

Consent for Autism Spectrum Assessment Evaluation

Date: _____

To Whom It May Concern,

I, **[Parent/Guardian Name]**, am the parent/guardian of **[Child's Name]**, born on **[Child's Date of Birth]**. I hereby give my consent for my child to undergo an assessment for Autism Spectrum Disorder (ASD) by **[Evaluator's Name/Organization]**.

I understand that this evaluation will include a series of standardized tests, interviews, and observations to determine the presence of ASD and understand my child's specific needs.

I acknowledge that I have been informed about the purpose, nature, and potential risks of the assessment, and I have had the opportunity to ask questions regarding the process.

I understand that my child's participation is voluntary and that I may withdraw consent at any time without any effect on my child's rights or future care.

By signing below, I consent to the assessment being conducted on **[Child's Name]**.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Contact Information:

Email: _____

Phone: _____