



Psychoeducational Evaluation Request

Evaluations Include:

Diagnostic meeting with parent(s)/guardian(s) and/or client

Testing based on interview and background information

Recommendations for home and school

Solution-focused tools and techniques to promote success

Post-assessment/testing meeting with parent(s)/guardian(s) and/or client

Written report

Please complete the information below so that we may contact you to schedule a diagnostic meeting for a psychoeducational evaluation

Contact Information for Parent/Guardian (if client is under 18) or Client

First name

Last name

Phone number

Email address

Additional Information

Name of Client

Date of Birth

Gender

Male

Female

Name of School

Current Grade
or Year

Please indicate the main reasons for your evaluation at this time:
(Please check all that apply)

Are you interested in: (Please check all that apply)

Psychoeducational Testing

Psychological testing

Neuropsychological Testing

Academic success Concerns

Motivation

Attitude

Depression

Anxiety, worry, or fear

Social or emotional issues

Inattentive, impulsive, or hyperactivity

Memory and concentration

Time to complete tasks

Organization and Study Skills

Homework, tests, note-taking

Aptitude and ability issues

Challenges in certain courses

Challenges with self-initiation

Challenges with self-control and self-regulation

Best method for contacting you?

Best time of day to reach you?

Best days to reach you

Please describe any additional issues, which are important to you and/or the client?

How did you hear about us: