



Alvin Butler, LMHC ♦ Harry Spears, LMHC
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Referral Agency:
Attorney/Case Manager: Phone:
Email:

Name of Client: Phone:
Age of Client:

Type of Evaluation

- Psychological
- Psychosexual (includes Psychological Assessment)
- + Parenting Capacity Assessment (Additional \$150)
- + Parental Observation Assessment (Additional \$100)
- + IQ Testing (Additional \$150)

Reason for the referral (e.g., maternal grandmother who was caregiver recently died and we want to place child in home of biological father, but he is a registered sex offender; Continual exposure to domestic violence and we are unsure if parents can safely parent the child who is also autistic).
Please be specific.

Evaluation should answer what question (e.g., Is parent safe to visit with child with no supervision? Can child return to living in the home? Can parents learn to not engage in domestic violence?)

Please include any of the following documents to help expedite this referral.

- Previous Treatment Reports/Summaries
- Court Order and/or Reviews
- Predisposition Report/Study (PDR)
- Comprehensive Behavioral Health Assessment
- Police/Sheriff Reports
- Juvenile Criminal History
- Case Plan & Updates
- DCF Abuse Records
- Victim Statement/s
- CPT Medical Report and Forensic Interview
- School Records/Grades including:
IEP, Grades, 504 Plan, and Discipline Record
- Relevant Medical Records
- Any Past Mental Health Related Evaluations/Assessments including:
Psychological, Psychiatric, Psychosexual, Neuropsychological, Substance Abuse & Mental Health, School/Educational and/or Comprehensive Behavioral Assessments

All records are read thoroughly before an appointment is scheduled.

Missing information will delay scheduling.