

Plan, Cost Estimate, and Contract for Assessment Services

Based upon the results of preliminary psychodiagnostic interviewing, this form represents a **contract** for additional services and an estimate of the total cost for the assessments to be conducted. If additional assessment measures are necessary as a result of the planned assessment, their costs will be added and billed at the conclusion of the assessment process. This form is to remain in chart; student can receive copy for his/her records.

Student name: _____	Today's date: _____
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_____ **Verbal/Foreign Language Learning Disorders Evaluation - \$510**
Includes: Comprehensive assessment consisting of clinical interview, review of historical data provided by patient, intellectual functioning assessment, achievement functioning assessment, verbal memory assessment, verbal fluency assessment, auditory processing capacities screening, ADHD screening, current psychological status/substance use assessment.

_____ **Mathematics Learning Disorder Evaluation - \$400**
Includes: Comprehensive assessment consisting of clinical interview, review of historical data provided by patient, intellectual functioning assessment, achievement functioning assessment, visual & verbal memory abilities assessment, ADHD screening, current psychological status/substance use assessment.

_____ **ADHD Evaluation - \$520**
Includes: Comprehensive assessment consisting of clinical interview, review of historical data provided by patient, self-report symptom and functional rating scales, verbal & visual memory assessment, attention/concentration/impulsivity assessment, intellectual functions level estimate, current psychological status/substance use assessment, collateral interview(s) with significant others by phone or in person, learning disorder screening.

_____ **Combined Verbal/Foreign Language Learning Disorders & ADHD Evaluation - \$720**

_____ **Combined Math Learning Disorder & ADHD Evaluation - \$610**

Supplementary Tests *(to be administered as indicated)*

_____ Personality Assessment Inventory	\$60	_____ MMPI-2	\$60
_____ Millon Clinical Multi-axial Inv.	\$60	_____ Beck Depression Inventory-2	\$10
_____ Nelson-Denny Reading Test	\$45		
_____ other(s): _____			

Total cost: _____	Testing scheduled for date(s): _____
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- A deposit of \$75 is required in order to reserve the time needed for the planned assessment.**
- If the deposit is not collected within two business days of the initial consultation, the planned assessment will be cancelled.**
- The deposit will not be refunded if the student fails to provide at least three business days' notice of any need to cancel or reschedule a planned assessment.**
- All remaining balances (less the \$75 deposit) must be paid prior to the initiation of testing. Fees for these services are to be no later than arriving for the scheduled assessment.**
- Any balance due after testing has been done (e.g. due to a bounced check) must be paid before a feedback session will occur.**
- Students failing to pay in full may be blocked from course registration until and unless the full balance is paid to us for any and all assessment services.**
- Students may pay by cash, check, or bankcard. Students using bankcards must do so at the Treasurer's Office and must provide us with the resulting receipt of payment on the day of testing. Please use account # 9-60005-0998 at the Treasurer's office for this method.**
- STUDENTS MUST REFRAIN FROM USE OF PRESCRIPTION STIMULANT MEDICATIONS, CAFFEINE, TOBACCO/NICOTINE, ALCOHOL, AND ILLICIT DRUGS FOR AT LEAST 16 HOURS PRIOR TO THE START OF TESTING ON THE DAY(S) OF TESTING. PLEASE TELL US IF YOUR PHYSICIAN OBJECTS TO THIS IN ANY WAY.**

I agree to CASAS Psychoeducational Assessment Services according to these provisions. Printed Name: _____

Signature: _____

Date: _____ Interviewer's initials: _____