

**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH**

**CHILDREN, YOUTH, AND FAMILY PROGRAMS  
AB 2726 ASSESSMENT PLAN**

**Pupil's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **CHART#:** \_\_\_\_\_  
**Clinic:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

In order to provide the most appropriate educational program for the above named student, an individual assessment has been recommended. A qualified staff member, as indicated below, will be conducting the assessment. The assessment may include pupil observation in a group setting and an interview with you. It may also include a review of any reports you authorized us to request from other agencies or that already exist in current school records. The purpose of this assessment is to determine your child's behavioral health needs and will result in a recommendation of behavioral health services. No IEP will result from the assessment without the consent of the parent. A copy of your rights is included on your treatment form.

Staff who may be involved in assessment:

- |  |  |
|--|--|
| <input type="checkbox"/> Marriage & Family Therapist (MFT) | <input type="checkbox"/> Clinical Social Worker (SW) |
| <input type="checkbox"/> Psychologist (P)                  | <input type="checkbox"/> Psychiatrist (MD)           |
| <input type="checkbox"/> Other (O)                         | <input type="checkbox"/> Clinical Therapist (CT)     |
| <input type="checkbox"/> Occupational Therapist (OT)       |  |

The assessment may or may not include the following tests:

- |  |   |
|--|---|
| <input type="checkbox"/> Review of Psychiatric Record      | <input type="checkbox"/> Psychiatric Evaluation     |
| <input type="checkbox"/> Review of School Records          | <input type="checkbox"/> Parent/Guardian Interview  |
| <input type="checkbox"/> Clinical Interview                | <input type="checkbox"/> School Personnel Interview |
| <input type="checkbox"/> Classroom Observation (if needed) |   |

Testing (see below)

Ability/Achievement tests to assess a person's development in a variety of educationally relevant abilities. WISC-III, WIPPSI, WAIS-R, Leiter, WRAT, PIAT

Perceptual tests to measure the child's ability to receive, process and express impressions through auditory, visual or tactile channels. Frostic, Motor-Free visual Perception Test, Bender-Gestalt, Benton

Developmental tests to measure progressive growth in gross motor and fine motor functioning, self-help, language, social, integration of the senses, etc.. Vineland, AAMD

Personality tests to describe personal, social and emotional development.

Objective: Minnesota Multiphasic Personality Inventory, Clinical Analysis Questionnaire, Children Personality Questionnaire, Jr - Sr High School Personality Questionnaire, 16PF, Walker and Burks rating scales.

Subjective: Rorschach, Thematic Apperception Test, Children Apperception Test, Kinetic Family Drawing, Draw a Person Test, Draw a Family Test, House-Tree-Person Test, The Hand Test

Neuropsychological Screening or Battery

Other tests (specify)

**PARENT/GUARDIAN CONSENT FOR PUPIL ASSESSMENT**

I authorize the use of a suitable interpreter. I have received the proposed Assessment Plan and understand its purpose. The box checked below indicates my decision.

Child's primary language \_\_\_\_\_

- I have received a copy of my "Treatment Rights" and I consent to the assessment.  
 I have received a copy of my "Treatment Rights" and I do not consent to the assessment.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_