

**Ascend Psychological Services
Consent for Evaluation of a Child**

Name of child client: _____

The evaluator named below and I have discussed my child's case. I have been informed of the procedures and types of assessments that will be used to determine my child's strengths and needs related to his/her academic functioning or educational performance. I understand that these services may include direct, face-to-face contact, interviewing, or testing. They may also include the psychologist's time required for the reading of records, consultations with other professionals, scoring of tests, interpreting the results, and any other activities to support these services. I am aware that this evaluation is not to be used for forensic or custody purposes, nor to determine mental competence, stability, or illness. I am aware that this evaluator's service is limited to sessions related to completing an evaluation; i.e., that treatment, therapy, or counseling will not be taking place. I am aware that any future testing outside of the scope of the current evaluation may incur an additional fee.

I understand that the hourly fee for this service is \$150, and that this is payable in two parts: a deposit of \$500 payable before the start of the service, and a second payment of the balance due on the completion and delivery of the report (or, for depositions, testimony, or other services, at the time these services take place). I understand that I am responsible for payment for these services, and that I will not receive a copy of the report until payment is rendered.

The psychologist agrees to the following:

1. The procedures for selecting, giving, and scoring the tests, interpreting the results and maintaining privacy are to be carried out in accord with the rules and guidelines of the American Psychological Association and other professional organizations and with the applicable state and federal laws.
2. Tests will be chosen that are suitable for the purposes described above. These tests will be given and scored according to the instructions in the tests' manuals, so that valid scores will be obtained. These scores will be interpreted according to scientific findings and guidelines from the scientific and professional literature.
3. Tests and test results will be kept in a secure place to maintain their confidentiality.

I have had the chance to discuss these issues, have had my questions answered, and I understand the purpose of the evaluation and the procedures that will take place. I hereby give permission to begin this evaluation, as shown by my signature below.

Signature of parent/guardian

Date

Signature of parent/guardian

Date

In my professional judgment, I have no reason to believe this person(s) is/are not fully competent to give informed and willing consent to the child's evaluation.

Ascend Psychological Services Clinician

Date