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Laura Wingers, PsyD
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I understand that **Steven Quagliano, BA** is a Psychometrician and Autism Specialist under the supervision of licensed psychologist Paul Beljan, PsyD at Beljan Psychological Services.

I understand that **Beth Richter, MA** is a Psychology Doctoral Practicum Student under the supervision of licensed psychologists Paul Beljan, PsyD and Laura Wingers, PsyD at Beljan Psychological Services

I understand that **Dustin Howard, MA.** is a Psychology Doctoral Practicum Student under the supervision of licensed psychologists Paul Beljan, PsyD, at Beljan Psychological Services.

I understand **Chelsie Smyth, MA** is a Psychology Doctoral Practicum Student under the supervision of licensed psychologists Paul Beljan, PsyD at Beljan Psychological Services.

I understand **Ross Davids, MA** is a Psychology Doctoral Practicum Student under the supervision of licensed psychologists Paul Beljan, PsyD at Beljan Psychological Services.

I understand that **David Hayduke BA** is a Psychology Doctoral Practicum Student under the supervision of licensed psychologists Paul Beljan, PsyD at Beljan Psychological Services.

By signing this form I am agreeing to allow any of the aforementioned students and/or psychometricians to administer assessment measures under the supervision of the aforementioned psychologists to my child or myself (whichever is applicable) as a part of my child's or my evaluation (whichever is applicable).

I understand that I may contact at Beljan Psychological Services (602) 957-7600 with any questions or concerns at any time.

Patient's Name

Guardian's Name if patient is a minor

Patient/ Guardian Signature

Date