

RESEARCH AGREEMENT

YES

NO

NORTH RYDE ASSESSMENT BOOKING FORM

Date Booking was made: _____ Assessed in Term _____

Date of Assessment: _____

Clinician: _____

Date of Feedback Session: _____

Clinician: _____

Child's Name: _____

Parent/Guardian Name: _____

Postal Address: _____

Te/Fax: (H) _____ (W) _____

(M) _____ (F) _____

Email: _____

Child's D.O.B. _____ Year at School: _____

Has the child repeated in grades at school? _____

Child's School: _____

Previous Assessment: _____

Previous Reading Program(s)? _____

Nature of the problem: _____

Disability?: _____

Language/Speech Difficulty?: _____

Additional Information eg ESL: _____

How heard about us: _____