

E.B. Evaluations, Inc.

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Child and Adolescent General Psychological Evaluation Referral Form

ID: (office use only) _____

Date: _____

1. Client's Name: _____ DOB: _____
 - a. Address: _____
 - b. Phone: _____
2. Current Guardian's Name (if applicable): _____
 - a. Address: _____
 - b. Phone: _____
3. Referring Agency/Court Name: _____
 - a. Contact Person: _____
 - b. Email: _____
 - c. Phone: _____ Fax: _____

Preparation Referral Questions:	Yes	No
Has the youth had psychological testing/a previous psychological evaluation? If yes, what agency or provider completed the evaluation and date:		

	Yes	No
<p>Has the youth ever had an IEP/ETR? If yes, what school district has provided/provides the IEP/ETR?</p>		
<p>Is the youth currently receiving mental health treatment? If yes, through what agency/agencies/provider:</p>		
<p>Has the youth ever been psychiatrically hospitalized? If yes, what hospital and dates:</p>		
<p>Is the youth prescribed any psychiatric medication? If yes, list medication and provide the name of the agency/provider prescribing the youth's medication:</p>		
<p>Does the youth have a serious medical condition? If yes, what primary care provider/specialist manages the youth's medical needs:</p>		

****Please provide copies of all records related to any area marked "Yes"***

Referral Question

Please provide details regarding specific behavior concerns related to why you are seeking out this evaluation:

What specific referral questions do you need answered in this evaluation, please limit number of referral questions to no more than 3:

Referral question examples:

- Why is the child/adolescent acting out/what need does this behavior serve for the child?
- What factors increase the acting out behavior?
- What interventions are most likely to decrease the acting out behavior?
- What might be needed to develop and utilize healthy coping skills?
- Are there any other considerations in working with this youth in his/her current living situation that need to be addressed?
- What factors contribute to sexually acting out behavior?
- What is the child/adolescent’s mental health diagnosis?
- What level of coping does the child/adolescent possess?
- What modality of treatment is likely to achieve the desired outcome?

Evaluation Cost Agreement

The cost of the evaluation, as well as additional costs for travel, court preparation and appearances, and our no-show fee can be found on our website at <https://ebevals.com/services-and-pricing/>.

By signing below, I am agreeing to the cost of the evaluation and understand that all payment must be paid through the referring agency. Insurance will not be accepted.

Name

Date

Signature

Evaluation Process Overview

- After the referral form has been received, E.B. Evaluations, Inc. will review the information you have provided and follow-up with you if clarification is needed.
- Attempts will then be made to schedule the evaluation as soon as possible.
 - Evaluation scheduling will likely occur in two parts if intelligence testing is needed.
 - The first evaluation appointment will be spent interviewing the youth and guardian, as well as possibly completing some assessment measures.
 - The second evaluation appointment (if needed) will involve intelligence testing and other additional testing not completed during the initial appointment.
- The evaluator will review all information collected (e.g., collateral records, testing results, interviews with youth and relevant others, etc.) and write a report answering the referral questions you provided above.
- Once complete, the evaluation and invoice will be mailed to you. If you would like, a brief review of the evaluation findings may be requested and will be conducted via telehealth or in person depending on the evaluator's availability.