

## Education Specialists, L.L.C.

10700 Richmond Ave, Ste. 201  
Houston, Texas 77042  
Telephone 713.461.7996

Tamra J. Clark, M.Ed., RPED

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Dear Parents,

We look forward to testing your child at our office as part of the required admission process for First Baptist Academy.

Our office (10700 Richmond) is located just west of the Sam Houston Parkway on the north side of Richmond Avenue, between Rodgerdale and Wilcrest. The three-story building is immediately west of the one-story River Oaks Academy. Parking is available on all sides of the building. Our office, suite #201, is on the east side of the building on the second floor, next to the restrooms.

You may contact me at 713.461.7996 to schedule your appointment for testing. The enclosed Confidential Student Information form is to be completed prior to testing. Please bring this paperwork along with the assessment fee of \$250.00 (cash or check payable to Education Specialists, LLC) when you come to your scheduled appointment.

Please come with your child to our waiting area a few minutes before your scheduled appointment time. This will help your child get comfortable with the setting, as well as, help our office run on schedule. **Please have only one person attend the testing appointment with your child**, this will help our office to remain quiet for the children testing.

Please make any cancellations or changes at least 24 hours in advance to avoid the \$30.00 cancellation fee.

Your child's results will be forwarded to First Baptist Academy within a week of completing the assessment. If you wish to obtain a copy of the report and to have a conference about the results, an appointment can be made directly with the examiner that works with your child. This service is provided for an additional charge.

Call 713.461.7996 several days ahead if you need further directions or clarification.

We look forward to meeting you and working with your child.

Sincerely,  
Tami Clark

# Education Specialists, LLC

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Houston, TX 77042  
Phone: 713-461-7996

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## CONFIDENTIAL STUDENT INFORMATION

Child's Name: \_\_\_\_\_  
(Last) (First) (Preferred Name)

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Adopted: YES NO  
(Month / Day / Year)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Applying For: \_\_\_\_\_ Grade: \_\_\_\_\_

Additional schools: **(Add \$10 for each school after the original one for which your child is applying.)**

|    | Name of School | Address of School |
|----|----------------|-------------------|
| 1. | _____          | _____             |
| 2. | _____          | _____             |
| 3. | _____          | _____             |

Person Completing Forms: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(Please Print)

**Your signature indicates that Education Specialists, LLC has permission to test your child and send results to the schools you have requested.**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

### PARENT INFORMATION

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Education Level: \_\_\_\_\_ Age: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status:  Single  Married  Remarried  Divorced **Custodial Parent:** YES/NO

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Education Level: \_\_\_\_\_ Age: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status:  Single  Married  Remarried  Divorced **Custodial Parent:** YES/NO

### FAMILY INFORMATION - Brothers / Sisters:

| Name  | Age | Grade | School Attending | Step-sibling |    |
|-------|-----|-------|------------------|--------------|----|
| _____ |     |       |                  | YES          | NO |
| _____ |     |       |                  | YES          | NO |
| _____ |     |       |                  | YES          | NO |
| _____ |     |       |                  | YES          | NO |

**Are there any family situations that affect this child?** (divorce, trauma, death, etc.) Explain: \_\_\_\_\_

### DEVELOPMENTAL & MEDICAL HISTORY

**Unusual aspects of pregnancy , delivery, or child's development:** \_\_\_\_\_

**Child's general health (Significant illnesses, fevers, operations, accidents):** \_\_\_\_\_

**PREVIOUS SERVICES:** Answer **Y** = yes **N** = no, for each and provide additional explanation as necessary.

\_\_\_\_ Speech or Language Therapy - \_\_\_\_\_  
\_\_\_\_ Counseling - \_\_\_\_\_  
\_\_\_\_ Previous Educational Testing - \_\_\_\_\_  
\_\_\_\_ Previous WPPSI or WISC \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_  
\_\_\_\_ Wears Glasses \_\_\_\_\_ Wears Hearing Aid \_\_\_\_\_  
\_\_\_\_ Disability - \_\_\_\_\_  
\_\_\_\_ Medical Problem(s) - \_\_\_\_\_  
\_\_\_\_ Takes Medications - \_\_\_\_\_

**Languages Spoken in the Home** - \_\_\_\_\_  
**Languages Child Speaks Fluently** - \_\_\_\_\_

**EDUCATIONAL HISTORY**

Age entered Kindergarten \_\_\_\_\_ Age entered First Grade \_\_\_\_\_

List all schools attended :

| School   | Dates | Grade | Reason Discontinued |
|----------|-------|-------|---------------------|
| 1. _____ |       |       |                     |
| 2. _____ |       |       |                     |
| 3. _____ |       |       |                     |
| 4. _____ |       |       |                     |

**This child has . . .**

Repeated a grade - \_\_\_\_\_ Skipped a grade - \_\_\_\_\_  
\_\_\_\_ Had difficulties in school - \_\_\_\_\_  
\_\_\_\_ Received private tutoring - \_\_\_\_\_  
\_\_\_\_ Been placed in special classes at school - \_\_\_\_\_

**BEHAVIOR:** In the space provided, please answer: **Y** = Yes, usually **S** = Sometimes **N** = No, never

- \_\_\_\_ 1. Usually minds and behaves.
- \_\_\_\_ 2. Usually cooperates.
- \_\_\_\_ 3. Controls temper.
- \_\_\_\_ 4. Cooperates with other children.
- \_\_\_\_ 5. Has good concentration and attention.
- \_\_\_\_ 6. Is overly active or can't sit still.
- \_\_\_\_ 7. Is impulsive.
- \_\_\_\_ 8. Is afraid to be away from parents.
- \_\_\_\_ 9. Is overly dependent.
- \_\_\_\_ 10. Worries all the time.
- \_\_\_\_ 11. Cringes when meeting strangers.

**Thank-you for the opportunity to work with your child.** To obtain a copy of your child's report, you may speak directly to the examiner that works with him/her. **This is a separate fee of \$100 (made payable to the tester),** which includes a copy of the report that is sent to your designated schools and a 30 - minute consultation to explain the results and answer your questions.