

## Referral Letter/Checklist

Last name		First name		MI	SS# (Last four digits only)	
					Home Phone	
Address					Best daytime phone	
City, State, Zip Code					Email*	
					Birthdate (mm/dd/yyyy)	
Sex					Marital Status	
Male      Female					Single      Married      Divorced      Widowed	
Ethnicity					School	
Asian      Black      Hispanic						
White      Multiracial      Other					Coordinator	
Class Standing:	Institutional admissions review		Accepted for admission		Learning support      Freshman	
	Sophomore		Junior		Senior      Graduate student	
	On suspension		On exclusion		Other	
Reason for Referral (to be completed by Disability Services Represented):						
Regents level accommodation requested:      Yes      No						
*Since the confidentiality of email communication cannot be assured, we will not provide any personally sensitive information to you via email, and recommend that you observe the same procedure.						

## Checklist

\$250 deposit

Referral Letter Checklist

Release of Information/Consent for Evaluation

Case History

Transcripts

Past evaluations/pertinent medical records

No previous evaluations

Records not available. Explain:

BAARS Other Report Current Symptoms

BAARS Other Report Childhood Symptoms

Sample of Unassisted Writing

Sample of Best Writing

Hearing Acuity Screening

Cancellation Policy

Special Accommodations needed for evaluation?

Specify:

I have enclosed \$250 to secure my first appointment, and agree to make the final payment (\$250.00) at the time of or before my first appointment. I understand that if I cancel my appointment with less than five business days notice, my deposit is nonrefundable. (Total cost of services = \$500.00)

Signature

Date (mm/dd/yyyy)