



# **The Psychological Evaluation**

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# WHAT TO LOOK FOR IN A COMPREHENSIVE PSYCHOLOGICAL EVALUATION OR RE-EVALUATION



**Evaluations (and “re-evaluations”) should always include:**

- ✍️ Identifying information about the patient
  1. **Name, Age, Sex, Race, Family Members, Place of Residence,**
  2. **Developmental History** – includes relevant prenatal history, early milestones, identification of any early illnesses or injuries
- ✍️ Reason for referral to the psychologist
- ✍️ Relevant Information:
  1. **Treatment/Service History** –
    - ✍️ Describe all mental health or wraparound services that the child has already received or is receiving now and the child’s responses to this treatment. Should include:
      - when the services were provided;
      - for how long;
      - in what settings;
      - at what intensity (frequency, length of time of each intervention, etc.)
      - what were the goals and objectives of the services, and
      - what progress or lack of progress the child has made with these services.
    - ✍️ In a re-evaluation provide a list of services the child is currently getting and a Service Update that highlights changes in services from when the last evaluation was made
  2. **Child and Family Strengths:** (and strengths should be reflected throughout the report)
    - ✍️ The child's and family's strengths and resources
    - ✍️ The situations, times, and places when the child does well without support
    - ✍️ Family Make Up: Who is in family; how well the child relates with her family members; whether each family member supports the child; whether family members support each other and participate in treatment
  3. **Concerns about the child**

4. **School** – child's behavior in school, activities the child participates in at school, supports that are and are not available in school (this section should be as complete as possible if BHRS is recommended for in-school). Also include information about current grades, grades repeated, eligibility for special education and educational programs previously or currently tried.
5. **Community** – identify what community supports are there for the child (such as YMCA, Big Brothers, 4-H, etc.) and what supports are missing.
6. **Drug & Alcohol** – if present should include child's use of drugs and alcohol, frequency, amount and duration of use
7. **Medications** – list name of any medications the child is on including dosages and the effectiveness of these medications and the presence of side effects. If the child has a diagnosed disorder that can be treated with medication, but is not taking medication, explain why medication is not being used.
8. **Other** (based on the age of child, presenting concerns, relevant history)

✍✍ May include involvement in other child-serving systems, such as Children and Youth Services or Juvenile Justice

✍✍ **Mental Status Examination** – (performed during a face-to-face evaluation) that includes evaluation and documentation of:

1. **Presence/Absence of homicidal thoughts**
2. **Presence/Absence of suicidal thoughts**, including whether the child has a plan and any signs of self-injurious behavior, threats or attempts
3. **Presence/Absence of psychosis**, which includes thought content, and any impairment of thinking secondary to mental retardation, developmental delays or organic causes. This section should include:
  - a. The child's orientation to person, place and time.
  - b. How the child relates, which includes activity level, distractibility, inattentiveness, or aggressiveness.
  - c. The child's goals and ideas, including a description of the child's age (if appropriate), ideas and understanding of their treatment goals, specific concerns, family relationships and desires for the future.

✍️ Interview – Includes a description of what the evaluator observed when meeting with the child and parent.

✍️ Discussion – In this section the evaluator should explain what the available information about the child means. The evaluator should also use this section to make a case for the services that s/he thinks are medically necessary for the child.

✍️ Diagnoses – Diagnoses in all of the Diagnostic and Statistical Manual (DSM IV) five axes:

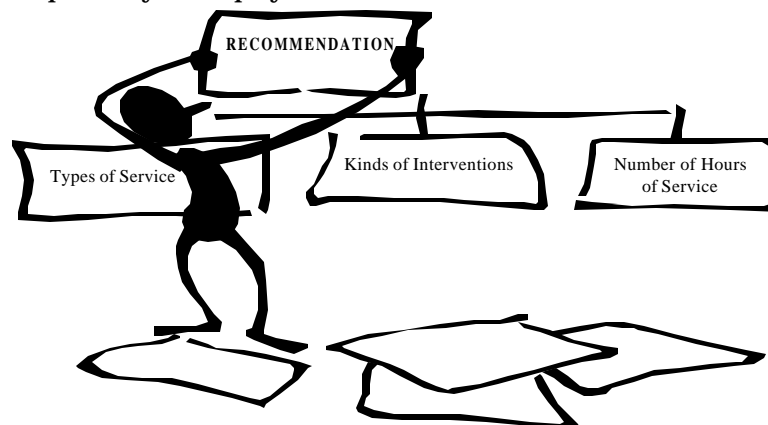
1. **Axis I** – Major Mental Health Disorders, Drug and Alcohol Problems
2. **Axis II** – Developmental Disorders, Personality Disorders
3. **Axis III** – Physical Illness
4. **Axis IV** – Psychosocial Stressors
5. **Axis V** – Children's Global Assessment Scale

✍️ Recommendations –

✍️ This section should include the specific services that the evaluator believes are medically necessary for the child. The evaluator should provide details such as:

- ✍️ the type of service that should be offered and where;
- ✍️ the kinds of interventions that should be tried with the child;
- ✍️ the number of hours of service per day, the number of weeks the service should continue;
- ✍️ as well as any factors that should be considered to determine when services can be reduced.

✍️ Other treatment recommendations may also be made for other needed services. These can include interventions for the team to consider; psychotropic medication referral or recommendation; additional assessment(s); community referral(s) and natural supports; consultation with primary care physician.



**A Psychological or Psychiatric Evaluation (also referred to as “ evals”) should include whenever appropriate, the following:**

- ✍✍ Parents’ involvement in treatment plan and parents’ understanding of services
- ✍✍ Itemize hours of service – (i.e. 20 hrs of TSS in-school and 10 hrs of TSS in the home)
- ✍✍ Explain any breaks in service – why services weren’t delivered as prescribed
- ✍✍ Address how skills will be transferred from staff to parents and school staff
- ✍✍ Always address why less intensive/ less intrusive services won’t work
- ✍✍ If services can be reduced over the prescribed period, then recommend it – but specify under what conditions a reduction is appropriate
- ✍✍ If new issues are identified with the child at a re-evaluation (for example -- child has begun to overeat) then the evaluator should attempt to rule out other conditions – physical and mental health
- ✍✍ Medication history should include dosage, current use, effectiveness, parents’ feelings about child being medicated
- ✍✍ Identify other services in school – IEP, special education, teacher’s aid, private or public school

\*\*\* Be careful that re-evaluations are **not** simply a repetition of a prior evaluation. Do not accept an evaluation where the writer has just substituted a new date and time on an old evaluation, or where they just added a few new statements. \*\*\*