

## Probation Psychological and Neuropsychological Evaluation Referral

Youth's Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Youth's DOB: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

PO Telephone: \_\_\_\_\_

Attorney: \_\_\_\_\_

Attorney Email: \_\_\_\_\_

Date of Court Order: \_\_\_\_\_

Report Due to Optum (no later than 2 days prior to court hearing): \_\_\_\_\_

Accepting Evaluator: \_\_\_\_\_

Date Accepted: \_\_\_\_\_

Optum Fax Number: 877-624-8376

Youth's Location: \_\_\_\_\_

### Guidelines for Probation Psychological and Neuropsychological Evaluations

- **Psychological evaluations** are requested when the Court suspects that the juvenile presents with a mental health or substance abuse problem. Specialized referral questions may be added when the Court has additional concerns. All evaluations should address the psychological factors related to the index behaviors of concern. **Note to evaluator:** In addition to the clinical interview, collateral interviews, record review, and any additional available records, please utilize standardized and empirically validated procedures as needed for assessment of intellectual functioning, academic achievement, personality, and psychopathology, and risk factors to self and others. You need to inform the readers of your findings, the foundations for your clinical opinions along with the relevant limitations to your conclusions.
- **Neuropsychological evaluations** are indicated *after* a comprehensive psychological evaluation has been completed and a neuropsychological evaluation has been recommended. This type of evaluation should identify neuropsychological deficit(s), if present, and recommend appropriate treatment, rehabilitation, and educational remediation for a youth.
- Please note, psychological evaluations and neuropsychological evaluations are completed by evaluators with a PhD or PsyD. Evaluators with an MD or DO and who are approved to conduct psychiatric evaluations are not to accept psychological or neuropsychological evaluations.
- If you encounter challenges reaching collateral contacts or receiving background records, please contact the youth's attorney and/or the probation officer. If there are continued concerns about the availability of collateral information after contacting the youth's attorney and probation officer, please document in the evaluation report attempts made to obtain the information and any consequent limitations to evaluation conclusions.

### Required Referral Questions for All Cases:

- 1) Briefly summarize the youth's current behavioral and emotional functioning. Include strengths as well as weaknesses. Relevant risk factors such as antisocial attitudes and associations, dysfunctional family dynamics (including history of abuse and/or domestic violence), or trauma history should be included.
- 2) Describe the youth's intellectual functioning (IQ), current educational achievement, and any learning disabilities.
- 3) Does the youth have a mental health diagnosis?
- 4) Does the youth have a substance abuse or dependence diagnosis?
- 5) Is there any history or evidence of self-harming behaviors, aggressive or assaultive behaviors, sexual acting out, fire setting, or participation in gangs?
- 6) What interventions and treatment services are recommended to address the mental health or substance abuse issues identified? Is a referral for psychiatric evaluation for medications advised?
- 7) What, if any, additional case specific questions should this report address?

### Specialized Referral Questions:

**Family Violence Evaluations** (In addition to questions 1-7 above, please respond to the following):

- What level of risk does the youth present to him or herself or to family members if placed back in the family home? What placement is recommended if the family home is not feasible?

**Fire Setting Evaluations** (In addition to questions 1-7 above, please respond to the following):

- What level of risk does the youth present for fire setting?

**Sexual Offender Evaluations** (In addition to questions 1-7 above, please respond to the following):

- What level of risk does the youth present for sexual acting out and/or sexual assaultive behaviors?

**Threat Assessment Evaluation** (In addition to questions 1-7 above, please respond to the following):

- What level of risk does the youth present for targeted violence?

**Neuropsychological Evaluations:**

Please address the following specific behaviors or issues with a suspected neuropsychological cause:

**Youth's Name:**

**ID #:**

**Youth's DOB:**

**Probation Officer:**

**PO Telephone:**

**Attorney:**

**Attorney Email:** \_\_\_\_\_

**Accepting Evaluator:** \_\_\_\_\_

**Date Accepted:** \_\_\_\_\_

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This packet includes:

- Court Order
- Probation face sheet
- Police report
- Detention Reports (if any)
- IEP Reports (if any)
- Copy of previous psychological evaluation
- Additional forms or reports:

An email with the minute order and J1081form was sent to the Health Information Management (HIM Department) at [himdept.hhsa@sdcountry.ca.gov](mailto:himdept.hhsa@sdcountry.ca.gov) on \_\_\_\_\_. Additional information will be forwarded to the evaluator, if applicable to the case