



## INFORMED CONSENT FORM

I understand that I am being asked to participate in a psychological evaluation conducted by psychological professionals at The Center for LifeSpan Development, Inc. The Center is staffed by post-doctoral fellows, license-eligible psychologists, and licensed psychologists under the direct supervision of Samuel J. Moncata, Psy.D., licensed psychologist and Health Service Provider in the Commonwealth of Massachusetts.

Based upon the presenting diagnostic issues, the Center's assessment staff may choose to administer a variety of tests tailored to address my needs. The procedures may include academic, intellectual, cognitive, and/or personality measures, in order to elucidate how I learn best. The assessment team will share its findings with me. With my permission, they will also share findings with other professionals and/or any other persons or agencies I deem appropriate. The Center will also provide to me, in a timely manner, a written, client-centered report that will summarize its findings and provide strategies and recommendations that will serve me.

I have been informed that I have the option to refuse to participate in this evaluation or withdraw from it, without prejudice, at any time.

I have read this form and understand fully the terms of my participation in the Learning Style and Personality Evaluation. I agree to participate in this assessment as described and freely give my consent.

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Signature of Client / Parent Guardian

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Date

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Printed Name