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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." HSA funds are typically approved, but often need either LDA or you to call and request an override for psychological testing.

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

Assessment Intake Form – Ages 7-17

Application Date: _____ Child's Name: _____

Gender: _____ Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian Name(s): _____

Current Address: _____ City, State, Zip: _____

Preferred Phone: _____ Email Address: _____

Who may we thank for referring you to LDA? _____

What is the primary language spoken at home? _____

What was the first language spoken? _____

**Please note: If the child isn't 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 student 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. This evaluation is only for children ages 8 and up. (Fee \$2855)
- Ability Testing Only (WJ-IV)** – used when student has been administered some type of standardized academic achievement test, such as the Woodcock Johnson within the last 2 years and the test results are available to be incorporated into our assessment. Prior approval required. (Fee \$1795)
- Achievement Testing Only (WISC-V)** - used when student has been administered the Wechsler Intelligence Scale for Children (WISC-V) within the last 2 years and the test results are available to be incorporated into our assessment. Prior approval required. (Fee \$1675)
- Consultation Only** - used when you would like another opinion regarding previous testing, to determine whether testing is indicated, or if there are other learning-related questions/concerns you would like to discuss with LDA's program manager and/or need support for school meetings. (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.

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:

My child had/currently has special education services in school for: _____

_____ My child repeated a grade or was held back in grade(s): _____

My child had/currently has a 504 plan in school for: _____

_____ I have records and will bring in copies of my child's IEP and all evaluation summary reports from the school.

_____ My child had/currently has special classes, remedial classes, and/or help in these subjects:

_____ My child has struggled academically and I will provide copies of report cards, progress notes, etc.

Guided Interview Form

Thank you for taking the time to answer the following questions. Your responses will assist our evaluation team in better understanding your child's learning needs and will allow us to further customize our recommendations.

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.)

Past/Current Interventions: Please list past and/or recent interventions in or outside of school (i.e. tutoring,

after school support, etc.) that have been attempted to resolve the learning problems. 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.)

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Family Composition/Environment: Please list names, ages, relationships and other relevant information regarding all immediate family members whether living in or outside the home. In blended families, please include child/parent and child/sibling relationships.

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

Family History: Does or has anyone else in the family have/had issues with learning or attention? If yes, please explain:

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Birth/Neonatal History: Please describe any issues/complications associated with your pregnancy and/or your child's early childhood years. Also include any information regarding drug/alcohol use and/or mental health issues/problems during the pregnancy. If your child was adopted, please include any information about the biological mother and father.

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Developmental History: Age Walking? _____ Age Talking? _____ Age toilet trained? _____

Other milestones met on time? _____

School/Education Background: Please describe your child's **elementary school years**. Include anything that may be relevant, including significant losses, family illnesses, and separation, behavioral/conduct problems, traumatic events, etc. What was your child's favorite and least favorite class and why? How did your child test as compared to classroom work performance? Were/Are there any social/behavioral concerns?

School Name (or specify if homeschooled): _____

Please describe your child's **middle school years**. Include anything that may be relevant, including significant losses, family illnesses, and separation, behavioral/conduct problems, traumatic events, etc. What was your child's favorite and least favorite class and why? How did your child test as compared to classroom work performance? Were/are there any social/behavioral concerns?

School Name (or specify if homeschooled): _____

Please describe your child's **high school years**. Include anything that may be relevant, including significant losses, family illnesses, and separation, behavioral/conduct problems, traumatic events, etc. What was your child's favorite and least favorite class and why? How did your child test as compared to classroom work performance? Were/Are there any social/behavioral concerns?

School Name (or specify if homeschooled): _____

Please include your child's most recent report card or breakdown of their grades, teacher comments/reports, and work samples, MCA test scores, SAT/ACT test scores, etc. These can be copies – they do not need to be originals.

How would describe your child's personality?

How does your child get along with peers? Any changes from past experiences (i.e. used to be really outgoing, but now more introverted, etc.)?

Strengths: List your child's personal strengths, achievements, accomplishments and what factors may have

contributed to such achievements?

Recreation/Hobbies: List your child’s 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.

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 such changes in mood sleep/eating, behavior changes, etc.

Family Similarities: Please describe parents/guardians/siblings in terms of personality and any similarities to your child in regards to learning issues, attention, concentration, focus, mood, or personality.

Substance Use: Please describe your child's caffeine, tobacco, alcohol, or other chemical usage:

Sleeping Patterns: Please describe your child's sleep patterns:

Legal/Behavior Problems: Has your child experienced any legal problems? If so, please describe.

Other Information: Please describe any other information that you think would be helpful in getting to know your child.

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

Is your child left-handed or right-handed?

Is your child color-blind?

Does your child typically use a hearing aid or wear glasses/contacts (please specify)?

Has your child ever suffered head trauma? If yes, please explain.

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:	# of people in household _____	Household gross annual income
___ African American	Household receives:	___ Under \$24,999
___ Asian American	___ MFIP (AFDC)	\$25,000 - \$36,999
___ European American (White)	___ SSI	\$37,000 - \$48,999
___ Latino/Hispanic American		\$49,000 - \$64,999
___ Native American		\$65,000 and up
___ Multi-racial		
___ Other		
___ :		
___ _____		

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.

Name (Please print)

Last Name
First Name
MI
Prior 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 _____

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.

FOR YOUR RECORDS-DO NOT RETURN TO LDA

Notice of Privacy Practices, to Protect the Privacy of Mental Health Information

THIS NOTICE DESCRIBES HOW ASSESSMENT INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU 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 protect 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.

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