Family Guiding

Psychological Services, PLLC

CONSENT FOR PSYCHOLOGICAL TESTING AND EVALUATION

I give consent for Family Guiding Psychological Services, PLLC, to perform the following psychological assessment measures/procedures:

- ☐ Stanford-Binet Intelligence Scales- 5th Edition
- ☐ Wechsler Preschool and Primary Scales of Intelligence – 3rd Edition (WPPSI-III)
- ☐ Vineland-II Adaptive Behavior Scales
- ☐ Child Behavior Checklist (CBCL) for Ages 1½ - 5
- ☐ Childhood Autism Rating Scale-2nd Edition
- ☐ Other: _____
- ☐ Other: _____
- ☐ Behavioral Observation

This agreement applies to: ☐ Myself ☐ My child: _____
☐ Other: _____

I understand that:

1. These services may include direct, face-to-face contact, interviewing or testing. They may also include the psychologist's time required scoring and interpreting results, report writing, reviewing records as well as any consultation required.

2. The fee for this evaluation is $ _____ and that it is payable at the start of the evaluation. Though my health insurance may repay me for some of these fees, I understand I am fully responsible for payment of these services.

3. The purpose of this evaluation is for: _____
_____

4. The psychologist has selected appropriate tests for the purposes above. These tests will be given and scored according to the test manuals so that valid scores can be obtained.

5. Tests and test results will be kept in a secure place to maintain confidentiality

_____

(Printed Name of Person, Parent/Guardian
or Authorized Representative)

_____ _____

(Signature of Person, Parent/Guardian
or Authorized Representative)

(Date)