



A Diagnostic & Treatment Clinic

CHILDREN'S PROGRAM

Children • Teenagers • Families • Adults

MULTNOMAH VILLAGE

7707 S.W. Capitol Hwy.
Portland, OR 97219

Dear Caseworker:

Please refer to the following checklist to be sure we receive the necessary information regarding the client(s) to be evaluated:

- Referral and planning letter (see below)
- Release to Disclose Confidential Information (light pink)
- Privacy Practices: Acknowledgement and Consent (bright salmon)
- Achenbach Child Behavior Checklist "Ages 1½ -5" **or** "Ages 6-18" (bright blue)
- Conners Teacher Questionnaire for Ages 6-18 (light green)
- Teacher's Report Form for Ages 6-18 **or** Caregiver-Teacher Report Form for Ages 1½ -5 (light green)
- Adult Information Form for adult clients (bright blue)

A primary component of the information you provide is the "**referral and planning letter**". It should have three basic components:

1. **A detailed history of the case** including names of all family members, significant others, and foster family. Please specify the nature of these relationships and inherent strengths and weaknesses. Also include a chronology of agency involvement and history of foster placement.
2. **The specific questions you would like us to answer** in the evaluation such as, but not limited to, questions regarding attachment, ability to transition to a permanent home, current functioning, diagnosis, long term placement needs, etc. An example of a good question is "what kind of parenting resource would be the best fit for this child?" **not** "can this child bond to a family?"
3. **Current planning for the future** including placement considerations.
4. **Child's OMAP number** and a **current photo of the child**.

Please include recent copies of court reports, police reports, prior psychological evaluations (if done elsewhere), IEP's, CARES evaluations, medical reports, therapy summaries, and a letter from the therapist if there are any questions or concerns he/she would like addressed. If there is a question concerning fetal alcohol syndrome please provide information regarding mother's drug/alcohol use during pregnancy, testing done at delivery, and APGAR score.

We prefer all documents to be mailed. If there is information you must fax, please confine faxed information to ten pages or less.

We hope this letter is helpful to you as the information you provide is extremely important in the overall clinical picture. If you have any questions, please call me at 503-977-0877.

Sincerely,

(Ms.) Michael Wood, M.S.W.
Intake Specialist