

Chelsea Place Psychological Services, PLLC

6 Chelsea Place Suite 202

Clifton Park, NY 12065

Phone: 518-982-1886

I _____ (Parent/Legal Guardian), give my consent to Chelsea Place Psychological Services, PLLC, to conduct a psychological assessment of my child. I specifically consent to the following components of the assessment. Please complete this form along with your provider and initial all that apply.

- _____ **Record Review**
- _____ **Communication with teachers/providers (signed release also needed)**
- _____ **Autism Spectrum Evaluation**
- _____ **Cognitive and/or Academic Assessment**
- _____ **Social Emotional Assessment (Behavior Rating Scales)**
- _____ **Classroom or Home Observation**

I understand that I can withdraw this consent at any time during the assessment process in writing, but I will still be financially obligated to pay for the services rendered. I also understand that if this evaluation is being reimbursed by my child's school district and I withdraw my consent to share the evaluation findings, I am then financially obligated to pay for the entire assessment.

Print Name

Signature

Date