

RELEASE OF EDUCATIONAL INFORMATION/PSYCHOLOGICAL TESTING

TO: _____

RE: _____

DOB: _____

FROM: Youth Home, Inc.
ATTN: Admissions
20400 Colonel Glenn Road
Little Rock, AR 72210

The above named student has been referred to Youth Home, Inc. Please send the following school records if completed to **Youth Home, Inc., ATTN: Admissions:**

1. Wechsler Intelligence Scale for Children (WISC III)
2. Wechsler Individual Achievement Test (WIAT)
3. Developmental Test of Visual-Motor Integration (VMI)
4. Auditory perception testing (Wepman)
5. Classification: Regular, Special Educ., Resource Classes
6. Transcript of Academic Record
7. Immunization Record
8. Health Records
9. Testing Record
10. Grades as of withdrawal
11. Woodcock-Johnson Psychoeducational Battery
12. Bender-Gestalt Visual Motor Test
13. Language testing (CELF)
14. All other Educational and Psychological Testing
15. Due Process information if classification is Special Education
Please include all of the following:
 - referral for placement in Special Education
 - referral conference decision
 - parent consent for initial placement
 - evaluation/programming conference decision
 - current IEP
 - annual review
 - evaluation results

This release is effective for the period the undersigned is receiving services from Youth Home, Inc.

Authorization to release this information is given by:

Parent/Guardian or Legal Custodian

Date