



SEABROOK MCKENZIE CENTRE

SPECIALISTS IN SPECIFIC LEARNING DISABILITIES

68 London Street, Richmond, Christchurch 8013 Phone: (03) 381 5383 Email: info@seabrookmckenzie.net

Inquiry Form

Client Details			
Full name of person to be assessed (the "Client"):			
Date of Birth:		Present Age:	
Gender:		Pronouns:	
Ethnicity:		Iwi (if applicable):	
School Year (if applicable):		Present School/University/Training Institution/Workplace (if applicable):	
Parent(s) and Legal Guardian(s) details (please ignore this section if you are completing this inquiry form for yourself to be assessed and you are over 16 years old).			
Name of person completing this form:			
Are you the Client's Parent or Legal Guardian?			
If you are NOT the Client's Parent or Legal Guardian, please provide the name of the Client's Parent or Legal Guardian and their phone number &/or email.			
What is your relationship to the Client?			
Reports to be sent to:			
Client/Parent/Guardian details (as applicable)		Additional Parent/Guardian details (if applicable, i.e., if Client is under 16 years old)	
Name:		Name:	
Postal Address:		Postal Address:	
Phone Number(s):		Phone Number(s):	
Email:		Email:	
Your main reason for requesting an assessment: (e.g., recommended by someone, academic concerns, transition to high school, checking progress, NCEA).			
What do you hope to gain from this assessment? (e.g., diagnosis, tutoring, Special Assessment Conditions declaration, occupational therapy).			
What is the area of concern? Please describe the concern with details.			
<i>Reading:</i>			
<i>Spelling:</i>			

<i>Writing:</i>	
<i>Maths:</i>	
<i>Any other areas (e.g., attention, behaviour, emotional, co-ordination sensory processing, social):</i>	
Have hearing and vision been tested – By whom and when? What was the result?	
<i>Hearing:</i>	<i>Vision:</i>
Has the Client had any previous assessments? If yes, please specify type of assessment, date, and by whom? (e.g., occupational or speech therapist, cognitive/early learning assessment).	
What has been done so far in the way of intervention? (either at school or privately).	
Are there any cultural, language, disability or other considerations that would help us to support you/your family during the assessment?	
The invoice for this assessment should be sent to:	
Who will be funding the assessment? <i>Please let us know as soon as possible if the person or organisation paying for the assessment changes, as that may change the amount payable.</i>	
Do you have a community service card? (if yes, please provide your CSC number)	
Are you on a benefit? (if yes, please specify type)	
How did you hear about us?	

Personal Information: The information contained in this form is for the purpose of providing services to the Client or the Client's parent/guardian. In accordance with the Privacy Act 2020, we undertake to collect only the information which is appropriate for the delivery of services to clients, to use such information for its intended purpose and to only disclose personal information to another person where necessary to fulfil the provision of services or as required by law. This form and any assessment reports are retained for 10 years and are then destroyed. Please contact the Centre's Privacy Officer, the Director, via info@seabrookmckenzie.net, if you have any questions.

Official Use Only			
Test Required: TIA / SLD / SAC / ABAS / OT / SP / Other: _____			
Date Booked: _____	Taken By: _____	Case History Sent: _____	Entered: <input type="checkbox"/> Calendar: <input type="checkbox"/>
Assessor _____	Day: _____	Date: _____	Time: _____
Assessor _____	Day: _____	Date: _____	Time: _____
Assessor _____	Day: _____	Date: _____	Time: _____

**Please email completed form to info@seabrookmckenzie.net
Thank you**