

Informed Consent

Client Name _____
Birth Date _____
Parent Name _____
Phone _____
Number _____
Address _____

Psychological services to be provided: Psychological Assessment

Custody/Decision Making: (please describe) _____

Assessment includes:

- Collection and analysis of background information (e.g. report cards, work samples, previous assessments)
- Sessions with client (2-5)
- Evaluation of
 - Intellectual functioning
 - Academic functioning
 - Information Processing Skills
 - Executive Functioning & Attention
 - Adaptive Skills
 - Social Emotional Functioning

Primary purpose of collection information/providing service:

- to better understand the client and to assist school staff and parents in providing appropriate educational programming to meet client needs
- to help the client understand their own strengths and needs, as well as strategies to support their own learning

Benefits and risks of the services to be provided:

- may be challenging at times
- unexpected outcome
- greater understanding of client's strengths and needs
- support from school

Outcomes of the services:

- written psychological report and presentation/explanation of results to client and parents
- consult with school is possible

Confidentiality:

- all information obtained will be kept in a confidential psychological file (both paper and digital)
- confidential psychological files are kept for 10 years past the student's 21st birthday
- no information released without written consent, except as required by law

Limits to Confidentiality:

- Risk of harm to self, to others, or from others
- Suspicion of abuse/neglect
- As required by law (court order)
- If other registered health professional is reported to have sexually abused client (mandatory reporting)

Date: _____ Signature: _____