign here if you would like the report emailed to you, understanding that we cannot guarantee the confidentiality with email communication. We will otherwise send it regular mail.

_____ Date: _____
Parent (1)

_____ Date: _____
Parent (2)

If you would like our office to send the report to the school 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.

_____ 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 are agreeable, please sign below.

_____ Date: _____
Parent (1)

_____ Date: _____
Parent (2)