

**Emory University Psychological Center**

***Evaluation Application Form – Ages 4-15***

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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 child for an assessment.

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

**Child'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?** Y \_\_\_\_ N \_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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Briefly describe any concerns regarding the following:

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

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

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

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

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

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

Drugs or Alcohol: \_\_\_\_\_  
\_\_\_\_\_

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

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If your youngster is or was in public school: Is youngster 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?

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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.