

THE ODYSSEY EDUCATIONAL TESTING CENTER

Information Sheet

Welcome to the Odyssey Educational Testing Center. Information regarding the evaluation process is given below. If you have further questions, please feel free to call.

Location

The Odyssey Educational Testing Center is centrally located in Austin at 831 Houston Street. This is two blocks south of the Lamar and Koenig Lane intersection. Please enter on the Houston Street side which is on the FRONT of the building.

Time

The evaluation begins at 9:00 a.m. and is normally completed in one day. A lunch break is scheduled from 11:30 a.m. to 12:30 p.m. Testing is usually finished around 3:30 p.m., depending on the individual and the number/type of tests that are given. Some people test rapidly, others test slowly. Parents are not required to stay at the Testing Center during the testing, but you may do so if you wish. Please pack your child **snacks** to eat during the morning and afternoon testing sessions. We will take short breaks throughout the day.

Initial Conference

A parent conference with the director is held prior to testing. This conference lasts approximately one hour. The purpose of this conference is to determine which questions the evaluation will focus on answering. We would like you to be thinking about, "what are the most important things you would like to learn from this assessment?" All forms need to be filled out and sent in at least five days prior to this conference, so that we may have time to review all information. Failure to complete this step can result in the appointment being rescheduled.

Classroom Observation

With your permission, a staff member will visit your child's classroom to see first hand the issues that you describe. At that time school records will also be reviewed.

Feedback Conference

A parent conference with the assessment professional is usually held within two weeks of the completion of testing to go over results and formulate recommendations. During the conference, which generally lasts approximately one hour, we explain the tests, interpret the results, offer recommendations, and try to answer any questions. We will give you a one-page summary. We prefer that both parents attend.

Written Report

Following the conference, a final report is written and mailed to you; this process requires a minimum of two weeks and may take up to one month. The report documents the reason for the evaluation, notable history, observations during the testing session, test results, interpretations,

and recommendations. You will receive the original copy of the report, and if you authorize us to do so, we will send a photocopy to another professional. In addition to the written report, you will also receive an Assessment Feedback Form, which we would like you to fill out and send back to us. This will give you the opportunity to give us feedback on your experiences with the Odyssey Educational Testing Center.

Cost

The \$700.00 evaluation cost includes the testing, the initial and feed-back conferences, observation and written report. A non-refundable \$350.00 deposit is due at the time of the initial conference. The \$350.00 balance is due when the written report is complete. An invoice will be mailed to you.

In some cases, initial test results will indicate the need for additional tests by other professionals in order that an accurate diagnosis can be made. For example, a specific speech and language disorder may necessitate a separate, in-depth assessment by a Speech/Language Pathologist to augment our session. Referrals for additional psychological, neuropsychological, and/or sensory-motor evaluation may also be made.

Getting Started

In order to start the evaluation process, please call the Odyssey Educational Testing Center Director to set up an Initial Conference time (512-219-1133). We will then mail (they may be attached to this letter) the necessary home and school forms, which should be mailed in to us before your conference. They include a parent questionnaire which provides important demographic and background information. The release of information form authorizes us to share the test results with those persons, if any, you list on the form. The parent and teacher rating forms are useful for assessing Attention Deficit Disorder and other issues. In addition, it is helpful if you can provide us with copies of report cards, standardized test results, and **previous evaluations**.

Please call if you have any questions,
The attached forms should be mailed directly to me at:
8501 Sweet Cherry Drive
Austin, TX 78750

Thank you,

Melanie Kaplan, M. Ed.
Director
512-219-1133

THE ODYSSEY EDUCATIONAL TESTING CENTER

831 Houston Street, Austin, Texas
512.472.2262

The information compiled in this document is confidential and will not be released without your written consent.

I. General Information

Date _____ Respondent _____

Client's Name _____

(first) (middle) (last)

Date of Birth _____ Age _____ Adopted _____

Right or Left Handed _____ Glasses? _____ Yes _____ No

Father's Name _____ Age _____

Home Address _____

Street City State Zip

Home Telephone _____ Business Telephone _____

Business _____

Name Address

Occupation _____

Education (last degree completed) _____

Mother's Name _____ Age _____

Home Address _____

Street City State Zip

Home Telephone _____ Business Telephone _____

Business _____

Name Address

Occupation _____

Education (last degree completed) _____

If one parent no longer lives with the client, please describe client's relationship/contact with him/her:

Other Members of the Household:

Name Relationship Birthdate School Grade

BEST E-MAIL to send a copy of results and draft report:

Client's Present Grade _____

Client's Present School and Address

Client's Present Teacher(s)

Other

Schools Attended

School	Address	Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the client repeated a grade? ___Yes ___No Which one? _____

Has the client skipped a grade? ___Yes ___No Which one? _____

Please describe any extra tutoring or special classes during the client's school years:

Do/did relatives of the clients have significant school problems? If yes, please explain

Were there any complications during pregnancy or labor? If so, please explain.

Did developmental milestones appear to be on schedule (e.g. crawling, talking, walking?)

Did the client have difficulty with any of the following areas: developing sleep habits, appropriate behavior, toilet training, feeding and/or adapting to change of activity or routine?

Please rate how well your child currently performs each, compared to other children of the same age:

	Below Average	About Average	Above Average
1. Balancing	_____	_____	_____
2. Carrying things	_____	_____	_____
3. Running	_____	_____	_____
4. Playing sports	_____	_____	_____
5. Putting things together (e.g. puzzles)	_____	_____	_____
6. Remembering familiar faces and places	_____	_____	_____
7. Remembering things in right order	_____	_____	_____
8. Telling time	_____	_____	_____
9. Sense of direction	_____	_____	_____
10. Cutting, pasting or coloring	_____	_____	_____
11. Holds pencil correctly	_____	_____	_____
12. Keeps room and possessions orderly	_____	_____	_____
13. Has good general organization	_____	_____	_____

Please list childhood diseases, illnesses, and/or allergies.

Any health problems, medications used over long period, surgeries, and/or hospitalizations?

Client's Physician or Pediatrician: _____
Doctor's name

Address _____ Phone _____

Other professionals who are working or have worked with the client (speech therapists, psychologists, etc.):

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe, if applicable, client's interaction with:

	Positive	Variable	Negative
Brothers/sisters	_____	_____	_____
Peers	_____	_____	_____

What would you like to gain from this evaluation?

The client is happiest when

The client is resistant or unhappy when

Name the client's strengths; i.e., what are the things he/she does well or positive personality traits? For example academic, social, athletic, or how he/she treats others

What are your child's greatest accomplishments?

Please check areas of significant talent or interest:

Crafts _____ (specify) Building things Hunting/fishing
 Athletics _____ (specify) Camping/Hiking Science
 Fine Arts _____ (specify) Computers Other (specify)

What are the client's needs or weaknesses; i.e., in what areas does he/she have difficulty? . For example: Academic problems, grades, attentions, memory, needs constant supervision, relationships with teacher, peers or family, or other presenting problems.

Has your child received any special testing? Please specify

II. Language Development

How old was the client when he/she began to use sentence?

Does the client have difficulty remembering names and/or words?

Does the client hesitate before speaking?

Does the client have difficulty finding the right words for things?

Does the client have difficulty in following written directions?

Does the client easily understand jokes or stories?

Are languages other than English used in the home? Yes No
If yes, please specify _____

Do you or others see signs of:

Trouble following directions	Yes/No
Need for repetition of verbal instructions	Yes/No
Difficulty concentrating in verbal settings (such as classrooms) but not other settings	Yes/No
Excessive use of simple, declarative, incomplete sentences	Yes/No
Articulation difficulties	Yes/No
Verbal hesitancy	Yes/No
Poor use of connectives in speech (lack of cohesion)	Yes/No
Expressive repetition or redundancy	Yes/No
Trouble organizing narrative	Yes/No
Lack of verbal participation	Yes/No
Late acquisition of decoding skills for reading	Yes/No
Poor reading comprehension beyond fourth grade despite good sight vocabulary	Yes/No
Obscure use of pronouns and names during speech	Yes/No
Poor written expression	Yes/No
Difficulty solving word problems in mathematics	Yes/No
Statements suggesting poor verbal social skill (pragmatic deficiencies)	Yes/No
Trouble learning a foreign language	Yes/No
Excessive difficulty mastering grammar	Yes/No
Diminished vocabulary	Yes/No

III. Social and Emotional Development

Please check the column that best describes your child, compared to peers, during the last six months. If an item applied in the past, but not during the last six months, give the ages when the problem occurred. Give additional pertinent information near the item or at the bottom of this checklist.

Behavioral	Definite Problem	Moderate Problem	Not a Problem	Ages
Disruptive Behavior				
Often loses temper				
Often argues with adults				
Openly disobeys authority				
Often blames others for own mistakes				
Often angry and resentful				
Very stubborn				
Easily annoyed by others				
Quietly defies authority even if pretends or verbalizes cooperation				
Often lies				
Dawdles, procrastinates				
Negativistic (does the opposite of what is asked)				
Often initiates physical fights				
Shows little guilt over behavior that hurts others				
Does not respond to punishment for anti-social behavior				

Immature Behavior				
	Definite Problem	Moderate Problem	Not a Problem	Ages
Thumb sucking				
Baby talk				
Low frustration tolerance				
Imaginary companion				
Excessive demands (for attention, objects, etc.)				
Cries, pouts, whines, or sulks easily or frequently				
Avoids responsibility frequently				
Generally immature or too dependent				

Fears and Worries				
Excessive separation anxiety				
Reluctance or refusal to attend school				
Excessive worry about future events				
Excessive worry about abilities (e.g., athletic, academic)				
Frequent complaints of aches and pains				
Easily embarrassed, self-conscious				
Excessive need for reassurance				
Excessive worries and tension, unable to relax				
Anxiety attacks with heart pounding, shortness of breath, sweating, etc.				
Fear of new situations or strangers				
Other fears (specify):				

Social Issues				
	Definite Problem	Moderate Problem	Not a Problem	Ages
<u>Often plays alone</u>				
<u>Has few if any real friends</u>				
<u>Has mostly friends of the same sex</u>				
<u>Has mostly friends of the opposite sex</u>				
<u>Has mostly younger friends</u>				
<u>Has mostly older friends</u>				
<u>Does not seek friendships</u>				
<u>Is slow to make friends</u>				
<u>Is not liked by other children</u>				
<u>Gets picked on, or bossed by other children</u>				
<u>Often bullies, hits, or teases other children</u>				
<u>Insists on having his/her own way</u>				
<u>Brags or boasts excessively</u>				
<u>Is excessively competitive</u>				
<u>Is a "sore loser"</u>				
<u>Is gullible and easily led</u>				
<u>Shows poor common sense in social situations</u>				
<u>Gets along poorly with siblings</u>				
<u>Frequently blames other for own shortcomings</u>				
<u>Excessive desire to please authority</u>				
<u>Inhibits open expression of anger</u>				
<u>Suspicious, distrustful</u>				
<u>Shy or withdrawn</u>				
<u>Feelings about self</u>				
<u>Has low self-esteem</u>				
<u>Lacks confidence</u>				
<u>Dissatisfied with physical appearance</u>				
<u>Has little regard for personal appearance or hygiene</u>				
<u>Has little regard for, or pride in personal property</u>				

Please describe any other behavioral concerns:

Please complete the ADHD Rating Scale –IV Home Version. There is also School Version with the teacher pages.

IV. Achievement

Reading

	Yes	No
Is your child reading?	_____	_____
Does your child avoid reading?	_____	_____
Does your child confuse similar words/letters?	_____	_____
Does your child lose his/her place while reading?	_____	_____
Does your child forget words he/she knew before?	_____	_____
Does your child understand what he/she reads?	_____	_____
Is your child reading at his/her grade level?	_____	_____

Spelling

Is your child spelling?	_____	_____
Does your child reverse letters and words?	_____	_____
Does your child use incorrect order of letters in words?	_____	_____
Does your child forget words he/she knew before?	_____	_____

Writing

Does your child have trouble remembering the shapes of the letter?	_____	_____
Does your child have difficulty copying from the board or from another source?	_____	_____
Is your child slow in completing written work?	_____	_____
Does your child have trouble staying on the line?	_____	_____
Does your child have difficulty with spacing his/her letters?	_____	_____
Does your child have difficulty with written expression?	_____	_____

Arithmetic

Does your child have difficulty remembering math facts?	_____	_____
Does your child have difficulty with story problems?	_____	_____
Does your child confuse columns and spacing?	_____	_____
Does your child have difficulty comprehending math concepts?	_____	_____

Please provide copies of report cards, IEP's or testing data from school including any past psychoeducational or psychological reports.

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CONSENT FOR COMPREHENSIVE INDIVIDUAL ASSESSMENT

You have requested Odyssey Educational Testing Center perform a comprehensive individual assessment. Please check the appropriate box by each statement, sign your name, and date and return this form to the Odyssey Testing Coordinator as soon as possible.

YES	NO	
		I have been fully informed and understand the assessment process. If no, please explain:
		I have been given the name and telephone number of an Odyssey Educational Testing Center staff member whom I may call if I want more information or if I have any questions. If no, please explain:
		I give my permission for the testing that has been recommended for my child/me. If no, please explain:
		I agree to make prompt payment for the assessment, with 50% of the fee due at the intake interview, and the remaining is 50% due when the feedback conference and written report are completed. The assessment fee is \$700. If no, please explain:
		I agree to give permission to release educational records to the Odyssey Educational Testing Center as required to perform the assessment. If no, please explain:
		I agree to be contacted no later than two weeks after the completion of my assessment by the Odyssey Educational Testing Center director for a confidential feedback meeting with at written report to follow within a month after the feedback meeting.

Signature of Parent, Guardian,
Surrogate Parent, or Adult Student

Date

THE ODYSSEY EDUCATIONAL TESTING CENTER

NOTICE FOR RELEASE/CONSENT TO REQUEST CONFIDENTIAL INFORMATION FOR COMPREHENSIVE INDIVIDUAL ASSESSMENT

I hereby grant Odyssey Educational Testing Center permission to request/send records pertaining to my child , _____ from/to schools or professional who have worked or are working with him/her. The OETC director will notify me when records are sent or received.

Signature: _____ Relation to Client _____
Date: _____

THE ODYSSEY EDUCATIONAL TESTING CENTER

GENERAL HEALTH INVENTORY, VISION AND HEARING SCREENING

Client Name: _____

Date: _____

YES	NO	HEALTH
		Does student exhibit any signs of health or medical problems? If yes, please cite:
		Is there a need for further assessment or referral of a medical problem? If YES, explain:
		Is the student receiving any medication at school? If YES, please specify:
		VISION
		Date of most recent screening: _____ Circle type of screening: Snellen Wall Chart, Titmus Vision Screener, or Other (specify) _____ Name and position of person doing screening: RIGHT: _____ LEFT: _____
		Glasses?
		Contacts?
		As result of the screening, is there any indication of a need for further assessment or adjustment? If YES, please explain:
		Has any follow-up treatment been recommended? If YES, please explain:
		HEARING
		Date of most recent screening: _____ Type of Screening: _____ Name and position of person conducting this screening: _____
		RIGHT: _____ LEFT: _____
		As result of the screening, is there any indication of a need for further assessment or adjustment? If YES, please explain:
		Has any follow-up treatment been recommended? If YES, please explain:

Signature of Person completing this section

Print Name

Position

Date

THE ODYSSEY EDUCATIONAL TESTING CENTER

Teacher Report Section

Name _____

Teacher's Name _____

Date _____

Grade _____

Directions: Place a checkmark in the appropriate space following each statement. Also, indicate behavior of severe intensity and/or severe duration by placing "SI" and/or "SD" beside the checkmark.

SOCIAL		Not Observed	Seldom Seen	Occasionally Seen	Frequently Seen	Consistently Seen
S O C I A L	Seeks physical contact with peers					
	Elicits negative reaction from peers					
	Perceives own behavior differently than others perceive it					
	Loner, withdrawn					
	Seeks adult attention and/or physical contact					
E M O T I O N A L	Upset by failure, cannot accept losing					
	Cries easily					
	Complains of minor hurts and/or feeling sick					
	Sullen, irritable, unhappy					
	Insists "I can't do it" before attempting task					
	Frequent Mood changes					

CONT.		Not Observed	Seldom Seen	Occasionally Seen	Frequently Seen	Consistently Seen
	Frustration tolerance low					
	Misbehavior difficult to modify					
	Impulsive; seems unable to control self					
	Destructive of word and property of self and others					
	Explosive; temper tantrums; emotional outbursts					
	Uncooperative behavior					

Please fill out the enclosed ADHD Rating Scale.