UNLV Student Name: ____________________________________

The above-named student is currently enrolled in a graduate course (EPP 710) at the University of Nevada, Las Vegas that covers the administration and interpretation of cognitive ability tests to children and adults. Cognitive ability tests measure how well an individual remembers what has been seen and heard, how information is used to solve problems, and how and at what rate one masters tasks. Results of these tests are often used within educational settings to assist in predicting future educational performance. For the course, this student is required to administer a number of these tests and write summary reports of the findings. This student is requesting your permission for either yourself or your child to be tested.

The individual subject's real name will not be used on any test materials. The completed test instrument will be shared with the professor for evaluation. Because the activity is designed only to provide an experiential learning experience, no results will become part of any record or will be shared with any faculty or staff member other than the professor for this course. All assessment information will be kept confidential and will not be released without written authorization from you. No educational placement or services will result from this assessment without further written permission. At the end of the course, the above-named UNLV student will share the results with you, if requested. The report of results will not reveal an IQ score, but will indicate the range in which the obtained cognitive score occurs (such as Average, Above Average, Below Average, etc.) and a listing of the subject's strengths and weaknesses identified from the testing.

If you have any concerns, please feel free to contact the professor for the course. Dr. Scott Loe, at 895-2949.

Please read and sign below to grant permission:

I agree to allow the above-named UNLV student to test me or my child. In addition, I agree to allow the testing session to be videotaped, if necessary. I understand that the testing and video will be used only in a training capacity for the EPY 710 course. Fall semester, 2010. I understand that my and/or my child's name will be kept confidential, and the results of the evaluation will be kept in strict confidence.

Print subject's name: ____________________________  Sex: ______  Date of Birth: ________________

Print parent's name (if subject is under 18) ____________________________

Signature of subject (or parent / guardian if subject is under 18) ____________________________  Date: ________________