

DAA

Diagnostic Assessment Associates
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ADMISSIONS TESTING FORM (Please Print)

Student: _____ Sex: _____
Last First Middle

Address: _____ Home Phone: () _____

Current School: _____ Current Grade: _____ Applying for Grade: _____ Date of Birth: _____

Father's Name: _____ Work Phone: () _____ Cell Phone: () _____

Address: _____

E-Mail Address: _____

Mother's Name: _____ Work Phone: () _____ Cell Phone: () _____

Address: _____

E-Mail Address: _____ Other Languages Spoken at Home: _____

Please check the schools to which you want test results sent:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Beauvoir | <input type="checkbox"/> Brown Academy | <input type="checkbox"/> Burgundy Farm | <input type="checkbox"/> Capitol Hill Day | <input type="checkbox"/> Congressional |
| <input type="checkbox"/> Flint Hill | <input type="checkbox"/> Georgetown Day | <input type="checkbox"/> Holton-Arms | <input type="checkbox"/> Langley | <input type="checkbox"/> Maret |
| <input type="checkbox"/> McLean | <input type="checkbox"/> National Cathedral | <input type="checkbox"/> National Presbyterian | <input type="checkbox"/> Norwood | <input type="checkbox"/> Potomac |
| <input type="checkbox"/> St. Patrick's | <input type="checkbox"/> St. Stephen's/St. Agnes | <input type="checkbox"/> Sheridan | <input type="checkbox"/> Sidwell Friends | <input type="checkbox"/> Stone Ridge |
| <input type="checkbox"/> Wash Episcopal | <input type="checkbox"/> Other school(s) | | | |

Has your child had prior cognitive testing? No Yes Date: _____ Test administered: _____

Testing sessions last about 1 to 1½ hour(s) and *parents are encouraged to wait for children*. Testing has been scheduled for:

Date: _____; Day: _____; Time: _____;

With: Hilary Klein, Ph.D.

Kindergarten applicants take the WPPSI-IV, and applicants to grades 1 and above take the WPPSI-IV (if under age 6) or the WISC-V (if over age 6). The fee for the WPPSI-IV for ages less than 4 is \$360; for ages 4 to 6, it is \$390; and the fee for the WISC-V is \$420. Please mail this completed application and the non-refundable testing fee to me. **Please make your check payable to Hilary Klein, Ph.D.** To reserve your child's appointment time, it is essential that you return this form with your check.

Diagnostic Assessment Associates tests children for admissions purposes using the tests specified by the schools to which you are applying. A copy of the test report will be forwarded to parents at the same time a report is mailed to the school(s) you have selected above. You may arrange a conference with the diagnostician, for an additional consultation fee, if you wish to discuss test results.

Please sign below indicating your consent to the following:

I consent to having my child tested by Diagnostic Assessment Associates:

Signature: _____ Date: _____

I consent to having Diagnostic Assessment Associates release the results of the test to the school(s) I checked above:

Signature: _____ Date: _____

I certify that my child has not taken this diagnostic test within the last year:

Signature: _____ Date: _____

Please note that the WPPSI-IV and WISC-IV are protected tests. No practice or preparation for the tests is needed or allowed.

I/We give permission to Diagnostic Assessment Associates to email the WPPSI-IV/WISC-V assessment report to the following schools (please provide email address/contact name)

Schools:

Signature of Parent/Guardian

Date

Print Name

If parents are divorced and share joint legal custody, both parents are required to give permission.

Signature of Parent/Guardian

Date

Print Name

Should Diagnostic Assessment Associates be contacted by a school admissions officer who has questions about my child's test results/report, I give my consent for the tester to provide clarification of those results.

Signature of Parent/Guardian

Date

Print Name