

Consent for Psychological Evaluation of Minor

Date: _____

To Whom It May Concern,

I, **[Parent/Guardian's Full Name]**, am the legal guardian of **[Minor's Full Name]**, born on **[Date of Birth]**. I am writing to give my consent for a psychological evaluation to be conducted by **[Psychologist's Name/Practice]**.

The purpose of this evaluation is to assess **[Minor's Name]**'s mental and emotional well-being and to gain insights that may help in their development and care.

I understand that the evaluation will involve interviews, questionnaires, and other assessment tools that are deemed appropriate by the evaluating psychologist. I am aware that I can request a summary of the findings and recommendations following the evaluation.

By signing this document, I affirm that I have the authority to provide consent for this evaluation and I understand the nature of the evaluation.

Thank you for your attention to this matter.

Sincerely,

[Parent/Guardian's Name]

Signature: _____

Date: _____

Contact Information:

Phone: _____

Email: _____