

## 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 check to indicate your request. Costs may change.

- Psychoeducational Assessment (ages 6+, cost \$2150) for ADHD, Learning Disability, Giftedness, etc.
- Developmental Assessment (ages 2-6 cost \$1720)
- Autism Spectrum Disorder Assessment Only (ages 6 and older, cost \$2205)
- Autism Spectrum Disorder with Psychoeducational Assessment (ages 6 and older, cost \$3185)
- Autism Spectrum Disorder Assessment (ages 2 through 5, cost \$2450)

**\*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.**

- Social Emotional Assessment (ages 6 and older, cost \$2665)
- FASD Assessment (cost \$3430)
- Adaptive Functioning Assessment for Community Living BC (cost \$1075-2150)

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:**