**Psychological Evaluation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child Name:** |  | **Address:** |  |
| **Date of Birth:** |  | **Contact Number:** |  |
| **Date of Assessment:** |  | **Language of Family:** |  |
| **Chronological Age:** |  | **Name of Evaluator:** |  |
| **CPT Code:** | 96130 |  |  |

**Reason For Referral**

Describe the reason for referral.

Is this an initial or re-evaluation.

Is the child receiving EI? If so, what services.

**Background Information and Medical History**

Who does the child live with

Parent age/employment

Family history of special education services

Language exposure

Pregnancy

Birth Weight

Medical history (allergies/asthma etc.)

Developmental milesontes

School exposure

Family relations

Social relations

**Evaluation Procedures**

Describe all informal and formal assessments used.

**Behavioral Observation**

Describe the behaviors observed during testing

**Evaluation Results**

*Cognitive Functioning*

Describe response to subtests and scores as appropriate. Be sure to use parent friendly terms.

***Adaptive Behavior***

Describe response to subtests and scores as appropriate. Be sure to use parent friendly terms.

**Summary and Recommendations**

The results of the evaluation were discussed with \_\_\_\_\_\_\_\_ and all questions were answered. Contact information was provided should there be any questions in the future. Final eligibility will be determined at the Initial Eligibility Meeting of the CPSE.

*“I certify that I personally evaluated the above-mentioned child, employing age-appropriate instruments and procedures as well as utilizing informed clinical opinion. I further certify that the findings contained in this report are an accurate representation of the level of functioning at the time of the evaluation.”*

Signature and credentials