



COLLEGE OF EDUCATION
DEPARTMENT OF SPECIAL EDUCATION, REHABILITATION
AND SCHOOL PSYCHOLOGY

School Diagnostic Clinic
Eureka Hall, Room 421
6000 J Street
Sacramento, California 95819-6079
(916) 278-6252
Fax (916) 278-3961

Dear Parent or Guardian,

Enclosed are the parent letter, parent and teacher questionnaires, and consent form we told you we would be sending via email. We look forward to working with you and your child(ren). Please fill out a consent form and a parent questionnaire for each child being tested. In addition, please ask your child's teacher to fill out a teacher questionnaire. If your child has more than one main teacher, please feel free to photocopy additional teacher questionnaire forms.

If you have any questions or concerns, please feel free to send us an email (ccds@csus.edu) or call the Center at (916) 278-6252. Our parent letter states that payment and consent forms must be in our possession before testing can begin, however, you may bring them with you on the first day of testing. We can only accept checks or money orders for payment. The fee for diagnostic testing is \$200.

If it is necessary for you to cancel your appointment for any reason, we do require a minimum notice of 48 hours as rescheduling these appointments is not easy. If you notify us less than 48 hours in advance, you are subject to payment of testing fees if we are unable to reschedule your appointment time with another child.

Thank you,
Lynn Filiatreux
Coordinator