



# PATH

Psychology Assessment and  
Treatment Services of Halton

paththerapyhalton.ca 289 206-4258

## Psychological Assessment Information

### Dear Client,

You or your child were referred for a psychoeducational assessment at our clinic. Below I am providing you with information about the assessment process as well as a list of items I am asking of you. 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 your child's teacher to fill out questionnaires.

### Description of Assessment Services Provided

The goal of the 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 be 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. For adolescent clients, feedback is generally given both to parents and to clients. Feedback to older children is given in a developmentally appropriate manner. The age of consent for psychoeducational assessments is 18 years old. I will need the assent of your child.

### What Are the Clients Expected To Do

We are asking the clients to provide the following:

- Fill out the Developmental History Form I will provide to you
- In case of separated/divorced parents, you may need to arrange for their consent, if required by law
- Gather the report cards and previous assessment reports
- Provide me with your e-mail address so that we can forward you the documents/questionnaires via email. Let me know, if you are not comfortable with email – I will provide you with paper forms.

- If you want me to send the questionnaires directly to the classroom teacher, we will need their e-mail address and a signed consent. Alternatively, I will send you an email you can forward to the teacher(s) yourself.
- For the assessment session, please bring water and healthy snacks
- Please explain to your child what they are coming for and the length of time they are coming for as well. See the *Preparing Your Child for the Assessment* section below

### **Assessment Sessions**

The assessment starts with a meeting with the parents/guardians first 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. With younger children, the parent may need to be available to stay on the premises or until the child becomes more comfortable with the assessor. Some clients are seen over one day with breaks (including lunch break) and some come for several shorter visits.

After the assessment is complete, I do meet with the parent (s) and usually the child for a feedback session. I do provide a report that can be shared with the school, health care provider, etc.

### **Preparing Your Child for the Assessment**

Preparing your child for psycho-educational testing can reduce anxiety and encourage cooperation through the upcoming battery of tests. For example, please reassure your child that the reason for testing is to understand why school is a struggle despite hard work and attempts to do well. Please explain that the tests will contain a variety of questions, puzzles, drawings, stories, and games; and that the tests are not painful and are NOT meant to understand whether the child is 'crazy'. What is important, offer the child hope that the evaluation should show adults how best to help. Be open and honest as much as possible. Offer a reward for cooperation and putting forth best effort.

Schedule the assessment sessions during the time of day when your child usually functions best. Try to retain your child's favorite classes or activities so that testing will not be a negative experience. Ensure that the child is well rested and not hungry. Take something along to do while you wait; stay in the area during the testing. Your child will feel better knowing that you are around.

If your child becomes anxious in new situations, prepare them as best you can. Let them know they can wear favorite clothes or bring a well-loved toy. Let them know you'll be in the waiting room during the session. Visit the facility ahead of time if you think that will help. If your child is anxious about the testing itself, let them know that most kids enjoy it because it involves puzzles and drawing and some challenges, but no grades. They can take breaks and have snacks and go to the bathroom. Let them know they just have to be themselves.

### **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 be used 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, and to provide programming suggestions for teacher or tutor.

### **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 other parties with the informed consent of 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 or, in case of a child, until the 29<sup>th</sup> birthday.

### **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 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(s) 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 (Child) Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Client/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Client/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Name and Signature)

\_\_\_\_\_  
Date