CHILDREN'S SPECIALTY GROUP, PLLC



Division of Developmental Pediatrics

400 Gresham Drive, Ste. 900

Norfolk, Virginia 23507 Phone: (757) 668-7473 Fax: (757) 668-7474



PLEASE ATTACH THE FOLLOWING DOCUMENTS LISTED BELOW TO THE PACKET WHEN SUBMITTING VIA MAIL, FAX OR HAND DELIVERED TO OUR OFFICE

| O The completed "New Patient Comprehensive History Form" | |
|--|--------------------|
| O The completed Vanderbilt Parent and Teacher rating scales, if | applicable |
| O No-Show Missed Appointment Agreement | |
| O The reports from any and all evaluations done by the child's so | chool: |
| O Psychological Evaluation | |
| O Educational Evaluation | |
| O Socio-Cultural Evaluation | |
| Speech/Language Evaluation | |
| O Developmental Evaluation | |
| Any others | |
| ○ The child's current IEP | |
| O The report (s) from any evaluations for this problem done by a than the school | anyone other |
| Note: IF WE DO NOT RECEIVE THE <u>COMPLETED</u> PACKET WHI | CH INCLUDES |

THE REQUESTED DOCUMENTS WITHIN 30 DAYS YOUR CHILD WILL BE REMOVED FROM THE WAITLIST

Thank you.