

# LOUISIANA LITERACY

## *Assessments*

### Testing & Evaluation Services

## You've Scheduled an Evaluation...Now What?

Dear Parent/Guardian:

We appreciate your interest in Louisiana Literacy Assessments (LLA). The evaluation will occur in Dr. Laster's home office at 2022 Woodberry in the Provenance subdivision off Southern Loop in Shreveport. You may send a snack for your child to eat during the two to three-hour evaluation. You are welcome to leave the testing site, and an LLA professional will call you when testing nears completion. You may also wait at the testing site, but you may not remain in the testing room. This policy is to ensure the validity and security of the tests.

Please bring to the evaluation:

- This completed Parent Form.
- Any relevant copies from school (current report card, testing data, past evaluations).
- Any outside evaluations (behavioral, psychological, medical).
- Two writing samples (one written by your child without any assistance, one of the student's best work, such as from a graded school paper).
- The completed Teacher Questionnaire. (If the teacher prefers, he/she can mail the questionnaire to LLA, 2022 Woodberry, Shreveport, 71106.)
- If you are concerned about your child's ability to attend to academic tasks, download both the parent and teacher forms for the Vanderbilt ADHD assessments from LLA's website. Complete and bring with you to the evaluation.
- The \$500 payment (due in full at time of testing).

We look forward to working with you and your child.

Sincerely,

Kerry Laster, Ph.D.

Debbie Rickards, Ph.D.

Kerry Laster, PhD - 318.719.5629 - [klaster@bellsouth.net](mailto:klaster@bellsouth.net)

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READING SPECIALISTS

# LOUISIANA LITERACY *Assessments* Testing & Evaluation Services

## CONFIDENTIAL PARENT INFORMATION FORM

Thank you for taking the time to complete this form. The information you provide will help us gain a better understanding of your child and his/her learning needs. This information will be reflected in the written evaluation.

Date: \_\_\_\_\_ Person completing form: \_\_\_\_\_

### STUDENT INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

Handedness: Right / Left      Glasses/Contacts: Yes / No      Adopted: Yes / No

What languages does the child speak? \_\_\_\_\_

### PARENT INFORMATION

**FATHER'S** Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

**MOTHERS'S** Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Other relevant family information : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REASON FOR REFERRAL

Check all that apply:

- Academic concerns in \_\_\_\_\_
- Attention concerns
- Instructional recommendations
- School placement
- No concerns, just curious about skill levels
- Other -- \_\_\_\_\_

## STUDENT MEDICAL HISTORY

Were there any complications during pregnancy, labor, or delivery? If so, explain: \_\_\_\_\_

\_\_\_\_\_

Did developmental milestones (e.g.: crawling, walking, talking) appear to be on schedule? If no, explain: \_\_\_\_\_

\_\_\_\_\_

List childhood diseases, health problems, and/or allergies: \_\_\_\_\_

\_\_\_\_\_

List any surgeries or hospitalizations: \_\_\_\_\_

List any medications:

| Name of Medication | Dosage | When started | Prescribed by |
|--------------------|--------|--------------|---------------|
|                    |        |              |               |
|                    |        |              |               |
|                    |        |              |               |

Last hearing screening date: \_\_\_\_\_ Results: \_\_\_\_\_

Last vision screening date: \_\_\_\_\_ Results: \_\_\_\_\_

Do you have any concerns about your child's hearing or vision? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about your child's behavior or attention skills? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do/did relatives of the student have significant school and/or attention problems? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Have there been any important changes with the family (e.g.: job changes, moves, births, deaths, illnesses, separations, or divorce) during the last three years? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## STUDENT EDUCATIONAL HISTORY

*Please include a copy of your child's most recent report card and copies of other professional reports.*

List information for the last three years of school:

| Grade | School | Were there academic concerns? If yes, explain. |
|-------|--------|--|
|       |        |  |
|       |        |  |
|       |        |  |

Current Teacher's Name: \_\_\_\_\_

List any concerns your child's current teacher has expressed to you: \_\_\_\_\_  
\_\_\_\_\_

List any previous evaluations completed by the school or an outside professional:

| Name of Professional | Purpose (Speech, OT, PT, ADHD, Academic) | Year |
|----------------------|--|------|
|                      |  |      |
|                      |  |      |
|                      |  |      |

List any interventions that the school has provided over the last three years: \_\_\_\_\_  
\_\_\_\_\_

Has your child repeated a grade? \_\_\_\_\_ If yes, which grade? \_\_\_\_\_

Describe any extra tutoring or special classes you have provided for your child over the last three years: \_\_\_\_\_  
\_\_\_\_\_

What does your child do well? List his/her greatest strengths: \_\_\_\_\_  
\_\_\_\_\_

In what area(s) does your child struggle? List his/her greatest needs: \_\_\_\_\_  
\_\_\_\_\_

What makes your child happy? \_\_\_\_\_  
\_\_\_\_\_

What makes your child sad or frustrated? \_\_\_\_\_  
\_\_\_\_\_

If applicable, what does your child see as his/her problem in school? \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

What would you as a parent like to gain from this evaluation? \_\_\_\_\_

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Please describe any other relevant information you would like us to know that may provide insight about your child and his/her literacy needs:

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\_\_\_\_\_  
Parent Signature

**THANK YOU FOR COMPLETING THIS CONFIDENTIAL FORM!**