



The Costello Center
8081 38th Ave N., St. Petersburg, FL 33710
Phone: 727-345-2667 Fax: 727-209-2667
www.thecostellocenter.com

ACADEMIC EVALUATION – ADULT

Date _____
Name _____
Sex ____ Age ____ Grade ____ Birth date ____/____/_____
Address _____
Phone/Home/Cell _____ Phone/Work _____

So that we can help you, please fill out the following information. This information will be confidential. If we have not provided enough space, please feel free to use the back of the page.

What are the problems or difficulties that you are experiencing?

Have you ever had a psychological, special education, language, or neurological evaluation? If yes, please provide any information you wish to share.

Do you have or have you ever had an Individualized Education Plan (IEP) or 504 Accommodation Plan? Any other academic accommodations in school?

What have you or others tried to help with the problems or difficulties?

When did these problems begin?

Health

Are there any medical concerns that may be impacting the problems or difficulties? If yes, please explain.

Are you currently taking any medication? If yes, what medication(s)?

Have you ever had any head injuries (loss of consciousness), seizures, hospitalizations, or surgery? If yes, please explain.



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School

Are you currently attending school? If yes, where?

Did you repeat any grades? _____

What are your academic strengths?

What are your academic weaknesses?

Are you currently receiving any academic support (e.g. tutoring, coaching, one-on-one assistance)?

Please share any past or current school grades available (e.g. FCAT scores, Common Assessment grades, tests):

What are your feelings about school?

Home

What language(s) are spoken in the home and which is primary?

What important things have happened to you or your family in the last six months that could be impacting the problems?

Who lives in the home?

What are your strengths?
