# Assessment & Intervention Services of Richmond, LLC

**PSYCHOLOGIST-CLIENT SERVICE AGREEMENT FOR PSYCHOEDUCATIONAL TESTING**

This Informed Consent form is designed to explain the policies and procedures for an evaluation or assessment. Please thoroughly review this document as it contains information that is very important for you to know.

## Evaluation Services

The evaluation process typically takes place in these stages:

- Testing appointments: This is where your child completes standardized assessments in a 1: 1 setting with the psychologist. The sessions allow me to see what is easy and what is hard for your child. It is also an opportunity to see behaviors that are helping your child succeed and ones that are causing your child to struggle. Most evaluations require two sessions to complete the testing.
- Intake discussion: This is where we discuss your child's strengths and your concerns. You will talk about what you are seeing, and you share whatever information we can gather to help determine how the testing should proceed, which can include medical record, school record, or previous evaluations.
- Interviews & Checklists: You may be asked to complete checklists regarding your child's behaviors and skills. These checklists may also be completed by a teacher or child-care provider. They may be interviewed to gain insight into how your child functions and learns in a familiar environment outside of the home (usually school).
- Feedback appointment: This is where we go over your child's performance on the assessment and the response to the checklists. These, combined with the interviews, observations, and background information, will lead to determine if a diagnosis is warranted. We will also go over recommendations for how to support your child's strengths, and how to improve areas of weakness. The next steps for your family and for your child are discussed.
- Report: A written report containing everything discussed at the feedback appointment is shared with you through a password protected email attachment. The results of the evaluation may not answer all questions about you or your child's situation. Thus, referrals may be made to other service providers.

## Benefits and Risks of Evaluation

The primary benefits of an evaluation include diagnostic clarification, appropriate treatment recommendation to handle challenges and maximize strengths, a written report to facilitate services in the community or at school, and insight into the nature of your child's strengths and weaknesses. Although most individuals have a positive experience during the evaluation process, there are some risks. The person being evaluated may experience discomfort (frustration, anxiety, embarrassment, etc.). Also, it is possible that the evaluation will not answer all of your questions, and further evaluation

may be needed. While the assessment and treatment recommendations are based on best practices, you or others may not agree with the conclusions based on the psychologist's professional judgment. It is your decision whether to follow the recommendations.

## Fees

There is a flat fee of $1400 for a comprehensive psychoeducational evaluation. The flat fee includes the intake discussion, review of records, test administration sessions, scoring and interpretation, report writing, written report, and a 45-minute feedback session. General fees are listed on the Schedule of Services and Fees for Psychoeducational Testing.

Payment options include payment in full at the first appointment or a 50% deposit at the first appointment and 50% at the review session. The report will not be released until fees are paid in full. Checks, credit cards, and Venmo (@A-and-IMBoehling) are accepted. Please make checks payable to Assessment & Intervention Services of Richmond, LLC.

Fees vary depending on the nature of the assessment and referral question. It may be that the agreed-upon testing yields results that are inconclusive, do not confirm a suspected disability or disorder, or confirm a disability or disorder that was not initially suspected. In these situations, further testing or an outside referral may be recommended. It is at your discretion to follow those recommendations.

***YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.***

_____ _____
CHILD'S NAME Date of Birth

_____ _____
SIGNATURE OF PARENT #1 DATE

_____ _____
SIGNATURE OF PARENT #2 DATE

***(REQUIRED IF PARENTS ARE SEPARATED OR DIVORCED AND HAVE JOINT LEGAL CUSTODY)***

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