

## The Format and Required Elements of a CFWB Psychological Evaluation

The **Format** and **Elements** described represent the minimal requirements required of a CFWB Psychological Evaluation. The required “Elements” describes the information that should be addressed under each heading/section of the report. If an element is not included in the report, it is necessary to provide a valid reason. Additional relevant information may be included in the evaluation report.

Reports should be submitted with a professional letterhead on the first page of the report that includes contact information including the provider’s office/ mailing address and phone number. Please be advised that an attorney may release the evaluation report directly to the client or the parents/guardians of the client.

**Name:** Fill in the name of the client.

**D.O.B.:** \_\_\_\_ years, \_\_\_\_ month

**Gender/Ethnicity/Cultural/Religious Background:** List relevant ethnic, cultural and/or religious identifiers.

**Primary Language:** List primary language used and any other languages that the client utilizes.

**CFWB Case Number:**

**Protective Services Worker’s Name:**

**Protective Services Worker’s Phone Number:**

**Protective Services Worker’s Fax Number:**

**Location of Evaluation:** State where the evaluation took place.

**Date of Evaluation:** List all dates of when interviews and testing took place.

**Date of Report:** State the date the report was written.

**Confidentiality Advisement:** Confirm that the client has been advised that this evaluation is for purposes of writing a report for the Court and that any information obtained during this evaluation may appear in such a report. Indicate that the client understood/did not understand the nature of the evaluation and limits of confidentiality. The reader of the report should also be advised that the report contains sensitive information subject to misinterpretation by those untrained in interpreting psychological assessment data.

**Referral Questions:** Please list verbatim the referral questions that are being addressed in the report. If no specific referral questions were provided, please indicate and provide information regarding the purpose of the evaluation.

**Reason for CFWB Involvement:** Describe the reason that CFWB is involved in the case. Identify whether the case is High Risk, 300e, and/or High Profile, per PSW report.

**Tests Administered:** List each psychological, educational, neuropsychological, mental status exam and/or interview test/method that was administered. Document the reason if using an instrument that is unusual and/or specific to the special need(s) of the client. List the scoring method utilized when appropriate.

**Documents Reviewed:** List each document that is reviewed, including the title, author, and date of each document.



**Persons Interviewed:** Collateral interviews or data collection must be conducted with relevant parties (e.g. Caregivers, Mental Health Providers, and Protective Service Workers). List the name, relationship to the client, and date of the interview. If no collateral sources were interviewed or provided additional data, please list here the extenuating circumstances that prevented this from occurring.

**Family Constellation:** List names and all ages of parents/guardians/siblings; identify the child's placement.

**Background Information:** Describe pertinent background information obtained from interviews and records. Indicate source(s) of information. Describe contradictions in the information when relevant. Elicit and describe examinee's reasons for involvement with CFWB. Address and describe history of childhood abuse and neglect. Include information about relevant medical history, mental health history/treatment, substance abuse, violent behavior, domestic violence, criminal record, sexual behaviors, school/grade level and social adjustment, work adjustment and history, and marital status/history. In general, this background information should be focused and relevant to the current protective issues and referral questions.

**Mental Status/Behavioral Observations:** Describe findings of the mental status examination and behavioral observations during testing and interview.

**Tests Results/Interpretation of Findings:** Describe results of each specific psychological/cognitive/educational test given. If a test is administered, the provider must describe the results of that test in the report, including available numerical test scores (e.g., standard scores, T scores). Describe the examinee's personality organization (including traits and features) using common, valid and reliable objective measures of personality. Integrate and summarize all test results, including collateral data, and provide a description of the client's cognitive, behavioral, and emotional functioning. Describe discrepant test findings or discrepancies among data sources if they exist. Comment on the impact of functioning on client's ability to parent or, if client is a child, on child's psychosocial functioning at home, school, and with peers.

**Diagnoses:** Provide diagnostic impressions according to the Diagnostic and Statistical Manual of Mental Disorders-5-TR (DSM-5-TR). Corresponding diagnostic codes from the ICD-10 (International Classification of Diseases) are required. The principal diagnosis should be listed first, with additional diagnoses listed thereafter, in order of significance. V codes are appropriate if they are the focus of clinical attention. Justification for all diagnostic impressions should be provided (e.g., criteria from the DSM-5-TR). Simply listing diagnostic rule-outs is not helpful, as the client was referred for a psychological evaluation specifically to rule-out competing diagnoses.

**Summary and Conclusions:** Summarize pertinent case identifiers, risk factors, and evaluation findings. Describe how the evaluation findings may impact the client's ability to parent or child's psychosocial functioning, the client's ability to engage in the reunification process, and potential for mitigation of identified risk factors. Explain diagnostic symptoms within the client's particular context, how these symptoms contributed to the process of differential diagnosis, and conceptual understanding of the client. List each referral question and provide an appropriate response to each of the questions that were to be addressed in the evaluation. If a referral question could not be answered, please indicate and explain why. This could be a qualified response to the question and/or a description of what information would be needed to answer the referral question(s) adequately.

**Recommendations:** Provide relevant treatment recommendations to address diagnoses if this is necessary for addressing the protective issues, amelioration of risk factors for parenting safely or healing from experiences of abuse and/or neglect, and the lowest level of care at which client can be safely treated. Remember that treatment recommendations must consider the legal timeline of the case and must specify whether a parent is likely to benefit from the recommended services within the legal timeline for that case.

**Signature and Date:** Please sign and date the report. Please do not use a computer-generated signature.