

**Emory University Psychological Center**

*Evaluation Application Form – Ages 16 - 17*

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Please complete the following written screening form. Once we have received this form, we may contact you by phone to conduct a follow-up interview. Based on this information we will determine if we will be able to accept your adolescent for an assessment.

**Adolescent's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**District, if applicable:** \_\_\_\_\_

**Parent Name (s):** \_\_\_\_\_

**Best phone number at which to reach you:** \_\_\_\_\_

**Ok to leave messages?** Y / N

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is the reason you are requesting an evaluation for your adolescent?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe any concerns regarding the following:

**Attention:** \_\_\_\_\_

\_\_\_\_\_

**Academic Functioning:** \_\_\_\_\_

\_\_\_\_\_

**Social Functioning:** \_\_\_\_\_

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Behavior: \_\_\_\_\_

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Depression: \_\_\_\_\_

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Anxiety: \_\_\_\_\_

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Drugs or Alcohol:

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Has your adolescent had any previous psychological evaluation, school testing, or mental health care? If so, briefly describe.

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If your adolescent is or was in public school: Is adolescent active with the school's student support team? If so, what is the current status with respect to any of the following: Response to Intervention (RTI), special education eligibility, IEP, and/or testing?

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Any current medical concerns?

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Any current medications?

Parent employed by Emory University? Y / N

**Please fax or mail to our office (fax preferred method) to be considered for one of our clinician openings.**

If you are accepted for an evaluation, the **full fee of \$850 is due and must be received by our office within 1 week of your acceptance.** Please submit two checks made payable to: Emory Psychological Center: one for \$100 (non-refundable administrative fee) and one for \$750. These checks are required to reserve your spot.

We receive many more requests for testing than we have spaces for each semester. Availability of assessment services is limited by the training needs of our students. If we do not have availability or it is determined that other resources would be more helpful to you, appropriate referrals will be provided.

Fax: (404) 727-1284

Phone: (404) 727-7451

Mailing Address:     Emory University Psychological Center  
                          C/O Nelson Sears  
                          36 Eagle Row, Room 502  
                          Atlanta, GA 30322