

Mary Gwaltney, Ph.D. - Licensed Educational Psychologist

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www.learningandbrain.net

ASSESSMENT INTAKE

Child's name		
Date of Birth and Age	DoB:	Age:
Parent(s) or Guardian(s) name		
Other phone (parent work/cell)		
School name and current grade		
Type of school program (Regular, SDC, Resource, Speech)		
Are there any previous diagnoses? If so, list:		
What is it that you want to know or understand by pursuing assessment? What are your questions?		
Why have you chosen to consider assessment at this time?		
Have there been previous assessments? If so, please describe approximate dates/outcomes:		
In which academic subject(s) is your child typically successful?		
In which academic subject(s) is your child typically unsuccessful or struggling?		
What do his/her teachers think about school performance at this time?		
How does your child get along socially with peers?		
Is there a family history of similar concerns?		

What would be the best outcome of this assessment?	
What would be the worst outcome of this assessment?	
Other:	

For each of the following behaviors listed, please check the frequency you have or have not seen the behavior over the past 6 months. If you do not know or the question is not age-appropriate, feel free to skip it.

Never	Occasionally	Frequently	Almost Always	Sensorimotor Functions Circle right (R), left (L) or both (B) as applicable
				Muscle weakness or paralysis R L B
				Muscle tightness or spasticity R L B
				Clumsy, awkward movement R L B
				Walking or posture difficulties R L B
				Odd movements (e.g., hand flapping) R L B
				Specify:
				Difficulty with dressing (buttoning/zippering) R L B
				Involuntary or repetitive movements R L B
				Specify:
				Poor fine motor skills (e.g. using a pencil) R L B
Never	Occasionally	Frequently	Almost Always	Tactile/Olfaction Functioning
				Overly sensitive to touch, light, or noise
				Complains of loss of sensation or numbness
				Less sensitive to pain and temperature
				Difficulty smelling or tasting foods
Never	Occasionally	Frequently	Almost Always	Visual Functioning
				Cannot identify basic colors/color blind
				Complains of visual problems (e.g., cannot see close/far)
				Difficulty recognizing objects
				Difficulty finding objects in a cluttered background
				Rubs eyes a lot
Never	Occasionally	Frequently	Almost Always	Auditory Functioning
				Problems hearing sounds/hearing acuity problem R L B
				Does not like loud noises
				Difficulty discriminating simple sounds R L B
				Says "What?" a lot even in quiet settings
				Appears to be pitch or tone deaf
				Difficulty identifying sarcastic voice tones
Never	Occasionally	Frequently	Almost Always	Visual-Spatial Functioning
				Holds pen/pencil in unusual way
				Difficulty copying or drawing

				Confusion when given spatial directions (gets lost easily)
				Shows right/left confusion within own body
				Seems unaware of body in space (bumps into, steps on things, in other people's space)
Never	Occasionally	Frequently	Almost Always	Focused or Selective Attention
				Easily distracted by sounds, sights or sensations
				Inattentive to details or makes careless mistakes
				Does not know where to start when given a multistep task
Never	Occasionally	Frequently	Almost Always	Sustained Attention
				Difficulty paying attention for a long period of time
				Mind appears to go blank or loses train of thought
				Seems to lose place in academic tasks (reading/writing)
				Difficulty sticking with nonpreferred tasks
Never	Occasionally	Frequently	Almost Always	Divided Attention
				Difficulty attending to more than one thing at a time
				Does not seem to hear anything else while watching tv or playing video games
				Easily absorbed into one task
				Dislikes transitioning from a task before finished
Never	Occasionally	Frequently	Almost Always	Attentional Capacity
				Stops performing tasks that contain too many details
				Avoids activities that require a lot of work/mental effort
				Seems to get overwhelmed with difficult tasks
Never	Occasionally	Frequently	Almost Always	Language: Articulation
				Omits sounds when speaking
				Substitutes sounds when speaking
				Changes or distorts sounds (e.g., slurring, lisping)
Never	Occasionally	Frequently	Almost Always	Phonological Processing
				Difficulty blending sounds to form words
				Difficulty with basic rhyming games
				Difficulty with sound discrimination and spelling
Never	Occasionally	Frequently	Almost Always	Receptive Language
				Trouble understanding what others are saying
				Does not do well with verbal directions
				People have to simplify instructions so that they can be understood
Never	Occasionally	Frequently	Almost Always	Expressive Language
				Difficulty finding the right word to say
				Limited amount/volume of speech
				Slow or labored speech
				Odd or unusual intonation
				Uses made up words or unusual sounds
Never	Occasionally	Frequently	Almost Always	Short Term Memory
				Frequently asks for repetition of instructions
				Seems not to know something right after it was presented

				Trouble following multiple step directions
				Problems copying from the board
				Problems taking notes from lectures
Never	Occasionally	Frequently	Almost Always	Active Working Memory
				Forgets steps or loses track of what is happening in the middle of the task
				Loses place when solving math problems
				Loses train of thought when writing
				Trouble summarizing experiences or narrative materials
Never	Occasionally	Frequently	Almost Always	Long Term Memory
				Trouble remembering math facts
				Difficulty answering factual questions quickly
				Gets frustrated with written expression
				Forgets what happened days or weeks ago
				Forgets where personal items or classwork was left
				Forgets to turn in homework assignments
Never	Occasionally	Frequently	Almost Always	Problem Solving/Planning/Organizing
				Difficulty learning new concepts/forgets the next day
				Difficulty solving problems that younger children can do
				Makes the same errors repetitively
				Trouble making plans for projects
				Trouble starting on plans/projects
				Trouble completing plans
				Difficulty with time management
				Difficulty with organizational skills
Never	Occasionally	Frequently	Almost Always	Behavioral/Emotional Regulation
				Seems to lack motivation to perform or behave
				Has trouble initiating tasks
				Demonstrates signs of overactivity/hyperactivity
				Has trouble remembering to follow the rules, even though the rules are known
				Demonstrates signs of irritability
				Demonstrates signs of anxiety/fearfulness/worry
				Complains of stomach aches/headaches
				Seems to lack empathy for the feelings of others
Never	Occasionally	Frequently	Almost Always	Cognitive Efficiency
				Takes longer to complete tasks than others the same age
				Slow personal speed
				Homework takes too long to complete
				Requires extra time to complete tests
				Needs longer think times before responding to questions
				Does well on timed tests
				Recalls information quickly and accurately
Never	Occasionally	Frequently	Almost Always	Reading/Attention
				Appears distracted or hyperactive when reading

				Misses important details when reading
				Loses track of place on page
Never	Occasionally	Frequently	Almost Always	Reading/Phonological and Fluency
				Difficulty sounding out words
				Can't remember words by memory without sounding out
				Reads slowly
Never	Occasionally	Frequently	Almost Always	Reading/Comprehension and Memory
				Difficulty understanding and recalling what was read
				Difficulty identifying main ideas or elements in a story
Never	Occasionally	Frequently	Almost Always	Reading/Motivation
				Indicates boredom with reading
				Appears anxious/nervous while reading
				Avoids reading activities
Never	Occasionally	Frequently	Almost Always	Writing Output
				Difficulty forming letters correctly
				Presses too hard with pen/pencil
				Presses too soft with pen/pencil
				Handwriting is illegible to others
				Prefers printing over cursive writing
				Writes overly large letters and words
				Writes overly small letters and words
				Avoids paper/pencil tasks
				Slow writing speed
Never	Occasionally	Frequently	Almost Always	Writing/Spatial Production
				Difficulty keeping even spaces between letters and words
				Trouble staying on/within the lines as expected
Never	Occasionally	Frequently	Almost Always	Writing/Motivation
				Appears tense when writing
				Avoids writing long sentences/does the least possible
Never	Occasionally	Frequently	Almost Always	Math/Attention
				Makes careless mistakes in calculation
				Does not always pay attention to signs in math problems
Never	Occasionally	Frequently	Almost Always	Math/Computation
				Does not know math facts as expected for age
				Shows weakness with procedures (i.e., regrouping)
Never	Occasionally	Frequently	Almost Always	Math Reasoning
				Difficulty solving word problems
				Difficulty with estimation

Comments:

Communication Plan and Informed Consent for Electronic Communication

In order for me to gather information from you and your child’s teacher and to provide the results of our assessment, electronic communication is typically the most efficient means. Transmitting confidential information that may be considered Protected Health Information or part of an Educational Record includes certain risks. For example, email and other electronic communication can be intercepted by others and received by unintended recipients; and backup copies of electronic communication may exist even after the sender or recipient has deleted his or her copy. While I use a HIPAA/FERPA compliant, encrypted email and cloud server and practices designed to protect the security of information on my end of our communication, I cannot guarantee the security and confidentiality of the information sent through electronic means.

I have the ability to send you the information as an attachment to encrypted, HIPAA/FERPA compliant email and/or to keep the documents on a secure server and send you a link to access the information temporarily using a password. Should you want to fill in the forms that remain in my protected server, you may have to sign up for a Google account in order to access those forms. You may prefer to receive information via fax or some other means of communication. With this information in mind, please indicate your preference for communication regarding developmental history, rating scales, and report transmission by **initialing the desired option(s)**. **This release remains in effect for 6 months unless revoked in writing.**

_____ I have read the above and consent to Mary Gwaltney, Ph.D. sending encrypted emails with attached documents to the following email address(es): _____

_____ I have read the above and consent to Mary Gwaltney, Ph.D. sending me links to password protected, cloud-hosted documents, knowing that I may need to sign up for a Google account in order to access the forms. Please send the link to the following address(es): _____

_____ I have read the above, and prefer that Mary Gwaltney, Ph.D. provide me with confidential information through an alternative means (specify): _____

Since this is an Independent Educational Evaluation, information also needs to be provided to the school district and any other party that represents your child.

_____ I have read the above and consent to Mary Gwaltney, Ph.D. sending the final confidential report via encrypted email to the case manager/administrator at the contracting school district.

_____ I have read the above and consent to Mary Gwaltney, Ph.D. sending the final confidential report via encrypted email to my student’s legal representative (write in name of attorney or advocate):

_____ Parent Name

_____ Parent Signature _____ Date

_____ Student Name