



SCW Psychological, Inc.

Consent and Agreement for Psychological Testing and Evaluation

I, _____, agree to allow Suzanne Carroll Woodard, Ph.D. and/or SCW Psychological, Inc. to perform the following services:

- Psychological testing, assessment, or evaluation
- Report Writing
- Consultation with school personnel
- Written Deposition Testimony (oral deposition testimony and/or in court testimony are specifically excluded)
- Other (describe): _____

This agreement concerns myself or _____.

I understand that these services may include direct, face-to-face contact, interviewing, and/or testing. They may also include the psychologist's time required for the reading of records, consultations with other psychologists and professionals, scoring of tests, interpreting the results, and any other activities to support these services.

I understand that this evaluation is to be done for the purpose(s) of:

1. _____
2. _____

I also understand the psychologist agrees to the following:

1. The procedures for selecting, giving, and scoring the tests, interpreting the results, and maintaining my privacy will be carried out in accordance with the rules and guidelines of the American Psychological Association and other professional organizations.
2. Tests will be chosen that are suitable for the purpose described above. These tests will be given and scored according to the instructions in the tests' manuals so that valid scores can 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 agree to help as much as I can, by supplying full answers, making an honest effort, and working as best I can to make sure that the findings are accurate.

Based on the information available at this time, I understand that the fee for the agreed upon service(s) is \$_____. This fee is payable in full prior to services being rendered. To the extent the necessary services exceeds the current understanding of the services to be performed, additional fees may apply. Prior to undertaking any additional services, the psychologist will advise me of the nature of these additional services and the fees associated therewith. Upon my agreement to undertake any additional services, I may be required to execute a new consent and agreement.

Signature of Client (or parent/guardian)

Date

I, the psychologist, have discussed the issues above with the client (and/or his or her parent or guardian). My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

Signature of Psychologist

Date