PEARSON ALWAYS LEARNING

Vineland-III Standardization Project
Participation Request Form - Child WTS

Your Name: _____ Email: _____

Address: _____

Child's Full Name: _____ Child's DOB: _____ Child's Age: _____

Child's Grade: _____ Child's Teacher: _____

Child Lives With: MOM DAD FEMALE GUARDIAN MALE GUARDIAN

Mom's Education Level:	8th grade or less	Some high school	HS Diploma or GED	Some College	Associate Degree (AA, AS)	College Degree (BA, BS, BBA)	Graduate Degree (MA, PhD, MD, JD)
Dad's Education Level:	8th grade or less	Some high school	HS Diploma or GED	Some College	Associate Degree (AA, AS)	College Degree (BA, BS, BBA)	Graduate Degree (MA, PhD, MD, JD)

Child's Ethnicity: WHITE BLACK ASIAN HISPANIC OTHER:

Child Speaks: ENGLISH SPANISH Child Understands: ENGLISH SPANISH

Child''s Country of Origin: _____

Mom's Country of Origin: _____

Dad's Country of Origin: _____

Please list any problems and formal diagnoses/disorders in the following areas.

	Problems	Diagnoses or Disorders Given by a Professional (M.D., Psychologist, OT, etc.)
Medical		
Psychological		
Developmental		
Behavioral		
Academic		
Other		

Please fax this form to (781) 899-1180 or email it to pearson@themorgensgroup.com