

ASSESSMENT INFORMATION SHEET

Please complete the following information in order to enter the waitlist for psychological assessment at the Western Illinois University Counseling Center.

Today's Date: _____

Name: _____ Date of Birth: _____

WIU ID# _____ Phone number: _____

What concern is prompting you to seek testing: (Please mark all that apply)

- _____ Learning Disability
_____ Attention Deficit/Hyperactivity Disorder
_____ Differential Diagnosis

Please read and initial the following terms and conditions:

* A psychological assessment costs \$275. The psychological assessment intake session is \$15, and you will be charged an additional \$130 on the first date of testing. The remaining \$130 must be paid prior to receiving your results, feedback, and written report

Initial _____

* Testing will take approximately 6 to 8 hours, over the course of 2 to 3 weeks. You are required to be on time to all testing sessions and must call 24 hours in advance to cancel or reschedule a session. If you miss your psychological assessment intake, you will be removed from the testing waitlist. Please contact the front desk for community referrals for psychological assessments if needed.

Initial _____

* When a clinician becomes available for testing, you will receive a call from the front desk to schedule your psychological assessment intake and testing. You will have 48 hours to schedule your appointment before the front desk contacts the next client on the waiting list.

Initial _____

* Completing an assessment does not guarantee accommodations through the Disability Resource Center at Western Illinois University.

Initial _____

I understand the terms and conditions in order to receive testing at the University Counseling Center.

Signature

Date