



Rum River Counseling, Inc.

Main Phone 763-482-9598

www.rumrivercounseling.com

email: office@rumrivercounseling.com

Fax 612-235-6447

2705 Bunker Lk Blvd. NW
Suite 100
Andover, MN
55304

11855 Ulysses St NE
Suite 250
Blaine, MN
55434

2215 S. 6th St.
Brainerd, MN
56401
(218) 838-9812

333 Grand Ave.
Suite 205
St. Paul, MN
55102

18315 Cascade Dr.
Suite 110
Eden Prairie, MN 55347
(952) 270-3822

4600 Oak Grove Pkwy
Brooklyn Park, MN
55443

Psychological Evaluations Services and Fee Agreement

Description of services to help you to determine what type of testing would be most useful.

Psychological Evaluations

(Used when the question is primarily one of mental health.)

Full Psychological Evaluation: This includes cognitive, emotional and personality testing, and provides in-depth information on an individual's functioning in all three of these areas. It is useful to help understand what a person is thinking and feeling, their underlying personality structure, cognitive strengths and limitations, coping skills or areas of weakness in coping, and why a person behaves as he or she does. In clinically complex cases and/or cases in which it is hard for a person to get in touch with or articulate what the problem is he or she is experiencing, a full psychological evaluation can be an invaluable resource for providing diagnostic clarification and treatment recommendations. Evaluation is broken down into at least two sessions to avoid fatigue for the client and thus result in the clearest diagnostic results. **Cost is \$1,750.00**, full amount due at feedback session. If parents want to test for learning disabilities and therefore want achievement testing included as well, the total cost is \$2,200.00.

Abbreviated Psychological Evaluation: This includes emotional and personality testing, and provides in-depth information on an individual's functioning in both of these areas. It is useful to help understand what a person is thinking and feeling, their underlying personality structure, coping skills or areas of weakness in coping, and why a person behaves as he or she does. If previous cognitive testing exists, or if it seems fairly certain that cognitive limitations do not bear on the case, an abbreviated psychological evaluation can be an invaluable resource for providing diagnostic clarification and treatment recommendations. **Cost is \$1,280.00**, full amount due at feedback session.

Psychoeducational/Educational/Academic Evaluations

(Used when the question is primarily educational.)

IQ & Achievement Evaluation (LD Evaluation/Gifted Evaluation): This includes IQ test and Achievement tests, which will provide in-depth information on several factors of intelligence (such as factual knowledge, short-term memory, abstract reasoning, visual-spatial abilities, and common sense), academic strengths and weaknesses, mastery of specific subjects, and the presence of a learning disability. The results are also used by many educational programs to determine the "gifted" label. Evaluation will be done in one or two sessions. **Cost is \$975.00**, full amount due at feedback session. (If school observation or visit is required, this is billed at an additional \$165.00 per hour, port to port, due in advance.)

AD/HD testing: This includes AD/HD testing combined with full IQ test, clinical interviewing, play based observation, and rating scales. **Cost is \$850.00**, full amount due at feedback session. (If school observation or visit is required, this is billed at an additional \$150.00 per hour, port to port.)

IQ Testing only: This includes the Wechsler Intelligence Test IV (WISC-IV or WAIS-III), the standard in assessing IQ, which will provide in-depth information on several factors of intelligence (such as factual knowledge, short-term memory, abstract reasoning, visual-spatial abilities, and common sense), and on academic strengths and weaknesses. Results are also used by educational programs as part of the determination of the "gifted" label. At the

other end of the spectrum, the results can also identify mental retardation. Cost is \$500.00, full amount due at feedback session.

Achievement Testing only: This includes the Woodcock Johnson III (WJ-III), the standard in assessing academic achievement, which will provide in-depth information on a child's mastery of specific subjects and on academic strengths and weaknesses. Cost is \$500.00, full amount due at feedback session.

School consultation: School consultation is designed to assist in identifying a child's educational and behavioral needs at school and developing and implementing a plan to meet those needs. We may observe your child at school and talk with your child's teacher to assess concerns. We can meet with your child's teacher to discuss classroom interventions and accommodations. We can attend formal meetings with parents at their child's school (such as IEP or 504 meetings). You and your child may also attend sessions at our office focused on study and organizational skills and developing a homework contract. **Cost is \$165/hour to include driving time from the office.**

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS DOCUMENT AND THE THERAPIST-CLIENT SERVICES AGREEMENT, AND AGREE TO ABIDE BY THEIR TERMS DURING OUR PROFESSIONAL RELATIONSHIP.

In particular, please note the following important statements:

- \$100 is charged to the client for not appearing for a testing session**
- \$80 is charged to client for session canceled less than 48 hours before the testing date**
- Client is fully responsible to payment of evaluation fees. When insurance is billed it is not a guarantee that insurance will pay for services. Any remaining amount unpaid after insurance billing is fully the client's responsibility.**
- We do not offer refunds under any circumstances.**
- Payment is due in full before the feedback session and/or before the report is released. No report or information about the results of testing will be released to the client, doctor or school until the full payment is made.**

Please sign and date below to indicate that you have read the preceding information in full, and understand the information. Please ask for clarification of any information you are unclear about.

I have read and understand the Clinical Evaluation Services and Fee Agreement. I agree to the statements herein and the terms of payment.

_____/_____/_____
(Client or Parent/Guardian Signature) (Printed Name) (Date Signed)

Printed Name of Client to be tested