

Emory University Psychological Center

Evaluation Application Form – Ages 16 - 17

Please complete the following screening form and fax or email to us (details below). 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.

If you do not have enough room on this form, please feel free to include additional information in your email.

Adolescent's Name: _____ **DOB:** _____ **Age:** ____

Sex: _____ **Grade:** _____ **School:** _____

District, if applicable: _____

Parent Name (s): _____

Is there another parent who also participates in making the decision about obtaining this evaluation, and in other medical decisions? Y ____ N ____

If yes, is that parent in agreement with obtaining this evaluation? Y ____ N ____

Please include any relevant information about this: _____

Best phone number at which to reach you: _____

Ok to leave messages? Yes ____ No ____

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: _____

Behavior: _____

Depression: _____

Anxiety: _____

Drugs or Alcohol: _____

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

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?

Any current medical concerns?

Any current medications?

Parent employed by Emory University? Yes_____ No_____

Please email or fax your completed application to be considered for one of our clinician openings.

Email: psytesting@emory.edu

(This is an unmonitored email account. You will receive no communication from this email.)

Fax: (404) 727-1284

Fee and Payment Instructions

If you are accepted for an evaluation, the full fee will be \$850. This fee shall be paid in two payments: a non-refundable deposit of \$150 is required within one week of your acceptance to hold your spot, and the balance payment of \$700 is automatically processed by our office after the first evaluation session has taken place. The office administrator will contact you via DocuSign with a Payment Authorization form so we may process the payments.

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. For additional information, please call (404)-727-7451.