



The Format and Required Elements of a Probation Psychological Evaluation

The **Format** and **Elements** described represent the minimal requirements required of a Probation 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.

Probation Regis Number:

Probation Officer’s Name:

Probation Officer’s Phone Number:

Probation Officer’s Fax Number:

Minor’s Attorney’s Name:

Minor’s Attorney’s Phone Number:

Minor’s Attorney’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 minor 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 Probation Involvement: Describe the reason that Probation is involved in the case.

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 Probation Officers). List the name, relationship to the child, 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. Describe reasons for involvement with law enforcement and/or Probation. Address and describe history of delinquent behavior and previous consequences/rehabilitative efforts. As appropriate, include information about substance abuse, violent behavior, history of fire-setting, child abuse and neglect, domestic violence, sexual behaviors, school/grade level, work, marital/parental status, and mental health/medical history. In general, this background information should be focused and relevant to the current mental health issues, safety issues, placement concerns 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 discrepant findings when indicated. Describe the client's cognitive, behavioral, and emotional functioning. Describe the examinee's personality organization (including traits and features) using common, valid and reliable objective measures of personality. Provide an integrated interpretation of all the available data including interview(s), collateral data, observations, and test results.

Diagnoses: Provide diagnostic impressions according to the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM-IV-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. If an Axis II diagnosis is the principal diagnosis, please use the qualifying phrase "(Principal Diagnosis)" following the listing of the diagnosis on Axis II. V codes are appropriate if criteria for an Axis I or Axis II diagnosis are not met. Justification for all diagnostic impressions should be provided (e.g., criteria from the DSM-IV-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, victim/community safety, risk factors, recidivism, and evaluation findings. Describe how the evaluation findings may impact the rehabilitation process and amelioration 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 the reason(s). 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 recommendations to address diagnoses, amelioration of risk factors, placement concerns, victim/community safety, recidivism, and evaluation findings.

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