

Ball State University, Teacher's College Room 503, Muncie, IN 47306-0595

TO APPLY FOR CLINIC SERVICES--Print this form, fill in the blanks & mail to the address above A clinician will call you to schedule an appointment. If you have questions, call us at 765-285-8526.

PART I: REQUEST FOR PSYCHOLOGICAL EVALUATION

Client Name	Today's Date
	Date of Birth
Home Address	Home Phone
	Daytime Phone
City, State Zip	
Client's School	Grade
Referred By	Relationship to Client
What SPECIFIC questions do you want answered from this evaluation?	
What has been done in the past to remediate this problem?	
Has this student been tested previously? No Yes If Yes, please give details:	
List other Comments and Concerns below	
Person completing form:	Relationship to Client



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PART II: PERMISSION FORM

Nature of Treatment	
I do hereby express my understanding that	is to receive
(Client's Na	· · · · · · · · · · · · · · · · · · ·
psychological services provided by the BSU Scho0ol Psychology C may include: (Mark all that apply)	Clinic and that the services to be provided
☐ Psychological Assessment ☐ Functional Behavior ☐ Academic Assessment ☐ Behavioral Intervent ☐ Academic Intervention ☐ Parent-Child Interact	ntion Consultation
Limits of Treatment I do hereby release and discharge Ball State University, staff member clinician from all claims, demands, and causes of action, either legal in relation to testing, psychological assessment, reports, intervention	gal or euitable, which may hereafter arise as a result of or
(Client's Name), (day) It is understood and agreed that the testing results and reports there University is under no obligation to release or convey this informat agencies except from person(s) signing this consent form.	eof are primarily for training purposes and that Ball State
It is understood that student clinicians are supervised by Ball State Testing and other sessions may be observed and/or videotaped for tkept confidential. Supervision enables the Ball State University teather progress of treatment and to provide the supervision for the students.	the purposes of training and that such videotapes will be eaching staff and mental health professionals to evaluate
It is further understood that test scores or data from this evaluation said research shall contain reference to the client by name and that to protect his/her identity.	
 Limits of Confidentiality It should be clearly understood that any information obtained from such information will not be released to any person or agency excesory. Should there be an allegation of child or elder abuse or ne have an obligation to report any pertinent information to the court regarding that information, and will, if subpoenaed, Should there be any expressed intention to harm another of staff have an obligation to report this information to the apprevent such action and will do so. Pursuant to prior written consent of the client, or in the comparent or legal guardian Pursuant to an appropriate court order. As otherwise required by federal, state, or local law. I have read this Consent for Treatment and I understand it fully, and	ept in the following instances: eglect, the student clinician and Ball State University staff the proper authorities, and may be asked to testify in , do so. or oneself the student clinician and Ball State University appropriate authorities and to make a reasonable effort to case of an unemancipated minor, the consent of his/her
(Parent / Guardian / Self)	(Date) To be signed - during intake interview.

(Date)

(Student Clinician)



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PART III: BACKGROUND QUESTIONNAIRE

Family Data					
Client Name School/Occupation Sex	Male	Female		Today's Date Date of Birth Age	
Mother's Name Occupation Education				Home Phone Daytime Phone Age	
Father's Name Occupation Education				Home Phone Daytime Phone Age	
Marital Status of Pare	nts:	rried Divorce	d Separate	ed Other	
If parents are separate	d or divorced, ho	w old was client who	en the separation	occurred?	
List all people living i	n household: Name		Relationshi	p to Client	Age
If and siblings live out What is the primary la					
Presenting Problem					
Describe the client's c	urrent difficulties	S:			
What help, if any, do	you think is neede	ed?			
When was the problem	n first noticed?				
How long has this pro		cern to you?			



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How did this problem come to your attention?			
Who brought this problem to your attention?			
Who has tried to help with this problem?	☐ Fami	<i>-</i>	ool Doctor Friends
What has been done to help the problem?	-		
Has the client been tested previously? What evaluation or treatment has the client already received for the current or similar problems?	□ No	Yes	Explain
Who provided the treatment and when was it?			
Who referred you the this clinic?			
What seems to help the problem?			
What seems to make the problem worse?			
Developmental History			
During pregnancy, was mother on medication?	☐ No	Yes	What kind?
During pregnancy, did mother smoke?	☐ No	☐ Yes	How much?
During pregnancy, did mother drink alcohol?	☐ No	Yes	How much?
During pregnancy, did mother take/use drugs?	☐ No	Yes	What kind?
Were forceps used during delivery?	☐ No	Yes	
Was a Caesarean section performed?	☐ No	Yes	Why?
Was the client premature? Overdue?	☐ No	Yes	By how many weeks?
What was the client's birth weight?			lbs., oz.
Were there any birth defects or complications?	☐ No	Yes Yes	What kind?
Were there any feeding problems?	☐ No	Yes Yes	What kind?
Were there any sleeping problems?	☐ No	Yes Yes	What kind?
As an infant, was the client quiet?	☐ No	Yes Yes	
As an infant, did the client like to be held?	☐ No	Yes Yes	
As an infant, was the client alert?	☐ No	Yes Yes	
Did the client have any difficulty gaining weight?	☐ No	Yes	
Were there any special problems in the growth and development of the client during the first few years?	☐ No	Yes	What kind?



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The following is a list of infant and preschool behaviors. Please indicate the age at which the client first demonstrated each behavior. If you are not certain of the age but have some idea, write the age follwed by a question mark. If you don't remember the age at which the behavior occurred, please write a question mark.

	Age		Age	
Showed response to parent		Dressed self		
Rolled over		Became toilet trained		
Sat alone		Stayed dry at night		
Crawled		Fed self		
Walked alone		Used a spoon		
Babbled		Rode tricycle		
Spoke first word		Wrote name	_	
Put several words together		Tied shoe laces		
Client Medical History				
Places mark any illness or condition the	and the elient has had	When you check an item, also note the		
•		•		
approximate date (or ages) of the illne	ess. The chefit's curre	int doctor is.		
Date / Age	_	Date / Age	Date / Age	
Measles	Dizziness	Hospitalizations		
Diptheria	Mumps	High blood pressure		
Chicken pox [Eczema or hives	Whooping cough		
☐ Meningitis [Asthma	☐ Jaundice/hepatitis		
Scarlet fever	Paralysis	Bleeding problems		
Encephalitis [Convulsions	Memory problems		
Tuberculosis	Rheumatic fever	Bone joint disease		
Cancer	High fever	Difficulty concentrating		
Epilepsy	Broken bones	Heart disease		
Allergy	Injuries to head	Heart condition/murmur		
Hay fever	Operations	Dental problems		
Diabetes	Visual problems	Stitches		
Fainting spells	Suicide attempt	Loss of consciousness		
Anemia	German measles	Constipation/diarrhea		
Seizures	Pneumonia	Poisoning	•	
Extreme tiredness	Frequent or severe	Ear problems, disease,		
<u> </u>	neadaches	infection, or impairment		
or weakness	leadaches	micetion, or impairment	-	
Is the client currently on any medicati	on? No Yes	What kind & dosage?		
Family Medical History				
Mark illnesses or conditions that any i	nember of the immed	iate family has had.		
When you mark an item, please note t	he person's relationsh	ip to the client.		
	ationship to Client		nip to Client	
Alcoholism/drug use		Nervous/psychological problem		
Cancer		☐ Diabetes		
Depression		Heart trouble		
Suicide attempt		Learning difficulties		
Hyperactivity		Seizures/epilepsy		
Behavior problems		Special ed./Chapt I program		
Attention problems		Speech/language problems		
Other		Other		



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Educational History

Comments:

Mark all that apply::				
Client has difficulty with: Reading Arithmetic Spelling Writing				
☐ Client has difficulty with	other subjects (which	ones?)		
☐ Client has difficulty with	memory			
Client does not like school				
Is the client in a special education cl	ass?	☐ No	☐ Yes	What kind?
Has the client been held back in a gr	rade?	☐ No	Yes Yes	What grade?
Has the client ever been home school	oled?	☐ No	Yes Yes	What grades?
Has the client attended summer scho	ool/programs?	☐ No	Yes	What kind?
Has the client ever received tutoring	;?	☐ No	☐ Yes	How long?
Has the client ever received speech	therapy?	☐ No	Yes	How long?
Has the client ever received counsel	ing?	☐ No	Yes	How long?
Has the client ever received occupat therapy?	ional/physical	☐ No	Yes	How long?
How much school has the client mis	sed?			
Social and Behavioral History				
Mark the behaviors or problems that	t the client currently ex	hibits.		
Difficulty with speech	Frequent tantrums			Wets bed
☐ Difficulty with hearing	Frequent nightmare	es		Bangs head
Difficulty with language	Trouble sleeping			Aggressive
Difficulty with vision	Does not get along	with sibling	s	Stubborn
Shy or timid	Difficulty establish	ing trust		Clumsy
Prefers to be alone	Poor bowel control	(soils self)		Tells lies
Too active	Abuses drugs/alcoh	nol		Eats poorly
Rocks back and forth	Tendency to worry			Holds breath
Reject by others	Looks to others to		ms	Gives up easily
Cruel to animals	Trouble making frie			Impulsive
Slow to learn	Special fears, habits		ıs	Moody
Blank spells	Daredevil behavior			Bites nails
Sucks thumb	☐ More interested in t	hings than p	eople.	



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Other Information

Please list the client's favorite activitie	es:
What activities would the client like to	engage in more often than he/she does at present?
What activities does the client like <i>leas</i> .	st?
What are the client's assets or strength	s?
Has the client ever been in trouble with	h the law?
Has the client ever been expelled/suspe	ended from school?
Do you use discipline when the client you typically use:	behaves inappropriately? If yes, mark each technique that
ignore problem behavior	reason with client send client to his or her room
scold client	redirect client's interest take away some activity or food
spank client	☐ tell client to sit on chair ☐ don't use any technique
threaten client	time out other
Do you use rewards when the client be typically use:	chaves appropriately? If yes, mark each reward that you
video games	add privileges allow friends to spend night
☐ TV time	give an allowance ride bicycle
food rewards	give gifts allow access to car
special activity with client	
praise client	allow friends over



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Which disciplinary techniques are usually effective? With what type of problem(s)?
Which disciplinary techniques are usually ineffective? With what type of problem(s)?
What have you found to be the most satisfactory ways of helping the client?
How do you show support for the client?
How does the client know if he/she has done something well and/or right?
How is your relationship with the client as a parent?
Is there any other information that you think may help us working with the client?
What specific questions do you want answered from this evaluation?