Intelligence Test Reports for Counselors, Teachers, and Parents, and Testing of Preschoolers

This book has been concerned with the formulation of a detailed communication regarding the psychodiagnostic report that is directed to the needs of mental-health practitioners. In this sense, a highly sophisticated presentation of findings characterizes the final document. Referral sources utilizing these kinds of results are likely to be in a position to evaluate and determine the implementation of far-reaching intervention strategies such as medication, hospitalization, or psychotherapeutic approaches.

Weighing these intervention alternatives can require a report that offers a full appreciation of diagnostic issues, a complete exposition of underlying personality factors and their ramifications, and a survey of all salient components of the person’s functioning. Decisions among various intervention alternatives are, in part, based on the findings of the clinical psychodiagnostic report. The entire decision-making process of intervention is likely to involve several persons in a network of mental-health practitioners that includes clinical psychologists, psychiatrists, social workers, or other referral sources at a professional level.

Frequently, other people may require the expertise of a psychologist for a test evaluation. Referral sources may include parents or teachers who are attempting to manage disturbed, acting-out, or withdrawn children, or guidance counselors who are required to determine special educational placements on the basis of test referrals. Testing may be limited to an intellectual assessment or may include further personality evaluation. An intelligence scale may be administered exclusively, or other test instruments may be added to form a battery of assessment tools. In all these instances, the extensively analytic, fully written psychodiagnostic report, which has been the focus of previous chapters, exceeds the needs of these groups.

Referral sources other than the psychologist, psychiatrist, or social worker require more concise writing with fewer technical elaborations and more direct responses to specific referral questions. These persons outside of the mental health field require less analytic and dynamic interpretation. Rather, a more descriptive evaluation of the psychological problems of the subject is needed. In addition, a focus on recommendations for intervention is important. The treatment interventions available may include a new class or school placement, recommendations to a
teacher or parent with regard to managing the child, and/or referral to a mental-health practitioner for evaluation for possible therapy. The report also may be used to assist a case worker involved with the family’s problems. Thus, the perspective of such a report, with its recommendations, differs from the psychodiagnostic report.

Referral sources, such as teachers and guidance personnel in schools, frequently find it advisable or necessary to communicate with parents about the difficulties that become manifest in schoolchildren. Educational personnel are in a position to offer salient information to those responsible for the healthy development of these youngsters. The psychologist who receives such a referral has the opportunity to clarify to school personnel the nature of the child’s problem and also to present findings in a way that can invite constructive involvement of the parents. Often, in fact, the psychologist can make direct recommendations to consult with the child’s parents. These recommendations include what can be beneficially conveyed to the parents and how the information provided can be utilized most advantageously.

In these circumstances, the audience for the psychologist’s report is distinctly different from that for the full psychodiagnostic report. Not only is the training of referral sources quite different in its emphasis and goals, but the needs of such persons in relation to the reporting of test findings are divergent as well. Test referrals related to school problems, however, have the same requirements of meaningfulness and communicative precision in the reporting of test results. In this respect, the construction and writing of the report for this audience must meet the same standards of expression as a report directed to any other referral source. Yet, the report directed to teachers, guidance counselors, and parents may be different in several important respects from the report sent to mental-health clinicians.

The importance of carefully presenting a report to educational personnel or parents is underscored when it is realized that some of the findings conveyed may lead to dramatic consequences, including possible recommendations for neurological evaluations, consideration of treatment referrals, or even consideration of residential placement that would separate the child from the family.

**The Intelligence Test Referral**

A frequent referral in educational settings is the request for intelligence testing. The assessment of intellectual functioning within the school setting often arises in connection with a child who does not seem to be functioning near his or her apparent potential or whose behavioral disturbance raises questions regarding the most advantageous educational placement. Such a referral may implicitly require guidance or teaching personnel to determine constructive management approaches for the child.

If an intellectual assessment is all that is required, a good deal of material naturally presents itself for the psychologist to report. The major question then is to determine what issues need to be focused on and illuminated, and what material is best excluded, considering all that the psychologist may potentially address.