

# Neurobehavioral Status Exam/Neuropsychological Testing/Psychological Testing Service Delivery Documentation

**Student:** \_\_\_\_\_

**Date and time of Exam/Test:** \_\_\_\_\_

**Please select only one of the following tests (complete a separate document for each evaluation and date of evaluation):**

Neurobehavioral Status Exam

Neuropsychological Testing: Limited to no more than seven (7) hours (including testing and assessment) e.g., Halstead-Reitan Battery, Weschler Memory Scales, Wisconsin Card Sorting or other comparable neuropsychological battery. This is to be used only when there is a question of a neuropsychological and cognitive deficit.

Psychological Testing – Limited to no more than 4 hours, except for the following:

**Testing for intellectual level** – Limited to no more than two (2) hours for each test.

**Self-administered test** – Limited to thirty (30) minutes. The following tests are considered self-administered, and include but are not limited to:

Achenbach Child Behavior Checklist

Adult Adolescent Parenting Inventory

Child Abuse Potential Survey

Connor's Rating Scales

Parenting Stress Index

Piers-Harris Self Concept Scale

Reynolds Children's Depression Scale

Rotter Incomplete Sentences Blank

Shipley Institutes of Living Scale

Fundamental Interpersonal Relations Orientation Scale-Behavior (FIROB)

**Please indicate duration of service:**

**Administration of Test** – Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Interpretation of Test (Psychologist and Physician only) – Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Preparation of Test Reports (Psychologist and Physician only) - Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total duration: \_\_\_\_\_

Signature of Psychological Services Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Psychological Services Provider: \_\_\_\_\_

Credentials: \_\_\_\_\_

Resulting ICD-10 diagnosis(/es): \_\_\_\_\_