

BOOKING FORM TO REQUEST ASSESSMENT

1) NAME OF CLIENT TO BE SEEN: _____

2) GENDER: _____ BIRTH DATE: _____

3) IF APPLICABLE, GRADE: _____ SCHOOL NAME: _____

4) IF APPLICABLE, IS THE CHILD IN FRENCH IMMERSION? _____

***Note: We do not do any testing in French.**

5) IF THE CHILD/YOUTH IS UNDER 19, ARE PARENTS TOGETHER? _____

a) If divorced/separated, does the other parent have or share legal guardianship? _____

- **Please be informed that all legal guardians must provide consent to complete the assessment.**
- *If you are the sole legal guardian, please provide a copy of the legal court documents.*
- *Please contact our office if you wish to discuss guardianship details further.*

6) NAME OF PARENT/CAREGIVER: _____

7) FULL MAILING ADDRESS: _____

8) PHONE NUMBERS FOR ALL GUARDIANS: _____

9) E-MAIL FOR ALL GUARDIANS: _____

10) ASSESSMENT TYPE REQUESTED: (please circle, bold, or highlight)

- Psychoeducational/ADHD/Learning Disability/Giftedness Assessment (ages 7 and older)
- Developmental Assessment (ages 2 through 6)
- Autism Spectrum Disorder Assessment only (ages 6 and older)
- Autism Spectrum Disorder Assessment (ages 2 through 5)

***Note: Reports from a pediatrician and a speech-language pathologist are required to complete ASD assessments with children under the age of 6 as per Provincial Standards and Guidelines.**

- Autism Spectrum Disorder with Psychoeducational Assessment for ages 6+
- Social Emotional Assessment
- FASD Assessment
- Adaptive Functioning Assessment for Community Living BC

11) MAIN AREAS OF CONCERN: _____

12) HAS THIS CLIENT OR A SIBLING BEEN SEEN AT OAC BEFORE: _____

a) If yes, please provide details: _____

(Office Use ONLY)

Date Booking Form Received:

Date Deposit Received:

Amount Owed At Assessment:

Bill To: