

**M-CAAP: MASOC Child and Adolescent Assessment Protocol  
Consent/Assent: Psychosocial Evaluation**

Individual: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Age: \_\_\_\_\_

I, \_\_\_\_\_, am the \_\_legal guardian of this individual or \_\_the individual and am aged 18 or older.

I understand that this evaluation is being conducted on behalf of the Massachusetts Department of Children and Families, and is expressly intended to evaluate the potential for continued sexually abusive and/or problematic sexual behavior, as well as general psychological and social functioning.

I understand that the individual being evaluated and persons associated with the individual may be interviewed in person and/or by electronic means including telephone or secure web-based systems.

I understand that the individual being evaluated may choose at any time to not participate further in this evaluation, and if the individual is aged 17 or younger the individual's legal guardian may also choose to have the individual no longer participate in the evaluation. I understand that under these circumstances, the decision of the individual or the individual's legal guardian will be reported by the evaluator to the Department of Children and Families. The Department of Children and Families may choose to direct the evaluator to complete the evaluation by means such as reviewing records and interviewing collaterals (subject to proper authorization) but without the participation of the individual referred for evaluation.

I affirm that I have been notified about the purpose and use of this evaluation, and limitations on confidentiality, and am aware that the written evaluation report will be provided to the Department of Children and Families.

My signature below acknowledges that I am the individual being evaluated and/or the legal guardian of that individual, and that I give consent for the evaluation. My signature additionally means that I have had the opportunity to ask any questions I may have regarding the purpose and/or use of the evaluation and/or limitations on confidentiality.

If the individual being evaluated is aged 18 or older, only the referred individual need sign to indicate consent.

If the individual being evaluated is aged 17 or younger, the individual signs to indicate assent and the individual's legal guardian signs to indicate consent.

\_\_\_\_\_  
*Assent: Signature of individual being evaluated: Consent, If age 18 or older*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Consent: Signature of Legal guardian, if individual being evaluated is aged 17 or younger*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of witness*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*