



Diagnostic Assessment Associates
6500 Seven Locks Road #220
Cabin John, MD 20818
(301)657-2257

Mary Beardsley, M.Ed.
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ADMISSIONS TESTING FORM
(Please print)

Child's Name: _____
Last First Middle

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

Other Languages Spoken at Home: _____

Address: _____

Father's Name: _____ Work Ph.:() _____ Cell Ph.:() _____

Father's Home Address _____

Father's Email Address _____

Mother's Name: _____ Work ph.:() _____ Cell ph.:() _____

Mother's Home Address _____

Mother's Email Address _____

Current School: _____

Has your child had prior cognitive Testing? _____ No _____ Yes Date: _____

Prior test(s) administered _____

Testing sessions last about 1 to 1 ½ hour(s) and parents are encouraged to wait for children.

Testing date: _____ Time: _____

Tester name: **Anne Thompson, Ph.D.**

Kindergarten applicants take the WPPSI-IV, and applicants to grades 1 take the WPPSI-IV (if under age 6) or the WISC-V (if over age 6). **The fee for the WPPSI-IV is \$390; and the fee for the WISC-V is \$450.** Please mail this completed application and the non-refundable testing fee to DAA. **Please make your check payable to the individual tester with whom your child is scheduled** and not to DAA. In order to reserve your child’s appointment, 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 mail to the school(s) you indicate below.

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- | | | | | |
|----------------|-----------------------|---------------------|------------------------------|-------------------------|
| _____ Beauvoir | _____ Bullis | _____ Flint Hill | _____ Georgetown Day | _____ Holton Arms |
| _____ Langley | _____ Maret | _____ McLean | _____ NCS | _____ Nat. Presbyterian |
| _____ Norwood | _____ Potomac | _____ St. Patrick’s | _____ St. Stephens/St. Agnes | |
| _____ Sheridan | _____ Sidwell Friends | _____ Stone Ridge | _____ Wash. Episcopal | |

Other schools: _____

Please sign below indicating your consent to the following:
I consent to having my child tested by Diagnostic Assessment Associates:

Signature(s): _____ Date: _____

(If parents are divorced and share joint legal custody, both parents are required to sign)

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

Signature(s): _____ Date: _____

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

Signature(s): _____ Date: _____

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

I certify that my child has not participated in any test preparation:

Signature: _____ Date: _____

Email Consent Form

I/We give permission to Diagnostic Assessment Associates to email the WPPSI-IV/WISC-V assessment report to the following schools:

Signature of Parent/Guardian

Date

Print Name

Signature of Parent/Guardian

Date

Print Name

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

In the event that Diagnostic Assessment Associates is 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