

Psychological Report Template

DEPARTMENT OF PSYCHOLOGY
COLLEGE OF SCIENCE
UNIVERSITY OF STO. TOMAS

PSYCHOLOGICAL REPORT

Personal Information

Name:

Age:

Date of Birth:

Sex:

Educational Level:

Source of Referral:

Reason for Referral:

Tests Administered

Dates of Administration

Physical and Behavioral Observation:

Test Results and Interpretation

A. Intellectual Functioning

B. Social Functioning

Summary:

Diagnostic Impression:

Recommendations:

(Name of Psychologist)
Psychologist

Sample of an Acceptable Report - 1

DEPARTMENT OF PSYCHOLOGY
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PSYCHOLOGICAL REPORT

Personal Information:

Name: Mr. A.
Age: 16 years, 5 months
Date of Birth: March 09, 1989
Sex: Male
Educational Level: Special Education

Source of Referral: Dr. XXX
Reason for Referral: Socio-Cognitive Evaluation

Tests Administered:

Dates of Administration

Wechsler Intelligence Scale for Children – 3 rd Edition (attempted)	September 02, 2005
Bender-Gestalt Visual-Motor Test	August 26, 2005
Childhood Autism Rating Scale	September 02, 2005
Draw-A-Person Test	August 26, 2005
Vineland Social Maturity Scale	August 26, 2005

Physical and Behavioral Observation:

Mr. A. came in for his testing appointment wearing white printed shirt and blue jeans. He has a moderate body built and a dark complexion.

In the two sessions, it was observed that Mr. A. constantly repeated almost every statement uttered by the psychologist and his mother every time they talk to him. When given the instruction to write his name on a piece of paper, with the exact instruction as “Isulat mo yung pangalan mo dito,” he started writing the word “pangalan.” When instruction was changed to “isulat mo dito (name of patient),” he was able to write his name, but he kept on mentioning his name as he was writing it. It was further observed that he sang an unfamiliar tune repeatedly while doing something, like working on a puzzle or scanning a book; moreover, he would just suddenly stand and dance.

Test Results and Interpretation:

A. Intellectual Functioning

Mr. A. was not able to respond to any part of the verbal test and in most parts of the performance test. He just echoed whatever he heard from the psychologist. It was noted, however, that he could name familiar objects shown in pictures, such as man (lalake), woman (babae), fox (aso), elephant, and he knows how to count up to 15. It was also observed that he is able to perform tasks that require copying or imitation, such as reproducing some geometric illustrations and block designs shown and copying some symbols presented to him. Developmentally, Mr. A.’s performance skill is similar to an 8 ½ -year old child.

B. Social Functioning

Socially, Mr. A.’s maturity level is much below his age, equivalent to a 9 year old child. He prefers to be with and play with young children rather than with his age-group. At his age, he is able to perform some simple self-help skills, such as bathing and going to the toilet and cleaning oneself

without help from other people, combing his hair, and caring for self while eating. According to his mother, he is also able to perform some household chores, such as cooking rice and washing dishes. He, however, do these chores, as well as his self-help activities, on a routinely basis. Interruption on the routine makes him irritable. Other activities not part of the routine requires much prodding from his mother before he performs it. He also has an attitude of not wanting to repeat eating the food that he has taken the previous meal.

In terms of communication, Mr. A. is able to say some meaningful statements and is also able to understand simple instructions from other people. However, he frequently echoes what he hears, even songs heard from the television or radio. Sometimes, according to his mother, he would just suddenly talk and repeatedly say a statement or sing and dance even without hearing any music at all. When speaking, he does not have eye contact. His mother stated that, if ever there is eye contact, it happens just for a very short period of time.

In terms of locomotion, he is able to leave their house on his own, but does not go far. He just visits the neighbor's house and would just walk around the house or sing and dance there before he goes back home.

Summary:

Cognitively, Mr. A. was unable to respond to all verbal tests and most performance tests. It was noted, however, that he is able to name familiar objects, count to 15, and perform simple tasks that require reproduction or imitation. Socially, Mr. A. functions on the level of a 9-year-old child. He is able to perform some self-help skills and household chores, but on a routinely basis. In terms of communication, he echoes most of the words he hears. He also has this behavior of suddenly talking, singing, or dancing, and repeatedly does the activity. In terms of locomotion, he is only able to go to nearby places, such as the neighbors' houses, on his own.

Diagnostic Impression:

MILD AUTISM

Recommendations:

Based on the evaluation presented, the following recommendations are given:

- a. Re-enroll Mr. A. in a Special Education class.
- b. Continue providing him with support, and care, and provide proper information to his siblings about his condition so that they may not tease him; instead, they could also provide the support and care that he needs.

(NAME OF PSYCHOLOGIST)

Psychologist

Sample of an Acceptable Report - 2

DEPARTMENT OF PSYCHOLOGY
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PSYCHOLOGICAL REPORT

Personal Information:

Name: Girl A.
Age: 6 years, 6 months
Date of Birth: September 15, 1998
Sex: Female
Educational Level: Special Education

Source of Referral: Ms. T.N.
Reason for Referral: Psychological Re-Evaluation

Tests Administered:

Dates of Administration

Wechsler Intelligence Scale for Children – 3 rd Edition	June 3, 2005
Bender-Gestalt Visual-Motor Test	May 27, 2005
Draw-A-Person Test	May 27, 2005
Vineland Social Maturity Scale	May 27, 2005

Physical and Behavioral Observation:

Girl A. came for her initial appointment wearing white shirt and blue shorts. On her first session with the psychologist, she was already at ease and verbally expressive, citing stories about what she did that day, and about her grandmother, aunt, cousins, and siblings. It was observed that Girl A.'s

speech is already comprehensible. She spoke using the English language, though it was mixed with Tagalog language. When asked to draw a person, she immediately got a piece of paper and a pencil, and drew while continuously talking about what she was drawing. She even asked for another paper where she could draw more after she completed her assigned task. When asked to copy some figures, she followed instructions without hesitation. However, it was observed that she copied fast, as if in a hurry, and she could not wait for the next figure to be presented. She frequently asked for the next figure immediately after finishing her drawing and she did not mind even if what she was currently drawing overlaps a previous drawn figure.

On her second testing appointment, Girl A. wore a yellow sando and pink, checkered shorts. As she was doing her assigned task, it was observed that she had a short attention span, being able to focus her attention only on the first part of the series of tests. She was easily distracted by external stimuli, such as the items on the table and the voice of her teacher and the other children, that she frequently went out of the testing area to play or talk to her teacher or grandmother. It was further observed that when Girl A. is asked to resume with her task, she follows with hesitation, frequently saying “*I want to play*” and “*I’m very, very sad because I want to play*” while trying to work on an activity. She also easily gets irritated and shouts when she fails to complete her task on her first try. She shouted at the psychologist, saying “*Help me, I’m very, very scared, it’s still broken, How?!*,” “*Oh, dear, I cannot do it, I can’t do it!*,” and “*I’m very, very rest, you quiet first!*” She even shouted “*quiet!*” at the people outside the room.

Test Results and Interpretation:

A. Intellectual Functioning

<i>Verbal IQ</i>	55
<i>Performance IQ</i>	103
<i>Full Scale IQ</i>	76
<i>Classification</i>	Borderline

Girl A. ‘s test results reveal that her full scale IQ is within the *Borderline level*. Her verbal functioning is weaker than her performance functioning. Although she was able to provide information and explanation

about ideas and concepts, and solve mathematical problems, she is only able to do these on simple tasks. He was not able to correctly identify similarities among objects nor was she able to give the meaning of common words. Based on observation, this deficiency in the verbal area could not solely be attributed to lack of knowledge or information. It is attributed to various factors, such as Girl A.'s inability to focus her attention on what is being asked so that she blurts out answers without thinking about the question. Delayed speech development due to lack of stimulation and language confusion are also probable factors for her low verbal functioning. It was only in 2003 that Girl A. started with her formally speech development program at the Gabay-Aral Learning Center; thus, she is still in the process of acquiring more verbal information. Moreover, according to her grandmother, in Girl A.'s toddler years, she was just frequently left to listen to children's English educational audio tapes or left in front of the television to watch English cartoons, because everybody were busy and nobody could play with her or talk to her. These audio tapes and television cartoons developed in Girl A. some familiarity with the English language. However, she is forced to learn the Filipino language because it is the medium of communication used in their home and other children in their place tease her and do not want to play with her because of using English as her medium of communication. At present, Girl A. knows how to speak in Tagalog but most frequently, she speaks in English or a mixture of Tagalog and English.

In terms of the Performance level of intellectual functioning, results show that Girl A. is within the average level. She was able to show a little more interest in the activities as compared to the verbal area, although she still fidgeted on her seat and frequently left the testing room. The first part of the set of tests, where she was still able to focus her attention, is a performance test. In this part, she was able to answer correctly more than half of the items, including those that other children find difficult to answer. However, in the other sets, where she has already lost her concentration, her performance noticeably dropped. Nevertheless, she was still able to correctly arrange together puzzle pieces, provide the code for certain illustrations, and copy the block designs presented. Moreover, Ann was revealed to be at par with her age group in terms of her visual-motor development.

B. Personality and Social Functioning

Projective drawings and geometric illustrations of Girl A. reveal that she has difficulty organizing her thoughts, resulting to her inability to plan her activities/tasks properly. In doing her assigned tasks, she is not able to focus her thoughts on one activity at a time. Frequently, she does something else while doing her task. Thus, she is not able to focus on the details of her work, resulting to careless mistakes.

Socially, Girl A. is on the average level of maturity. Her social maturity, in terms of self-help, locomotion, and communication, is within her age group. She can perform tasks, such as making her own sandwich using a table knife for spreading, combing her hair neatly, using the spoon and fork properly, and trying to read at own initiative.

Summary:

Girl A.'s cognitive functioning was found to be within the Borderline Level, having great difficulty in the verbal area than in the performance area. This level of functioning, however, was found to be due to his speech delay, language confusion, and inattention and hyperactivity rather than actual cognitive incapacity. Socially, Girl A. performs on the average level, typical of a 6 year old child.

Diagnostic Impression:

ATTENTION DEFICIT/HYPERACTIVITY DISORDER,
COMBINED TYPE

Recommendations:

Based on the evaluation presented, the following recommendations are given:

1. Girl A.'s exposure to a behavior modification program is recommended.
2. Girl A. may be transferred from a special education program to a regular school/classroom program provided she will still have tutorial sessions in order to cope with the demands of a regular school.
3. It is also suggested that her teachers be informed of her condition so that she may be given extra consideration and they may be able to participate in the behavior modification program.

XXXXXXXXXXXXXXXXXXXX

Psychologist

Sample of an Unacceptable Report - 1 (THE DOUBTING PSYCHOLOGIST)



PSYCHOLOGICAL REPORT

Name: CG
Age: 10 years, 0 months
Date of Birth: March 29, 1983
Sex: Male
Educational Attainment: Grade 3

Source of Referral: Dr. YYYYYYYYY
Reason for Referral: Psychological Evaluation

Dates of Testing: March 28 and April 11, 2003

Tests Administered:

Wechsler Intelligence Scale for Children – 3rd Edition
Bender-Gestalt Visual-Motor Test
Draw-A-Person Test
Vineland Social Maturity Scale

Behavioral Observation:

CG is a chubby boy who was well-kempt in his white printed shirt, blue jeans, and gray shoes. In the interview session, he was observed to be overactive and he laughed a lot. During the test, on the other hand, he rarely smiled and almost never made an eye contact with the examiner even when the instructions in the test were being given. Although he *seemed* to be motivated to work at first, his motivation *seemed* to have faded easily. He was easily frustrated and he easily gave-up on those items which he believed he could not answer correctly. He frequently commented “*di ko po kaya e.*”

Moreover, he was only able to focus his attention and full concentration on the task at the beginning of the session.

At home, CG is said to be hyperactive and playful. In school, he was observed to be friendly, but sometimes, bossy. He also does not listen to his teachers and is inattentive in class discussions.

Test Results and Interpretation:

Intellectual Evaluation:

CG obtained the following results in his test:

<i>Area</i>	<i>IQ</i>	<i>Classification</i>
Full Scale	77	Borderline
Verbal	87	
Performance	72	

The results revealed that CG has the ability to understand the meaning of some common concepts, solve simple everyday problems, and orally respond to arithmetic computations. However, his ability *does not seem* to be enough to help him cope with more complex, uncommon situations/problems that are usually encountered by children his age. In the performance level, CG *seems* to have limited perceptual-motor skills. This *may* mean that he is not good at manipulating objects around him nor can he learn much by manipulating them.

Socially, CG *seems* to be in the average level of development. He is able to accomplish the tasks that most 10 year old children can do, such as making telephone calls, making minor purchases, and taking care of the self during meal time.

Emotional Evaluation:

CG *appears* to have the inability to plan and organize work, which *may be* related to his *seemingly* very poor self-concept and feelings of

intense inadequacy. This is manifested in his refusal to complete the tasks that seem difficult and frequently stating “di ko kaya”. **Probably** as a result of his feelings of inadequacy, CG **tends** to protect his ego by escaping into fantasy, seeing himself as someone who is powerful and strong. This fantasy **may** lead to his **tendency** to be overtly aggressive or impulsive when reaching out to others.

Summary:

CG’s cognitive functioning at the full scale and performance level was found to be within the borderline range. His verbal functioning, on the other hand was within the low average range. Socially, however, he was found to be at the average level. Emotionally, CG **appears** to have overtly aggressive or impulsive behaviors, which **may be** a result of his escape into fantasy which he **tends** to use as his defense against feelings of inadequacy and poor self-concept.

Diagnostic Impression:

Inattentiveness due to feelings of inadequacy

Recommendations:

Based on the evaluation, the following recommendations are given:

1. Since it was found that CG’s cognitive functioning is below the average level (but not intellectually deficient) tutorial lessons are recommended to help him cope with regular education.
2. It is also suggested that his teachers be informed of his condition so that he may be given extra consideration.
3. To address his poor self-concept and feelings of inadequacy, he may be encouraged to pursue a sport or an activity that interests him.
4. Further interview and observation are needed to establish a diagnosis of Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type.

Sample of an Unacceptable Report - 2 (WRONG INTEGRATION/CONTRADICTING IDEAS)



EXAMINEE: MARICRIS

Maricris is a kind of person that is very *optimistic* and goal-oriented as manifested in many of her results. She may indicate *paranoid tendencies* and very sensitive to criticisms of her environment. She is very close to her family especially to her mother. She longs for her father's closeness because the latter is away from him for a considerable length of time. The subject may show signs of being withdrawn in the outside world. **Maricris is also indicative of emotional and social maladjustments in many of her results.** However, she manifests strong intellectual strivings and a desire to know everything at hand correlated with her result that she is very goal-oriented and has set high standards for herself in the future. She is driven by her dreams and contented with what she has at the moment especially when it concerns with her family and her life back home. All in all, **Maricris may be a well-adjusted person in all aspects of development,** but sometimes she may be overpowered by her negativistic and paranoid tendencies.

Sample of an Unacceptable Report - 3

(PSYCHOLOGISTS' SECRETS REVEALED/ LACK OF INTEGRATION)



EXAMINER: VANESSA

I. BENDER VISUAL-MOTOR GESTALT TEST (BVMGT)

Most of the Bender Gestalt drawings were drawn in a normal way, although there were some figures that Vanessa has a hard time drawing. She has closure difficulty, since her drawing of the diamond and circle had a space 3 in between. This means that she has difficulty maintaining adequate interpersonal relationships. Also, she has redrawn a total figure, and this indicates that she has a high degree of current anxiety.

There were also emotional indicators seen in her drawings. The figures were drawn very small, and these indicate that she tends to be anxious, constricted and timid. There was also a second attempt in drawing a figure, and this indicates impulsiveness and anxiety. Lastly, there was expansion that occurred, since she used two papers in drawing the figures. This means that she is impulsive and has acting-out behavior.

II. HAND TEST

Vanessa responses show that she likes engaging in interpersonal relationships. She is very friendly and likes spending time with her friends. She is also very affectionate. She is not shy of showing her concern to others and is very loving. Vanessa is also acquisitive in nature. She has definite goals in mind, although at times, she is in doubt of reaching these goals. Lastly, she is calm and collected almost all the time. She does not like confrontations and fighting with others, as she is not aggressive.

III. HOUSE-TREE-PERSON TEST (HTPT)

Vanessa's drawing of the house was unusually large, and this indicates aggression, expansive and grandiose tendencies, and feelings of inadequacy with compensatory defenses. The house was also placed on the left side of the paper, and this shows that she is impulsive, frank and emotionally satisfied. The house was close in appearance, and this shows interpersonal warmth. The door was very large, and this shows that she is overly dependent on other. The roof was also emphasized, and this indicates fantasy satisfaction. The roof was over-detailed, and this shows obsessive-compulsive traits. Lastly, the drawing of curtained windows indicates consciously controlled socializing with some anxiety implied.

The drawing of the tree indicates possible aggressive tendencies and over-compensatory action and hypersensitivity, since the tree was very large. The branches were also very faint, and these indicate that she is indecisive and anxious. Lastly, the drawing of fruits indicates that she is very nurturing.

The drawing of the person was unusually large, and this indicates grandiosity. The head was also unusually large. This shows that she has grandiose expansive tendencies and is overly dependent on others. The eyes were also large, and these indicate suspiciousness, possible anxiety and hypersensitive to social opinion. The mouth was also drawn upturned, and this indicates forced congeniality and possible inappropriate affect. The neck was short and thick. This means that she has tendencies to be stubborn and impulsive. The drawing of the fingers also shows possible regressive tendencies, since the fingers were petal-like. Lastly, there was also an emphasis on the feet, since the feet were very large and the shoes were overly-elaborated. This indicate that she has feelings of sexual inadequacy and possible aggressiveness.