



# STEPHEN F. AUSTIN STATE UNIVERSITY

THE UNIVERSITY OF TEXAS SYSTEM ★ NACOGDOCHES, TEXAS

**Department of Human Services and Educational Leadership**  
**School Psychology Assessment Center**

P.O. Box 13019, SFA Station • Nacogdoches, Texas 75962

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*For electronic use only*

## CONSENT AND AGREEMENT FORM FOR PSYCHOLOGICAL TESTING

I, \_\_\_\_\_, consent and agree to allow \_\_\_\_\_,  
a Stephen F. Austin State University student practicing to become a school psychologist, to perform one, some, or all of  
the following services:

- Psychological testing, assessment or evaluation
- Report Writing
- Consultation with school personnel
- Clinical Observation
- Consultation with Colleagues

Start date of experience: \_\_\_\_\_

Estimated end date of experience: \_\_\_\_\_

This agreement concerns \_\_\_\_\_ (the client/ the client of whom I am a legal guardian). I understand that the student mentioned above will maintain confidentiality of all testing results, is not licensed to diagnose or consult based on these results, and may simply be observing the work of their colleague. Furthermore, I understand that I may contact Dr. Nina Ellis-Hervey for any questions or concerns that may arise. Her contact information is presented below.

Nina Ellis-Hervey, Ph.D., N.C.S.P., L.S.S.P., P.L.P.  
Licensed Specialist in School Psychology #70264  
Provisionally Licensed Psychologist #37316 Director  
Assistant Professor Human Services  
(936) 468-1306

\_\_\_\_\_  
CLIENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE