



THE YELLIN CENTER  
FOR STUDENT SUCCESS

YELLIN CENTER FOR STUDENT SUCCESS CONTACT FORM

Today's date \_\_\_\_\_

STUDENT INFORMATION

Student's First Name \_\_\_\_\_ Student's Middle Name \_\_\_\_\_

Student's Last Name \_\_\_\_\_ Family Designation:  Junior  II  III  IV

Nickname (if different from First Name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School Grade \_\_\_\_\_ Student's Gender:  Male  Female

YOUR INFORMATION *(for the individual completing this form)*

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Student:  Mother  Father  Guardian  Other \_\_\_\_\_

How do you prefer to be contacted?  Email (fastest response)  Phone  Regular Mail

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Email address \_\_\_\_\_ Preferred Daytime No.:  Home  Mobile  Work

Home Telephone Number \_\_\_\_\_ Mobile Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_ Extension \_\_\_\_\_

How did you hear about the Yellin Center? \_\_\_\_\_

SCHOOL INFORMATION

School \_\_\_\_\_

City/State/Country \_\_\_\_\_ District \_\_\_\_\_

School Level:  Elementary  Middle  High

School Type:  Public  Private/Independent  Montessori  Charter  Home School  Other

**REFERRAL CONCERNS** *(Please check all that apply)*

- Reading:**  Reading decoding (i.e. sounding out or calling individual words)  
 Reading comprehension (i.e., understanding text)
- Math:**  Recalling math facts  Remembering math procedures  Understanding math
- Understanding:**  Sophisticated thinking (e.g., concepts, logic, reasoning)  
 Comprehending when listening  Understanding, in general  
 Handling large amounts of information  
 Handling input (e.g., maintaining focus, not getting distracted)
- Writing:**  Written expression  Spelling  Handwriting legibly and efficiently
- Working:**  Having enough mental energy to work  
 Regulating output (e.g., inhibiting impulses, planning work, catching mistakes)  
 Using hands and fingers to perform tasks  Working quickly enough, in general  
 Managing time effectively  Using strategies  
 Getting work completed (even with good understanding)  
 Keeping materials organized
- Other:**  Motivation about schoolwork  Self-esteem about schoolwork  
 Body coordination  Getting along with others  
 Remembering information , in general  Communicating orally  
 Visual material (e.g., drawing, understanding graphs)  Sequences, in general

Do you have concerns about whether your student's current school situation is appropriate?  Y  N

Other concerns:

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## PREVIOUS ASSESSMENT DETAILS

Many, but not all families who are considering a neurodevelopmental evaluation from the Yellin Center have previously participated in a psycho-educational assessment, such as those conducted by school psychologists. Information from such an assessment may help us to determine if our services are appropriate for your student and your family.

Has your child been assessed previously for school learning problems?  Yes  No

If your child has been assessed previously, please tell us when the most recent assessment was completed (month/year) \_\_\_\_\_

Where was this assessment conducted? (e.g., school system, clinic) \_\_\_\_\_

Who performed this assessment? (e.g., psychologist) \_\_\_\_\_

## PREVIOUS ASSESSMENT FINDINGS

If the most recent assessment included IQ testing, please select the range of the Full Scale IQ given:

69 or lower  70-79  80-89  90-109  110 or higher

If the most recent assessment resulted in a label or diagnosis, please select all that apply from list:

Reading Disability  Writing Disability  Math Disability  Speech Language Delay

Mental Retardation  Developmental Delay  Autism  Asperger's  ADHD

Other health impairment

Other labels/diagnoses:

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Many, but not all families who are considering an evaluation from the Yellin Center currently receive services or have supports for their learning needs. Information about such services may help us to determine if our services are best-suited for your student and family.

Does your student currently receive special education services?  Yes  No

If yes, please describe the types and frequency of services:

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