

ADMISSIONS TESTING CONSENT FORM

We are pleased that you chose our office for your child's admissions evaluation and would like to ensure that the assessment process goes smoothly and is a positive experience for both you and your child.

Children under the age of 6 take the Wechsler Preschool and Primary Scale of Intelligence- Fourth Edition (WPPSI-IV). Testing time typically runs 60 minutes, depending on your child's age.

Children ages 6 and above take the Wechsler Intelligence Scale for Children- Fifth Edition (WISC-V). Testing time typically runs 75-90 minutes.

In some cases, children are also asked to take the Woodcock-Johnson-IV, Tests of Achievement (WJ-IV). Testing time typically runs 90-120 minutes.

Most parents find the report provides adequate detail to understand the test results. We are happy to answer brief questions by phone at no additional charge. For parents who would like to come to the office to discuss the report in greater detail, we are happy to do so. The session typically lasts 30 minutes (additional fee will apply).

In some cases, parents would like to have feedback regarding their child's performance on an immediate basis. In these cases, we are happy to meet with parents directly following the evaluation to discuss the test results. Your child may sit in the waiting room during this meeting (we have many things to keep him/her busy); for younger children, we suggest you bring another adult to sit with him/her. The meeting typically lasts 20 minutes (additional fee will apply). The report will be available within 48 hours.

Your child will be asked to participate in a series of activities that assess their cognitive functioning. **No practice is needed for these tests. In fact, formal preparation is discouraged as it will invalidate the test results. Further, the WPPSI-IV and WISC-V can be administered only once per year for the results to be valid. Please let us know if your child has taken the test within the prior 12 months.**

When preparing your child, it is best to tell them that they will be coming to our office to engage in "activities" or "work," rather than "play." You can tell them they will perform tasks that are similar to activities they do in school. We encourage you to refer to us by our first names so your child feels relaxed about the meeting. If your child wears glasses in school, please have him/her wear them for testing. Medication should be taken just as on a regular school day.

If your child is sick, please call us immediately and we will reschedule the evaluation. Rest assured that we will accommodate you as soon as your child is well. We prefer you stay in the office while your child is being tested.

A written report will be emailed to you within 7 days of testing. If you need the report more quickly, please alert the tester and we will make every effort to accommodate you. We will send the report to you and to any schools you indicate on the form provided; we do not charge a fee for this service.

Georgetown Office
1054 31st St, NW
Suite 312
Washington, DC 2000
(202) 333-6251

McLean Office
1355 Beverly Rd
Suite 320
McLean, VA 22101
(703) 556-6655

Bethesda Office
4915 Auburn Avenue
Suite 303
Bethesda, MD 20814
(301) 652-5550

Payment is due at the time your appointment is scheduled. We accept *Visa, MasterCard, Discover, and American Express*. We do not accept personal checks.

Thank you for choosing Georgetown Psychology Associates. We look forward to working with you and your child.

Please Note:

Psychologists in this practice currently have children attending Sidwell Friends School and Holton-Arms School. We do not believe this interferes with our objectivity to provide a valid assessment of your child. We do not have a role in any school’s decision making process regarding student admissions. If you prefer to work with a psychologist who does not have any personal connection to the above mentioned schools, please let our Program Manager know and we will promptly reschedule your appointment. We are also happy to refer you to psychologists outside of our practice. Please let us know if you have any additional questions.

Child’s Name		Date of Birth	
Test Date		Age	
Current School		Grade	
Parent’s Name (1)		Phone	
		E-mail	
Parent’s Name (2)		Phone	
		E-mail	
Marital Status of Parents		Note: if parents are separated or have joint legal custody, <i>both</i> parents must consent to the evaluation and provide signatures below.	
Mailing Address			
Who referred you to our office?			
Is there a language other than English spoken at home?	If so, please note languages here:		

If you are working with an educational consultant and would like us to release the report to the consultant, please provide his/her name and sign here.

Name:

Parent 1

Date

Parent 2

Date

If you would like us to release the report to schools, please list them here.

Please sign below indicating you:

1. Read the Admissions Testing Consent Form
2. Consent to having your child tested by Georgetown Psychology Associates
3. Agree to have Georgetown Psychology Associates email you the report through a secure/private link via ShareFile. We will provide you with the password to access document at the time of your appointment.
4. Attest that your child has not been administered the WPPSI-IV or WISC-V in the previous 12 months.
5. Agree that your child has not practiced tasks believed to be similar to the test in order to become familiar or proficient with the test. Either of these latter situations will invalidate the results.

Parent 1

Date

Parent 2

Date

If you would like our office to send the report to the school(s) listed above, please sign here. Most schools prefer reports be sent via email (by signing you agree to email and regular mail). If you do not have a list of schools identified at the time of testing, we will send the report to you. You may provide written consent at a later time authorizing us to release the report.

Parent 1

Date

Parent 2

Date