



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: Please be aware that our tests are administered in English, as normative information is not available for students in French Immersion. As a result, some test scores may need to be interpreted with caution.*

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)
- Social Emotional Assessment - includes Psychoeducational (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)

**Unfortunately we need to pause our waitlist for private Autism Spectrum Disorder assessments due to the extremely high volume of referrals. We hope to open the waitlist back up in early fall.
Thank you for your understanding.**

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: _____