

**Daniel Davies, Ph.D., L.E.P.**  
L.E.P. #3372

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AGREEMENT FOR SERVICES:  
Psychoeducational Evaluation Via Telepractice or In-Person

I authorize Daniel Davies, Ph.D. to administer individual psychological, social/emotional, neuropsychological, academic achievement, and/or information processing tests with my child. Assessments may be performed via Telepractice or in-person.

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

The specific tests administered will be those that are designed to appropriately assess intellectual, emotional, and achievement factors and will be used in formulating pertinent recommendations.

For virtual assessments, testing will be conducted using a HIPAA-compliant telepractice platform called Thera Link. There are potential risks and benefits of video conferencing that differ from in-person assessment. While research shows a strong relationship between in-person and telepractice performance on many of the assessments administered, the assessments have not been normed for telepractice. This may limit their validity. Because the assessor is in a separate setting, the ability to maintain confidentiality is more limited in spite of the use of a secure platform. Additionally, parent support may be needed to aid in proctoring certain parts of the assessment.

The fee for this service will be \$XX and will cover all testing sessions, written assessment report, parent conference, school observation (if applicable) and school meeting (e.g., IEP meeting). I agree to pay the fee on the following schedule:

- a) \$XX at the intake interview/ initial session
- b) \$XX due at the time the assessment report is presented to the parent.

Personal checks are accepted, made out to Daniel Davies, Ph.D.

Travel time in excess of one-half hour, as well as additional consultations and meetings, will be provided at the rate of \$XX per hour. I understand that I will be responsible for the hourly fee for missed appointments or for appointments not cancelled twenty-four hours prior to the scheduled time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_