

**JOHN R DAY & ASSOCIATES, LTD  
CHRISTIAN PSYCHOLOGICAL ASSOCIATES**

**TESTING PROCESS AGREEMENT**

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This document outlines important information regarding the psychological assessment process and the responsibilities of both the evaluator and the client. Please review it carefully and reach out with any questions prior to beginning or continuing the assessment.*

**1. Assessment Overview**

The psychological assessment process typically consists of the following phases:

1. **Clinical Interview** – This is the first step and includes gathering background information and discussing the referral question(s).
2. **Testing/Assessment** – Psychological testing will be conducted using standardized measures appropriate to the referral questions.
3. **Feedback Session** – Once testing is complete, a feedback session will be scheduled to discuss the findings and preliminary impressions.
4. **Report Distribution** – A written report will be finalized and sent to appropriate parties (e.g., referring provider, legal team, school, etc.) as authorized by the client.
5. **Completion** – Once the report is sent, the assessment process is considered complete. Please note that the report will not undergo ongoing revisions beyond this point.

**2. Client Responsibilities**

To ensure an accurate and timely evaluation, the following are required from the client:

1. **Release of Information (ROI):** During the **clinical interview**, the client must indicate **who the evaluator is authorized to speak with**, including but not limited to physicians, therapists, school personnel, family members, or legal representatives. The appropriate **Release of Information forms must be signed** to allow this communication.
2. **Additional Consultations:** The time for additional consultations will be billed at the psychologist's hourly rate. This is not billable to insurance, so you will be responsible for the cost of these consultations.
3. **Submission of Records:** The client must provide **all relevant reports, documentation, and other pertinent information** (e.g., school records, medical reports, previous evaluations) **prior to the completion of the assessment**. Late submission of information may not be reflected in the final report.

**3. Communication and Revisions**

The evaluator is committed to providing a comprehensive and professional report. Please be aware:

The feedback session is the opportunity to ask questions and request clarification.

Minor corrections (e.g., factual inaccuracies) may be addressed if identified during the feedback phase.

**The final report will not be subject to ongoing revisions or edits once it is distributed.** Any requests for substantial changes after finalization may require an addendum or additional services, billed separately.

**4. Acknowledgment and Consent**

By signing below, I acknowledge that I have read, understand, and agree to the terms of the psychological assessment process as described in this document.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_