

## Assessment Booking Form

The purpose of assessments is to identify specific areas of cognitive functioning that may be causing a learning difficulty (dyslexia). Assessments identify a student's learning style and a specific programme can then be devised and implemented.

**Educational Psychologist's Assessments** are the most comprehensive multi-disciplinary assessments. The W.A.I.S. produces a profile of the processing and skills necessary for the mastery

of literacy and numeracy skills. These assessments may only be given by an educational psychologist. They can be arranged through the centre.

**Centre Assessments** are similar in style and depth to an E.P. assessment, and given by a teacher who is qualified in Specific Learning Difficulties. These assessments also indicate cognitive strengths and weaknesses, but do not involve an I.Q. assessment of the type covered by a W.I.S.C., W.A.I.S. or B.A.S.

I wish to book an assessment by:-

- an **educational psychologist** fee: £350 – (£175 Deposit)       a **specialist teacher** fee: £250 - (£125 Deposit)       **exam certificate** assessment fee: £120 - (£60 Deposit)

I enclose a booking fee of £..... and I understand that the remainder of the fee is payable on the day of the assessment. Cheques should be made payable to *Bristol Dyslexia Centre*, for credit or debit card payments please fill in your details below (credit cards are subject to a charge of 2%).

Name of person to be assessed: \_\_\_\_\_

Address: _____ _____ _____ Postcode: _____ Email: _____
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Tel No: _____ D.O.B: _____ School/College/University/Other: _____
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Signature: \_\_\_\_\_ Date \_\_\_\_\_

I have read and understood the Terms and Conditions of having an assessment at Bristol Dyslexia Centre.

If you are not the parent or legal guardian of the child you are booking an assessment for, we must have the consent of the child's Parent or legal guardian. Please have them sign below: Parent \_\_\_ Legal Guardian \_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_

Do you agree to us contacting / sending a questionnaire to your school if necessary? Yes  No

Card Payment Information:

Please debit my credit \_\_\_ debit \_\_\_ card: Mastercard / Visa / Maestro / Switch / Solo

Card No \_\_\_\_\_ Exp Date \_\_\_\_\_ / \_\_\_\_\_

Issue No (if switch or solo) \_\_\_\_\_ Security No \_\_\_\_\_ Billing address & Post Code if different from above \_\_\_\_\_