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**SCHOOL PSYCHOLOGY PROGRAM**

**ASSESSMENT CLINICS**

**Handbook of Policies and Procedures**

*DEPARTMENT OF*

**Counseling, Leadership, Adult Education, and School Psychology (CLAS)**

### TEXAS STATE UNIVERSITY

SAN MARCOS, TX 78666

Prepared: Spring 2016TEXAS STATE UNIVERSITY

**SCHOOL PSYCHOLOGY ASSESSMENT CLINICS HANDBOOK**

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INTRODUCTION

The School Psychology program at Texas State University offers two assessment clinic practicum experiences: the University Assessment Clinic and the CARES Assessment Clinic. The University Assessment Clinic, typically completed during the second semester in the program (following the completion of SPSY 5376 Psychoeducational Assessment), involves assessment of children, adolescents, and adults with concerns related to learning and attention. The CARES (Center for Autism Research, Evaluation and Support) Assessment Clinic, which may be taken concurrently while completing a school-based practicum, involves assessment of Autism Spectrum Disorder in children, adolescents, and adults. Specific information and procedures for each clinic are provided later in the handbook.

**Clinic Goals/Objectives**

* Students will learn and put into practice ethical and legal aspects of professional school psychology as it relates to assessment, including confidentiality and informed consent.
* Students will apply knowledge of test administration, scoring, and interpretation in assessing clients with concerns related to learning and attention in a clinic setting (University Assessment Clinic).
* Students will learn, observe, and use test measures appropriate for the assessment of Autism Spectrum Disorder (CARES Assessment Clinic).
* Students will integrate information from the assessment to formulate a case conceptualization, determine diagnoses and appropriate recommendations, and complete a comprehensive evaluation report.
* Students will work in a collaborative team assessment situation.

**How to Use the Handbook**

This handbook provides policies and procedures designed to ensure high-quality services, protect clients, students and supervisors, and assist students in accomplishing the goals and objectives of the assessment clinic experience. All such policies and procedures are viewed as dynamic, and the handbook is reviewed and adjusted as needed. It is the responsibility of all supervisors and students to be fully cognizant of all current policies and procedures and to strive to adhere to these guidelines. Please consult with supervisors and the Clinic Coordinator for specific information if additional questions arise.

The handbook is divided into two parts. The first part provides general professional guidelines. The second part includes information regarding the operations and procedures of the clinics. An Appendix is included at the end with forms used in the clinics.

PROFESSIONAL GUIDELINES

**Ethics**

The University Assessment Clinic and the CARES Assessment Clinic operate in accordance with the principles of ethics as outlined by Texas State University as well as the Code of Ethics of the National Association of School Psychologists (NASP; see <https://www.nasponline.org/standards-and-certification/professional-ethics>), the American Psychological Association (APA; see <http://www.apa.org/ethics/code/>), and the Texas Board of Examiners of Psychologists (see <https://www.tsbep.texas.gov/act-and-rules-of-the-board>).

**Informed Consent**

All clients undergoing an evaluation in the assessment clinics must first provide informed written consent by signing the Consent for Participation in Administration of Psychoeducational Assessment form (see Appendix). The contents of the form must be reviewed with the client prior to their signing it.

**Confidentiality**

All information disclosed during the assessment process, either through direct testing sessions or forms completed by the client, must remain confidential. Information may only be shared amongst members of the assessment team, the assessment supervisor, and the Clinic Coordinator in designated areas (e.g., clinic rooms, supervisor office) and should never be discussed in open public areas (e.g., hallways). Client records must remain in the Clinic area at all times. If a student needs information from the file to write up a portion of the report, they may make copies of the needed material with all identifying information removed or blacked out. These copies must be shredded immediately upon completion of the report write-up. No confidential client information is to be transmitted by e-mail (e.g., client report with identifying information). In the event that client sessions are audio- or video-recorded, all recordings must be destroyed at the end of the course. If reports or other client information must be obtained from or provided to an external source (e.g., school, psychologist, physician) as part of the evaluation, an Authorization for the Release of Confidential Information form (see Appendix) must be signed by the client prior to contacting the source.

**Limitations of Confidentiality**

Specific legal statutes require reporting of the client’s name and other identifying information to relevant public agencies such as the Administration of Children Services (ACS). These limitations of confidentiality include the following: a serious issue of harm to the client or others, indications of abusing or neglecting children, or any information requested by subpoena. In the event that a student perceives the presence of any of these conditions, he/she is charged with immediately bringing the matter to the attention of their supervisor or, if the supervisor is not available, the Clinic Coordinator or another program faculty.

**Liability Insurance**

All students registered for practicum must have professional liability insurance that covers them for the duration of the practicum experience. Any student who has not paid the liability insurance fee will not be allowed to work directly with clients until he/she has paid the fee. Copies of liability insurance must be provided to the Practicum Coordinator.

**Enrollment in Practicum**

All students participating in the University Assessment Clinic must register for their assigned section of SPSY 5389: Practicum in School Psychology (University Clinic). Students participating in the CARES Assessment Clinic typically register for the assigned section of SPSY 5389 Practicum in School Psychology (School-based). Fifty of the 200 school-based practicum hours are completed by the student’s choosing within the CARES Assessment Clinic, and students do not need to register for a separate course other than the school-based practicum course (SPSY 5389).

**Professionalism in Appearance and Behavior**

When in the clinic area, students and faculty will present themselves in a professional and business-like manner in dress, appearance, and behavior in order to project an attitude of pride in service and respect for those being served. Clothes must be clean and in good condition and personal hygiene must be appropriately maintained. Low cut, strapless, and excessively tight or revealing clothing is prohibited. Students and faculty are expected to refrain from excessively loud talking, arguing, or using vulgar language. Adult clients should be addressed by their last name unless otherwise requested by the client. Students must arrive to clinic meetings and testing sessions on time and prepared to conduct any scheduled assessment procedures. If a student is dressed inappropriately or behaving in an unprofessional manner, he/she will not be permitted to be in contact with clinic clients until his/her appearance or behavior complies with policy.

**Clinic Maintenance**

Students and clinic faculty are responsible for ensuring that the clinic area is clean, tidy, and maintained in a manner that is ready for public viewing and use at all times. All trash must be picked up from clinic floors and other surfaces and deposited in appropriate receptacles. Eating is allowed in the observation room (ED 1024) and student office (ED 1030), but individuals must clean up after themselves, including throwing away empty containers and clearing away food crumbs and/or drink spills. If furniture in testing and observation rooms are moved, they must be returned to their proper places. At the completion of a testing session, all testing materials and unused protocols/forms must be returned to the test kit library (ED 1029) and the protocol cabinets in the student office cabinets.

CLINIC OPERATIONS

**Case Assignments**

Clients are assigned to assessment practicum sections by the Clinic Coordinator. Clinic supervisors must notify the Clinic Coordinator as soon as a client is needed. The Clinic Coordinator will provide the supervisor with a Client Assignment Form (see Appendix) and information about the client including their name, contact information, and other available information such as general referral concern. The supervisor must complete the Client Assignment Form with the names and emails of the students conducting the assessment and the date the case was assigned to the students, and the form must be given back to the Clinic Coordinator. The Clinic Coordinator will then assign a client ID #, record the client information in a clinic client database, and return the Client Assignment Form to the supervisor to be kept in the client file. If a client declines or discontinues services, the Clinic Coordinator must be notified immediately so that another client may be assigned.

**Initial Client Contact**

For the CARES Assessment Clinic, a graduate assistant participating in the clinic maintains all contact with the client to conduct an initial phone intake using the CARES Intake Form (see Appendix) and to schedule and confirm appointments. For the University Assessment Clinic, one student within an assessment team is assigned by their supervisor to contact the client to conduct a brief phone intake using the University Assessment Clinic Intake Form (see Appendix) and to arrange the first testing session. The student may need to first contact the client by email in order to arrange the phone intake. When contacting the client by phone or email, students may use the following as a template:

Hello [client name] – My name is [student name] and I am contacting you regarding your interest in participating in an assessment through the University Assessment Clinic. The Assessment Clinic conducts psychoeducational evaluations that focus on learning disabilities and attention difficulties that interfere with learning or academic performance. These assessments are conducted by advanced students in the school psychology graduate program under the direct supervision of school psychology faculty. Testing sessions are typically observed by the faculty supervisor as well as other students in the assessment team. We have appointments available on [clinic section day] between 9am and 2pm. Our rate is $350 for the evaluation, which typically takes 3-4 appointments to complete, including a feedback session in which we review the assessment results with you. If you have a concern regarding the fee, we do offer a sliding scale based on financial need. To explore this option, you may contact Dr. Sue Hall at [sph46@txstate.edu](mailto:sph46@txstate.edu) or 512-245-2007.

I would like to schedule a time to conduct a brief (15-20 minute) phone intake as well as to arrange a time for the first testing appointment. Please let me know when would be a good time for me to reach you as well as the best contact number.

The student should be careful to maintain confidentiality when leaving messages for the client on shared phone lines or when speaking to another member of the household. It is recommended that students provide their Texas State email as their contact and do not share personal contact information. The student who is assigned to make initial contact with the client is also expected to make follow-up contact with the client as needed, such as confirming appointments, scheduling additional appointments, and clarifying information from the assessment.

**Assessment Fees and Client Payment**

The total fee for the University Assessment Clinic assessment is $350 and the total fee for the CARES Clinic assessment is $500. Clients should be given an invoice form at the first testing session and, if payment not already received, at the final testing session. Clients may make payment by check or money order made out to Texas State University. Upon receipt of payment, the clinic section supervisor should fill in the appropriate information in the payment receipt booklet, and the client should be given the top copy of the receipt. The supervisor should then alert the Clinic Coordinator that payment has been made. Full payment must be made by the final feedback session in order for the client to receive a copy of the assessment report. A reduced sliding scale fee may be available based on financial need, as determined by the Clinic Coordinator. All questions regarding fees and payments must be forwarded to the Clinic Coordinator. See the Appendix for the University Assessment Clinic Invoice and the CARES Assessment Clinic Invoice.

**Client Parking**

Clients of the University Assessment Clinic who need to park on campus can park in the Edward Gary garage on Edward Gary Street (by the corner of University Drive). They will be provided a validated parking ticket that they can use when exiting the garage. These parking tickets may be used one time only. Clients of the CARES Assessment Clinic can park in any of the three parking spaces designated as Reserved for CLAS in Restricted Lot#49 directly across from the Education Building. They will be given a yellow parking pass that they will place on the dashboard of their car. These yellow parking passes may be used by the client for multiple visits to the campus.

**Observation/Testing Rooms**

At the start of the semester, observation and testing rooms are reserved by the Clinic Coordinator for each of the assessment clinic sections for their respective designated days. Presently, ED 1024 is used for case planning and discussion and testing observation and four rooms in ED 1005 (B, C, D, and E) are used for testing. Occasionally, students may need to conduct testing on a day different from their section’s designated day. Before scheduling a session outside of the regularly scheduled day and times, students must get approval from their supervisor and should check with other clinic sections to ensure that space and testing materials are available. If a client is generally not available on a clinic section’s designated day, the supervisor should alert the Clinic Coordinator and the client may be reassigned to a different clinic section when possible. Students should be mindful that, in addition to the other clinic sections from the School Psychology program that use the clinic space, the space is also shared with other programs, including the Counseling and CARES/Special Education programs.

**Use of Assessment Materials**

A variety of assessment measures are available for use in the Clinic, including measures of intelligence, academic achievement, memory and learning, language, social/emotional/behavioral functioning, and adaptive functioning. See the Appendix for a complete list of available measures. Students removing assessment materials from the test kit library (ED 1029) must sign out all materials in the Sign-Out Log located in a binder in the test kit library, including the date, student’s name, name of the measure(s) or material(s), and location and reason for use of the materials. Students may borrow assessment measures from the test kit library for use outside of the assessment clinics after obtaining approval from the Clinic Coordinator and must follow the same sign-out procedures described above. Protocols are for use in the Clinic only and may not be used for other purposes, such as for use at a school-based practicum.

**File Maintenance**

Files must remain in the Clinic area at all times. When not in use for case discussion or testing purposes, files must be kept in a locked filing cabinet in ED 1030. Upon completion of the assessment, documents must be secured in the file using the fasteners and in the following order:

* Final assessment report
* Consent for Participation in Administration of Psychoeducational Assessment
* Authorization for the Release of Information (if applicable)
* Intake Form
* Documents provided by the client (e.g., previous assessment reports)
* Developmental History Form
* Clinical Interview Form (if applicable)
* Assessment protocols

**Consent for Participation in**

**Administration of Psychoeducational**

**Assessment**

Client or Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the above named client or patient, I give my permission to allow faculty members and student clinicians under direct supervision of Texas State University College of Education faculty to: **(Please initial)**

\_\_\_\_\_\_\_ Conduct a psychoeducational assessment which may include the assessment of cognitive and academic skills, emotional and behavioral functioning as related to academic achievement, as well as social communication and adaptive functioning. Tests may include standardized, objective and projective measures.

\_\_\_\_\_\_\_ Conduct further neuropsychological assessment as needed which may include tests of attention, memory, executive functioning, sensory functioning, and visual-spatial skills.

\_\_\_\_\_\_\_ Video record or photograph the interview, evaluation, or intervention activities. Videos and photographs remain part of the client’s medical record and may be accessed by faculty members at Texas State University for diagnostic, educational and research purposes.

\_\_\_\_\_\_\_ Allow observation of clinical activities for teacher or training purposes by faculty members and graduate student clinicians.

\_\_\_\_\_\_\_ Download transcript (for Texas State University students)

**In addition, I understand that:**

**\_\_\_\_\_\_\_** An official report of clinical findings will be provided three to four weeks following completion of the assessment.

\_\_\_\_\_\_\_ Participation in and payment of an assessment does not guarantee a diagnosis or qualification for services or accommodations.

\_\_\_\_\_\_\_ I may withdraw from participation in the assessment at any time and for any reason.

\_\_\_\_\_\_\_ Information obtained during this assessment is confidential and may not be shared with anyone without my written consent. Exceptions to this include a serious issue of harm to self or other or indications of abusing or neglecting children.

I further release the student clinicians, faculty, and Texas State University-San Marcos from any claims that I may have against them as a result of these assessment activities, including claims for injuries to me as a result of these activities, whether caused by the negligence of those released or otherwise. I give Texas State University-San Marcos permission to seek emergency medical

treatment for me if necessary.

I also agree to indemnify the university, its student clinicians, and its faculty for any costs that they may incur because of either my participation in these activities, whether caused by the negligence of those named or otherwise.

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

Signature of client or legal guardian Date

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

Relationship to client (if not client)



AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

**TO/FROM**

TEXAS STATE UNIVERSITY-SAN MARCOS

Counseling and Assessment Clinic

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

We would like to have confidential records on and/or release confidential reports regarding:

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

Name Birth Date

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

Address

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

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

I hereby give my permission for the release of confidential information, reports, and records of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the purposes of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Signature of client or legal guardian

Send to: Counseling and Assessment Clinic

CLAS Department

Texas State University

601 University Drive

San Marcos, TX 78666

Fax: 512-245-5013



**School Psychology Program**

**Texas State University**

**601 University Drive**

**San Marcos, TX 78666**

**512-245-2008**

Client Assignment Form

Complete the top portion of this form (leave Client ID# blank) and submit to Dr. Hall, Assessment Clinic Coordinator. Upon receipt and review of this form, Dr. Hall will assign a client ID# and create a file for the client, which will be given to the clinic practicum supervisor.

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Email

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

Name Email

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Name Email

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Name Email

Date Assigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Practicum Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by Assessment Clinic Coordinator:

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

Signature Date

Intake Form for CARES Assessment Clinic

Client/Child Name: DOB:

Parent (for child clients): Grade (if applicable):

Email: Phone:

Address:

Date of Intake:

Tentative Date of Evaluation:

**Referral Concerns**

*Why are you seeking an evaluation? What are your main concerns?*

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

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**Previous Assessments/Diagnosis/Treatment**

*[Have you/Has your child] had any previous psychological or psychoeducational evaluations? Been previously diagnosed? Received treatment (e.g., ABA therapy, counseling, etc.)?*

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

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**Language Skills**

*For parent referrals, what are the individual’s skills in speaking and understanding language?*

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**Medication Information**

*[Are you/Is the child] taking any medication? If so, which one(s) and to address what symptoms?*

|  |  |  |  |
| --- | --- | --- | --- |
| Medication | Date Started | Reason for Med | Currently Taking? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Health/Medical**

*Are there any significant health or medical concerns? Dietary restrictions?*

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

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**Self-Care**

*For parent referrals, what are your/your child’s self-care skills (e.g., toileting, eating/drinking)?*

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**Behavior**

*Are there any behavioral concerns?*

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**Academic Functioning**

*For children/adolescents, are there any academic concerns? How is your child performing in school?*

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**Additional Information**

*Is there anything else we should know that would be helpful in completing an evaluation? Any specific topics or objects of interest?*

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Intake Form for University Assessment Clinic

Client/Child Name: DOB:

Parent (for child clients): Grade (if applicable):

Email: Phone:

Address: Primary language:

Second language:

Available days/times for testing:

Referral concern(s):

Previous psychological/psychoeducational assessment(s): *If previous assessments conducted, determine when assessment was completed and request copies of reports.*

Previous services received:

University-

Pre-university-

Current grades:

Goal for assessment: *What does the client hope to get from this assessment?*

Relevant medical history (including current/previous medications, wears glasses/contacts, injuries, previous diagnoses, chronic conditions, trauma)



**University Assessment Clinic**

**Texas State University**

**601 University Drive**

**San Marcos, TX 78666**

**512-245-2008**

INVOICE

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **DATE(S) OF SERVICE** | **SERVICES RENDERED** | **AMOUNT** |
|  | Psycho-educational Assessment | $350.00 |
|  | Sliding Scale Adjustment (if applicable) |  |
|  | Total Due |  |

Acceptable forms of payment include check or money order. Please make out check or money order to Texas State University. Payment should be made by the date of the final feedback session and submitted during an appointment at the clinic or mailed with this invoice to Dr. Sue Hall at the address above. The University Assessment Clinic will not be able to provide a copy of the evaluation report until full payment has been received. A sliding scale fee adjustment may be available based on financial need. Questions regarding payment may be directed to Dr. Sue Hall at sph46@txstate.edu or 512-245-2008.



**CARES Assessment Clinic**

**Texas State University**

**601 University Drive**

**San Marcos, TX 78666**

**512-245-4999**

INVOICE

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **DATE(S) OF SERVICE** | **SERVICES RENDERED** | **AMOUNT** |
|  | Diagnostic Assessment | $500.00 |
|  | Sliding Scale Adjustment (if applicable) |  |
|  | Total Due |  |

Acceptable forms of payment include check or money order. Please make out check or money order to Texas State University. Payment should be made by the date of the final feedback session and submitted during an appointment at the clinic or mailed with this invoice to Dr. Sue Hall at the address above. The CARES Clinic will not be able to provide a copy of the evaluation report until full payment has been received. A sliding scale fee adjustment may be available based on financial need. Questions regarding payment may be directed to Dr. Sue Hall at sph46@txstate.edu or 512-245-2008.**Clinic Assessment Measure Inventory**

**Test # Copies**

* WJ-IV Cognitive Standard and Extended Batteries 5
* WJ-IV Achievement Standard and Extended Batteries 5
* WJ-IV Oral Language Test 2
* WJ-IV Tests of Early Cognitive and Academic Development (ECAD) 2

**Left Yellow Cabinet: Neuropsychological**

* WMS-4: complete manuals and CD 1
* TOMAL-2 1
* Beery- VMI: testing manual and protocols in manila folder 1
* Dean-Woodcock Neuropsychological Battery 3
* Bender Visual- Motor Gestalt Test- 2nd Edition: in plastic gallon bag 1
* Nepsy- II 1
* Wide Range Assessment of Visual Motor Abilities 1
* Hiskey-Nebraska Test of Learning Aptitude (black briefcase) 1
* Delis-Kaplan Executive Functioning System (blue/black duffle bag) 1
* Luria-Nebraska Neuropsychological Battery: Children’s Revision 1

**Middle Yellow Cabinet: Cognitive, Achievement, Projectives/Personality**

* Wechsler Adult Intelligence Scale-4 (WAIS-4) 3
* MMPI 1
* WISC-5 1
* Universal Nonverbal Intelligence Test (UNIT) 2
* WASI-2 1
* WIAT-2 3
* Stanford Binet Intelligence Test 2
* Kaufman Adolescent and Adult Intelligence Test (KAIT) 1
* Kaufman Assessment Battery for Children-2 (KABC) 1
* Reynolds Intelligence Assessment Scales (RIAS) 1
* Wechsler Nonverbal Scale of Ability (WNS) 1
* Differential Ability Scales (DAS) 2
* Leiter International Performance Scale- Revised 1
* Wechsler Preschool and Primary Scale of Intelligence- 4 (WPPSI) 1
* Bayley Scales of Infant and Toddler Development- 3 1
* Academic Achievement Battery (AAB) 2 Manuals 1

**Right Yellow Cabinet: Achievement, Early Childhood, Bilingual**

* Laptop 1
* TPRI First Grade: K-2 Early Reading Assessment 1
* Peabody Picture Vocabulary Test Kit A-3 (PPVT-A) 2
* Peabody Picture Vocabulary Test Kit B-3 (PPVT-B) 1
* Expressive Vocabulary Test (EVT) 1
* Oral and Written Language Scales (OWLS) 1
* Oral and Written Language Scales-2 (OWLS-2) 2
* Grey Oral Reading Tests (GORT-3) 1
* Test of Early Written Language (TEWL-2) 1
* Basic School Scales Inventory- Diagnostic (BSSI-D) 1
* Bracken Basic Concept Scale-Revised 1
* Woodcock Johnson Bateria-3 1
* Bilingual Verbal Ability Tests (BVAT) 1
* PEP-3 Psychoeducational Profile Object Kit 1
* McCarthy Scales of Children Abilities 2
* Developmental Indicators for the Assessment of Learning-3 (DIAL-3) 1
* Wide Range Achievement Tests-4 (WRAT-4) 1
* Mullen Scales of Early Learning- AGS Edition 1
* Battelle Developmental Inventory-2 3
* Battelle Developmental Inventory Manipulatives 3

**CARES Cabinet**

* ADI-R Spanish 1
* ADOS-2 Modules 1 and 2 1
* ADOS-2 Module 3 and 4 1
* GARS-2 1
* ADOS-2 Toddler Module (blue Bag) 1