

## Testing Process

**The intake or initial visit** will be with the parent(s) only. During this time a clinical interview will be conducted and parents will share background information concerning their child, from pregnancy through current cognitive and behavioral concerns.

Parents should bring the following to the first appointment:

- A completed developmental history form which can be found on Psychology Resources website, [www.psychology-resources.com](http://www.psychology-resources.com)
- Previous evaluations (e.g., neuropsychological, speech and language, occupational therapy, medical reports, etc.)
- Prior school reports (e.g., psychological evaluations, report cards, progress notes)
- Most recent 504 Plan or Individualized Education Plan if he/she has one

If your child takes medication for ADHD or other conditions, during the clinical interview, we will discuss whether he/she should take the medication as usual before arriving for the evaluation.

At the end of the clinical interview, parents are given emotional, behavior, and adaptive rating scales to take home and complete. Parents are also given rating scales for their child's teacher to complete.

**The second visit** and phase of the process is test administration. Testing will be conducted by the neuropsychologist. Comprehensive batteries for school-aged children typically require a school-length day, although this will vary depending on the individual needs of your child. It is generally requested that a parent remain at the testing location for the duration of the assessment; however, this request may vary based on the age and individual needs of your child. Parents are not usually in the testing room with the child. The session will begin in the morning, with a break for lunch around noon. Testing typically resumes after lunch, depending upon the type of battery administered and age of the child. Snacks and beverages (provided by the parent) are permitted during the testing period. At the end of the testing session, testing protocols are scored and interpreted. When possible, feedback of testing results, diagnostic impressions, and recommendations for interventions are provided on the day of testing. Otherwise, a feedback session is scheduled to review testing results and recommendations with the parent(s) only.

Approximately 3-4 weeks following the second visit, and after all parent and teacher rating scales are returned to the office, the parents will receive a written report. Reports are not given to additional parties unless parents provide written consent. Content is written with an adult, parent and professional audience in mind. Parents may discuss appropriate ways to verbally share relevant parts of the report with their child during the feedback session.

## How to Explain the Testing Process to Your Child

Explain that he or she will be asked to complete some thinking activities during the appointment, either using paper-and-pencil or, in some cases, on a computer. Some of the activities will be like schoolwork, but there are no grades. You can also explain that he/she will not be getting a shot or having blood drawn—we are “talking doctors.” Inform your child that he/she will sit at a desk with the doctor and have periodic breaks for snacks (provided by parent), stretching, relaxation, and restroom use. Please assist your child in getting a good night’s sleep the night before the testing day.

Please refrain from telling your young child that he/she is coming into the office to play, as this sets up unrealistic expectations and may be disappointing to the child. Instead, explain to your child that he/she will participate in “work” and “activities” and that it is important that they give their best effort. You may explain that the information from the day will be used to help parents and teachers improve his/her experiences at home/school.