

**We encourage second and third year graduate students in School Psychology to participate in data collection projects for PAR.**



## Examiner Information Form

Please write your full and complete mailing address. Abbreviations in the address can lead to shipping difficulties with test kits and supplies. **We also cannot accept P.O. box addresses.** Thank you for your cooperation. We will use this information to update our records.

Name: \_\_\_\_\_  
 Dr.    Mr.    Mrs.    Miss    Ms.

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of school district or facility: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Profession: \_\_\_\_\_ Your degree/credentials for use in manuals: \_\_\_\_\_

Day phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Secondary e-mail address: \_\_\_\_\_

**1. Which age group(s) do you have access to and are you able to test?**

- 3-5
- 6-12
- 13-18
- 19-60
- 61-95

**2. Please indicate any clinical category(ies) you have access to and are able to test.**

- |                                                       |                                                    |
|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Specific learning disability | <input type="checkbox"/> Delinquent                |
| <input type="checkbox"/> Speech/language impairment   | <input type="checkbox"/> TBI                       |
| <input type="checkbox"/> Intellectual Disability      | <input type="checkbox"/> Hearing impaired children |
| <input type="checkbox"/> ADHD                         | <input type="checkbox"/> Dementia                  |
| <input type="checkbox"/> Autism spectrum              |                                                    |
| <input type="checkbox"/> Emotional disturbance        | <input type="checkbox"/> Other _____               |

**3. Please indicate any reliability samples you are able to test.**

- Test-retest
- Interrater

**4. Test administration qualifications (list the tests you administer on a regular basis).**

We would like your information even if you decide not to participate in current projects. By collecting your updated contact information we will contact you again in the future when another project begins. Please e-mail **strujillo@parinc.com** or fax the completed form to **813.449.4155**. Should you have questions, please call **813.449.4055** and ask for Sue Trujillo.

  
**Sue MaddenTrujillo, MS**  
Clinical Assessment Developer

## Psychological Assessment Resources, Inc. (PAR, Inc.) Nondisclosure Agreement

It is agreed between Psychological Assessment Resources, Inc. (PAR, Inc.) and \_\_\_\_\_  
(hereafter referred to as "I" or "me") as follows:

### 1. Data Collection/Examiner

PAR, Inc. has invited me to serve as an examiner for PAR data collection. This may last for the duration of the development period and may be terminated at any time by either party. Any and all results of my involvement in the development of any PAR product is considered proprietary information, as defined below, and PAR, Inc. retains the copyright to this information. In determining my willingness to participate, I may be presented with proprietary information, such as, but not limited to, a description of the work and software development specifics. Should I decide to participate, I acknowledge that I may be exposed to, or have possession and/or knowledge of, PAR, Inc. proprietary information of a technical or non-technical nature. At the end of the project, the data collector/examiner agrees to return any test materials and unused protocols to PAR, Inc.

### 2. Definition of Proprietary Information

As follows, the term "Proprietary Information" refers to any and all information of a confidential, proprietary, or secret nature that belongs to PAR, Inc. Such information includes: personnel information, hard copy or electronic copy of information/data derived from PAR, Inc. databases, any information deemed confidential on an ad hoc basis or information associated with its business areas of the commercial development, production, and distribution of psychological instruments or the publication or distribution of psychological publications.

### 3. Proprietary Information to Be Kept In Confidence

I acknowledge that PAR, Inc.'s proprietary information is a special and unique asset, and I agree at all times before, during my involvement, and thereafter to keep in confidence and trust all such information. I agree that I will not directly or indirectly use any of PAR, Inc.'s proprietary information other than in the course of my involvement as an examiner with PAR, Inc., nor will I directly or indirectly disclose any such proprietary information to any person or entity without the consent of PAR, Inc. Whether I choose to participate or decline to participate, I agree to maintain the confidentiality of these works, improvements, software development/code, copyrighted documents, or inventions produced by me for PAR, Inc. from this point forward.

I understand and agree to all aspects of the above agreement:

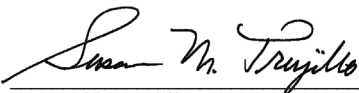
\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



\_\_\_\_\_  
Melissa A. Messer, MHS  
Director of Product Development

\_\_\_\_\_  
Date



\_\_\_\_\_  
Sue Madden Trujillo, MS  
Clinical Assessment Developer

\_\_\_\_\_  
Date