



THE YELLIN CENTER
FOR STUDENT SUCCESS

YELLIN CENTER FOR STUDENT SUCCESS CONTACT FORM

Today's date _____

STUDENT INFORMATION

Your First Name _____ Your Middle Name _____

Your Last Name _____ Family Designation: Junior II III IV

Nickname (if different from First Name) _____ Date of Birth _____

Current School Grade _____ Gender: Male Female

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: Undergraduate Graduate Professional Out of School

School Type: Public Private/Independent 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 current school situation is appropriate? Y N

Other concerns:

PREVIOUS ASSESSMENT DETAILS

Many, but not all individuals 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 you.

Have you been assessed previously for school learning problems? Yes No

If you have 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:

Many, but not all students 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.

Do you currently receive special education services? Yes No

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