
APPLICATION FOR PSYCHOEDUCATIONAL ASSESSMENT SERVICES

This information is collected under the authority of s.33 (c) of the *Freedom of Information and Protection of Privacy Act*. It is required to evaluate your application for psychoeducational assessment at ISE.

If you have any questions about the collection or use of this information, please contact the Administrative Coordinator by phone 403-220-2851 or email: ise@ucalgary.ca

Client's Last Name: _____ Client's First Name: _____

Date of Birth: _____
 Month Day Year

Name of Parent/Guardian of the Client:

(To be completed if the client is under eighteen years of age)

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

Initial each item to signify your understanding of, and agreement with, the following statements:

_____ I have read and understood the *Conditions of Service* as outlined on the ISE website.

_____ I acknowledge that ISE is a teaching clinic and that assessments will be completed by graduate student(s) under the supervision of qualified Faculty and staff within the School and Applied Psychology program, University of Calgary.

_____ I hereby grant permission for staff of ISE to read and screen the information provided in the ISE Family History Form as a basis for determining eligibility and assigning this case for psychoeducational assessment.

Name of Client/Parent/Guardian

Signature of Client/Parent/Guardian

Date