

Dear Parent,

At the William Alanson White Institute, we offer psychoeducational evaluations for children ages 6 to 19, including tests of intelligence, academic functioning, neuropsychological functioning, and personality. Typical requests for testing are to evaluate and recommend intervention for combinations of learning, attention, emotional or behavior problems. Testing is done by externs who are usually fourth year doctoral students in psychology. They have been learning to do psychological evaluations for years, and receive weekly individual supervision and group instruction throughout the time they are testing your son or daughter.

The fee for this evaluation is \$1800. Your place is secured by completing the form on the next 2 pages and emailing it as a pdf to our testing coordinator, Kara K. Levin, Ph.D. Her email is [Karaklevin@gmail.com](mailto:Karaklevin@gmail.com). Dr. Levin then calls you to ask further questions, determine appropriateness for our service (we usually are able to offer testing to most applicants), and set a date for testing to start. She will also send you an online charge form with which you need to make a **non-refundable \$100 deposit** to hold your place.

A couple of weeks before testing is scheduled to start, Dr. Carolyn B. Sorkin, PhD will call you to get an update on your child and let you know the extern that will be calling soon to arrange a first meeting. Dr. Sorkin is the Director of the externship and oversees the testing service. Her email is [DrSorkin@Sorkinpsych.com](mailto:DrSorkin@Sorkinpsych.com). This first meeting is with you (not your child) to collect information and create a testing schedule. The remainder of the fee (\$1700) is due prior to the start of testing.

We prefer to test children in the morning when they are fresh, so your son or daughter may have to miss some school. Testing takes up to 15 face-to-face hours, in sessions of 2-4 hours depending on scheduling and on your child's ability to focus. Please be advised that the extern's time is not available to you indefinitely once the evaluation starts. If sessions cannot be scheduled and kept in a timely way, the evaluation will be stopped and there will be a partial report provided with no refund of fees.

A detailed psychoeducational evaluation report will be ready about 3 months after the last testing date. We cannot know in advance of completion of the report what the recommendations will be, and so we cannot promise to suggest accommodations such as extended time on tests or a particular kind of class placement. On the other hand, every effort will be made to make recommendations that are needed and are justified by the testing data.

We look forward to being of help to you.

Warmly,

Carolyn B. Sorkin, PhD  
Director of Externship, William Alanson White Institute

Kara K. Levin, PhD  
Testing Coordinator, William Alanson White Institute

## APPLICATION FOR CHILD/ADOLESCENT TESTING

William Alanson White Institute  
20 West 74<sup>th</sup> Street  
New York, NY 10023  
(212) 873-0725

Date \_\_\_\_\_

Child's name \_\_\_\_\_ Gender Identity \_\_\_\_\_ Preferred  
Pronoun \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Language(s) spoken \_\_\_\_\_

Email \_\_\_\_\_ Ethnicity \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Birthplace \_\_\_\_\_ If not USA, how long in this country? \_\_\_\_\_

Name of person giving information for this application \_\_\_\_\_

Relationship to child \_\_\_\_\_

Who lives at home with child? \_\_\_\_\_

Is this your biological child \_\_\_\_\_ foster child \_\_\_\_\_ adopted child \_\_\_\_\_

By whom were you referred? May we call and thank this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Reasons for request for psychological testing: speech/language, motor development, self-regulation, learning difficulties, etc.)

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When did you first become aware of these problems? How have they developed?

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Previous evaluations:

Name of evaluator or agency	Date, age or grade	Type of evaluation, findings
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous interventions to help with this problem (at school or privately):

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