Dear student and parents:

The Regents’ Center for Learning Disorders (RCLD) at the University of Georgia appreciates your interest in our evaluation services. The RCLD will assist you in obtaining an evaluation to determine eligibility for services and academic accommodations during your college career. The RCLD is one of three regional assessment sites in Georgia established by the University System’s Board of Regents. As such, the RCLD provides assessment for students within its designated area.

Since you have decided to be evaluated, there are several steps you must follow. This packet contains instructions and materials that you need to complete so that your evaluation can be scheduled. Please complete all the information listed on the checklist. When all of this information is collected, send it and the evaluation fee (explained below) to:

Ms. Tasha Falkingham
The Regents’ Center for Learning Disorders
The University of Georgia
331 Milledge Hall
Athens, GA 30602-5875
(706) 542-4589
(706) 583-0001 (fax)

When the completed packet and fee are received at the RCLD, you will be contacted and scheduled for two days of evaluation. The cost of the evaluation is $500 to be paid prior to any appointments being made. The fee for testing is payable by check, credit card, or money order. The RCLD does not file insurance. Financial assistance may be available. If Vocational Rehabilitation is paying for the evaluation, we must receive an authorization for payment from your disability counselor prior to scheduling.

You will be notified by phone of evaluation results approximately one week after the evaluation. With your permission, the appropriate office will be notified to begin any accommodations for which you are eligible. Approximately four weeks after the evaluation, a feedback will be held during which evaluation findings, recommendations, and suggestions will be discussed, and you will receive a written report.

The Regents’ Center for Learning Disorders is here to assist you. After reviewing these materials, should you have any questions or concerns, please contact us at (706) 542-4589.

Sincerely,

Will Lindstrom, Ph.D.
Director
Name: ___________________________ Date of Birth: __________________

Name of High School: __________________________________________________________

Type of School (circle one): Public  Private

Class standing (circle one): High school junior  High school senior

Why do you need this evaluation? _______________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

How did you learn about our services? ____________________________________________

Please complete the following items and return to the UGA Regents’ Center for Learning Disorders:

Required for packet to be complete:

_____ Release of Information

_____ RCLD Refund Policy (keep second copy for your records)

_____ Payment of $500 (see Checklist: Explanation of Items below)

_____ Case History

_____ Transcripts (unofficial transcript is acceptable)

_____ Past Evaluations and/or Pertinent Medical Records (includes IEPs and 504 Plans)

_____ BAARS-IV: Self Report: Current Symptoms (See rating scale instructions page)

_____ BAARS-IV: Self Report: Childhood Symptoms (See rating scale instructions page)

_____ SCT: Self Report: Childhood Symptoms (See rating scale instructions page)

_____ Adult Reading History Questionnaire (See rating scale instructions page)

_____ BAARS-IV: Other-Report: Current Symptoms (See rating scale instructions page)

_____ BAARS-IV: Other-Report: Childhood Symptoms (See rating scale instructions page)

_____ SCT: Other Report: Childhood Symptoms (See rating scale instructions page)

Once the completed packet and payment have been received, the RCLD will contact you to schedule an evaluation.
HIGH SCHOOL CHECKLIST: Explanation of Items

The following items must be completed before an evaluation can be scheduled. Please collect this information and check off each completed item. Please return the items in one group, not individually.

**Required:**

1. **Release of information signed by Parent/Guardian:** You should check YES or NO for each item that applies, then sign and date the form. Your witness can be one of your parents.

2. **RCLD Refund Policy:** Explanation of the UGA RCLD’s guidelines for refunds. A parent/guardian needs to sign and return one form and keep the second form for your records.

3. **Payment of $500:** Payments can be made by credit card at the Pay Evaluation Fee Online link on our website homepage (rcld.uga.edu) or by completing the enclosed Credit Card Agreement form and returning it with the completed evaluation packet. Checks made payable to the Regents' Center for Learning Disorders are also acceptable.

4. **Case History:** You should complete this as thoroughly as possible. Your parents may need to assist you with some items concerning your developmental and birth history. Please complete appropriate sections in your own handwriting.

5. **Transcripts:** Send your (the student’s) most recent high school transcripts, as well as a college transcript if you have completed any courses in a college program. (Transcripts do not have to be official.)

6. **Past evaluations and/or pertinent medical records:** These include psychological evaluations, school IEPs, school 504 Plans, school evaluations, and medical records concerning conditions that might affect your ability to learn (i.e., head injuries, seizure disorders, etc.). If you have never been evaluated or your evaluations are unavailable, please note this on the checklist.

7. **Rating Scales:** For the following rating scales see the rating scale instructions page:

   *BAARS-IV: SR: Current Symptoms
   *BAARS-IV: SR: Childhood Symptoms
   *SCT: SR: Childhood Symptoms
   *Adult Reading History Questionnaire

   *BAARS-IV: OR: Current Symptoms
   *BAARS-IV: OR: Childhood Symptoms
   *SCT: OR: Childhood Symptoms
RELEASE OF INFORMATION

I, _____________________________, parent/guardian of _____________________________,
in signing this form, signify my understanding that:

_____Yes _____No  My student and I have completed the information contained in this packet
to the best of our ability and agree for it to be released to the Regents’
Center for Learning Disorders (RCLD) at The University of Georgia.

_____Yes _____No  My student and I understand that this information will be used as part of a
diagnostic evaluation of my child’s intellectual, cognitive, language, and
academic abilities, as well as emotional status. We understand the purpose
of the diagnostic evaluation and have discussed the objectives for
participation with someone from the high school.

_____Yes _____No  My student and I understand that having this evaluation will not guarantee
that a diagnosis of a disability will be made by the RCLD.

_____Yes _____No  My student and I understand that – if my student is determined to have a
disabling condition – specific accommodations are not guaranteed and will
be determined by my student’s individual pattern of strengths and
weaknesses.

_____Yes _____No  My student and I understand that a parent/guardian must accompany a
minor student (17 or under) on the first day of the evaluation to complete
the interview and informed consent.

_____Yes _____No  My student and I give permission for the RCLD to email to us invitation
hyperlinks so that we can access secure, web-based intake materials,
assessment rating scales, and video conferencing technologies (e.g.,
Zoom). We understand that the emails will link us to the RCLD if seen by
others.

_____Yes _____No  My student and I understand that if we do not authorize the release of the
final report to the paying agency (e.g. vocational rehabilitation), we will
be responsible for payment.

_______________________________   _______________________________
Parent/Guardian Signature  Date    Witness Signature   Date
RCLD Refund Policy

Cancellation/Refund Processing Fee: There is a $15 processing fee for every refund request.

Cancellation/Refund Requests:

- **A full refund** (minus the $15 processing fee) will be issued if written cancellation/refund request is made prior to 5 working days before the first appointment date.

- **A 50% refund** (minus the $15 processing fee) will be issued if cancellation/refund request is made within 5 working days of the first appointment date.

Cancellation/Rescheduling Requests:

- **A $50 cancellation/rescheduling fee** may be charged to any client that requests within two working days of the appointment a cancellation and rescheduling. The $50 fee is to be paid prior to rescheduling.

No-Show/Refund Requests:

- **No refunds** are issued for clients who request a refund after failing to show for their appointment without giving notice.

No-show/Rescheduling Requests:

- **A $75 no-show fee** may be charged to any client that has failed to show for their appointment, yet wants to reschedule. The fee is payable prior to rescheduling.

Please note that clients are expected to put forth proper effort at all times and answer questions honestly during the evaluation. If test performances suggest that a client is not exhibiting proper effort or is exaggerating symptoms, test results can be invalidated, resulting in inconclusive findings. No refunds are available in such cases.

The RCLD reserves the right to deny the opportunity to reschedule an appointment to any client that has cancelled and/or failed to show for an appointment on two occasions.

Exceptions to the above refund policy may be granted under exceptional circumstances and with approval from the director of the UGA RCLD.

Will Lindstrom, Ph.D.  
Director  

Client Signature or Parent/Guardian  
Signature if under 18
RCLD Refund Policy

Cancellation/Refund Processing Fee: There is a $15 processing fee for every refund request.

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Will Lindstrom, Ph.D.
Director

Copy to retain for your records
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**Regents’ Center for Learning Disorders Credit Card Agreement**

Name on Card: ______________________________________________________________

Signature of Cardholder: ______________________________________________________

Amount to Charge: ___________________________________________________________

Card Type: __________________________________________________________________

Card Number: _______________________________________________________________

Expiration Date: _____________________________________________________________