

CONSENT FOR EDUCATIONAL/PSYCHOLOGICAL ASSESSMENT

Dear Parent/Guardian:

Your child _____ (Date of Birth: _____) has been referred for an educational/psychological assessment to be administered and/or supervised by a registered psychologist from Randall Symes Psychological Services. This testing will provide insight into your child's difficulties with learning and/or behaviour. The following questionnaire is optional but is intended to gather information from your perspective. Please note that the questions may not be specific to your child, however, it is important that you complete the forms as thoroughly as possible. Please feel free to add any information that you feel is relevant. All information will be kept in a confidential file and used only for the purposes of this assessment.

Upon receipt of your written consent to conduct the assessment, which involves a review of your child's cumulative file at their school, arrangements will be made for the evaluation. You will be contacted when the assessment is complete to arrange a time to share the results with you. If you have any questions, please do not hesitate to contact the school or our office at (780) 434-6466.

Sincerely,



Wade Randall, Ph.D., R. Psych.



Brent A. Symes, Ph.D., R. Psych.

SIGNATURE OF CONSENT

I (we), the parents/guardian of the student named above, give consent for an educational/psychological assessment.

Print name of consenting person

Relationship to child

Parents/Guardian's Signature

Date