

Dr. Nancy T. Akins
Foundation Academy Certified School Psychologist
4532 Curry Ford Rd.
Orlando, FL 32812
(407) 382-5005 Fax (407) 382-5006

EDUCATIONAL DIAGNOSTIC TESTING PERMISSION FORM

Please Print:

Date: _____

Name of Student: _____ Grade: _____

School: _____ Birth date: _____ Age: _____

Father's Name: _____ Mother's Name: _____

If the parent plans to not be on the premises during the testing session, please provide the number(s) where a parent can be reached in case of an emergency.

() _____ () _____

We give our permission for Dr. Nancy T. Akins to test our son/daughter.

Please check the following:

Yes No

___ ___ Does your child wear glasses? (Glasses should be worn during testing if needed for reading.)

___ ___ Has your child had previous diagnostic testing? If so, please list test(s) and date(s) of testing.
(The WISC-IV is an intelligence (IQ) test and should not be repeated within a two-year period.)

___ ___ Is this a reevaluation for the NILD Discovery Program?

___ ___ Is your child on any medication today? If so, what? _____

To receive results: (Select A or B)

___ A. We request that **two** copies of the report be sent to _____, who will provide us with a copy of the report and explain the results to us. We give the examiner permission to consult with individuals who receive a copy of this report.

___ B. We will receive two copies of the report during a conference with Dr. Akins. We give permission for her to discuss the results with individuals who receive a copy of the report from us.

We acknowledge that payment is due prior to or at the time of testing, and checks are to be made payable to **Foundation Academy**.

Parent's Signature

Date

This signature indicates that the above-signed parent has the legal right to give permission for testing.