



# Examiner Information Form

To fill out this form, save it to your computer then open the file in Adobe Acrobat or Adobe Reader Version 8.0 or later.

Please write your full and complete mailing address. Abbreviations in the address can lead to shipping difficulties with test kits and supplies. We also cannot accept P.O. box addresses. Thank you for your cooperation. We will use this information to update our records.

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

Home address: \_\_\_\_\_

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

Name of school district or facility: \_\_\_\_\_

Business address: \_\_\_\_\_

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

Profession: \_\_\_\_\_ Your degree/credentials for use in manuals: \_\_\_\_\_

Day phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Secondary e-mail address: \_\_\_\_\_

1. Which age group(s) do you have access to and are you able to test?

- 3-5
- 6-12
- 13-18
- 19-60
- 61-95

2. Please indicate any clinical category(ies) you are able to test.

- |   |  |
|---|--|
| <input type="checkbox"/> Specific learning disability | <input type="checkbox"/> Delinquent                |
| <input type="checkbox"/> Speech/language impairment   | <input type="checkbox"/> TBI                       |
| <input type="checkbox"/> Mental retardation           | <input type="checkbox"/> Hearing impaired children |
| <input type="checkbox"/> ADHD                         | <input type="checkbox"/> Dementia                  |
| <input type="checkbox"/> Autism spectrum              | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Emotional disturbance        |  |

3. Please indicate any reliability samples you are able to test.

- Test-retest
- Interrater

4. Test administration qualifications (list the tests you administer on a regular basis).

## To Submit Form

1. If you're using an e-mail application such as Outlook, Eudora, or Mail, complete the Examiner Information Form and click "Submit Form."

You may also print and fax this form to 813.449.4155. If you have questions, please call Sue Trujillo at 813.449.4055.

2. If you're using an Internet e-mail service such as Yahoo or Hotmail, save the form on your computer, complete the Examiner Information Form, and manually e-mail it to [strujillo@parinc.com](mailto:strujillo@parinc.com).