**Clifford Beers Clinic Attendance Policy**

**Edwards Street Evaluation Services**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest in completing a psychological evaluation.  We understand that evaluations are a very important and useful tool in ensuring you and your child obtain the most helpful and comprehensive services.  Therefore, we want to be able to complete and deliver your evaluation to you and your providers as soon as possible.  In order to ensure the timely completion of your evaluation, we ask that you schedule all sessions in advance and complete all three testing sessions within a two week time period.

Please be aware, it is the clinic policy that you and your child attend all scheduled appointments.   If you must cancel your testing session, please do so at least 24 hours in advance.   Please also note that we have a tight schedule for evaluations, therefore if you miss an appointment, we may not be able to offer you another session for several weeks, which will delay the completion of your evaluation.  Moreover, if you miss more than two appointments, we may close all evaluation services with CBC and you will not be able to re-apply for an evaluation for one year.

We appreciate all your efforts to keep your appointments so we can provide effective and complete services for you and your family.  Thank you in advance for your cooperation.  Signing below indicates you understand and agree to this form and our policies.

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Guardian Name Date

**Thank you!**