



INFORMED CONSENT FORM

I understand that my child is being asked to participate in a psychological evaluation conducted by psychological professionals at The Center for LifeSpan Development, Inc. The Center is staffed by post-doctoral fellows, license-eligible psychologists, and licensed psychologists under the direct supervision of Samuel J. Moncata, Psy.D., licensed psychologist and Health Service Provider in the Commonwealth of Massachusetts.

Based upon the presenting diagnostic issues, the Center's assessment staff may choose to administer a variety of tests tailored to address my child's needs. The procedures may include academic, intellectual, cognitive, and/or personality measures, in order to elucidate how my child learns best. The assessment team will share its findings with me and, depending on developmental appropriateness, with my child. With my permission, they will also share findings with other professionals and/or any other persons or agencies I deem appropriate. The Center will also provide to me, in a timely manner, a written, client-centered report that will summarize its findings and provide strategies and recommendations that will serve my child.

I have been informed that I have the option to refuse to allow my child to participate in this evaluation or withdraw from it, without prejudice, at any time.

I have read this form and understand fully the terms of my child's participation in the Learning Style and Personality Evaluation. I agree to allow my child to participate in this assessment as described and freely give my consent.

Signature of Parent / Guardian Representative

Date

Printed Name

Relationship to Child

Signature of Client (Child)

Date