

Education Specialists, LLC

11511 Katy Freeway, Ste. 502

Houston, TX 77079

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 (11511 Katy Freeway) is located just west of the Sam Houston Tollway on the south side of Katy Freeway between Kirkwood and Wilcrest. Our office is a six-story building. Parking is available on all sides of the building. Just do not park in a reserved spot. Our office, suite #502, is on the west side of the building on the fifth floor.

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.