



Dear Prospective Client,

Thank you for contacting Mercy Education Resource Center regarding psychoeducational assessments.

The information in this packet explains our procedures, fees, and signature and/or initials required for assessment services. Upon the return of all required forms the School/Educational Psychologist will contact you to schedule an appointment.

If you are a parent/guardian of a child enrolled at a private school we have provided you with an information sheet explaining the school's responsibility and your rights under the law.

After reading all provided information, please follow the Check Sheet and return required forms to Mercy Education Resource Center.

Please do not hesitate to contact us, if you have any questions. We appreciate the opportunity to be of service.

Thank you again,

Mercy Education Resource Center



## Client - Assessment Procedure

### **Step 1:**

You have received a packet of forms and information. Please read everything.

### **Step 2:**

You have decided you want to proceed with the psychoeducational assessment. Please, use the Check Sheet to help you complete and return all required forms.

### **Step 3:**

After Mercy Education Resource Center receives all completed forms and the non-refundable **deposit of \$50, you will be called** in order to schedule a Parent/Client interview. The interview will be scheduled on a weekday and lasts approximately 1 hour. During this meeting relevant information is shared. Please bring any educational reports, medical information, work samples or anything else you may think is important.

### **Step 4:**

Parent/Client will be given an assessment plan to sign. The assessment (tests) will be explained before scheduling an appointment with your child or yourself for testing. (Testing requires 2 days, approximately 2.5 hour periods preferably) **Fee of \$475 due – on the first day of testing.**

### **Step 5:**

After all testing has been completed a final meeting will be scheduled to review the results. **Fee of \$475.00 is due before or on day of final meeting.**

### **Step 6:**

At the final meeting you will receive assessment results and a written report. The report includes recommendations such as academic interventions, and/or home/social strategies. If you would like the information shared with others, a meeting located at the Mercy Education office or your child's school can be scheduled. In lieu of a meeting, a scheduled conference call can also be arranged.



**Mercy**  
Education Resource  
Center | Maximizing Potential

## CHECK SHEET

Please initial each item after reading or completing, RETURN forms to Mercy Education Resource Center as indicated.

1. Dear Client/Parent/Guardian letter \_\_\_\_\_
2. Assessment Procedure: Step-by-Step \_\_\_\_\_
3. Parental Rights & School Legal Requirements \_\_\_\_\_
4. Personal History Questionnaire, RETURN \_\_\_\_\_
5. Consent to Administer Psychoeducational  
Assessment Testing, RETURN \_\_\_\_\_
6. Consent to Release Information (2 forms), RETURN
  - a. Please complete 1<sup>st</sup> form if you would like information from school, agency, or medical doctor, etc. sent to us. \_\_\_\_\_
  - b. Please complete 2<sup>nd</sup> form for Mercy Ed. to release information. (Including collaboration w/child's teacher or principal.) \_\_\_\_\_
7. Explanation of Cost in Relation to Procedures \_\_\_\_\_
8. **\$50 Non-Refundable deposit, (Required to schedule 1<sup>st</sup> appointment)** \_\_\_\_\_



## **PARENTAL RIGHTS & SCHOOL LEGAL REQUIREMENTS**

### **PARENT RIGHTS IN ASSESSMENT PROCESS**

\*You have the right to obtain a psychoeducational assessment at NO COST to you through your education institution/child's local school district.

\*You have the right to confidentiality except for valid purposes such as (1) obtain appropriate professional consultations, (2) protect the client, psychologist, or others from harm, (3) you have given consent to contact person(s), organizations and the disclosure cannot be avoided and (4) if a court of law issues a subpoena as to the reasons for/or the results of testing.

\*You have the right to discontinue the assessment at or during any time, BUT you are required to pay Mercy Education Resource Center for services that were provided in the assessment process.

### **PARENT/GUARDIAN RIGHTS FOR STUDENTS IN PRIVATE/PAROCHIAL SCHOOLS**

"Child Find" process in private schools is the same process already in place in public schools, including individual evaluations. If the district and parent disagrees over eligibility for special education or refuses to conduct an evaluation then parent may use due process procedures. (Title 34 Code of Federal Regulations Part B, Section 300.504)

The school must obtain parental consent before identifying or evaluating a child for possible special education. (Parents are to receive a copy of their rights. No assessment can be conducted without parental consent. Calif. Education Code Part 30. Special Ed. Programs Section 56321)

A student is referred for assessment only after interventions in regular education have been documented as not working. (Ed Code Section 56303)

Consent for initial assessment is NOT consent for initial placement in Special Education or related services.

### **LEGAL REQUIREMENTS PRIVATE/PAROCHIAL SCHOOLS**

Each district, County Office of Education, or a SELPA (Special Education Local Plan Area) is legally responsible for identifying students with exceptional needs. This includes identifying and assessing suspected students in private and parochial schools. State and Federal Laws now require what is known as, "Child Find." (Section 300.451 Title 34, Code of Federal Regulations & California Code of Regulations, Title 5 Title 20 U.S. Code Section 1412(a) & Section 1413 (a)(1).

The assessment will be conducted by persons competent to perform the assessments. This is determined by the school district, county office of education or SELPA. (Education Code Part 30, Section) The assessment results are given to you at an IEP (Individual Education Program) meeting. The IEP Team will decide if your child qualifies for special education services. Education Code Part 30, Section 56323).

If you disagree with Team's decision, you have the right to obtain an Independent Educational Assessment. Ask about your rights!!



### Personal History

(This information will be held in strict confidence)

- Instruction   
  Counseling   
  Full Assessment   
  Primary Assessment  
 Gate Assessment   
  AD/HD Assessment   
  Dyslexia Assessment   
  Advocacy

Client's Name		Birth Date	Today's Date
Address		City	Zip
Grade:	School:	Teacher:	School Phone#
*What phone number can we contact you at, and can we leave a message? Yes / No			Phone #
Would you like to be on our mailing list? Yes / No			
Would you like to receive our e-newsletter? Yes / No		e-mail address:	
How did you hear about us?			

Parent or Guardian's Name		Who to notify in an emergency other than the parent	
Address		Address	
City/State	Zip	City/State	Zip
Phone #	e-mail:	Phone #	Relationship

Payment Policy: Payment is required at time of service (unless a payment plan has been arranged in advance of receiving service.)	
Appointment Policy: 24 hour notice is required for appointment cancellation. Failure to keep an appointment without prior notice will result in a full service charge	
Who will pay this account?	Mailing Address:
Phone #	e-mail:
Please indicate how payments will be made: Cash _____ Check _____ Visa/Mastercard _____	
(Card # _____) Exp. Date ____/____/____ Security Code _____	
Signature of Cardholder:	
Signature of responsible party, client, parent/guardian:	Date:

- ☞ **Financial Assistance Requested:** Yes \_\_\_\_\_ No \_\_\_\_\_ (If **yes**, please request a financial aid packet.)
- ☞ **Primary Language Spoken in the Home:** English \_\_\_\_\_ Spanish \_\_\_\_\_ Filipino \_\_\_\_\_ Chinese \_\_\_\_\_ Other \_\_\_\_\_
- ☞ **Ethnicity:** Caucasian \_\_\_\_\_ Latino \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_
- ☞ **Family Information:**  
 Parents: Two Parent Family \_\_\_\_\_ Divorced/Separated \_\_\_\_\_ Single \_\_\_\_\_ Mother Deceased \_\_\_\_\_  
 Father Deceased \_\_\_\_\_ Child: # of Siblings \_\_\_\_\_ **Total # in Family** \_\_\_\_\_
- ☞ **Gross Family Income:**  
 A. \$16,000 or under \_\_\_\_\_ B. \$16,000 - \$22,000 \_\_\_\_\_ C. \$22,000 - \$30,000 \_\_\_\_\_ D. \$30,000-\$40,000 \_\_\_\_\_  
 E. \$40,000 - \$55,000 \_\_\_\_\_ F. \$55,000 - \$70,000 \_\_\_\_\_ G. \$70,000 or above \_\_\_\_\_



## Assessment Services/ Consent to Administer Psychoeducational Assessment Testing

\_\_\_\_\_  
Client's Name

I hereby give consent for psychoeducational testing for the client named above. I understand that this service is available to me free of cost through my local public school –or- educational institution.

I understand that Mercy Education Resource Center provides psychoeducational assessments for a fee and that only a qualified psychologist conducts the assessment.

I understand that assessment information is kept Confidential and give my permission that information can be obtained either orally or in writing from other agencies or persons as part of the total assessment process.

I understand that assessment is a process that includes consulting, in-person testing, diagnosing, interpreting and the making of recommendations. I understand that I can discontinue this process, but I am obligated to pay the fees for the services received as explained on the Fee Schedule.

Members of the assessment staff work as a team. Your child's/teen's assessment will be completed by a postdoctoral psychological assistant and she will be supervised by a licensed clinical psychologist. California's professional training regulations require the psychological assistant to consult with her supervisor in order to provide the best possible care. These consultations are for professional and training purposes and may be audio-taped.

I understand that I will receive one written report but that all the forms, and test materials are the property of Mercy Education Resource Center and are considered confidential. I understand that I have the right to copy the written report and give it to whomever I choose.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registered Psychologist

\_\_\_\_\_  
Date



## CONSENT TO RELEASE INFORMATION

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The following items are requested:

- \_\_\_\_\_ Medical Information
- \_\_\_\_\_ Psychoeducational Assessment/Report
- \_\_\_\_\_ Academic Records/Reports
- \_\_\_\_\_ Telephone Consultation
- \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dept.: \_\_\_\_\_

Phone: \_\_\_\_\_

I authorize the agency, school district/college records department, person, organization, or designated professional to send the items requested above, and/or any other pertinent information in your records to Mercy Education Resource Center.

I authorize you to verbally communicate with Mercy Education Resource Center personnel to share relevant information, history, or educational data pertaining to the client named above.

I authorize you to release the information under the Family Education Rights and Privacy Act of 1974, Title 20 United States Code, Section 1232 (g), and protecting Confidentiality as required in Title 34 Code of Federal Regulations, Sections 300.572 through 300.573.

\_\_\_\_\_  
Signature of client/parent/guardian

\_\_\_\_\_  
Date

SEND RECORDS TO: Mercy Education Resource Center  
6007 Folsom Blvd., Suite #200  
Sacramento, CA 95819  
Phone (916) 737-6026  
Fax (916) 737-6507



## *Parent Consent for Release of Information Regarding*

\_\_\_\_\_  
 Child's Name

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

It is your right to have information regarding counseling and/or psycho-educational assessment results held strictly confidential (within legal constraints). At times, however, it may be of value to you and your child to have the professional staff at Mercy Education Resource Center communicate with his/her school, physician etc. Your signature on this form gives Mercy Education Resource Center permission to give the psychological report, including outcomes and recommendations to the party(s) names below. Be informed that the psychologist may or may not determine that your child be best served by special education provided by the public school system. The psychologist strives to serve in the best interest of your child but will not be held responsible for decisions made by your child's school.

While you need not sign this consent, Mercy Education Resource Center's philosophy maintains that the child's best interest is served when all those involved in his/her education participate in the decision making process. Please consider this matter carefully, initial or check the appropriate statement(s) below and sign the approval if you give consent.

- I hereby give permission for a report of all confidential information about the above named child in the files of Mercy Education Resource Center to be released to the following:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City/Zip

and/or

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City/Zip

- I give my consent for information to be shared between Mercy Education Resource Center and my child's school.

\_\_\_\_\_  
 Signature of Parent/Guardian

Date: \_\_\_\_\_



***Explanation of Cost in Relation to Procedures***

Assessment and advocacy services always require detailed and time consuming activity. Each student requires individualized attention and so the cost may vary. It is hoped that by being familiar with procedures, you will better understand our fees.

**Fee: \$1000.00**                      ***General Procedure: Assessment***

<b><u>Task</u></b>	<b><u>Approximate Time</u></b>
I. Screening Call	
A. Packet sent to/returned by parent	
B. Packet sent to/returned by teacher	
II. Interview at Mercy Education Resource Center	1 hour
A. Parent or Client	
B. Assessment plan written	
III. Assessment Session's with Psychologist	
A. Day 1 - Testing	2-3 hrs.
B. Day 2 - Testing	2-3 hrs.
IV. Test analysis, recommendations (Psychologist only)	4-5 hrs.
V. Final meeting with parent	1 hour
A. Review test results	
B. Written report given to client/parent	

\* A **non-refundable deposit** of **\$50** will be applied to the cost of the assessment.

- **Fee: \$475** due before 1<sup>st</sup> day of testing
- \$475** due before final meeting

Additional materials and fees:

- Summary sent to the school \$85
- Additional meeting \$85 per hour



## Price List

### Assessment

Psycho-educational Assessment (4-5 hrs testing)	\$1000
Deposit - waiting list	\$50
Balance due <u>before giving report out</u>	\$950
Dyslexia Testing	\$1000
Primary Assessment-School Readiness (3 hrs testing) Pre-K, Kindergarten, 1 <sup>st</sup> grade	\$550
Gate Testing (2 hrs testing) 1 <sup>st</sup> grade and up	\$400
A.D.D. (3 hrs testing)	\$450
Advocacy	\$85 hr
Consultation	\$85 hr