

Evaluation Report

Name:

Date:

Date of Birth:

Purpose of the evaluation: Why was the person sent to you and what are they reporting as their issues?

Family History: Who is in their family of origin. How do they get along with their family? Parents still living and married? Any problems while growing up?

Client Background: Are they currently in a relationship? How do they get along with friends? Are they employed? Where and for how long? Any problems in their relationship or work?

Substance use: What do they use? How often do they use? How has their use negatively affected them? Have they ever tried to get help in the past?

Mental Health: What are their current issues? How long have they been experiencing them? Are they on any medication? Have they ever had tx. in the past?

Summary of Testing:

SASSI: What did they score as (Having a high probability of a substance dependence disorder, etc) Were they defensive?

Beck Hopelessness Scale (BHS): What did they score on this (The range not the number) Brief explanation of why this may be. Ex: results may be influenced by drug use.

Beck Anxiety Inventory (BAI): What did they score (Range not number) Note scores that they put down as a 3.

Beck Depression Inventory II (BDI-II): What did they score? (Range not number) Note any high scores.

House – Tree – Person: Give your interpretation of their drawings. A brief statement for each picture.

Sentence Completion: Note if they left any blanks. Were their statements positive or negative. Was there anything out of the ordinary on their answers.

Summary of Testing: How are the persons testing scores useful? Did it point to a problem. Ex: Client had scores that were consistent with their stated issues.

Recommendation: What would you recommend for this person in the form of treatment?

Signature.
Your Name