



Working in Partnership with Psychological Solutions

Psychological Testing Consent Form

Major Types of Assessment

Cognitive/Academic Testing: This involves an Intelligence Test (typically the WISC-IV or WAIS-III) and a battery of academic tests (typically the WJ-III or WIAT-II). These tests provide an evaluation of intellectual and academic abilities and screen for learning disabilities. They also allow a broad examination of a student’s cognitive strengths and weaknesses and provide data to help with academic placement.

Personality/Mental Health: These tests include a battery of objective and projective tests that evaluate a range of issues including (but not limited to): anxiety, depression, interpersonal styles, family problems/strengths, bipolar disorder, psychosis, substance abuse, ADHD, as well as flexibility and adaptive functioning. These tests are typically completed in conjunction with Cognitive/Academic Testing.

Autism/Pervasive Developmental Disorders: Evaluates Autism Spectrum Disorders (e.g. Asperger’s Disorder), using gold standard measures, such as the ADOS, and documents the range of impairment. Thorough interview and records review provide important developmental information. This assessment provides treatment and educational recommendations specific to these types of disorders.

Learning Disability Assessment: This assessment provides a more detailed and “process oriented” evaluation of learning problems (e.g., reading disability, nonverbal learning disability) while providing specific recommendations for teachers and other school personnel.

Neuropsychological Assessment: Provides a more in-depth evaluation of processes such as memory, attention, and “executive functioning.” These evaluations may also be helpful in assessing the impact of head trauma, brain injuries, and changes in cognitive functioning secondary to substance abuse.

Evaluations are typically completed within 10-14 days after the psychologist sees a student. Evaluations include relevant recommendations and feedback with programs and educational consultant.

Consent to Administer Psychological Testing

I agree to have my child evaluated by one of the psychologists from Psychological Solutions, Inc (PSI) working in partnership with BODIN. All raw test data remain the property of PSI. Results from the assessment will be shared with the treatment team at my child’s program to help improve care, and PSI may have access to all pertinent information contained in his/her chart. I also authorize disclosure of information (including written reports) to other professionals listed below and for PSI to obtain information from them and to share information with them, including written records, two-way communication, facsimile and electronic transmission.

Please have my child evaluated at Outback. I will be billed separately for this evaluation by BODIN

() Parent Initials

Student’s Name _____ Date of Birth _____

Parent/Guardian _____ Relationship to Student _____

Address, City, State, Zip _____

Email Address _____ Phone Number _____

Other professionals who may give/receive information:(1) _____

Signature of Parent/Guardian _____ Date: _____