



Assessment Experience Project – Personality Assessment

- This assessment, consisting of interview(s) and psychometric testing including a feedback session, will require approximately 6 hours of my time. All data will remain confidential and will be destroyed at the end of the semester.
- Examiner and volunteer will jointly agree on meeting times. Due to the clinical practices of EDCP 683/684 students, sessions will be scheduled primarily for Thursdays and Fridays. The clinic is not accessible on weekends or after 5pm weekday evenings. Students should not schedule assessments with volunteers outside of clinic hours (8:30am to 5:00pm).
- This educational project does not constitute a “clinical service” and as such no “client file” will be opened for the volunteer and written assessment reports cannot be provided.

Informed Consent

A student Examiner has described and explained the Assessment Experience Project provided by a Masters or Doctoral student in the McGill Department of Educational and Counselling Psychology. I understand the contents of this document and participate freely in this educational experience. I understand that I may terminate this educational project at any time.

Signature of Volunteer: _____ **Date:** _____

PLEASE PRINT; Last name, First name: _____



Assessment Experience Project – Cognitive Assessment

- This assessment, consisting of interview(s) and psychometric testing including a feedback session, will require approximately 8 hours of my time.
- This assessment will be recorded for training purposes. All data will remain confidential and will be destroyed at the end of the semester.
- Examiner and volunteer will jointly agree on meeting times. Due to the clinical practices of EDCP 683/684 students, sessions will be scheduled primarily for Thursdays and Fridays.
- The clinic is not accessible on weekends or after 5pm weekday evenings. Students should not schedule assessments with volunteers outside of clinic hours (8:30am to 5:00pm). This educational project does not constitute a “clinical service” and as such no “client file” will be opened for the volunteer and **written assessment reports cannot be provided.**
- Volunteers, who know that they will be involved in a clinical assessment of their cognitive abilities and/or cognitive achievement within the coming 12 months, should refrain from receiving a cognitive assessment within this project as this may render the subsequent clinical assessment results less valid.

Informed Consent

A student Examiner has described and explained the Assessment Experience Project provided by a Masters or Doctoral student in the McGill Department of Educational and Counselling Psychology. I understand the contents of this document and participate freely in this educational experience. I understand that I may terminate this educational project at any time.

I consent to be video recorded for the purposes stated above **Yes** **No**

Signature of Volunteer: _____ **Date:** _____

PLEASE PRINT; Last name, First name: _____