

Paul Beljan, PsyD, ABPdN, ABN
Vanessa Berens, PhD
Casey Heinsch, MAS, LAMFT
Sarah Bald, PsyD
Steve Quagliano, Autism Spclst
D. Wechsler, PsyD, Post-Doctoral Fellow



9835 E. Bell Rd., Ste. 140
Scottsdale, AZ 85260
(602) 957-7600
www.beljanpsych.com

I understand that **Daniel Wechsler, PsyD** is a Postdoctoral Fellow under the supervision of licensed psychologist Paul Beljan at Beljan Psychological Services.

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 **Ross Davids, MA** is a Psychology Doctoral Practicum Student under the supervision of licensed psychologist Vanessa Berens, PsyD at Beljan Psychological Services.

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

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

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

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

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

By signing this form I am agreeing to allow any of the aforementioned Post-Doctoral Fellow, 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