



WADE RANDALL Ph .D.
BRENT SYMES Ph .D.

REGISTERED PSYCHOLOGISTS
ASSESSMENT AND CONSULTATION

Consent for Educational/Psychological Assessment

Dear Parent/Guardian:

Your child _____ (Date of Birth: _____)
has been referred for an educational/psychological assessment to be administered and/or supervised by a registered psychologist from Randall Symes Psychological Services. The testing may be in-person or through Telepsychology. Telepsychology services are provided via secure internet technology as an alternative to face-to-face meetings and assessments. We use secure video-conferencing technology with encryption to maintain a very high level of confidentiality.

This testing will provide insight into your child's difficulties with learning and/or behaviour. You may be asked to complete questionnaires which are optional, but they are intended to gather information from your perspective. Please note that the questions may not be specific to your child; however, it is important that you complete the forms as thoroughly as possible. Please feel free to add any information that you feel is relevant. All information will be kept in a confidential file and used only for the purposes of this assessment.

Upon receipt of your written consent to conduct the assessment, which may involve a review of your child's student file at their school, arrangements will be made for the evaluation. Your child's teacher may also be asked to complete a package of questionnaires. The results of the evaluation will be shared with you on the date of the evaluation, or shortly thereafter. If you have any questions, please do not hesitate to contact the school or our office at (780) 434-6466.

I give consent for an educational/psychological assessment for the child/adolescent named above.

Print name of consenting person

Relationship to child

Parent/Guardian Signature

Date