

## PSYCHOLOGICAL EVALUATION

Name: \_\_\_\_\_ Waiver: \_\_\_\_\_

I. MALADAPTIVE BEHAVIORS	FREQ/MO.	CIRCLE ONE	
Tantrums/emotional outbursts		Yes	No
Damages property		Yes	No
Physically assaults others		Yes	No
Disrupts others activities		Yes	No
Verbally or gesturally abusive		Yes	No
Self-injurious		Yes	No
Teases or harasses peers		Yes	No
Resists supervision		Yes	No
Runs away or wanders		Yes	No
Steals		Yes	No
Eats inedible objects		Yes	No
Displays sexually inappropriate behavior		Yes	No
Smears feces		Yes	No
Hyperactivity		Yes	No
Sleep problems		Yes	No

### II. PSYCHOLOGICAL TESTS

TESTS GIVEN	DATE	SCORE	EVALUATOR

### III. DSM IV DIAGNOSIS:

**Date of Onset:** \_\_\_\_\_

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

### IV. PSYCHOLOGIST OR PSYCHIATRIST SIGNATURE

\_\_\_\_\_  
Psychologist/Psychiatrist Name (Print)

\_\_\_\_\_  
Psychologist/Psychiatrist Signature

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date