

Probation Psychological and Neuropsychological Evaluation Referral

Youth's Name: _____
ID #: _____
Youth's DOB: _____
Probation Officer: _____
PO Telephone: _____
Attorney: _____
Attorney Email: _____

Date of Court Order: _____
Report Due to Optum: _____
Accepting Evaluator: _____
Date Accepted: _____
Optum Fax Number: 877-624-8376
Youth's Location: _____

Guidelines for Probation Psychological and Neuropsychological Evaluations

- **Psychological evaluations** are requested when the Court suspects that the youth presents with a mental health or substance abuse problem. Specialized referral questions may be added when the Court has additional concerns, which will be identified in the Specialized Referral Questions section; it is expected that specialized instruments will be used in these assessments consistent with professional standards and current research literature. Evaluators are to accept referrals in only the specialty areas for which they are approved. All evaluations should address the psychological factors related to the index behaviors of concern. **Note to evaluator:** In addition to the clinical interview, collateral interviews, record review, and any additional available records, please utilize standardized and empirically validated procedures as needed for assessment of intellectual functioning, academic achievement, personality, and psychopathology, and risk factors to self and others. Please inform the readers of your findings, the foundations for your clinical opinions along with the relevant limitations to your conclusions.
- **Autism Spectrum Disorder (ASD) evaluations** are requested when there are concerns related to autism. In addition to the psychological evaluation, the focus is to further assess social communication and behavioral concerns consistent with autism. This type of evaluation is to use standardized, formal measures to comprehensively assess cognitive and adaptive functioning, social communication, social interactions, and restricted, repetitive patterns of behaviors, activities, and interests. Please note, a brief assessment using screening tools is not sufficient to provide diagnoses.
- **Neuropsychological evaluations** are indicated *after* a comprehensive psychological evaluation has been completed and a neuropsychological evaluation has been recommended. This type of evaluation should identify neuropsychological deficit(s), if present, and recommend appropriate treatment, rehabilitation, and educational remediation for a youth.
- Please note, psychological evaluations and neuropsychological evaluations are completed by evaluators with a PhD or PsyD. Evaluators with an MD or DO and who are approved to conduct psychiatric evaluations are not to accept psychological or neuropsychological evaluations.
- If you encounter challenges reaching collateral contacts or receiving background records, please contact the youth's attorney and/or the probation officer. If there are continued concerns about the availability of collateral information after contacting the youth's attorney and probation officer, please document in the evaluation report attempts made to obtain the information and any consequent limitations to evaluation conclusions.

Required Referral Questions for All Cases:

- 1) Briefly summarize the youth's current behavioral and emotional functioning. Include strengths as well as weaknesses. Relevant risk factors such as antisocial attitudes and associations, dysfunctional family dynamics (including history of abuse and/or domestic violence), or trauma history should be included.
- 2) Describe the youth's intellectual functioning (IQ), current educational achievement, and any learning disabilities.
- 3) Does the youth have a mental health diagnosis?
- 4) Does the youth have a substance abuse or dependence diagnosis?
- 5) Is there any history or evidence of self-harming behaviors, aggressive or assaultive behaviors, sexual acting out, fire setting, or participation in gangs?
- 6) What interventions and treatment services are recommended to address the mental health or substance abuse issues identified? Is a referral for psychiatric evaluation for medications advised?
- 7) What, if any, additional case specific questions should this report address?

**Probation Psychological and Neuropsychological Evaluation Referral
(Continued)**

Youth's Name: _____
ID #: _____
Youth's DOB: _____
Probation Officer: _____
PO Telephone: _____
Attorney: _____
Attorney Email: _____

Date of Court Order: _____
Report Due to Optum: _____
Accepting Evaluator: _____
Date Accepted: _____
Optum Fax Number: 877-624-8376
Youth's Location: _____

Specialized Referral Questions: (If specialized referral is needed, please check ONE area of focus)

- Family Violence Evaluations** (In addition to questions 1-7 above, please respond to the following):
What level of risk does the youth present to him or herself or to family members if placed back in the family home?
What placement is recommended if the family home is not feasible?

- Fire Setting Evaluations** (In addition to questions 1-7 above, please respond to the following):
What level of risk does the youth present for fire setting?

- Sexual Offender Evaluations** (In addition to questions 1-7 above, please respond to the following):
What level of risk does the youth present for sexual acting out and/or sexual assaultive behaviors?

- Future Violence Risk Evaluation** (In addition to questions 1-7 above, please respond to the following):
Identify risk level and any risk factors related to the youth's violence and/or aggression. Please support the information through the use of structured assessments.

- School Threat Assessment Evaluation** (In addition to questions 1-7 above, please respond to the following):
What level of risk does the youth present for targeted school violence?

- Neuropsychological Evaluations** (In addition to questions 1-7 above, please respond to the following):
Describe the youth's neuropsychological functioning. Please include the youth's strength and vulnerabilities along with any specific compensatory skills, interventions, or treatments that would assist this youth.

- Autism Spectrum Evaluation** (In addition to questions 1-7 above, please respond to the following):
Does the youth meet criteria for autism spectrum disorder? Please include supporting data and any specific recommendations to assist this youth.

This packet includes:

- Court Order
- Probation face sheet
- Police report
- Detention Reports (if any)
- IEP Reports (if any)
- Copy of previous psychological evaluation
- Additional forms or reports:

An email with the minute order and J1081form was sent to the Health Information Management (HIM Department) at himdept.hhsa@sdcounty.ca.gov on _____. Additional information will be forwarded to the evaluator, if applicable to the case