



Okanagan Ability Centre

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

DATE (YYYY-MM-DD): _____

REQUEST FORM FOR PRIVATE ASSESSMENT

1) NAME OF CLIENT TO BE SEEN: _____

2) GENDER IDENTITY / PRONOUNS: _____ BIRTH DATE (YYYY-MM-DD): _____

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. Cost for assessment will be confirmed at time of booking (prices are subject to change).

- Psychoeducational Assessment (ages 6+, cost \$2450) for ADHD, Learning Disability, Giftedness, etc.
- Developmental Assessment (ages 2-5 cost \$1960)
- Autism Spectrum Disorder Assessment Only (ages 6 and older, cost \$2385)
- Autism Spectrum Disorder with Psychoeducational Assessment (ages 6 and older, cost \$3710)
- Autism Spectrum Disorder Assessment (ages 2 through 5, cost \$2650)

**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 - includes Psychoeducational (ages under 6, cost \$2450; ages 6 and older, cost \$3185)
- Adaptive Functioning Assessment for Community Living BC (cost \$1225; cost \$2205 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 (Please identify name of sibling): _____

13) IS THIS CLIENT CURRENTLY ON ANOTHER WAITLIST/BEEN REFERRED TO ANYONE ELSE FOR SIMILAR ASSESSMENT: _____

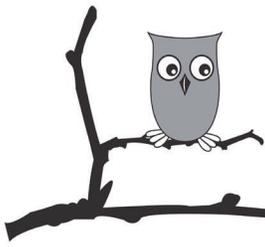
14) IS THERE ANOTHER SIBLING(S) CURRENTLY ON OUR WAITLIST (Please identify): _____

Please submit to info@okanaganabilitycentre.com upon completion.

(Office Use ONLY)

Date Booking Form Received: _____ Date Deposit Received: _____

Amount Owed At Assessment: _____ Bill To: _____



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PAYMENT AGREEMENT

Deposit

A non-refundable deposit of \$225.00 is due prior to securing a spot on our wait list. This fee will be deducted from the total assessment price. This is payable preferably by e-transfer but in special circumstances can be by cash or cheque.

For e-transfer please email oaaccounting@telus.net. Add child's name to message on e-transfer for reference.

NOTE: As noted above, this office does NOT accept debit or credit. We do not have a debit or credit machine at the office and cannot process these types of payments. Please use e-transfer, cash, cheque (personal or business), bank draft, or money order.

Condition

- There will be a \$25.00 charge for NSF cheques

If you have questions about this payment agreement or wish to discuss the terms, please contact our office directly.

I have read this agreement and agree to its terms.

Signature
(typed name/date will be valid as signature)

Date

Printed/Typed Parent Name Here

Printed/Typed Child Name Here

Revised February 2022