



Please list the schools you are applying to:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Please sign below indicating that you have read the information provided above and that you consent to having your child tested by the staff at the Center for Cognitive Therapy and Assessment.

**Note: Parent (2) signature only necessary when parents are separated or have joint custody**

\_\_\_\_\_  
Parent (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (2)

\_\_\_\_\_  
Date

If we have evidence that your child has practiced this test before, we will immediately halt the assessment and collect the full payment. Please sign below to indicate you have read and agreed to this.

\_\_\_\_\_  
Parent (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (2)

\_\_\_\_\_  
Date

The fee is \$380 for the WPPSI-IV and \$400 for the WISC-V. There is a \$50 "rush fee" for expedited reports (2-3 business days). Payment can be made by cash or check. Checks should be made payable to the Center for Cognitive Therapy and Assessment, or CCTA.

Please sign here to grant us permission to email your child's test results, understanding that the use of electronic transmission may present a risks to privacy and confidentiality.

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Parent (1)

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Parent (2)

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Email

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Signature

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Date