



PATH

Psychology Assessment and
Treatment Services of Halton

paththerapyhalton.ca 289 206-4258

Psychological Assessment Information

Dear Client,

In preparation for your assessment, I would like to provide you with some information about the assessment process as well as a list of items I am asking of you (if possible). Please note, there are things you can do prior to the first assessment session, such as filling out questionnaires, gathering report cards, prior assessment/treatment reports, arranging with someone who knows you well (family member or a friend) to fill out questionnaires I will send to you by e-mail.

Description of Assessment Services Provided

The goal of assessment is to answer questions concerning issues such as a client's intellectual, academic, social and/or emotional functioning. This is generally accomplished through standardized testing (e.g., intelligence and academic tests), informal testing, interviews, questionnaires, observation, and review of previous records or reports.

Each assessment typically involves several visits to the clinic for a background interview, individual assessment sessions, and a feedback interview. Where clients are students, I may request questionnaires being filled out by the classroom teacher (s). Access to the client's records, such as copies of the report cards, IEP (Individual Education Plan) and any previous assessment reports (psychological, speech therapy, occupational therapy, paediatric, etc.) will be requested.

The results of the assessment include a description of the client's current level of functioning in the areas assessed as well as recommendations and, if necessary, referrals for further services. Feedback is provided both in a face-to-face meeting and in the form of a written report.

What Are the Clients Expected to Do?

I am asking the clients to provide the following:

- Fill out the Developmental History Form I will provide to you
- Gather the report cards and previous assessment reports
- Provide me with your e-mail address so that I can forward you the documents/questionnaires via email or in paper form.
- If you want me to send the questionnaires directly to your teacher, family member or a friend, I will need their e-mail address and a signed consent from you. Alternatively, I will send you an email you can forward to them yourself.
- For the assessment session, please bring water and healthy snacks

Assessment Sessions

The assessment starts with a meeting with you to discuss the assessment process, obtain consent, and gather more information about the presenting concerns.

The individual assessment sessions take approximately 4-7 hours depending on the assessment question. Some clients are seen over a period of one day with breaks (including lunch break) and some come for several shorter visits.

After the assessment is complete, we meet for a feedback session and I provide you with a report you can, if you choose to do so, share with your physician, and/or school/employer/treatment provider.

Preparing for the Assessment

There is not much you can do to prepare for the assessment session beside completing questionnaires and gathering the requested paperwork.

Please schedule the assessment sessions during the time of day when you usually function best. Try to come in rested and not hungry.

Risks and Benefits of Assessment

Psychological assessment typically presents a relatively low risk to participants. It is possible that clients may feel anxious about being “tested”; however, clinicians are trained to detect and respond sensitively to indications of anxiety.

It is also important that test results and written reports are used by clients and service providers with discretion in order to ensure that clients are not adversely affected by inappropriate use of such information (see description of confidentiality of records, below).

The benefits of taking part in the psychological assessment include the provision of a detailed description of strengths and weaknesses in the areas covered by the assessment (e.g., intellectual, academic, and social-emotional functioning), and specific recommendations for addressing areas of difficulty. For example, this information may be used to access special education services within schools or to provide information to your physician.

Confidentiality - Access to Information and Release of Records

All record relating to assessments are confidential and are retained in secure files in the clinic. Access to identifying information is limited to clinic staff.

Information pertaining to assessments, including written reports, may only be released to others with the informed consent of the legally authorized persons (usually the persons who gave the initial permission for the assessment). There are exceptions to the confidentiality policy that are required by law. Clinicians must report to authorities when there is suspicion of child abuse, when clients indicate that they may pose a significant danger to themselves or others, when clients report sexual abuse by a health care professional, if a client reports abuse of an elderly person in a long-term care facility/retirement home by staff of that facility, or when the court issues a subpoena for record or testimony.

Confidential records are kept for 10 years.

Cancelled and Missed Appointments

Once you have scheduled the appointment(s) I ask you to provide me with at least **48 hour cancellation notice**. If you miss an appointment, or cancel without 48 hour notice, you may be charged the entire session fee.

INFORMED CONSENT TO ASSESSMENT & TREATMENT

I (we) have reviewed Iwona Kaczmarzyk-Kozlowski’s Psychological Assessment Information Package and understand the policies relating to the assessment services, including the cancellation policy, and the limits to confidentiality. My (our) signature below indicate that I (we) accept the policies.

I (we) understand the meaning of “informed consent” and agree to request clarification if I (we) ever have any questions about the assessment and/or treatment process, its goals, procedures, possible risks, and anticipated outcomes.

I (we) understand that I am (we are) free to stop the assessment and/or treatment for any reason at any time.

Client Name

Date of Birth

Signature of Client

Date

Witness Name

Signature

Date