

THE GOVERNOR'S PROGRAM FOR GIFTED CHILDREN

McNeese State University / Box 91490 / Lake Charles, Louisiana 70609 / 337-475-5446

REPORT OF PSYCHOLOGICAL EXAMINATION

(Confidential/for Professional Use ONLY)

CHILD'S NAME _____ TEST DATE _____

DATE OF BIRTH _____ GRADE _____ SCHOOL _____

HOME ADDRESS _____
(Street,Rural,Box # City State Zip Code)

TELEPHONE #: Home _____ Work: _____

TEST RESULTS:

REVISED WESCHLER SCALE FOR CHILDREN or WISC IV:

Information _____	Picture Completion _____
Similarities _____	Picture Arrangement _____
Arithmetic _____	Block Designing _____
Vocabulary _____	Object Assembly _____
Comprehension _____	Coding _____
Digit Span _____	

VERBAL I.Q. _____ PERFORMANCE I.Q. _____ FULL SCALE I.Q. _____

Has this child been examined by a public school psychological examiner? _____. Did she/he qualify for placement in a program for gifted/talented? _____. If yes, on which criterion specified by the LA. State Department of Education did she/he qualify? (Check one) A _____ B _____

REMARKS: (use other side if necessary)

NAME OF EXAMINER _____
(print or type name)

SIGNATURE OF EXAMINER _____

NAME OF SUPERVISING PSYCHOLOGIST, IF DIFFERENT _____

ADDRESS OF EXAMINER _____

BUSINESS PHONE: _____

Signed _____ PH.D.
(SIGNATURE OF LICENSED PSYCHOLOGIST)