SCHOOL PSYCHOLOGY PROGRAM
UNIVERSITY & CARES
ASSESSMENT CLINICS

Handbook of Policies and Procedures

DEPARTMENT OF

Counseling, Leadership, Adult Education, and School Psychology

(CLAS)

TEXAS STATE UNIVERSITY

SAN MARCOS, TX 78666

Revised: September 2025

TEXAS STATE UNIVERSITY
SCHOOL PSYCHOLOGY ASSESSMENT CLINICS HANDBOOK
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INTRODUCTION

The School Psychology program at Texas State University offers two assessment clinic practicum experiences: the University Assessment Clinic and the CARES Assessment Clinic. The University Assessment Clinic, typically completed during the second semester in the program (following the completion of SPSY 5376 Psychoeducational Assessment), involves assessment of children, adolescents, and adults with concerns related to learning and/or factors that may impact learning (e.g., attention, anxiety). The CARES (Clinic for Autism Research, Evaluation and Support) Assessment Clinic, which is typically taken in the second year of the program, involves assessment of autism spectrum disorder in children, adolescents, and adults. Specific information and procedures for each clinic are provided later in the handbook.

Clinic Goals/Objectives

- Students will learn and put into practice ethical and legal aspects of professional school psychology as it relates to assessment, including confidentiality and informed consent.
- Students will apply knowledge of test administration, scoring, and interpretation in assessing clients with concerns related to learning and attention in a clinic setting (University Assessment Clinic).
- Students will learn, observe, and use test measures appropriate for the assessment of autism spectrum disorder (CARES Assessment Clinic).
- Students will integrate information from the assessment to formulate a case conceptualization, determine diagnoses and appropriate recommendations, and complete a comprehensive evaluation report.
- Students will utilize communication skills to effectively provide a verbal summary of assessment results to clinic clients.
- Students will work in a collaborative team assessment situation.

How to Use the Handbook

This handbook provides policies and procedures designed to ensure high-quality services, protect clients, students and supervisors, and assist students in accomplishing the goals and

objectives of the assessment clinic experience. All such policies and procedures are viewed as dynamic, and the handbook is reviewed and adjusted as needed. It is the responsibility of all supervisors and students to be fully cognizant of all current policies and procedures and to strive to adhere to these guidelines. Students should consult with supervisors and the Clinic Coordinator for specific information if additional questions arise.

The handbook is divided into two parts. The first part provides general professional guidelines. The second part includes information regarding the operations and procedures of the clinics. An Appendix is included at the end with forms used in the clinics.

Ethics

The University Assessment Clinic and the CARES Assessment Clinic operate in accordance with the principles of ethics as outlined by Texas State University as well as the Code of Ethics of the National Association of School Psychologists (NASP; see https://www.nasponline.org/standards-and-certification/professional-ethics), the American Psychological Association (APA; see http://www.apa.org/ethics/code/), and the Texas Behavioral Health Executive Council/Texas State Board of Examiners of Psychologists (BHEC/TSBEP; see https://bhec.texas.gov/statues-and-rules/).

Informed Consent

All clients undergoing an evaluation in the assessment clinics must first provide informed written consent by signing the Consent for Participation in Administration of Psychoeducational Assessment form (see Appendix). The contents of the form must be reviewed with the client prior to their signing it.

Confidentiality

All information disclosed during the assessment process, either through direct testing sessions or forms completed by the client, must remain confidential. Information may only be shared amongst members of the assessment team, the assessment supervisor, and the Clinic Coordinator in designated areas (e.g., clinic rooms, supervisor office) and should never be discussed in open public areas (e.g., hallways). Client records must remain in the Clinic area at all times. If a student needs information from the file to write up a portion of the report, they may make copies of the needed material with all identifying information removed or blacked out. These copies must be shredded immediately upon completion of the report write-up. No confidential client information is to be transmitted by e-mail (e.g., client report with identifying information). In the event that client sessions are audio- or video-recorded, all recordings must be destroyed at the end of the course. If reports or other client information must be obtained from or provided to an external source (e.g., school, psychologist, physician) as part of the

evaluation, an Authorization for the Release of Confidential Information form (see Appendix) must be signed by the client prior to contacting the source.

Limitations of Confidentiality

Specific legal statutes require reporting of the client's name and other identifying information to relevant public agencies such as the Administration of Children Services (ACS). These limitations of confidentiality include the following: a serious issue of harm to the client or others, indications of abusing or neglecting children, or any information requested by subpoena. In the event that a student perceives the presence of any of these conditions, he/she is charged with immediately bringing the matter to the attention of their supervisor or, if the supervisor is not available, the Clinic Coordinator or another program faculty.

Liability Insurance

All students registered for practicum must have professional liability insurance that covers them for the duration of the practicum experience. Any student who has not paid the liability insurance fee will not be allowed to work directly with clients until he/she has paid the fee. Copies of liability insurance must be provided to the clinic supervisor.

Enrollment in Practicum

All students participating in the University Assessment Clinic must register for their assigned section of SPSY 5389: Practicum in School Psychology (University Clinic). Students participating in the CARES Assessment Clinic must register for SPSY 5399B Essentials for the Assessment of Autism. The CARES Assessment Clinic was previously offered as an optional complementary experience as part of the required school-based practicum course, but as of Fall 2025 it is offered as an elective course.

Professionalism in Appearance and Behavior

When in the clinic area, students and faculty will present themselves in a professional and business-like manner in dress, appearance, and behavior in order to project an attitude of pride in service and respect for those being served. Clothes must be clean and in good condition and personal hygiene must be appropriately maintained. Low cut, strapless, and excessively tight or revealing clothing is prohibited. Students and faculty are expected to refrain from excessively

loud talking, arguing, or using vulgar language. Adult clients should be addressed by their last name unless otherwise requested by the client. Students must arrive to clinic meetings and testing sessions on time and prepared to conduct any scheduled assessment procedures. If a student is dressed inappropriately or behaving in an unprofessional manner, he/she will not be permitted to be in contact with clinic clients until his/her appearance or behavior complies with policy.

Clinic Maintenance

Students and clinic faculty are responsible for ensuring that the clinic area is clean, tidy, and maintained in a manner that is ready for public viewing and use at all times. All trash must be picked up from clinic floors and other surfaces and deposited in appropriate receptacles. Eating is allowed in the observation rooms (ED 1024/1025), but individuals must clean up after themselves, including throwing away empty containers and clearing away food crumbs and/or drink spills. If furniture in testing and observation rooms are moved, they must be returned to their proper places. At the completion of a testing session, all testing materials and unused protocols/forms must be returned to the test kit library and protocol cabinets (ED 1020/1029).

Practicum Log

Clinic students will be required to maintain a log of hours completed in the clinic or in conducting clinic-related activities outside of the clinic (e.g., scoring tests, report writing). Clinic hours should be entered into the School Psychology Practicum Log form. This form will be provided to students by the Clinic Coordinator and must be completed and signed by the clinic supervisor by the end of the semester. Students in the University Assessment Clinic should enter hours in the rows designated as "UC," and CARES Clinic students should enter hours in the rows designated as "CC." Clinic activities will typically fall under the categories of either Assessment Related Activities (As) or University Supervision (U Sup).

CLINIC OPERATIONS

Case Assignments

Clients are assigned to assessment practicum sections by the Clinic Coordinator. Clinic supervisors must notify the Clinic Coordinator as soon as a client is needed. The Clinic Coordinator will provide the supervisor with a Client Assignment Form (see Appendix) and information about the client including their name, contact information, and other available information such as general referral concern(s). The clinic supervisor must complete the Client Assignment Form with the names and emails of the students conducting the assessment and the date the case was assigned to the students, and the form must be given back to the Clinic Coordinator. The Clinic Coordinator will then assign a client ID #, record the client information in a clinic client database, and return the Client Assignment Form to the supervisor to be kept in the client file. If a client declines or discontinues services, the Clinic Coordinator must be notified immediately so that another client may be assigned.

Initial Client Contact

For the CARES Assessment Clinic, the clinic supervisor or an assigned student will conduct an initial phone intake using the CARES Intake Form (see Appendix) and schedule and confirm appointments. For the University Assessment Clinic, one student within an assessment team is assigned by their clinic supervisor to contact the client to conduct a brief phone intake using the University Assessment Clinic Intake Form (see Appendix) and to arrange the first testing session. The student may need to first contact the client by email in order to arrange the phone intake. When contacting the client by phone or email, students may use the following as a template:

> Hello [client name] – My name is [student name] and I am contacting you regarding your interest in participating in an assessment through the University Assessment Clinic. The Assessment Clinic conducts psychoeducational evaluations that focus on learning disabilities or other challenges that may interfere with learning or academic performance. These assessments are conducted by advanced students in the school psychology graduate program under

the direct supervision of school psychology faculty. Testing sessions are typically observed by the faculty supervisor as well as other students in the assessment team. We have appointments available on [clinic section day] between 9am and 2pm. Our rate is $350 for the evaluation, which typically takes 3-4 appointments to complete, including a feedback session in which we review the assessment results with you. If you have a concern regarding the fee, we do offer a sliding scale based on financial need. To explore this option, you may contact Dr. Sue Hall at sph46@txstate.edu or 512-245-2007.

I would like to schedule a time to conduct a brief (15-20 minute) phone intake as well as to arrange a time for the first testing appointment. Please let me know when would be a good time for me to reach you as well as the best contact number.

The student should be careful to maintain confidentiality when leaving messages for the client on shared phone lines or when speaking to another member of the household. It is recommended that students provide their Texas State email as their contact and do not share personal contact information. The student who is assigned to make initial contact with the client is also expected to make follow-up contact with the client as needed, such as confirming appointments, scheduling additional appointments, and clarifying information from the assessment.

Assessment Fees and Client Payment

The total fee for the University Assessment Clinic assessment is $350 and the total fee for the CARES Clinic assessment is $500. Clients should be given an invoice form at the first testing session and, if payment has not already been received, at the final testing session. Clients may make payment by check or money order made out to Texas State University. The supervisor should alert the Clinic Coordinator that payment has been made. Full payment should be made by the final feedback session. A reduced sliding scale fee may be available based on financial need, as determined by the Clinic Coordinator. All questions regarding fees and payments must be forwarded to the Clinic Coordinator. See the Appendix for the University Assessment Clinic Invoice and the CARES Assessment Clinic Invoice.

Client Parking

Clients of the University Assessment Clinic who need to park on campus can park in the Edward Gary garage on Edward Gary Street (by the corner of University Drive). They will be provided a validated parking ticket that they can use when exiting the garage. These parking tickets may be used one time only. Clients of the CARES Assessment Clinic can park in any of the three parking spaces designated as Reserved for CLAS in Restricted Lot #49 directly across from the Education Building. They will be given a parking pass that they will place on the dashboard of their car. These parking passes may be used by the client for multiple visits to the campus. A client information sheet with directions to the clinic and information about parking can be found in the Appendix.

Observation/Testing Rooms

At the start of the semester, observation and testing rooms are reserved by the Clinic Coordinator for each of the assessment clinic sections for their respective designated days. Presently, ED 1024 and ED 1025 are used for case planning and discussion and testing observation, and multiple rooms in ED 1005 are used for testing. Occasionally, students may need to conduct testing on a day different from their section's designated day. Before scheduling a session outside of the regularly scheduled day and times, students must get approval from their clinic supervisor and should check with other clinic sections to ensure that space and testing materials are available. If a client is generally not available on a clinic section's designated day, the supervisor should alert the Clinic Coordinator and the client may be reassigned to a different clinic section when possible. Students should be mindful that, in addition to the other clinic sections from the School Psychology program that use the clinic space, the space is also shared with other programs, including the Counseling and CARES/Special Education programs.

Use of Assessment Materials

A variety of assessment measures are available for use in the Clinic, including measures of intelligence, academic achievement, memory and learning, language, social/emotional/behavioral functioning, and adaptive functioning. Students removing assessment materials from the test kit library (ED 1029) or protocol cabinets (ED 1020) for use

outside of the clinic area must sign out all materials in the Sign-Out Log located in a binder in the test kit library, including the date, student's name, name of the measure(s) or material(s), and location for use of the materials (e.g., home). Students borrowing assessment measures from the test kit library for use outside of the assessment clinic area must obtain approval from their clinic supervisor or the Clinic Coordinator. Protocols are for use in the Clinic only and may not be used for other purposes, such as for use at a school-based practicum.

File Maintenance

Files must remain in the Clinic area at all times. When not in use for case discussion or testing purposes, files must be kept in a locked filing cabinet in ED 1020. Upon completion of the assessment, documents should be placed in the file in the following order:

- Final assessment report
- Consent for Participation in Administration of Psychoeducational Assessment
- Authorization for the Release of Information (if applicable)
- Intake Form
- Documents provided by the client (e.g., previous assessment reports)
- Developmental History Form
- Clinical Interview Form (if applicable)
- Assessment protocols

TEXAS STATE UNIVERSITY
SCHOOL PSYCHOLOGY PROGRAM

MEMORANDUM OF AGREEMENT FOR UNIVERSITY ASSESSMENT CLINIC PRACTICA

In pursuance to carrying out the terms of supervision of specialist in school psychology practicum students, the following is understood and agreed to by the undersigned.

1. _____ will serve as a graduate level practicum student in school psychology from Texas State University. The practicum setting location is the University Assessment Clinic in the College of Education Counseling and Assessment Clinic.

2. The practicum will begin during the first week of classes of the semester and end during the last week of classes for the semester and meet approximately 3 hours per week.

3. _____ will serve as the supervisor for the same period.

4. Responsibilities of supervisor:
   a. Supervisors will hold certifications/degrees/appointments appropriate to the setting and practicum requirements.
   b. Supervisors are responsible for all duties performed by the student while under supervision.
   c. Supervisors will review test protocols, records or notes, reports, etc. and directly observe the student's professional skills.
   d. All psychological reports/evaluations and legal documents must be co-signed by supervisors.
   e. Supervisors are responsible for completing the Practicum Evaluation Form and the Practicum Skills/ Competency Checklist.
   f. Supervisors are responsible for direct supervision of clinical activities.
   g. Supervisors are available by appointment as requested by the practicum student.
   h. Supervisors are available for contact on emergency basis as needed.

5. Practicum activities appropriate for professional practice in school psychology are found in the Practicum Handbook and the Assessment Clinics Handbook and may include:
   a. Planning, administration and interpretation of psychoeducational assessments under direct supervision.
   b. Presentation of assessment findings in written form.
   c. Presentation of assessment findings in verbal form to clients.
   d. Coordination of referrals for additional services as necessary.
   e. Other activities as appropriate.

6. The University will notify the practicum student that he or she is responsible for:
   a. Adherence to the administrative policies, rules, standards, schedules and practices of the facility.
   b. Provision for the necessary and appropriate supplies where required or when not provided by the facility.
   c. Arrangements for his/her own transportation.

7. It is understood and agreed by and between the parties that the facility has the right to terminate the field experience of the student whose health status is detrimental to the clients/students in that facility. Further, the facility reserves the right to terminate the use of the facility by any practicum student, if, in the opinion of the supervisor, the student's behavior is detrimental to the operation of the facility and/or to student or client care. Such action will not be taken until the grievance against any student has been discussed with the student, the school's officials, and the program faculty. The program faculty maintains the right to terminate the practicum, in consultation with all parties when deemed necessary.

8. It is understood and agreed that the parties to this arrangement may revise or modify this agreement or the written plan for the field experience by written amendment upon mutual agreement to such amendments.

THIS AGREEMENT SHALL BE EFFECTIVE WHEN EXECUTED BY BOTH PARTIES AND IN ACCORD WITH THE DAY AND YEAR WRITTEN BELOW.

By: _____
School Psychology Practicum Student
Texas State University

By: _____
School Psychology Program Supervisor
Texas State University

Date: _____

TEXAS STATE UNIVERSITY
SCHOOL PSYCHOLOGY PROGRAM

MEMORANDUM OF AGREEMENT FOR CLINIC FOR AUTISM RESEARCH, EVALUATION AND SUPPORT (CARES) PRACTICUM

In pursuance to carrying out the terms of supervision of specialist in school psychology practicum students, the following is understood and agreed to by the undersigned.

1. _____ will serve as a graduate level practicum student in school psychology from Texas State University. The practicum setting location is the Clinic for Autism Research, Evaluation and Support (CARES) in the College of Education.

2. The practicum will begin during the first week of classes of the semester and end during the last week of classes for the semester and meet 9:00 – 2:00 one day per week.

3. ____Dr. Sue Hall_____ will serve as the supervisor for the same period.

4. Responsibilities of supervisor:

    a. Supervisors will hold certifications/degrees/appointments appropriate to the setting and practicum requirements.
    b. Supervisors are responsible for all duties performed by the student while under supervision.
    c. Supervisors will review test protocols, records or notes, reports, etc. and directly observe the student's professional skills.
    d. All psychological reports/evaluations and legal documents must be co-signed by supervisors.
    e. Supervisors are responsible for completing the Practicum Evaluation Form.
    f. Supervisors are responsible for direct supervision of clinical activities.
    g. Supervisors are available by appointment as requested by the practicum student.
    h. Supervisors are available for contact on emergency basis as needed.

5. Practicum activities appropriate for professional practice in school psychology are found in the Practicum Handbook and the Assessment Clinics Handbook and may include:

    a. Planning, observation, administration and interpretation of psychoeducational and developmental diagnostic assessments under direct supervision.
    b. Presentation of assessment findings in written form.
    c. Presentation of assessment findings in verbal form to clients.
    d. Recommendations for additional services and supports as necessary.
    e. Other activities as appropriate.

6. The University will notify the practicum student that he or she is responsible for:

    a. Adherence to the administrative policies, rules, standards, schedules and practices of the facility.

b. Provision for the necessary and appropriate supplies where required or when not provided by the facility.
c. Arrangements for his/her own transportation.

7. It is understood and agreed by and between the parties that the facility has the right to terminate the field experience of the student whose health status is detrimental to the clients/students in that facility. Further, the facility reserves the right to terminate the use of the facility by any practicum student, if, in the opinion of the supervisor, the student's behavior is detrimental to the operation of the facility and/or to student or client care. Such action will not be taken until the grievance against any student has been discussed with the student, the school's officials, and the program faculty. The program faculty maintains the right to terminate the practicum, in consultation with all parties when deemed necessary.

8. It is understood and agreed that the parties to this arrangement may revise or modify this agreement or the written plan for the field experience by written amendment upon mutual agreement to such amendments.

THIS AGREEMENT SHALL BE EFFECTIVE WHEN EXECUTED BY BOTH PARTIES AND IN ACCORD WITH THE DAY AND YEAR WRITTEN BELOW.

By: _____
School Psychology Practicum Student
Texas State University

By: _____
School Psychology Program Supervisor
Texas State University

Date: _____

Consent for Participation in Administration of Psychoeducational Assessment

Client or Patient Name: _____ DOB: _____

For the above named client or patient, I give my permission to allow faculty members and student clinicians under direct supervision of Texas State University College of Education faculty to: **(Please initial)**

_____ Conduct a psychoeducational assessment which may include the assessment of cognitive and academic skills, emotional and behavioral functioning as related to academic achievement, as well as social communication and adaptive functioning. Tests may include standardized, objective and projective measures.

_____ Conduct further neuropsychological assessment as needed which may include tests of attention, memory, executive functioning, sensory functioning, and visual-spatial skills.

_____ Video record or photograph the interview, evaluation, or intervention activities. Videos and photographs remain part of the client's medical record and may be accessed by faculty members at Texas State University for diagnostic, educational and research purposes.

_____ Allow observation of clinical activities for teacher or training purposes by faculty members and graduate student clinicians.

_____ Download transcript (for Texas State University students)

In addition, I understand that:

_____ An official report of clinical findings will be provided three to four weeks following completion of the assessment.

_____ Participation in and payment of an assessment does not guarantee a diagnosis or qualification for services or accommodations.

_____ I may withdraw from participation in the assessment at any time and for any reason.

_____ Information obtained during this assessment is confidential and may not be shared with anyone without my written consent. Exceptions to this include a serious issue of harm to self or other or indications of abusing or neglecting children.

I further release the student clinicians, faculty, and Texas State University-San Marcos from any claims that I may have against them as a result of these assessment activities, including claims for injuries to me as a result of these activities, whether caused by the negligence of those released or otherwise. I give Texas State University-San Marcos permission to seek emergency medical
treatment for me if necessary.

I also agree to indemnify the university, its student clinicians, and its faculty for any costs that they may incur because of either my participation in these activities, whether caused by the negligence of those named or otherwise.

_____ _____
Signature of client or legal guardian Date

_____
Relationship to client (if not client)

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION
TO/FROM
TEXAS STATE UNIVERSITY-SAN MARCOS
Counseling and Assessment Clinic

TO: _____ DATE: _____

_____

_____

We would like to have confidential records on and/or release confidential reports regarding:

_____ _____
Name Birth Date

_____
Address

_____

_____

I hereby give my permission for the release of confidential information, reports, and records of

_____ for the purposes of _____.

_____
Signature of client or legal guardian

Send to: Counseling and Assessment Clinic
CLAS Department
Texas State University
601 University Drive
San Marcos, TX 78666
Fax: 512-245-5013

School Psychology Program
Texas State University
601 University Drive
San Marcos, TX 78666
512-245-2008

Client Assignment Form

Complete the top portion of this form (leave Client ID# blank) and submit to Dr. Hall, Assessment Clinic Coordinator. Upon receipt and review of this form, Dr. Hall will assign a client ID# and create a file for the client, which will be given to the clinic practicum supervisor.

Client Name: _____ Client ID#:_____

Assigned to: _____ _____
Name Email

_____ _____
Name Email

_____ _____
Name Email

_____ _____
Name Email

Date Assigned:_____

Clinic Practicum Supervisor:_____

Reviewed by Assessment Clinic Coordinator:

_____ _____
Signature Date

Intake Form for CARES Assessment Clinic

Client/Child Name: DOB:
Parent (for child clients): Grade (if applicable):
Email: Phone:
Address:

Date of Intake:
Tentative Date of Evaluation:

Referral Concerns
Why are you seeking an evaluation? What are your main concerns?

_____
_____
_____
_____
_____
_____

Previous Assessments/Diagnosis/Treatment
[Have you/Has your child] had any previous psychological or psychoeducational evaluations? Been previously diagnosed? Received treatment (e.g., ABA therapy, counseling, etc.)?

_____
_____
_____
_____

Language Skills
For parent referrals, what are the individual's skills in speaking and understanding language?

_____
_____
_____
_____

Medication Information
[Are you/Is the child] taking any medication? If so, which one(s) and to address what symptoms?

ɛdication	te Started	ason for Med	rrently Taking?

Health/Medical
Are there any significant health or medical concerns? Dietary restrictions?

_____
_____
_____
_____

Self-Care
For parent referrals, what are your/your child's self-care skills (e.g., toileting, eating/drinking)?

_____
_____
_____
_____

Behavior
Are there any behavioral concerns?

_____
_____
_____
_____

Academic Functioning
For children/adolescents, are there any academic concerns? How is your child performing in school?

_____
_____
_____
_____

Additional Information
Is there anything else we should know that would be helpful in completing an evaluation? Any specific topics or objects of interest?

_____
_____
_____
_____

Intake Form for University Assessment Clinic

Client/Child Name:
Parent (for child clients):
Email:
Address:

DOB:
Grade (if applicable):
Phone:
Primary language:
Second language:

Available days/times for testing:

Referral concern(s):

Previous psychological/psychoeducational assessment(s): *If previous assessments conducted, determine when assessment was completed and request copies of reports.*

Previous services received:

University-

Pre-university-

Current grades:

Goal for assessment: *What does the client hope to get from this assessment?*

Relevant medical history (including current/previous medications, wears glasses/contacts, injuries, previous diagnoses, chronic conditions, trauma)

University Assessment Clinic
Texas State University
601 University Drive
San Marcos, TX 78666
512-245-2008

INVOICE

Client Name:_____ Client ID#:_____

DATE(S) OF SERVICE	SERVICES RENDERED	AMOUNT
	Psycho-educational Assessment	$350.00
	Sliding Scale Adjustment (if applicable)	
	Total Due	

Acceptable forms of payment include check, money order, or cash. Please make out check or money order to Texas State University. Payment should be made by the date of the final feedback session and submitted during an appointment at the clinic or mailed with this invoice to Dr. Sue Hall at the address above. A sliding scale fee adjustment may be available based on financial need. Questions regarding payment may be directed to Dr. Sue Hall at sph46@txstate.edu.

CARES Assessment Clinic
Texas State University
601 University Drive
San Marcos, TX 78666
512-245-4999

INVOICE

Client Name:_____ Client ID#:_____

DATE(S) OF SERVICE	SERVICES RENDERED	AMOUNT
	Diagnostic Assessment	$500.00
	Sliding Scale Adjustment (if applicable)	
	Total Due	

Acceptable forms of payment include check, money order, or cash. Please make out check or money order to Texas State University. Payment should be made by the date of the final feedback session and submitted during an appointment at the clinic or mailed with this invoice to Dr. Sue Hall at the address above. A sliding scale fee adjustment may be available based on financial need. Questions regarding payment may be directed to Dr. Sue Hall at sph46@txstate.edu.

TEXAS STATE UNIVERSITY
SAN MARCOS
The rising STAR of Texas ™

Directions to CARES/University Assessment Clinic

The CARES Assessment Clinic and University Assessment Clinic are located on the first floor of the Education Building on the Texas State University campus in San Marcos. The Education Building is located on Woods Street, between Moon Street and Edward Gary Street.

If you are parked in one of the CLAS reserved parking spots in Restricted Lot 49 (CARES Clinic clients), the Education Building is directly across Woods Street. If you are parked in the Edward Gary parking garage (University Clinic clients), turn left out of the garage onto Edward Gary Street (heading away from University Drive), turn right onto Woods Street, and the Education Building will be the first building on the left. Look for the sign to the right of the large outdoor staircase pointing toward the CARES Clinic and the Assessment & Counseling Clinic. Follow the sign through a small passageway on the side of the building and enter the door to the Clinic waiting room on the right.

Driving Directions - From Austin/Dallas/Waco and the I-35 Corridor North:
Follow I-35 South to San Marcos, take exit #206. Stay on the access road. Merge right onto Aquarena Springs Drive/Loop 82. You will pass two traffic lights and cross over a railroad track. Bobcat Stadium will be on your left. You will pass another traffic light and then over the San Marcos River. At the next light, University Drive curves to the left. Follow University Drive as it bears to the right with a right turn lane. You will see the Theatre Center on your right (a red circular building). Turn right onto Moon Street. Enter the traffic circle and take the second right to exit the traffic circle onto Woods Street. If you are parking in Restricted Lot 49 (CARES Clinic clients), the entrance to the parking lot will be on the left just after exiting the traffic circle. University Clinic clients should continue on Woods Street and make the first left onto Edward Gary Street. The Edward Gary garage will be a little ways down on the right.

Driving Directions - From San Antonio/Corpus Christi/Laredo and I-35 Corridor South:
Follow I-35 North to San Marcos, take Exit #206, Aquarena Springs Drive/Loop 82. Turn left on Aquarena Springs Drive/Loop 82 going under I-35 towards the University. You will pass three traffic lights and cross over a railroad track. Bobcat Stadium will be on your left. You will pass another traffic light and then over the San Marcos River. At the next light University Drive curves to the left. Follow University Drive as it bears to the right with a right turn lane. You will see the Theatre Center on your right (a red circular building). Turn right onto Moon Street. Enter the traffic circle and take the second right to exit the traffic circle onto Woods Street. If you are parking in Restricted Lot 49 (CARES Clinic clients), the entrance to the parking lot will be on the left just after exiting the traffic circle. University Clinic clients should continue on Woods Street and make the first left onto Edward Gary Street. The Edward Gary garage will be a little ways down on the right.