



RICHARD L. AINSA
REFEREE
JUVENILE COURT I

MARIA T. LEYVA-LIGON
REFEREE
JUVENILE COURT II

**JUDGE ENRIQUE H. PEÑA
JUVENILE JUSTICE CENTER**

**YAHARA LISA GUTIERREZ
JUDGE
65TH JUDICIAL DISTRICT COURT**

ROGER MARTINEZ
CHIEF
JUVENILE PROBATION OFFICER

MARC MARQUEZ
DEPUTY CHIEF
JUVENILE SERVICES

LORENA HEREDIA, CPA
DEPUTY CHIEF
FINANCE AND OPERATIONS

PSYCHOSOCIAL EVALUATION

NAME:

DATE OF BIRTH:

REFERRING OFFICER:

PID NO:

DATE OF EVALUATION:

EVALUATING PSYCHOLOGIST:

START TIME:

END TIME:

SOURCES OF INFORMATION: (Interview(s), juvenile case history, school records, TDPRS Records, Social Services, Medical Records, Mental Health Records, etc.)

- 1.
- 2.
- 3.

PURPOSE OF EVALUATION: (Reason for Referral and how evaluation will be used)

REFERRAL HISTORY: (Referral to Department, Dispositions, Programs and Placements):

FAMILY HISTORY: (Names and ages of family members, identification of individuals residing in the home to include ages and relationships, identification of any criminal history of family members, history of mental health, substance use, domestic violence, TDPRS involvement, Social Services, family economic status, family strengths and weaknesses etc.)

DEVELOPMENTAL& MEDICAL HISTORY: (developmental history, birth, surgeries, present and past medical conditions, hospitalization, identification of current and past medications taken and condition requiring medication)

MENTAL HEALTH/BEHAVIORAL HEALTH: (Identification of documented mental health issues, services received treatment type, date and outcomes. History of aggression-type, towards who and identification of suicidal, homicidal or self harming behaviors):

HISTORY OF ABUSE, NEGLECT, EXPLOITATION AND/OR TRAUMA: (Identification of victimization, abuse (physical, sexual, emotional) age, outcome and perpetrator, TDPS involvement, history and type of trauma experienced or exposed to)



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PEER ASSOCIATION/SOCIAL ENGAGEMENT: (Identification of peer group, community engagement, activities, runaway history, etc.)

PSYCHOMETRIC TESTING: (Identification of tests used, tests results to include personality assessments, cognitive abilities, IQ, tests observations, scores and clinical interpretation)

DIAGNOSTIC IMPRESSION:

- Axis I
- Axis II
- Axis III
- Axis IV
- Axis V

SUMMARY OF FINDINGS & RECOMMENDATIONS: (Identification of diagnostic information, needs, limitations, strengths and type of services. Placement recommendations shall include the type and appropriateness of the setting, need for removal, and modalities necessary to address identified issues)

Conducted by:

Licensed Psychological Associate
License#

Date

Licensed Psychologist
License#

Date