

**PSYCHOLOGICAL ASSESSMENT
REFERRAL AND BACKGROUND INFORMATION
(College/Adult Form)**

Center for Psychology & Education, PLLC
101 Europa Drive, Suite 170
Chapel Hill, NC 27517
919.928.0144

I. Basic Information

1. Client's name:
2. Client's age and birth date:
3. Current/local living arrangement and mailing address:

4. Current phone numbers, e-mail addresses, etc.:

5. Names of parents:

6. Parent or home mailing address (if applicable):

7. Parent/home phone numbers (if applicable):

8. Names and ages of siblings, if applicable:

9. Parents' occupations and educational backgrounds:

II. Current Academic Functioning:

1. Name of school and program:
2. Year in school:
3. Major, if applicable:
4. Advisor's name:
5. Please provide a brief description of how you are functioning in college academically. A copy of your transcript would be helpful but it is not essential.

6. Briefly describe your study habits (e.g., when and where do you typically study):

7. What type of evaluation formats do you prefer and what is your experience with each major type (i.e., multiple-choice, short-answer, essay, performance-based)?

8. What are your typical eating habits (e.g., when and where do you typically take meals, and how regular are your habits)?

9. Describe your sleep habits (e.g., when do you typically go to bed and wake up, and does this differ as a function of weekday/weekend)?

10. Do you belong to any formal social organizations at college?

11. Are you enrolled or in the process of enrolling with Disability Services, the Learning Disability Service, or some equivalent thereof at your school?

III. Academic History:

1. Please list the names and locations (i.e., town and state) of all elementary, middle, high school, and prior colleges attended to date:

2. Have you ever received special education services in the past, either through the public schools or privately?

3. Have you ever received related educational services in the past (e.g., speech and language therapy, occupational therapy, physical therapy, adaptive technology services), either through the public schools or privately?

4. Did you ever have an IEP (i.e., individual educational plan) or 504 plan developed in the public school systems, and if so, under what educational designation or diagnosis? If possible, please furnish a copy of your most recent IEP or 504 plan.

3. Please describe any significant health problems you have had in the past (e.g., significant illness or disease, hospitalizations, head trauma, ER visits, etc.).

4. Do you have any health problems at present?

5. Do you take any prescribed medications, herbs, or homeopathic treatments? Please list dosages if known.

6. Do you have any visual problems? Do you wear corrective lenses?

7. Have you ever been suspected of or diagnosed with hearing problems? Do you use hearing aids or amplification systems in the classroom?

8. Is there any family history of problems or differences with respect to learning or attention?

V. Prior Evaluations

1. Have you had any previous psychological evaluations or "testing?" If so, please describe and/or furnish copies of old reports. Please include reports from special educators, speech and language pathologists, and occupational therapists as well.

2. Have you ever been evaluated by or received treatment from a mental health professional for problems such as depression, anxiety, or substance abuse?

VI. The Current Evaluation:

1. Whose idea was it to seek this evaluation?

2. Who referred you for this evaluation?

3. Please describe the specific questions and/or problems that you hope to have addressed in this evaluation.