

E.B. Evaluations, Inc.

Phone: 740-901-0882
Fax: 740-777-6084
Email: info@ebevals.com



Website: ebevals.com
Address: 624 East Main Street
Lancaster, OH 43130

Parenting Psychological Evaluation Referral Form

ID: (office use only) _____

Date: _____

1. Client's Name: _____ DOB: _____
 - a. Address: _____
 - b. Phone: _____
2. Referring Agency/Court Name: _____
 - a. Contact Person: _____
 - b. Email: _____
 - c. Phone: _____ Fax: _____

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

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

- What is the parent’s mental health diagnosis? How does this impact his/her ability to effectively parent?
- What is the parent’s prognosis for reunification? What is the parent’s ability to provide a safe, stable living environment for his/her child?
- Cognitively and emotionally, does this person have the ability to safely and effectively parent this child?
- Is the person at risk of harm to self or others because of his/her mental health/AOD status?
- What treatment recommendations might result in this individual being able to more effectively parent?

- What is the individual's level of parenting skills and knowledge? Is the client capable of consistently parenting any of their children? Does he/she have the ability to provide for the safety, well-being, and basic needs of his/her child? Is there anything interfering with the parent's ability to parent his/her child?
- Does the individual have the ability to place his/her children's needs above his/her own? If so, what is the likelihood of doing this on a consistent basis?

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 individual, 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 individual 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.