



Request for Evaluation

Client: _____ **Date:** _____
Caseworker/Referral Agent: _____
Agency: _____

Thank you for your referral for an evaluation on the aforementioned client. In order to specifically address your referral questions/issues, please complete the form below. **Also, be informed that the comprehensiveness of evaluation is reliant on the availability of background and complete referral information.** Please send that as soon as possible.

This client is being referred for:

- Assessment of risk for sexual abuse of child
- Assessment of risk for physical abuse of child
- Assessment of risk for domestic violence
- Assessment of criminality
- Assessment of substance abuse
- Assessment of psychological functioning (requires testing)
- Assessment of cognitive functioning (requires testing)
- Assessment of level of care
- Assessment of treatment needs
- Assessment of parenting ability
- Assessment of trauma/psychosexual assessment

Please list the primary questions you would like answered in for your referral:

1. _____
2. _____
3. _____

This clarification is necessary as there are many types of evaluations and terms get used interchangeably. It is our wish to ensure that the referral questions you have get addressed. Please fax this to 610-289-4883 of the fax number above. Thank you.