

SCHEDULING

Comprehensive evaluations typically involve multiple appointments and 6-10 hours of face-to-face testing. When evaluating students, I like to schedule the initial interview with parents, only, with the clinical interview with the student embedded into the testing sessions. In that initial hour, we will review all records/paperwork, referral concerns, and your goals for testing, as well as the testing process itself and any questions you may have. I will typically schedule 2 separate testing sessions of 3-4 hours, though additional sessions may be needed for young children or individuals requiring particularly extensive batteries. A 90-minute feedback session with parents will be scheduled shortly after testing is completed (usually within a week), with a separate session scheduled with the child/adolescent who was tested. For individuals who live outside the metro Atlanta area, we can adjust the schedule as needed in order to minimize your time in town. All evaluations are completed in my Pharr Road office.

Please note that all records must be received prior to the feedback session in order to ensure the accuracy and appropriateness of all diagnoses and treatment recommendations. Delays in providing all records will also delay scheduling the feedback sessions *and* preparation of the final report, since I do not begin the written report until all records are received. I ask that parents provide (copies of) all records at or prior to the parent intake. If you are asking other organizations or individuals to send records directly to me, please monitor this and follow-up with me as needed to ensure receipt or to schedule the feedback if records are still pending after all formal testing is completed.

You will receive a detailed written report that summarizes my findings, generally within 4-6 weeks after our last face-to-face meeting, provided that all requested records and rating scales were provided as requested at or prior to the initial intake session. Reports take longer to prepare when records are not provided in full by the parent intake since my writing time is scheduled to begin at the time of that initial meeting. The written report will include a summary and interpretation of all available data, including testing, record reviews, consultations, etc., with final summaries and recommendations based in part on the information discussed collaboratively at the feedback session. Upon your request, I am happy to provide you with a brief written summary of the primary results and recommendations pending completion of the written report, but you will be billed for the additional time required to prepare these additional documents, in addition to the comprehensive report, unless expressly stated otherwise by me. I will forward copies of any reports or written summaries to others only with specific, written consent from you.

RECORDS/DOCUMENTS I WILL NEED TO REVIEW

The more information that is provided to me, the better I can understand the context of the current difficulties or concerns that are prompting the request for testing, and the more valid and credible my diagnostic interpretations and recommendations. Please provide me with copies of all records, not originals, including:

- All general educational records – including teacher comments, interim reports, progress reports, report cards. I want all report cards, for all years preschool to present, and not just end-of-year grades. Transcripts can be unofficial.
- All standardized testing reports, including school admissions testing such as JATP and SSAT. These can be screen shots of testing agency records or copies of testing agency score reports, and must include percentile ranks.
- Documentation from testing agencies of any accommodations provided (for example, letters from the College Board, ACT, SSAT, or other testing agency).
- Copies of any special educational records – these might include informal and formal accommodation plans, behavior contracts, and for students in public schools, 504 plans and meeting notes, IEP's and meeting notes, RTI (Response to Intervention) plans and notes, EMT documentation, eligibility meeting notes, etc. Include initial eligibility notes for 504 and IEP's, re-evaluation documentation, initial and current plans, at a minimum.
- Relevant medical records, particularly in the case of developmental delays or unusual illnesses or injuries, audiological evaluations, or reports of oculomotor difficulties impacting academic performance.
- Informal records that can provide some useful background or contextual information, such as relevant emails to/from school or related service providers, or a screen shot of an online gradebook.
- Work samples – writing samples particularly helpful to include.
- All previous evaluation reports whether you agree with the conclusions or not.
- Detailed medical, educational and developmental history using the intake questionnaire on my website.
- Social-emotional / behavior questionnaires – I typically collect these from parents, teachers, and individuals being tested. It is important to assess or rule out emotional or behavioral impact of any educational, medical, or adjustment

difficulties, and to obtain information from those who interact most with a student, especially when there are differences of opinion, so that I can address these differences appropriately. I will provide links for parents and teachers to complete these online in order to better ensure privacy and to avoid losing information in transit.

PREPARATION FOR TESTING

- Remember that I want to see the individual being tested at his or her *best*. That means that he or she should get as much rest as possible the night before, and I should be notified if he/she is not feeling well or is taking *any* medications of which I am not aware. Because many medications can impact testing performance, we may need to reschedule.
- Unless we have made prior arrangements, parents should plan to remain in the waiting room throughout all of the testing sessions with minor children unless making prior arrangements with me. We will take several breaks during each testing session, and during which your child will return to the waiting room to relax with you. While older teens are often comfortable arriving or taking breaks without a parent, another adult must be in the suite at all times while I am working with minors.
- Bring snacks and beverages for each testing session. Wear comfortable clothing, but dress in layers to allow for variations in personal preference and indoor temperatures.
- Bring mid-morning and early afternoon doses of any prescription medications to be taken during testing.
- If applicable, bring prescription eyeglasses, even if required only for distance work.
- Although individual testing is usually enjoyable and rewarding for children and adults, it is often exhausting as well, and you may want to plan your schedule accordingly.

PROFESSIONAL JUDGMENT AND THE EVALUATION PROCESS

Neuropsychological and psychological evaluation is a process of professional judgment that involves the interplay between current medical and psychiatric diagnostic criteria, educational and scientific models of typical and atypical development, and measurement theory and science (psychometrics). Evaluation data is both qualitative and quantitative. The more sources of data available to me, the better I am able to understand the context of an individual's current difficulties, and the more confidence I can have in my diagnostic formulations.

In providing a comprehensive evaluation report, I will use my professional judgment in determining which information I believe is, or is not, most relevant in documenting my decision-making process and supporting my diagnostic impressions and recommendations, balanced against individuals' rights to privacy and the disclosure of sensitive or irrelevant information. Schools, in turn, also treat these reports with great sensitivity and respect for students' privacy as well, typically providing only highlights of strengths, weaknesses, and learning-related needs to individual teachers. I will use my best professional judgment in determining what information is, or is not, essential to the evaluation report, in determining the most appropriate format for presenting my impressions, in considering the sensitive nature of some of the information that may be contained therein, and in formulating any diagnoses and recommendations. I will provide you with a draft of the evaluation report and, as per HIPAA, I will respond to your written request to amend the evaluation report. I will make every effort to provide complete and accurate information in any evaluation report, but if you request any additional (abbreviated) report summaries or addendums, you may be charged an additional fee, based on my usual hourly rate. You also have the right to blacken any personal information in the report that you believe is too sensitive or irrelevant to share with school personnel.

AFTER TESTING

A tremendous amount of information is provided at the feedback session and in the evaluation report. During feedback I discuss the highlights from the testing but focus most on treatment planning and prioritizing "next steps." When time allows, I also try to provide some forecasting and guidance for major school- and age-related transitions.

Once the immediate recommendations have been implemented, you may find yourselves with new questions about the future, and particularly in understanding the likely functional impact of a diagnosis at future ages and stages. I am happy to schedule ongoing consultations with you as needed, or to refer you to another professional if requested. There is no fixed recommendation based on age or diagnosis for when re-evaluation is likely to be needed after the initial testing, though public schools typically require periodic reevaluation in order to determine continued eligibility for supports and services. If there are no such regulations that apply, partial or full re-evaluation may be helpful in the future when new questions or concerns arise, or to assess response to intervention or special school placement, or prior to milestone educational transitions (e.g., middle school, high school, college, graduate school) in order to facilitate treatment planning. Moreover, testing agencies that administer high-stakes testing (such as ACT, SAT, LSAT, etc.) and colleges/universities have recency requirements that may also determine the timeline for re-evaluation.