Client Number

*Please note: LDA Minnesota is a "fee for service" agency. We are not a provider for any medical insurance plans. This means that **we do not submit insurance claims**. In most cases, medical insurance doesn't cover learning disability assessments because such assessments are not considered "medically necessary." If you are seeking an assessment, you may wish to check with your medical insurance provider to see if you can use Health Savings Funds or if they will reimburse you directly for "an ADHD assessment without prior authorization from an out of network provider."*

The following form is used for your final evaluation report and to determine if an assessment is right for you.

Assessment Intake Form – Post-Secondary & Adult

Application Date: _____ **Client's Name:** _____

Gender: _____ **Marital Status:** _____

Age: _____ **Date of Birth:** _____

Current Address: _____ **City, State, Zip:** _____

Preferred Phone: _____ **Email Address:** _____

Who may we thank for referring you to LDA? _____

What is the primary language spoken? _____

What was the first language spoken? _____

Who is completing this intake form? _____

Learning Disabilities Association of Minnesota
5101 Olson Memorial Highway, Suite 6000 ♦ Golden Valley, MN 55422
952-582-6000 ♦ Fax 952-582-6031 ♦ info@ldaminnesota.org ♦ www.ldaminnesota.org

Please note: If the client is not a native English speaker, please contact Assessment Manager at LDA prior to submitting this application.

What type of assessment are you requesting? Type or write an X on the line.

☐ **Learning Disability Assessment** (includes ability & achievement testing and possibly other recommended academic testing to evaluate for a specific learning disability, as defined by the DSM-5). This assessment will determine if the client meets the diagnostic criteria for a reading, math or writing disability. It is the most typical testing protocol used by most schools to determine eligibility for accommodations within an academic setting. (Fee $2325)

☐ **ADHD Evaluation (includes Learning Disability Assessment).** This assessment is used to evaluate type and severity of ADHD. Individuals with ADHD typically do meet accommodation eligibility for most post-secondary institutions. LDA highly recommends you provide us with your particular school's eligibility criteria. (Fee $2855)

☐ **ADHD Only Assessment.** This testing is designed for adults interested in an ADHD diagnosis without a Learning Disability diagnosis. Testing does not include the Woodcock Johnson (WJ-IV). (Fee $1995)

☐ **Consultation & recommended testing based on need.** This is a time for you to meet with one of the staff, review your records and determine additional testing if needed. (Fee $300/hour)

The assessment fee can be paid at once or with a 3-split payment plan. **A final feedback session and report cannot be given until full payment is received.** Please indicate below how you would like to make your payment:

☐ **One-Time Payment**
This payment is due 2 days before your scheduled testing date.

☐ **3-Split Payment**
Automatic deduction for your payments is required. A staff member will reach out to you with an authorization form with your payment plan.

Post-secondary Institution Information (if applicable):

Are you planning on or currently attending college? _____

Name of College: _____

Have you contacted the school to see if there is a Disability Services office? _____

Background Information

*******If you have copies of any of the following – PLEASE BRING COPIES IN. This information is very helpful to us and helps to describe your history. *******

Please answer the following questions to the best of your ability:

☐ I had special education services in school for: _____

☐ I repeated a grade or was held back in grade(s): _____

☐ I had a 504 plan in school for: _____

☐ I have records and will bring in copies of my IEP and all evaluation summary reports from the school.

I had special classes, remedial classes, and/or help in these subjects:

_____

Please check if you have had any of the following tests completed. If you have and you have the records, **please bring in all copies of reports**.

Cognitive or Intelligence Tests (IQ) and Scores:

☐ **Wechsler Intelligence Scale for Children III, IV or V (WISC III, IV, V)**	Full Scale Score:	_____	Year Completed:	_____
☐ **Stanford-Binet Intelligence Scales**	Full Scale Score:	_____	Year Completed:	_____
☐ **Woodcock Johnson Tests of Cognitive Abilities (WJCIII or IV)**	Brief Intellectual Ability:	_____	Year Completed:	_____
☐ **Differential Ability Scales (DAS)**	General Conceptual Ability Score:	_____	Year Completed:	_____
☐ **Comprehensive Test of Nonverbal Intelligence (C-TONI)**	Nonverbal Intelligence Quotient:	_____	Year Completed:	_____

Other: _____

Learning Disabilities Association of Minnesota
5101 Olson Memorial Highway, Suite 6000 ♦ Golden Valley, MN 55422
952-582-6000 ♦ Fax 952-582-6031 ♦ info@ldaminnesota.org ♦ www.ldaminnesota.org

Academic or Achievement Tests and Scores:

☐ **Woodcock Test of Achievement (WCJ)** Year Completed: _____

Broad Reading: _____ Broad Math: _____ Broad Written Language: _____ Oral Language: _____

☐ **Stanford Achievement Test (SAT)** Year Completed: _____

Total Reading: _____ Total Math: _____ Language: _____ Complete Battery: _____

☐ **Peabody Individual Achievement Test (PIAT)** Year Completed: _____

General Info: _____ Total Reading: _____ Mathematics: _____ Spelling: _____

Language: _____ Total Test: _____

☐ **Wide Range Achievement Test (WRAT)** Year Completed: _____

Word Reading: ____ Sentence Comprehension: _____ Spelling: ____ Math Computation: _____ Reading Composite: _____

What type of **grades** did you earn in school? Please **type/write an X next to all that apply**:

Elementary: ____ A ____ B ____ C ____ D ____ F ____ Don't Remember

Middle: ____ A ____ B ____ C ____ D ____ F ____ Don't Remember

High School: ____ A ____ B ____ C ____ D ____ F ____ Don't Remember

Post-Secondary: ____ A ____ B ____ C ____ D ____ F ____ Don't Remember

****Please bring in any copies of report cards or transcripts that you have!**

Please explain **why you want this assessment** and **what information you hope to obtain** from the results.

(Please attach separate sheet of paper if needed for any of the following questions.) Please give specific examples if you can such as: I am requesting this assessment to see if I qualify for accommodations for college or my work, or I am hoping to find out if I have a disability since I have always struggled in school, etc.

How would you describe your learning problem? What are the **specific struggles**? Give **examples**. Please list past and/or **recent interventions** that have been attempted to resolve the learning problems. What have you or others tried that either worked or failed. If possible, include dates and names of service providers. Please include the results of the efforts (i.e. did it work, how long was it attempted, etc.)

Family Composition/Environment: Please list names, ages, relationships and other relevant information regarding all immediate family members in your family of **origin**. In blended families, please include child/parent and child/sibling relationships.

Name	Gender	Age	Marital Status	Relationship to Client	Where living	Highest Education	Occupation

Learning Disabilities Association of Minnesota
5101 Olson Memorial Highway, Suite 6000 ♦ Golden Valley, MN 55422
952-582-6000 ♦ Fax 952-582-6031 ♦ info@ldaminnesota.org ♦ www.ldaminnesota.org

School Years:
Please describe your **elementary school years**. Include anything that may be relevant, including significant losses, family illnesses, separation, behavioral/conduct problems, traumatic events, favorite classes – least favorite, etc.

School Name (or specify if homeschooled): _____

Please describe your **middle school years**. Include anything that may be relevant, including significant losses, family illnesses, separation, behavioral/conduct problems, traumatic events, favorite classes – least favorite, etc.

School Name (or specify if homeschooled): _____

Please describe your **high school years**. **Please include grades.** Include anything that may be relevant, including significant losses, family, illnesses, and separation, behavioral/conduct problems, traumatic events, favorite classes – least favorite, etc.

School Name (or specify if homeschooled): _____

Please describe any post-secondary experiences (trade school, community college, bachelor's and post graduate work). **Please include grades.** Include anything that may be relevant, including significant losses, family, illnesses, and separation, behavioral/conduct problems, traumatic events, favorite classes – least favorite, etc.

School Name (or specify if homeschooled): _____

How do those **closest to you describe you**? List your personal strengths, achievements, and accomplishments and what factors may have contributed to such achievements.

How do you get along with peers? Any changes from past experiences (i.e., use to be really outgoing but now more introverted, etc.)?

Recreation: List your current **hobbies, recreation or leisure activities**, (i.e., socializing with friends, sports, outdoors, cultural, artistic, etc.).

Past/Present Medical History:

Date of last exam: Physical: _____ Vision: _____ Hearing: _____

Please include any concerns/issues identified at last exam as well as past surgeries and significant or chronic illnesses.

Are you currently under the care of a therapist or mental health practitioner?

Medications: Please list past/current prescription, over the counter, or alternative medications used in attempt to resolve behavioral or inattentive issues. Please include dosage, length of treatment and observed response.
Note changes in mood, sleep/eating, behavior, etc.

Name	Dosage	Dates on Medication	Response (Was it helpful? Any side effects?)

Did your parents and/or any siblings have any similar problems as you in regards to learning issues, attention, concentration, focus or mood?

Please describe your caffeine, tobacco, alcohol or other chemical usage: Include what chemicals, frequency, for how long, etc. (This information is helpful when evaluating memory and processing test performance.)

Have you experienced any legal problems or been in jail or prison? If so, please describe.

Please describe your work/career history over the last 5 years or since you left school.

Please describe any other information that you think would be helpful in getting to know you.

The following questions will impact how the test is administered to you:

Are you left-handed or right-handed? _____

Are you color-blind? _____

Do you typically use a hearing aid or wear glasses/contacts (please specify)? _____

Have you ever suffered head trauma? If yes, please explain. _____

Learning Disabilities Association of Minnesota
5101 Olson Memorial Highway, Suite 6000 ♦ Golden Valley, MN 55422
952-582-6000 ♦ Fax 952-582-6031 ♦ info@ldaminnesota.org ♦ www.ldaminnesota.org

NOTICE OF PRIVACY & CLIENT PRACTICES

Please read the attached "*Notice of Privacy Practices"* and "Client Testing Rights & Responsibilities" as well as the information below, and sign on the line provided.

I have read and understand the "Notice of Privacy Practices" and "Client Testing Rights & Responsibilities". I am aware that current diagnostic standards will be used and there is no guarantee of 1) a particular diagnosis, 2) confirmation of prior diagnosis, or 3) provision for special testing accommodations, and I will not hold LDA liable for my testing outcomes.

I understand that failure to give 24 hours' notice of cancellation may result in a charge of $150.00 being added to my account.

I am applying for testing services at LDA of Minnesota. I have been informed about the proposed assessment, which consists of teacher/tutor/self- reporting, interview, observation, and standardized testing designed to investigate learning disabilities, reading difficulties, or ADHD.

I give my consent to have my son/daughter undergo a Learning or ADHD assessment at LDA Minnesota.

*****You may sign this electronically or at the time of service*****

Signature: _____ **Date:** _____

The following data is used anonymously for reporting and program planning. The more information you can provide, the better LDA is able to meet your programming needs.

Do you identify yourself as:

- ☐ African American
- ☐ Asian American
- ☐ European American (White)
- ☐ Latino/Hispanic American
- ☐ Native American
- ☐ Multi-racial
- ☐ Other: _____

# of people in household _____

Household receives: _____

_____ MFIP (AFDC)

_____ SSI

Household gross annual income

- ○ Under $24,999
- ○ $25,000 - $40,999
- ○ $41,000 - $49,999
- ○ $50,000 - $59,999
- ○ $60,000 - $69,999
- ○ $70,000 - $89,999
- ◉ $90,000 +

Learning Disabilities Association of Minnesota
5101 Olson Memorial Highway, Suite 6000 ♦ Golden Valley, MN 55422
952-582-6000 ♦ Fax 952-582-6031 ♦ info@ldaminnesota.org ♦ www.ldaminnesota.org

Authorization for the Release and Disclosure of Protected Health Information

To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPPA) 1996 and state law, LDA of Minnesota is requesting your authorization for use or release of health information.

This Authorization form gives LDA of Minnesota your permission to acquire, use or release specified health information for treatment, payment, and other purposes—for example, for securing background records or requesting accommodations in school or work.

Please fill out all yellow areas (if applicable)

Name (Please print) _____
Last First M.I Previous Name (if any)

Date of Birth _____ Date this Authorization expires _____

Phone _____
(home) (cell) (work)

I AUTHORIZE LDA TO OBTAIN MY HEALTH INFORMATION FROM:

Name/Organization _____

Address _____
Street City State Zip

Phone _____ Fax _____

PLEASE CHECK ALL APPLICABLE INFORMATION:

- ☐ Test results only
- ☐ Learning disability report
- ☐ Diagnostic Assessment report
- ☐ Medical records:
- ☐ Consultation or treatment reports
- ☐ Previous assessments- specifically Lab, x-ray reports
- ☐ School records- specifically _____

PURPOSE FOR THIS REQUEST _____

AUTHORIZATION GRANTED BY _____ _____
Signature Print Name

Date: _____ Relationship to client: _____ Self ☐ Other _____

Learning Disabilities Association of Minnesota
5101 Olson Memorial Highway, Suite 6000 ♦ Golden Valley, MN 55422
952-582-6000 ♦ Fax 952-582-6031 ♦ info@ldaminnesota.org ♦ www.ldaminnesota.org

By signing this form, you have a right to receive a copy. The Authorization may be changed or revoked, in writing, to prevent disclosure of information subsequent to previous use of protected health information made in good faith under this Authorization. LDA of Minnesota and its employees and contractors are hereby released from any legal responsibility or liability for disclosure of the above information covered under this authorization.

CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Under the law, it is permitted to use or disclose information about your assessment and results **with your consent** for the following purposes:

1) You might find it useful to have assessment results shared with a school, an employer, a family member, a government agency, or another provider such as a physician or psychologist. For this purpose, you must sign a written ***authorization*** **request**.

2) Information about you may be used to coordinate services provided by this agency. All agency providers who have access to your information have a direct need to know and are trained to follow HIPAA rules and procedures. Records are kept in locked storage.

3) If you seek insurance reimbursement for a diagnostic assessment, LDA will furnish sufficient information for them to decide if your coverage applies to the service. The law states insurers and other third-party payers have a right to know only limited information such as your diagnosis and how much time was devoted to testing. They may obtain a list of tests administered. **They do not have a right to know detailed information about results or concerns**.

4) Use of some information that identifies you as a client may be shared with insurance or regulatory agencies for audit purposes and to ensure we comply with relevant laws.

5) **With your permission**, test results may be shared for research purposes when the research design has been approved by a review board and procedures are followed to protest the privacy of individual participants.

6) Any authorization you give to release your personal information may be revoked by you in writing, at any time.

7) There are a few circumstances where the law allows and may even require that information about you be disclosed without your consent. They include the following:

   a) A regulatory agency such as the State Department of Education (Special Education) or the Minnesota Board of Psychology may subpoena records from this agency in the course of conducting an investigation.
   b) Judicial Proceedings: Ordinarily you can decide whether your records will be released to a court. However, in some limited cases they can be subpoenaed.
   c) If during the assessment interview or testing you provide information describing abuse of a child or vulnerable adult, or threaten serious immediate harm to yourself or a specific person, this information must be reported for the purpose of protection to law enforcement and/or county welfare personnel.

Rights and Documents
You have the right to inspect and/or obtain a copy of your records. You have the right to request an amendment to the assessment report if you believe it is inaccurate or misleading. The author may deny such a request due to information reporting requirements (for example, certain kinds of information must be included to justify a diagnosis). If this occurs, you can appeal the denial. You have a right to have an accounting of all the instances in which your personal information has been disclosed by this agency—who received the information and what they received.

LDA has a duty under the law to maintain the privacy of your records and to give you written notice of our legal duties and privacy policies. If the policies change, you must be informed in writing.

Complaints and Appeals
If you feel anyone at LDA has violated your privacy rights, or you disagree with a decision we have made concerning them, you may contact the Executive Director of the agency to discuss your concerns. If you feel that after this meeting that your concerns have not been addressed, you may send a written complaint to the U.S. Department of Health and Human Services or, in the case of a psychologist's assessment, the Minnesota Board of Psychology.

If you have any concerns or questions about anything in the above statement, you are urged to discuss them with your provider.

Client Testing Rights & Responsibilities

As a test taker, you have the right to:
Be informed of your rights and responsibilities as a test taker.
Be treated with courtesy, respect, and impartiality, regardless of your age, disability, ethnicity, gender, national origin, religion, sexual orientation or other personal characteristics.
Be tested with measures that meet professional standards and that are appropriate, given the manner in which the test results will be used.
Receive a brief oral or written explanation prior to testing about the purpose(s) for testing, the kinds of tests to be used, if the results will be reported to you or to others, and the planned use(s) of the results. If you have a disability, you have the right to inquire and receive information about testing accommodations. If you have difficulty in comprehending the language of the test, you have a right to know in advance of testing whether any accommodations may be available to you.
Know in advance of testing when the test will be administered, if and when test results will be available to you, and if there is a fee for testing services that you are expected to pay.
Have your test administered and your test results interpreted by appropriately trained individuals who follow professional codes of ethics.
Know if a test is optional and learn of the consequences of taking or not taking the test, fully completing the test, or canceling the scores. You may need to ask questions to learn these consequences.
Receive a written or oral explanation of your test results within a reasonable amount of time after testing and in commonly understood terms.
Have your test results kept confidential to the extent allowed by law.
Present concerns about the testing process or your results and receive information about procedures that will be used to address such concerns.

As a test taker, you have the responsibility to:

Read and/or listen to your rights and responsibilities as a test taker.

Treat others with courtesy and respect during the testing process.

Ask questions prior to testing if you are uncertain about why the test is being given, how it will be given, what you will be asked to do, and what will be done with the results.

Read or listen to descriptive information in advance of testing and listen carefully to all test instructions. You should inform an examiner in advance of testing if you wish to receive a testing accommodation or if you have a physical condition or illness that may interfere with your performance on the test. If you have difficulty comprehending the language of the test, it is your responsibility to inform an examiner.

Know when and where the test will be given, pay for the test if required, appear on time with any required materials, and be ready to be tested.

Follow the test instructions you are given and represent yourself honestly during the testing.

Be familiar with and accept the consequences of not taking the test, should you choose not to take the test.

Inform appropriate person(s), as specified to you by the organization responsible for testing, if you believe that testing conditions affected your results.

Ask about the confidentiality of your test results, if this aspect concerns you.

Present concerns about the testing process or results in a timely, respectful way, if you have any.

Keep appointments in a timely fashion, or give 24 hours notice of cancellation.

Source: *Test Taker Rights and Responsibilities Working Group of the Joint Committee on Testing Practices August, 1998*.