



Dr. Miho Counseling Room

<https://drmiho.com>

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Bangkok 10240**

Psycho-educational Assessment Information / Informed Consent

Psycho-educational Assessment provides snapshot information on the child's current functioning and areas for growth and development. It mainly consists of two parts:

Cognitive Functioning

- IQ (How the mind and brain effectively work day to day)
- Achievement (What skills the child has already developed and how well they are likely to do in school)

Assessment for Emotional and Interpersonal Functioning: Effective in obtaining qualitative information on the child's phenomenology in the following areas:

- Self-concept and self-esteem
- Predominant struggles and concerns
- Coping strategies
- Fears and anxieties
- Relation to family members, school authorities and peers

Once testing is completed, the data will be analyzed and a report will be written. You will then have the opportunity to meet with your clinician to discuss the results and receive a copy of the report. Our general turnaround time for completed reports is about 2-3 weeks.

Types of Evaluations/Payment

Japanese Assessment: KABC II Japanese Version, Beery-Buktenica Developmental Test of Visual-Motor Integration Sixth Edition, Projective Tests (KFD, CAT or TAT, Sand Tray). A full report in English will be provided. The Testing Fee is 6,000 THB. Payment should be made to the bank account below at least one day before the counseling session. Please be sure to send me a copy of your payment by email.

Bank Name: Krungsri Bank

Account Name: Mrs. Miho Katsumata

Account Number: 326-1-51775-9

I am also able to offer an English speaking psychoeducational assessment collaborating with other professionals. The fee for the English speaking service would differ from my own service. Please connect with me for further details.

Informed Consent

I understand that the information obtained in this evaluation is confidential and will not be released to any person or organization without my written permission. There are exceptions to this policy. I understand the test results will be released to school if my child was referred for this assessment by my child's school for making necessary adjustments and accommodation in school to help her or his learning. Other rare situations are in which you are required by law to release information with or without my permission. These are: 1) if there is evidence of physical and/or sexual abuse of children or abuse to the elderly; 2) if you judge that I am (or my child is) in danger of harming myself (herself/ himself) or another individual; and 3) if my records are subpoenaed by the court. In the rare event of any of these situations, you would attempt to discuss your intentions with me before an action is taken, and you would limit disclosure of confidential information to the minimum necessary to insure safety.

I understand that I have the right to discontinue the evaluation process at any time. However, I understand that you may be unable to provide feedback of the test results if testing is terminated, and that I will still be responsible for payment of any testing, scoring, and evaluation time provided up until that point.

By my signature below, I acknowledge that I consent to a psychoeducational evaluation by you, that I have been informed of the policies regarding evaluations and that I agree to all of the payment arrangements outlined in this form. I fully understand my rights and obligations as a client and I freely agree to this assessment.

Parent's Signature Date (Please print name)

Clinician's Signature Date (Please print name)