



Psychology Screener

Psych-Educational Assessment: provides information on your child's learning profile and their social, emotional, behavioural profile

Contact number for booking:

Child's Name:

Child's Date of Birth:

Child's Age:

Please provide a brief summary of what you are looking for/your goals:

Please choose the assessment you are looking for:

- Psychoeducational assessment (including an assessment of client's intellectual/cognitive, memory, processing, and academic abilities, and screening/exploration of social, emotional, behavioural profile /mental health profile)
- Just a mental health assessment (no psych-ed assessment)
- Gifted assessment
- Autism assessment

1. Learning Profile:

Is your child experiencing learning difficulties? Y/N

If yes, please specify:

2. Mental Health/Social, emotional, behavioural profile:

Do you have any concerns about your child's mental health? Choose all that apply:

- Autism Spectrum
- Attention
- Emotional difficulties (e.g., anxiety, depressed mood)
- Social skills
- Behavioral difficulties
- Other: _____

If yes to any of the above mental health concerns, please provide more details:

3. Does your child have a diagnosis? (e.g., learning disability, ADHD, anxiety, depression, ASD)

- Y/N
- If yes, please specify diagnosis and (if known) the severity:

4. Does your child take any medication

- Y/N
- If yes, please specify:

5. Language/s spoken at home:

First language:

Second Language:

6. School program:

- Core English
- French Immersion
- Extended French
- French School Board

7. Custody Status & Consent:

Please be aware that in almost all cases where parents are separated/divorced BOTH parents must agree, and sign all consent forms in order to initiate an assessment. Please indicate which of these situations applies to you:

- Parents are together and in agreement with the assessment
- Parents are separated or divorced/joint custody, both are in agreement to proceed with the assessment, and both intend to sign consent forms. *In order that both parents can be provided with the details about the assessment, please provide the other parent's contact details:*
 - Name:
 - Email:
 - Contact number:
- There is only one parent responsible/sole custody, and I am that parent
- Other situation, please describe:

8. How did you hear about psychology services at the Centre for Pediatric Excellence:

PLEASE RETURN THIS TO psychologybookings@cfpe.ca