

Developmental Assessment and Counseling Center

ANDREA L. FOUTZ, ED.S., DIRECTOR
LICENSED SCHOOL PSYCHOLOGIST

3812 Concord Place, Suite C Roanoke, Virginia 24018
Phone: 540-989-6360

Consent for Psychological and Educational Testing

I give consent for, _____, to participate in psychological and
(name of child/client)
educational testing to be conducted by Andrea L. Foutz, Licensed School Psychologist. I have the right to an explanation as to the nature and purpose of the tests administered. I have the right to withdraw this consent at any time by submitting such withdrawal in writing to Andrea L. Foutz.

I understand that information obtained in working with my child is confidential and will not be shared with other agencies, exempting unusual circumstances which indicate a clear danger to the child or others, without your written consent. I understand that in such a situation that pertinent information may need to be shared with outside agencies that have a legitimate interest in the case. I also understand that as a Licensed School Psychologist, Andrea L. Foutz is required by law to report suspected abuse or neglect to the Department of Social Services.

My signature indicates I have read and understand the above stated conditions and give consent for psychological and educational testing.

If the Client is under 18 years of age, Parent/Legal Guardian must complete the information below.

Parent/Legal Guardian's Signature

Date

Relationship to Client

Client's Signature (if 18 years or older)

Date