



CONSENT FOR IEE EVALUATION

I, _____, authorize and request that Karen
(Parent or Legal Guardian)

Conway, Ph.D., BCBA-D provide psychological services including psychological and psycho-educational assessments, and/or diagnostic procedures to identify academic strengths and deficits in my child. The purpose of this assessment is to fulfill the requirements of an Independent Education Evaluation (IEE) agreed to by me and recommended by my child’s school district.

I understand that there is an expectation that my child or I will benefit from this assessment and/or interventions but there is no guarantee that this will occur.

I understand that maximum benefit will occur with consistent participation.

Confidentiality:

All information disclosed within sessions is confidential and may not be revealed to anyone without the client or guardian’s written permission, except where disclosure is mandated or allowed by law. These situations include:

1. The therapist believes that a client may be a danger to oneself, another, or another’s property, and that disclosure is necessary to prevent that danger. In the case of danger to another, the counselor is require to notify the police and take reasonable steps to warn the intended victim.
2. There is reasonable suspicion of actual or potential child abuse (emotional, physical, sexual) or neglect involving the client or other known by the client.
3. There is reasonable suspicion of neglect or abuse of a dependent adult or elderly person.
4. A client is “gravely disabled” (i.e. is unable to take care of basic needs such as feeding, self-grooming, getting home safely).
5. A valid court order (e.g., legal subpoena) is issued for a client’s files.

I agree that I will pay Dr. Conway for her participation at my child’s IEP, whether it be in person or by telephone, her hourly rate of \$250.00. If Dr. Conway travel’s to my child’s IEP, I agree to pay a \$50.00 round trip travel fee.

I have read and fully understand this Consent for Testing form.

Print Child’s Name

Client/Parent/Guardian Name

Client/Parent/Guardian Signature

Date