



Sharone N. Gilbert, Psy.D.
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NEUROPSYCHOLOGICAL ASSESSMENT **POLICIES & PROCEDURES**

Dear Parent,

The following serves to describe the neuropsychological assessment process. Please review the procedures and fee schedule and sign below to indicate your compliance with the terms and conditions of this relationship.

I. ASSESSMENT:

- Your child will attend 3 to 5 testing sessions each lasting up to 2 hours. Breaks will be given as needed. Each session will involve assessment of your child's cognitive abilities, academic performance, neuropsychological and emotional functioning.
- Parents will be given self-report questionnaires to complete and will undergo interviews regarding their child's developmental history and presenting issues.
- A school visit by the psychologist may be required as part of the evaluation.
- Disclosure of any information to anyone is at the discretion of the parents and will require signed consent forms supplied by The Pace Group
- With appropriate consent, the psychologist will contact and confer with teachers, therapists and/or any other supportive service providers involved in the child's academic, developmental and/or psychological well-being
- A final meeting with parents will be scheduled after the testing has been completing to review results and to determine a course of treatment/action. Recommendations will be made at that time and recorded in an extensive written report

II. CANCELLATION

- At least 24 hours notice is required for cancellation of a pre-scheduled testing session.

III. FEE SCHEDULE

- The estimated fee for the will be provided to you prior to your first meeting. I do NOT participate in any insurance but will provide a bill to be submitted to your carrier for reimbursement.

Payment is expected as follows:

- Payment of half the estimated amount is due at the first session. Checks should be made payable to Sharone Gilbert, Psy.D. Credit cards are not accepted.
- The remaining balance is due at the final testing session. The testing report with follow.

IV. FOLLOW UP

- Contact with me is not limited to the evaluative process. Parents are welcome to contact me during and after the evaluation is completed with questions and concerns regarding the child's psychological well-being.
- This is an ongoing relationship in which testing and re-testing may be required as your child continues to grow. Please feel free to contact me at any time with questions regard your child's psycho-educational needs.

Please sign to indicate your review and understanding of the process.
Thank you and I look forward to working with you and your child.

Sharone N. Gilbert, Psy.D.
License Clinical Psychologist
NYS License # 017004-1

Parent/Guardian

Date