

Tiffany Griffiths, Psy.D. & Associates, Inc.

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INFORMED CONSENT AND AWARENESS DECLARATION

Thank you for the opportunity to work with your family in understanding and embracing the needs of your child. During your first appointment, we will review the needs of your family and we will discuss how the psycho-education evaluation will be conducted. By signing below you are indicating that you were informed by this office that psycho-education evaluations can be provided, as an educational right, through your child’s current school and information was provided on how to request these public services.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

In preparation for your upcoming appointment, enclosed are several forms for your review and completion. Please bring them to your first appointment.

Please obtain your child’s primary teacher’s email address and bring that to your first appointment. This will be used to send a form to the teacher for completion.

Please bring your child’s most recent report cards and vision and hearing screenings. By law, all Pennsylvania schools are required to test your child’s hearing and vision. Your child’s school nurse can easily provide you with testing results.

If your child wears glasses or contact lenses, please be sure they are brought to the testing appointment.

If your child takes any medication, please follow the medication guidelines provided in this packet.

Again thank you for the opportunity to work with your family and we look forward to meeting with you.

Sincerely,

Tiffany Griffiths, Psy.D. & Associates