



# Western Reserve Reading Project

## Things to bring to your fMRI visit

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Please fill out the following items - we will need this information at your visit

Child 1 (older twin) \_\_\_\_\_

Child's Doctor

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Eyeglass prescription (if applicable) \_\_\_\_\_

Grades

Social studies \_\_\_\_\_

Language Arts \_\_\_\_\_

Math \_\_\_\_\_

Science \_\_\_\_\_

Standardized Test Scores

Type of test \_\_\_\_\_ Percentile rank \_\_\_\_\_ Grade equivalent \_\_\_\_\_

Type of test \_\_\_\_\_ Percentile rank \_\_\_\_\_ Grade equivalent \_\_\_\_\_

Type of test \_\_\_\_\_ Percentile rank \_\_\_\_\_ Grade equivalent \_\_\_\_\_

Child 2 \_\_\_\_\_

Child's Doctor

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Eyeglass prescription (if applicable) \_\_\_\_\_

Grades

Social studies \_\_\_\_\_

Language Arts \_\_\_\_\_

Math \_\_\_\_\_

Science \_\_\_\_\_

Standardized Test Scores

Type of test \_\_\_\_\_ Percentile rank \_\_\_\_\_ Grade equivalent \_\_\_\_\_

Type of test \_\_\_\_\_ Percentile rank \_\_\_\_\_ Grade equivalent \_\_\_\_\_

Type of test \_\_\_\_\_ Percentile rank \_\_\_\_\_ Grade equivalent \_\_\_\_\_