

Tracking Number:

Integrated Clinic for Behavioral and Learning Evaluation
Integrated (CBLE)
College of Professional Education
Texas Woman's University
Denton, TX 76204

Consent Form - Adult Assessment

Date of Consent _____

Date Consent Expires _____

I consent to an evaluation conducted by the TWU Integrated CBLE Project Team for the purpose of gaining information from that learning and behavior assessments that will be administered by graduate students being trained in assessment in their respective fields. All graduate students will receive live supervision for this assessment provided by licensed faculty from Texas Woman's University who are credentialed in their respective fields of reading, special education, counseling and development, family therapy, and psychology.

Name of Adult: _____

Date of Birth: _____

I further understand that, as part of their training, other students may be viewing the intake and assessment for this client; at all times, confidentiality will be maintained. In addition, the student therapist may tape this assessment and that this tape may be shown to the staffing committee of the Integrated CBLE Project. I also understand that this tape will be erased no later than one week after the Integrated Team report is delivered to me, unless I agree to other arrangements.

Signature of Client

Printed Name of Client

Mailing address

City, State and Zip