

# CTY's Diagnostic & Counseling Center

## APPLICATION FORM

**Step I. Please complete the following registration information.**

Child's Name _____				
Last	First	M.I.	Nickname	
Address _____				
Street	City	State	Zip	
Home Phone _____		Birth date ____/____/____		Age _____ Gender _____
Child's School _____		Current or Completed Grade ____ Talent Search? _____		
Mother's Name _____			Daytime Phone _____	
Father's Name _____			Daytime Phone _____	
E-mail address _____		Please contact us by: ____ Email ____ Phone		
How did you hear about the DCC? ____Internet search ____Knew about CTY ____ Friend or family recommended				
Other: _____				
Today's Date: ____/____/____				

**Step II. Which service(s) are you interested in? A description of services is provided on our website at [cty.jhu.edu/counseling](http://cty.jhu.edu/counseling).**

<input type="checkbox"/> <i>Testing/Assessment (psycho-educational evaluation, ability/ achievement assessment) with educational consultation</i>
<input type="checkbox"/> <i>I am not sure which service is most appropriate for me. Please contact me</i>

**Step III. Please answer the background questions on the remainder of this form and return it by email to [cty-dcc@jhu.edu](mailto:cty-dcc@jhu.edu), by fax to 410-735-6631, or by mail to:**

CTY Diagnostic and Counseling Center  
 The Johns Hopkins University  
 McAuley Hall  
 5801 Smith Ave., Suite 400  
 Baltimore, MD 21209  
 (410) 735-6238

**Step IV. Please return a \$55 nonrefundable intake fee and the fee form at the end of this document.**

Please summarize your reason for seeking services from the DCC. What questions do you hope to have answered?



Please comment on your child's:

- Academic strengths:
- Academic weaknesses:
- Relationship with peers and social maturity:
- Relationship with parents and siblings:
- Perfectionistic tendencies, if any:
- Frustration level:
- Organizational skills (of things, ideas):
- Ability to focus and sustain attention (for example, on easy vs. difficult school tasks):

Check one box and provide a comment in the box. Has your child ever shown signs of:

	Never	Sometimes	Often
attention problems?			
hyperactivity?			
significant behavior problems?			
anxiety or depression?			
reading problems?			

Are there any other areas of major concern? Please describe.

**Has your child had previous testing? Please attach copies of any previous testing results.**

Include results of standardized tests taken in school, tests taken previously through CTY, or any tests administered by a psychologist or other diagnostician. If copies of reports are unavailable, please list the tests and briefly summarize the results (including any diagnoses).

Who has *legal custody* of the child? If sole or joint custody, please provide a copy of the custody agreement.

**Please add additional pages if there is other information that you feel we should know. We also invite you to attach a photograph of your child.**

