Karen Conway, Ph.D., BCBA-D
Licensed Clinical Psychologist

5850 Canoga Ave., Suite 308 • Woodland Hills, CA 91367 • 818.730.0855
www.karenconwayphd.com • karen@karenconwayphd.com
State of California License #PSY 8501

INFORMED CONSENT FOR IQ TESTING

I authorize and request that Karen Conway, Ph.D. administer a standardized test of general intellectual ability to _____ the child for whom I am legally responsible. My child's birth date is _____. By initializing each item below, I indicate that I have read it carefully, understand it, and agree to it. If I have questions about testing, I know to discuss them with Dr. Conway.

_____1. I understand that Dr. Conway is administering an IQ test only. If a need for additional testing is suggested by my child's performance, she will discuss this with me prior to performing any additional services. If this evaluation is being pursued for the purpose of seeking accommodations of any sort on the basis of disability, or for making application to any school, she makes no guarantee about the findings of the assessment or the outcome of any petition I may file.

_____2. I understand that Dr. Conway will write a report that summarizes the findings of the test.

_____3. I understand that Dr. Conway will not send the results of this assessment to any third parties without my written consent.

_____5. I understand that if I or my child discloses certain types of information to Dr. Conway she may be required by law to communicate this information to other people. Types of information that can mandate or allow a breach of confidentiality include reports of child or elder physical/sexual/emotional abuse and threats my child makes to harm himself/herself or harm another person.

_____6. I understand the cost of testing is $550.00. I agree to pay Dr. Conway her fee directly at the time that testing occurs.

_____7. I understand that Dr. Conway's fee covers two hours of test administration, test scoring, and production of written report. I understand that when she performs services beyond these customary services, her fee of $250.00 per hour will apply.

CONSENT AGREEMENT: I have read, understood, and agreed to each of the previous items. I have asked questions about any parts I did not understand. I understand and agree to the nature and purpose of this evaluation, how it will be reported, and to each of the points enumerated above.

_____

Client/Parent/Guardian Name Client/Parent/Guardian SIGNATURE Date

_____

Address Phone Number

_____

Email Address