



NO:

CONSULTATION AND/OR ASSESSMENT REGISTRATION FORM

Name: _____ D.O.B.: _____ Age: _____

Address: _____

Mother's Name: _____ Mother's Email: _____

Mother's Cell #: _____ Mother's Work #: _____

Father's Name: _____ Father's Email: _____

Father's Cell#: _____ Father's Work #: _____

Please state how you heard about our Consultation/Assessment services:

CONFIRMED LEARNING ISSUES: DYSLEXIA ☐ DYSPRAXIA ☐ AD(H)D ☐ OTHER ☐ _____

SUSPECTED LEARNING ISSUES: _____

BEHAVIOURAL CONCERNS: (SPECIFY) _____

CURRENT SCHOOL: _____ CLASS/FORM: _____

REASON FOR CONSULTATION OR ASSESSMENT: PARENTS REQUEST ☐ SCHOOL REQUEST ☐

OFFICIAL REQUIREMENT ☐ OTHER ☐ (PLEASE SPECIFY) _____

BEST HOPE FROM CONSULTATION/ASSESSMENT	FOR OFFICIAL USE ONLY: ASSESSMENT(S) AGREED

SIGNATURE: _____ DATE _____

FOR OFFICIAL USE ONLY

REPORT IS TO BE:

☐ EMAILED ☐ POSTED ☐ COLLECTED ☐ OTHER _____

NO. OF COPIES OF REPORT IS REQUIRED ☐ 1 ☐ 2 ☐ 3

COST OF INITITAL CONSULTATION: \$ _____

COST OF ASSESSMENT(S): \$ _____

DATE/TIME FOR CONSULTATION: _____

DATE/TIME FOR ASSESSMENT(S): _____

DATE/TIME FOR FOLLOW UP CONSULTATION: _____

AT THE FOLLOW-UP CONSULTATION A COMPLIMENTARY EXTRA-LESSON SESSION MAY BE OFFERED

PAYMENT MUST BE MADE IN ADVANCE

PAYMENT ARRANGEMENTS: ☐ IN FULL IN ADVANCE ☐ OTHER (PLEASE SPECIFY)

☐ DEBIT CARD ☐ CHEQUE: BANK _____ NO. _____ ☐ CASH

INVOICE NO: _____ **PERSON TAKING PAYMENT:** _____

NAME OF PERSON REFERING: _____

INFORMATION/ CONCERNS FROM PERSON REFERRING: _____

	CODE: INTERNAL/EXTERNAL	INITIAL CONSULTATION	ASSESSMENT(S)	FOLLOW UP CONSULTATION
ASSESSOR				
LOCKERBIE COLLEGE				
OTHER				
TOTAL				
PROFESSIONAL SERVICES				