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Informed Consent to Perform a Psychological Evaluation

This form will provide information about services and about your rights and responsibilities as a client. Please be sure to discuss any questions with Dr. Englar-Carlson. Your signature at the bottom indicates that you understand the information and freely consent to participate in this assessment.

TESTING

Through the use 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 disabilities, academic functioning, and psychological functioning. Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures. You also have the right to know the test results, interpretations, and recommendations. The assessment process generally involves an informational interview and observation followed by the administration of one or more educational and/or psychological tests. Although it is sometimes possible to complete the testing procedure in one sitting, it is common for people to be asked to return for several sessions to finish the assessment battery. Once testing is completed, the data will be analyzed and a report will be written. You will then have the opportunity to meet with Dr. Englar-Carlson to discuss the results and receive a copy of the report. General turnaround time for completed reports is about 2-4 weeks.

TYPES OF EVALUATIONS

Full Psycho-Educational Evaluation. The purpose of this evaluation is to provide an in-depth study of the cognitive processes and the learning and processing abilities of an individual. This evaluation can also be used to diagnose learning, behavioral, and psychological issues.

Learning, Attention, or Psychological Screening. The purpose of this evaluation is to provide a brief assessment of cognitive, academic, or psychological functioning that may be contributing to academic or behavioral problems. The results will indicate whether a more in-depth study is necessary.

Diagnostic Evaluation. The purpose of this evaluation is to diagnose behavioral or emotional disorders such as ADHD.

Other _____

It is important to understand that Dr. Englar-Carlson does not perform custody evaluations for children, which is a highly specialized field. In addition, Dr. Englar-Carlson does not perform forensic psychological evaluations (to examine and evaluate a patient in anticipation of prosecution or litigation). If you are considering using the results of an evaluation for a custody dispute or for legal purposes, please consult with experts in those areas.

TYPES OF MEASURES

The type(s) of measures you/your child may receive include:

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

Achievement Testing –may be in the areas of word reading, phonics, reading comprehension, written language, math reasoning and calculations, and academic fluency. Measures of oral language may also be obtained.

Attention/Executive Functioning/Processing Testing –to assess attention, along with any difficulties pertaining to initiation, sustained effort, emotional modulation, ability to monitor and self-correct, working memory, organization and planning. Also visual and auditory processing.

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

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

Social Emotional Assessment – to obtain information of the individual pertaining to psychiatric diagnosis, interpersonal relationships, self- concept, etc.

Interviews with teachers, other family members, physicians, or other relevant individuals (Note: interviews will only be performed with written consent).

Other _____

FEEDBACK

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

A comprehensive written report that provides findings for each measure, an integrative summary, and recommendations for treatment and/or other interventions.

A brief, written summary report that provides an overview of findings and recommendations.

In-person, verbal feedback.

Other _____

FEE AND PAYMENT POLICY

The fee for an evaluation is based on the number and type of tests included in the assessment battery. The fee may be adjusted during the assessment if other areas of need are revealed during testing. Fee and battery changes will be discussed and approved by parent and/or the client in advanced. Dr. Englar-Carlson does not bill insurance companies.

Half of your fee must be paid at the initial appointment, and the remaining half is due no later than the date of the feedback session.

Dr. Englar-Carlson accepts cash, checks, or credit card. Questions concerning the fee or the payment policy should be discussed with Dr. Englar-Carlson before the assessment process begins.

RELEASE OF RECORDS

Written records are released only after a consent form is signed by the client or Parent/Legal Guardian.

INFORMED CONSENT

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.

The only exceptions to this policy are rare situations in which you are required by law to release information with or without my permission. These are: 1) if there is evidence of physical and/or sexual abuse of children or abuse to the elderly; 2) if you judge that I am in danger of harming myself or an other individual; and 3) if my records are subpoenaed by the court. In the rare event of any of these situations, you would attempt to discuss your intentions with me before an action is taken, and you would limit disclosure of confidential information to the minimum necessary to insure safety.

I understand that if Dr. Englar-Carlson deems that additional or alternative testing be necessary, she will describe the reasons for this testing and will advise me of any additional costs. I understand that I have the right to discontinue the evaluation process at any time. However, I understand that Dr. Englar-Carlson may be unable

to provide feedback of the test results if testing is terminated, and that I will still be responsible for payment of any testing, scoring, and evaluation time provided up until that point.

By my signature below, I acknowledge that I consent to a psychological evaluation by Dr. Englar-Carlson, that I have been informed of the policies regarding evaluations and have read the consent form, and that I agree to all of the payment arrangements outlined in this form. I fully understand my rights and obligations as a client at with Dr. Englar-Carlson and I freely agree to this assessment.

Signature (if client is over 14)

Date

(Please print name)

Parent Signature

Date

(Please print name)