

Sample Report Outline

BRIEF FAMILY ASSESSMENT

FAMILY NAME

DOCKET NUMBER

This report is confidential within the confines of the present legal matter. It cannot be released without the permission of the Court.

DATE OF REPORT:

EVALUATOR: Name
Title

FAMILY MEMBERS INTERVIEWED: (names, dates of birth)

FAMILY MEMBERS NOT INTERVIEWED: (names, dates of birth)

REASON FOR REFERRAL: (includes focused question(s) of the judge)

DATES OF CONTACT: (date and time spent in each activity)

COLLATERAL CONTACTS:

RECORDS REVIEWED:

STATEMENT OF THE LIMITS OF CONFIDENTIALITY:

At the beginning of the initial interviews with the parents the nature and purpose of the evaluation were discussed. The parents were given a written "General Information and Informed Consent Agreement" which details the mission of the Family Court Clinic and the limits of confidentiality of information shared in interviews, as well as the written report and protective concerns. Both parents signed the agreement indicating that they understood the circumstances of the evaluation and agreed to participate. The limits of confidentiality were also explained to (child's name) in language appropriate to his or her age and developmental status.

HISTORY OF THE MARRIAGE (or Relationship) ACCORDING TO (the Parents)

(NAME) Parent #1

BEHAVIORAL OBSERVATIONS: (Clinical Impressions)

BACKGROUND HISTORY:

(NAME)'S CONCERNS AND WISHES:

(NAME) Parent #2

BEHAVIORAL OBSERVATIONS:

BACKGROUND HISTORY:

(NAME)'S CONCERNS AND WISHES:

(NAME) Child #1, #2 etc.

DEVELOPMENTAL HISTORY:

INTERVIEW WITH: (CHILD'S NAME)

PARENTING HISTORY:

OBSERVATION OF CHILD(REN) AND PARENT #1:

OBSERVATION OF CHILD(REN) AND PARENT #2:

COLLATERAL CONTACTS:

RECORDS REVIEWED:

CONCLUSIONS:

This has been a brief evaluation which leaves the evaluator with limited data upon which to form conclusions. Care must be taken in extrapolating from this report (these results.)

RECOMMENDATIONS:

(Signature)

Evaluator's name

Title