

**KAHN EDUCATIONAL GROUP, LLC.** , *Certified Educational Planners* 6717 Vanderbilt, Houston, TX 77005 Phone (713) 668-2609 Fax (713) 668-4551

Email: <a>lkahn@educationalconsulting.com</a> URL: <a>www.educationalconsulting.com</a>

# **REGISTRATION FORM**

GENERAL INFORMATION		Date:	
Name of Student		Referred by	
Parent/Guardian Names			
Primary Address			
Alternate Address(optional)			
Telephone: (H1)	(C1)	(W1)	
Telephone: (H2)		(W2)	
<i>Email</i> ( <i>M</i> )	(F)	Student	
If divorced, who is the managing conser	vator?		
Do you have sole or joint custody?			
Who has the right to make educational,	psychological	/medical decisions?	_
FAMILY BACKGROUND			
Student lives with (check all that apply	y):	Check all that apply:	
Father Stepfather	,		Parents divorced
<i>Mother Stepmother</i>			Parents separated
Guardian Other (please s	pecify)		<i>Mother remarried</i>
Fathen's accuration		Mother's occupation	
Business address		Business address	
Business Telephone		Business Telephone	
Secondary School		Sacar dam Sahaal	
College		College	
Siblings' Ages and Current Schools		<u> </u>	
Family Religious Preference (optional)			
STUDENT'S BACKGROUND			
Nickname (if any)		Adopted? (If so, when?)	
		cial Security Number	
Present or most recent grade and school			
~			
Special interests and activities			
Reasons for seeking educational consult	4		
Private schools (if any) to which student	0		
	••	to apply for financial aid?	Yes No

What are the questions regarding your child with which you are currently concerned? Please be specific.

Parent/Guardian Signature

Date



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#### PARENT FORM

Applicant's name				
	First	Middle	Last	

In an effort to get to know your child better, we would like to ask you to respond as honestly and as fully as you can to the following questions. We appreciate your time and care.

What adjectives or phrases come to mind in describing your child?

Please describe what you perceive to be your child's greatest strengths academically and socially.

Please note any academic and social weaknesses of which we should be aware.

Has additional testing or tutoring been indicated at any point in school? If so, at what grade level, and in what area?

Please explain any special attention, which your child has received from a physician, counselor or psychologist or other.
Please indicate any dates of hospitalization:
Diagnosis:
Please indicate any prescribed medication taken currently:
Please indicate any prescribed medication taken previously:
Please add any additional comments, which you feel, may be helpful in considering educational options.

Signature



### **INSTRUCTIONS**

In order to make an educated, informed evaluation of your student, and successfully help him/her with school/college placement, I will need the following:

- 1- Student's school transcript, current course schedule, school course offerings and SS #.
- 2- Student's PSAT, SAT, SAT II and ACT scores...
- 3- A writing sample; this may include an essay, research paper, yearbook, newspaper article, or book report done for school.
- 4- Please fill out the lists of:
- a. School activities and clubs
- b. Extra-curricular activities
- c. Athletics- school or other
- d. Community service
- e. Awards/honors
- f. Summer enrichment programs, travel

5- Copies of any other standardized testing or psycho-educational evaluations done within the last three years.

6- Newspaper clippings or articles written about the student; competitions; honors received.

Hours: Appointments: Mon. - Fri. / 9 a.m. - 5 p.m. Early evenings by special arrangement Telephone: Mon. - Fri. / 8 a.m. - 8 p.m.



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#### **RELEASE OF CONFIDENTIAL INFORMATION**

Name of Student \_\_\_\_

Date of Birth

I, the custodial parent and/or legal guardian of the above named student authorize the following professionals, institutions, and/or organizations to disclose to **KAHN EDUCATIONAL GROUP**, **LLC**, any and all information pertaining to the mental health; psychological, psychiatric or educational evaluations or testing; treatment, assessment or counseling; and/or medical/dental history and scholastic records of the above named student for background information for use in developing an individual treatment plan and education plan. Lindy Kahn may disclose this information to any schools/programs or professionals involved in the placement of the above mentioned student.

I understand that these records are protected under Federal and specific state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (i.e. the provision of treatment upon consent to disclosure to third party payers).

This consent will remain in effect until it is canceled in writing by me. I further acknowledge that the information to be released was fully explained to me and this consent is given of my free will. I hereby request that the information be sent to:

KAHN EDUCATIONAL GROUP, LLC., Certified Educational Planners

6717 Vanderbilt Houston, TX 77005 Ph. (713) 668-2609 Fax (713) 668-4551

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_.

Signature of Student if 18 yrs. old

Signature of Parent or Guardian

**PROFESSIONALS AND ORGANIZATIONS** 

PROFESSIONALS AND C	Title	Organization	
Phone	Fax	Email	
Name	Title	Organization	
Phone	Fax	Email	
Name	Title	Organization	
Phone	Fax	Email	
Name	Title	Organization	
Phone	Fax	Email	
N			
Name	Title	Organization	
Phone	Fax	Email	
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## DIRECTIONS TO KAHN EDUCATIONAL GROUP, LLC.

#### FROM MEMORIAL

Take 610 Loop to 59 North, exit Kirby Drive Go south on Kirby, cross University, proceed to Holcombe and make a right, go down four streets and make a right on Vanderbilt The office/house will be on the right hand side Enter the courtyard and immediately to the left is the office entrance

#### FROM BRAESWOOD

Take North Braeswood to Kirby Drive Left on Kirby, come to Holcombe and make another left, go down four streets and make a right on Vanderbilt The office/house will be on the right hand side Enter the courtyard and immediately to the left is the office entrance

#### FROM BELLAIRE

Come East on Holcombe Make a left on Vanderbilt The office/house will be on the right hand side Enter the courtyard and immediately to the left is the office entrance

#### FROM (GEORGE BUSH) INTERCONTINENTAL AIRPORT

Take Will Clayton Parkway to 59 South Continue through downtown on 59. Exit on Kirby. Make a left on Kirby, travel two miles and make a right on Holcombe go down four streets and make a right on Vanderbilt The office/house will be on the right hand side Enter the courtyard and immediately to the left is the office entrance

#### FROM HOBBY AIRPORT

Exit Airport Blvd. to I-45 North (Gulf Freeway) Take 610 Loop West (Exit on left side) to Kirby. Make a right on Kirby, travel three miles. Make another left on Holcombe, go down four streets and make a right on Vanderbilt The office/house will be on the right hand side Enter the courtyard and immediately to the left is the office entrance



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## **Explanation of Fees and Services**

- An in-depth interview with the student and family.
- Professional evaluation of all available academic and psychological records.
- Consultation with professionals and other appropriate people involved with the student.
- Referrals for any further testing or evaluations, if necessary.
- Extensive research for the appropriate schools, programs, or facilities that best suit the student's needs.
- Communication with possible schools, programs, or facilities to present the student's information and personal profile.
- Recommendation of educational and therapeutic options for the student.
- Counsel the family on techniques of evaluating the schools, programs, or facilities being considered.
- Help the family arrange visits and interviews to the recommended places and advise on successful interviewing techniques.
- Act as a liaison between the family and the places recommended throughout the application process.
- Assist the family in making the enrollment decision.
- Guidance and support before, during, and after placement.
- Monitor the student's progress after enrollment and maintain communication with the parents and the selected placement.

#### FEES

The placement fee is due at the end of the meeting when parents make the commitment to enroll the student in one of the schools, programs, or facilities which I recommend. At that point, I will initiate my search. I will use every good faith effort to effect a suitable placement, but I cannot guarantee the student's acceptance and enrollment. The designated fee is due whether or not placement is accomplished, or if you instruct me to terminate my search efforts after the process has begun.