

Waiver of Feedback Session

I am requesting that Dr. Chidekel release the report of the neuropsychological evaluation of my child _____ to me directly. I understand it is Dr. Chidekel's policy to review the contents of the report in a meeting with prior to her providing me with a written copy of it. I understand that having a meeting prior to reading the report would provide me an opportunity to understand the conclusions and to speak with her about them. I waive the opportunity to have this meeting.

I understand that should I wish to schedule a meeting to discuss the evaluation after I have read it, such time will be billed at her customary hourly rate and she will schedule any meeting of this nature at her discretion.

Parent or guardian

Date

Address to which report is to be sent:

