

Education Specialists, LLC

10615 Shadow Wood Drive, Ste. 280

Houston, TX 77043

Phone: 713-461-7996

Tamra "Tami" J. Renfro, M.Ed. * Olivia Wuensch, M.Ed. * Wendy Bischoff

Dear Parents,

We look forward to testing your child at our office as part of the required admission process for **St. Francis Episcopal School**.

Our office (10615 Shadow Wood) is located just east of the Sam Houston Tollway on the south side of Shadow Wood. Shadow Wood is between Westview and Hammerly – North of I-10, Katy Freeway. Our office is a two-story building. Parking is available on three sides of the building. Our office, suite #280, is on the east end of the building on the second floor, last office in the hallway.

You may contact me at 713.461.7996 to schedule your appointment for testing. The enclosed Confidential Student Information form is to be completed prior to testing. Please bring this paperwork along with the assessment fee of \$300.00 (cash or check payable to Education Specialists, LLC) when you come to your scheduled appointment.

Please come with your child to our waiting area a few minutes before your scheduled appointment time. This will help your child get comfortable with the setting, as well as, help our office run on schedule. **Please have only one person attend the testing appointment with your child**, this will help our office to remain quiet for the children testing.

Please make any cancellations or changes at least 24 hours in advance to avoid the \$30.00 cancellation fee.

Your child's results will be forwarded to St. Francis Episcopal School within a week of completing the assessment. If you wish to obtain a copy of the report and to have a conference about the results, an appointment can be made directly with the examiner that works with your child. This service is provided for an additional charge.

Call 713.461.7996 several days ahead if you need further directions or clarification.

We look forward to meeting you and working with your child.

Sincerely,
Tami Renfro

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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.