



A venture incubated at IIT Kanpur

Consent for the voluntary assessment and using AACDD

Name of the child :
Date of Birth : Gender : Male/Female/.....
Name of School/Organization : Class/Batch :

Undertaking of consent :

- This is to confirm that I (undersigned) is the parent/guardian/teacher/caretaker (encircle one) of the candidate and is fully authorized to sign this consent form on behalf of the child.
- I fully understand that this assessment is simply a psychological test for dyslexia that is being administered on my request without any bias.
- I understand that this is a service extended by Cute Brains Pvt Ltd via an independent qualified psychologist.
- I am authorizing this voluntary assessment for the candidate without any liability of any form.
- I understand that this is not a medical/invasive test nor does it hamper the child's cognitive ability in any form.
- I understand that this is only a preliminary psychological assessment.
- I understand that using AACDD is purely for the learning benefits to the child and not a treatment or prejudice of any kind.
- I understand that the time to undertake this assessment may vary from child to child.
- I understand that Cute Brains Pvt Ltd is making AACDD available as an intervention tool and it is not a medical treatment.
- I understand that post-assessment I am free to decide whether or not to use AACDD for the child.
- I understand that usage of AACDD by the child and its benefits are subjective and not a contractual guarantee by Cute Brains Pvt Ltd.
- I am signing this consent by my own will and agree to the disclaimer and Terms & Conditions of Cute Brains Pvt Ltd.
- I confirm that the child or myself or anyone cannot file any legal obligation or claim against the intended benefits of this assessment, usage of AACDD, or against Cute Brains Pvt Ltd, its employees or external consultants and psychologists.

Full name :
Position : (Guardian / Teacher/ Caretaker)
Address :
Email ID :
Mobile/Phone :

Signature : Place : Date: