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Informed Consent regarding Postdoctoral Residency Status

I understand that my psychological services will be provided by a doctoral-level psychology resident under the direct supervision of a licensed psychologist. A psychology resident has completed all the educational requirements (which includes both assessment and treatment experience with clients) necessary for licensure as a psychologist and has completed a one-year internship.

Dr. Isabel Velásquez is a postdoctoral resident who received her PsyD in School Psychology from the American Psychological Association (APA) Accredited Program at Nova Southeastern University in Fort Lauderdale, Florida. She completed an APA-Accredited predoctoral internship at the Tennessee Internship Consortium in Psychology at the University of Tennessee and participated in a school-based track in Sweetwater, Tennessee. Dr. Velásquez has experience in a variety of settings including early learning and development intervention programs, early childhood settings, private and public-school systems, outpatient community mental health facilities, comprehensive psychoeducational clinics, and developmental assessment clinics. These experiences have helped to strengthen her skills in psychoeducational and neurodevelopmental assessment, individual and group psychotherapy, special education, school-based progress monitoring, and behavioral interventions. Dr. Velásquez is experienced in working with children and adolescents.

Dr. Velásquez is currently working under the direct supervision of Dr. Sheba Katz, Licensed Psychologist (PY8046) and Licensed School Psychologist (SS1051). Dr. Katz is kept informed of all the services performed by Dr. Velásquez and weekly supervision sessions are maintained. Psychological records, including diagnosis, evaluation, progress notes and treatment are reviewed, approved, and co-signed by this supervising psychologist. Dr. Katz may be contacted at 239-247-1756.

I _____ voluntarily give consent to receive psychological services from Isabel Velásquez, PsyD, postdoctoral resident at Katz Counseling and Educational Psychology for the purposes of psychological services. (*If applicable*: This consent also includes psychological services for my child/children _____).

Name of client

Signature of adult client or parent/guardian of client

Date