Informed Consent and Permission to Perform a Psychological Evaluation

This form provides information about our services and about your and/or your child’s rights and responsibilities as a client. Your signature at the bottom indicates that you understand the information and freely consent to participate in or allow your child to participate in this assessment.

Psychological Testing

Through the administration of a variety of standard psychological tests, we will attempt to answer the questions that have brought you for this assessment. These questions generally concern learning differences and disabilities, academic functioning, or coping styles. Throughout the process you have the right to inquire about the nature or purpose of all tests and procedures. You also have the right to know the test results, interpretations, and recommendations.

The assessment generally begins with an informational interview followed by the administration of one or more psychological or educational tests. Although it is sometimes possible to complete the testing in one sitting, it is common for the evaluation to require two or three several-hour sessions.

Types of Evaluations

☐ Full Psycho-Educational Evaluation – The purpose of this evaluation is to provide an in-depth study of the cognitive/intellectual processes and current academic levels of functioning. This evaluation might also include an assessment of memory and executive functioning.

☐ Psychodiagnostic Evaluation -- The purpose of this is to evaluate for behavioral or emotional factors such as Attention-Deficit/Hyperactivity Disorder, depression, or anxiety disorders that may be affecting one’s functional abilities.

☐ Other __________________________________________________________________________

Types of Measures

☐ Diagnostic Interview and Developmental History – to obtain information about the client outside of the testing situations, and to obtain a comprehensive history in order to make a more reliable diagnosis.

☐ Cognitive Testing – to assess overall intellectual ability, as well as strengths and weaknesses in areas such as verbal comprehension, perceptual reasoning, working memory, and processing speed.

☐ Achievement Testing – evaluation of academic abilities in the areas of word reading, phonics, reading comprehension, written language, math reasoning, calculation, and academic fluency. Measures of oral language may also be assessed.
Attention and Executive Functioning assessment – to assess attentional processes, along with any difficulties pertaining to initiation, sustained effort, emotional modulation, ability to monitor and self-correct, working memory, organization, and planning.

Behavior Rating Scales and/or on-site behavioral observation at school in order to get a sample of behaviors outside of the office setting.

Interviews with teachers, family members, or other relevant individuals. Such interviews will only be conducted with specific written consent.

Other

Feedback
The type(s) of feedback you and/or your child will receive may include:

- A comprehensive written report that provides findings for each measure, an integrated summary, and recommendations for accommodations, interventions or treatment.
- A brief, written summary that provides an overview of findings and recommendations.
- In-person or telephone interpretive feedback session.

Release of Records
I understand that the information obtained in this evaluation is confidential and will not be released to any person or organization without my written permission. Written records are released only after a consent form is signed by the parent/legal guardian or the student if they are 18 or older. The only exceptions to this policy are rare situations in which we are required by law to release information with or without your permission. These include 1) if there is convincing evidence that you are suicidal or homicidal; 2) there is evidence to suspect abuse of children or the elderly; and 3) if the records are subpoenaed by the court. In the unlikely event of any of these situations, we would attempt to discuss the situation with you and limit disclosure of confidential information to the minimum necessary to insure safety.

Informed Consent
By signing below, I acknowledge that I consent to a psychological evaluation by Asheville Area Psychological Services, PLLC. I understand that I have the right to discontinue the evaluation at any time. However, APPS reserves the right to charge for appointments that are cancelled with less than 24 hours notice. Furthermore, I realize I am responsible for any fees incurred prior to my discontinuation of the evaluation. I fully understand my rights and responsibilities as a client at Asheville Area Psychological Services, and I freely agree to this assessment.

_________________________________________________________  ____________________
Signature                                                  Date

_________________________________________________________  ____________________
Parent signature of minor student                          Date

_________________________________________________________  ____________________
Witness                                                    Date