



# 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. If you have academic concerns and your child is in French Immersion, please consider another testing centre.*

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 email if you wish to discuss guardianship details further.*

6) NAME OF PARENTS/CAREGIVERS: \_\_\_\_\_

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](mailto:info@okanaganabilitycentre.com) upon completion

### (Office Use ONLY)

Date Booking Form Received: \_\_\_\_\_ Date Deposit Received: \_\_\_\_\_

Amount Owed At Assessment: \_\_\_\_\_ Bill To: \_\_\_\_\_