



REFORMING LIVES ONE MIND AT A TIME

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CONSENT FORM FOR EVALUATION

I, _____, hereby provide my voluntary consent to allow my child/adolescent to participate in psychological testing conducted by Dr. Yolanda N. White of Pure Mind Assessments & Consulting, LLC. I have been given the opportunity to read and understand the following information and have had the opportunity to ask questions to clarify any concerns I may have before signing this consent form.

The purpose of this psychological testing is to assess various aspects of my child's/adolescent's cognitive, academic, emotional, and/or behavioral functioning. The information gathered through this testing will be used for diagnostic or therapeutic

purposes, as mutually agreed upon between the participant and the school psychologist. The results may assist in understanding my child's/adolescent's psychological well-being, identifying areas of strength and weakness, and guiding appropriate interventions or recommendations.

The testing will involve a variety of assessment tools, which may include interviews, questionnaires, standardized tests, and observation. The specific tests and procedures to be administered will be discussed with me in detail before the testing session. The process may take several hours or multiple sessions to complete, depending on the nature and extent of the assessment.

Confidentiality and Data Protection:

All information collected during the psychological testing process will be treated as confidential and stored securely in accordance with applicable data protection laws and regulations. My personal information will be de-identified and kept separate from any identifying information. The results of the testing may be shared with qualified professionals involved in my care or treatment, as agreed upon in writing. In some cases, anonymized data may be used for research or educational purposes, but no personally identifiable information will be disclosed.

By signing below, I acknowledge that I have read this consent form, understand its contents, and freely give my informed consent to participate in the psychological testing described above.

Child's Full Name: _____

Parent Signature: _____

Date: _____