

Education Specialists, LLC

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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: _____

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	Admissions Contact Email
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

Parent's Name: _____ Occupation: _____

Education Level: _____ Age: _____ Work Phone: _____

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

Parent'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: _____

Languages Spoken in the Home - _____

Languages Child Speaks Fluently - _____

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 - _____

EDUCATIONAL HISTORY

List all schools attended :

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

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- either Tami Renfro or Olivia Wuensch),** 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.