



Okanagan Ability Centre

#102 – 2040 Springfield Rd., Kelowna B.C. V1Y 9N7
Phone: 250.762.7790 Fax: 250.762.7903 Email: info@okanaganabilitycentre.com

REQUEST FORM FOR PRIVATE ASSESSMENT

1) NAME OF CLIENT TO BE SEEN: _____

2) GENDER IDENTITY / PRONOUNS: _____ BIRTH DATE: _____

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

4) 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? _____

**Note: All legal guardians must provide consent for assessment. If you are the sole guardian, please provide a copy of the legal court documents. Please call 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 \$2250) for ADHD, Learning Disability, Giftedness, etc.
- Developmental Assessment (ages 2-5 cost \$1800)
- Autism Spectrum Disorder Assessment Only (ages 6 and older, cost \$2295)
- Autism Spectrum Disorder with Psychoeducational Assessment (ages 6 and older, cost \$3315)
- Autism Spectrum Disorder Assessment (ages 2 through 5, cost \$2550)

**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 under 6, cost \$2250; ages 6 and older, cost \$2925)
- Adaptive Functioning Assessment for Community Living BC (cost \$1125; cost \$2025 with IQ testing)
- Other (please include details below for review)

11) MAIN AREAS OF CONCERN: _____

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

13) HAS THIS CLIENT BEEN REFERRED FOR AN IHCAN ASSESSMENT: _____

Please submit to info@okanaganabilitycentre.com upon completion

(Office Use ONLY)

Date Booking Form Received: _____ Date Deposit Received: _____

Amount Owed At Assessment: _____ Bill To: _____