



### Consent and Agreement Form

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

I request an educational and/or psychological assessment of my daughter/son at the Center for Counseling and Diagnostic Services at California State University, Sacramento. The purpose of this assessment is to assist my child in the educational program at his/her school. The school psychology personnel have my consent to interview and administer psychological tests to my child.

I understand that the services will be provided by advanced graduate students in school psychology training under the direct supervision of a faculty member of the College of Education and working with other school psychology students and faculty members. I also understand that because the examiner working with my child and my family is completing her/his professional training, our sessions may be observed by faculty supervisors/instructors or other members of this particular training class.

All information will be kept strictly confidential within this group, except as required by law, and will not be released to others unless authorized by me in writing. By law, the student or supervisor may be required to violate confidentiality if he/she believes a child has been the victim of child abuse or neglect or if there is a threat of serious bodily harm to self or others. If I have concerns about possible confidentiality issues, I agree to discuss them with the student or supervisor and/or seek appropriate legal advice. Nonidentifiable assessment data may be used for instructional or research purposes.

I understand that because there is a waiting list for appointments, my time will be assigned to another client if I miss an appointment without calling. I agree to call the Clinic at least 48 hours in advance if I cannot keep an appointment.

I am the parent/legal guardian of the minor child named above and have the legal authority to consent to these services.

Signature: \_\_\_\_\_