

**Jane Brown, Psy.D.**  
Jane Brown Evaluations, INC.  
1155 Warburton Ave. 8T  
Yonkers, NY 10701  
janebrown evaluations@gmail.com  
828-337-0247

### **CONSENT for Consultation and/or Psychological Evaluation**

Client:

DOB:

All aspects of the consultation and evaluation will be completed by Dr. Brown and Dr. Kathryn Robb. The assessment procedures used are individualized for each client and may include a combination of the following major categories:

Cognitive: Determine the strengths and weaknesses of the individual's thinking in multiple domains including general awareness, attention, impulsivity, memory, verbal comprehension, abstract thought, visual-spatial ability, language processing, problem solving, social comprehension and judgment. Academic and executive functioning will also be assessed. The evaluation will rule out or further clarify learning disabilities, ADD/ADHD, executive functioning deficits, autism spectrum disorders, and thought disorders or organic impairment.

Emotional: Assess emotional functioning including identity formation, emerging personality, and perception of self, others, and the world. Evaluate symptoms such as anxiety, depression, obsessive-compulsive disorders, and sleep problems. Assess personality and social functioning and obtain data regarding developmental history and family dynamics.

Behavioral: Screen for issues including but not limited to substance abuse, trauma and abuse, self harm, aggression, and other high risk behaviors.

Evaluation of current functioning and needs: Complete interviews with current school/teachers, current therapist/treatment providers, and past therapists/providers as needed. Complete checklists (self-report, teacher report, parent report) or other measures to collect data about current functioning in all domains.

Program Evaluation: Through written documentation, phone interviews, and on-site interviews and visits, evaluate whether potential academic and/or therapeutic programs meet the specific, comprehensive needs of the client evaluated. This may include verbal and/or written feedback about findings to the school district, educational advocate, or educational attorney.

### **CONSENT to Administer Psychological Testing**

I hereby agree to psychological testing for the child/adolescent named below. I understand that all test protocols and materials generated from the assessment are the property of Jane Brown, Psy.D. I understand that the results of the assessment will include specific recommendations to treat, remediate, or accommodate the client's current needs in all life domains (including but not limited to established diagnoses). Results of the testing will be presented verbally and may also be included in a written report if that is required. I understand that no information will be shared with another person or agency without my express written permission/consent.

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