

The MECCA Group, LLC.

1050 17th Street, NW Suite 800 Washington, DC 20036 202.529.3117 (p/f)

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Dear Parent(s):

Thank you for choosing The MECCA Group for your child's admissions assessment needs. We understand that this can be a very anxiety provoking and stressful process, so to ensure that the assessment process goes smoothly for both you and your child, please review the following information carefully and thoroughly.

Children under the age of 6 will take the Wechsler Preschool and Primary Scale of Intelligence-Fourth Edition (WPPSI-IV). Testing time typically runs 30-60 minutes, depending on your child's age. The fee is \$400. Children ages 6 and above take the Wechsler Intelligence Scale for Children-Fifth Edition (WISC-V). Testing time typically runs 60-90 minutes. The fee is \$450.

Both the WPPSI-IV and WISC-V measure your child's overall I.Q. and more specifically his or her language development, reasoning ability, and visual perceptual/motor abilities. It should be noted that these I.Q. tests can only be given once yearly and are not valid if given more frequently; however, the results of previous testing are usually accepted by the schools.

When preparing your child, it is best to tell them that they will coming to the office to do "activities" or "work" rather than "play." You can tell them they will perform tasks that are similar to activities they do in school. If your child wears glasses in school, please have him/her wear them for testing. Medication should be taken just as on a regular school day. If your child is sick, please call us immediately and we will reschedule the evaluation. We prefer you stay in the office while your child is being tested.

Written reports are usually completed within two weeks of the assessment and can be either mailed to you or directly to the school(s) listed on the form provided. If reports are needed sooner than two weeks, please inform us immediately and we will do our best to accommodate your needs. Reports will generally answer all of your questions; however, we can meet with you for further explanation if needed. Please note that there may be an additional consultation fee for this service.

We are pleased that you have selected our group and look forward to meeting you and your child. If you have questions about your appointment or need to reschedule, you may reach us at 202-529-3117.

Kind Regards,

The MECCA Group, LLC

ADMISSIONS TESTING FORM

Child's Name:		DOB:	
Current School:		Grade:	
Address:			
Parent (1) Name:			
Phone (h):	Phone (c):		
Email:		<u> </u>	
Parent (2) Name:			
Phone (h):	Phone (c):		
Email:		<u> </u>	
Marital Status of Parents Note: If parents are separathe evaluation and provide Please indicate the schools	ated or have joint custon le signatures below. you are applying to:		
1			
2	4		
Please sign below to conse	nt to have the MECCA G	roup complete the assess	sment:
Parent Signature:		Date:	
Parent Signature:		Date:	
Please sign below if you wo schools listed above upon o by you, at which time you w report:	completion. If not, we will	I hold the report until cont	
Parent Signature:		Date:	
Parent Signature:		Date:	