

Diagnostic Report -- Clinician's Checklist

Clinician's Name: _____ Client's Initials: _____ Supervisor's Initials: _____

Version (draft #)

 1 2 3

Client Identification Section

____ Client's name _____ Parent name
____ Client's address _____ Client's phone number
____ Referral source(s)
____ Date of Birth has been checked against CASE HISTORY FORM for accuracy
____ Date of Birth is spelled out (i.e. June 1, 1999) and chronologic age (i.e. C A 6-2 yrs.)
____ Diagnostic code Number and Diagnosis are stated

Referral Questions Section

____ All referral questions have been stated in the report.

Background Information Section

____ Background information was included

Evaluation Findings

____ I have re-checked scoring and my comparison of scores to appropriate norms.
____ The correct name appears for the client throughout the report.
____ I have filled in all phonetic symbols on this version of the report.
____ I have not split tables across two pages.

Recommendations Section

____ All referral questions have been addressed in the summary or recommendations sections.
____ If a referral question pertains to whether the child's disability meets the Vermont Eligibility requirements for services in the schools, this information has been provided.
____ Specific intervention and/or referral recommendations have been detailed.
____ Prognosis has been described with basic rationale.
____ How follow up should be handled has been explicitly stated.
____ A time interval for review of progress has been recommended.
____ If referral is being made, complete names, locations, and phone numbers are provided for reader.

End of the Report

____ The report concludes with "If there are any questions or concerns regarding this report, please contact the Eleanor M. Luse Center at 656-3861."
____ Each address is now accurate as it appears on this report. **(Call physician offices and schools to verify the accuracy and completeness of addresses. Call client/family to verify accuracy of address.)**
____ The cc: addresses are correct and complete for all recipients of the report. (The Post Office will not deliver mail without street name and number)
____ I have not created a final page that has only names and signatures on it.

Other

____ All test forms are completed (i.e. names, dob, doe, scores) and are attached.
____ All writing on test forms is in pen.
____ I have attached all previous drafts of this report.
____ I have included a footer that reads page # of (total # of pages): (client's initials)

I have carefully proof read this version of the report. _____
Signature

Date Submitted _____

Date returned by Supervisor _____