

## **Report writing**

The purpose of a psychological report is to communicate information to persons involved in the care, education or support of the child. Those who will read the report include both the immediate recipients - parents, teachers, medical practitioners - as well as potentially a range of educational, vocational, psychological and medical specialists in any of a range of settings, at any time from the date of writing to the end of the child's schooling, or beyond. The extent of the potential readership - and the degree of importance that most place on a psychological report - requires that the psychologist approach the preparation of a report with great care and consideration.

The information to be communicated is the psychologist's interpretation of the results of a psychological assessment. While psychological information is often complex and detailed, it is essential that assessment results be communicated in a manner that is clear and comprehensible to its recipients. If a psychological report cannot be readily understood by its readers, all of the efforts devoted to the administration of tests, interpretation of results and writing of the report have not achieved their aim.

The general aims of a report of a child psychological assessment are (1) to respond to the referral question, and (2) to communicate this response to the referring agent effectively and appropriately. More specifically, a report should accomplish the following objectives:

1. to detail the results of the psychological assessment;
2. to indicate the relevance of these results to the child's current (or future) needs, and to the presenting problems; and
3. to indicate avenues and targets for remediation, and to detail recommendations regarding future management and intervention.

### **Format**

Psychological reports should be presented in a professional style, with regard to common practice in the communication of information among health and education professionals.

While there is some flexibility in the organisation and style of psychological reports, most child clinical psychologists adopt a format similar to that described in the following.

A report will usually include a number of sections:

### *Identifying information*

The child's name, age and date of birth should be clearly indicated, along with the date(s) on which the assessment was conducted.

#### **Report of Psychological Assessment**

<b>Name:</b>	Bret Simpson
<b>D.O.B.:</b>	10.7.92
<b>Age:</b>	11 years 9 months
<b>Date of assessment:</b>	30.4.03

### *Source of and reason for referral*

The source of the referral should be indicated, and the reason for referral noted.

1. John was referred for psychological assessment by his mother, Ms Smith, who expressed concern over his academic progress.
2. Denise was referred for assessment by Ms Michelle Jones (Speech Pathologist, Springfield Community Health Centre), who reported that the results of a recent assessment of speech and language functions had revealed a significant delay in the development of Denise's reading abilities.

### *Relevant background information*

Relevant aspects of the child's history and background should be reported, with consideration of developmental history, educational placement and progress, and family, social and cultural factors. The results of any previous investigations may be summarised.

Aspects of the child's developmental history may include: any problems in pregnancy, with birth or in the immediate post-natal period; a delay in attainment of developmental milestones; any reports of sensory or motor difficulties (e.g. history of frequent ear infections, frequent falls); significant illnesses or injuries (e.g. meningitis, head injury).

Ms Johnson reported that while the pregnancy and birth were without complications, James experienced several seizures in the first few months. She noted that he has suffered recurrent middle ear infections, and that language milestones appeared delayed relative to his peers.

The child's educational history should be briefly summarised, with reference to current placement (grade and school) and reports of progress.

Jenny attends St Smithers Primary School, Ennoger, where she is in Year 4. Her teacher, Ms Brown, reported that she has had some difficulty with arithmetic since starting school. Jenny has been receiving assistance from special education staff since the beginning of the present year.

Elements of the child's family background should be stated *if deemed relevant*, including number of siblings, marital status of parents, country of birth or family origin, language spoken at home, and social and environmental circumstances.

1. Peter is the youngest of three children in a family of German origin. Peter's mother, Ms Schmidt, reported that the family migrated to Australia when Peter was three years of age. She noted that, while the family speaks German at home, each of the children have learned to speak English fluently.
2. Geoffrey is the elder of two children in a single-parent family. His mother, Ms Wilson, reported that Geoffrey and his younger sister have somewhat irregular contact with their father, and have not seen him since December 1996.

The results of previous psychological, medical or allied health assessments should be reported where relevant. The report should detail the name, profession and site of the person conducting the assessment, as well as a brief statement of the major findings. For prior psychological assessments, more extensive details may be necessary.

John was previously assessed in May 1992 by Ms Jessica Burrows (Clinical Psychologist, Essendon District Health Service). Ms Burrows reported that, at the age of 5 years 2 months, his general intellectual abilities were assessed to lie within the average range. Ms Burrows noted that an occupational therapy assessment was also completed at this time, with the results reported to indicate that John's fine motor skills were not as well developed as those of his peers.

#### *Assessment results and interpretation*

The report should detail the results of each component of the assessment, including data obtained by interview, observation, questionnaires and cognitive testing.

A general description of the child's presentation and behaviour during interview and testing may be useful.

1. Don presented as an active, talkative boy who separated easily from his mother. While he displayed a degree of restlessness during testing, he maintained an appropriate level of attention and appeared to attempt to do his best on all activities.
2. Bernadette maintained her concentration well throughout most of the testing session, though she appeared to tire after about 90 minutes.

Information obtained from the child during an interview may be reported, if relevant to the referral reason or formulation.

Jason reported that he did not enjoy being at his new school, stating that he is often teased and bullied by his new classmates.

Informal observation of the child's behaviour during assessment may provide useful information which may be described in the report.

Brian appeared to have difficulty comprehending the instructions to some tasks, frequently requesting that these be repeated.

The results of tests administered should be presented descriptively in the report. Actual test scores should not be included in the body of the report, but appended on a separate sheet.

The report should include details of the names of tests administered, the results of the tests, and an explanation of these findings. It is useful to divide the discussion of test results into sections such as cognitive functioning, academic achievement, and behavioural and emotional functioning.

The results of cognitive testing may be conceptualised as referring to (1) general intellectual abilities and (2) specific cognitive processes - such as language, reading and spelling, arithmetic skills, memory, and attentional and executive functions.

1. The Wechsler Intelligence Scale for Children - Fourth Edition (WISC-IV) was administered to assess David's general intellectual abilities. On this test, David's level of general cognitive functioning was assessed to lie in the low average range, at about the 20th percentile. David performed at a similar level across a range of different tasks, including tests of both verbal and nonverbal abilities.
2. The Wechsler Intelligence Scale for Children - Fourth Edition (WISC-IV) was administered to assess Lisa's general intellectual abilities. On this test, Lisa displayed a considerable degree of difficulty with language-based tasks, with her performance on these activities being at about the 15th percentile. This was in marked contrast with her performance on non-language based tasks, for which her scores were well within the average range.

Lisa's receptive and expressive language skills were further assessed through administration of the Clinical Evaluation of Language Functions - Fourth Edition (CELF-4). The results of the CELF-4 again placed her general receptive and expressive language abilities at a level below the average range.

### *Summary and recommendations*

The final section of the report should include a brief summary of the major findings of the assessment. This should summarise information previously presented, and should not include new information.

John is a 7 year old boy whose level of general intellectual abilities falls within the average range. He displays good visuo-spatial skills, and performs well on a variety of problem-solving tasks. However, his receptive and expressive language skills do not appear to be as well developed as those of his peers. His progress in

reading and spelling, which has also been slow, reflects these general language difficulties. John is reported to be experiencing some difficulties with his behaviour while at school, which may be in part related to his academic difficulties.

It is often appropriate to relate the findings to specific diagnostic categories. Here, it is valuable to not only state the diagnostic label, but to assist readers to understand the nature and implications of the diagnosis

1. This pattern of results suggests that Sarah's academic difficulties result from significant deficits in the inhibition and organisation of behaviour characteristic of attention-deficit/hyperactivity disorder. The effect of these deficits is to impair her ability to focus and sustain attention on tasks, and to engage the higher cognitive (executive) functions involved in planning, reasoning, organization and new learning. Her inability to maintain focus over an extended period impairs her performance on any task requiring sustained effort, such as the rapid acquisition of new information, or the management and manipulation in mind of large amounts of information at one time (complex reasoning).
2. The results of the current assessment confirm that John has a mild to moderate developmental language disorder, with difficulties most evident in phonology, syntax, and semantic development.

Ensure that the statements regarding findings and diagnosis are shown to relate to the referral question.

On the basis of these findings, John would be expected to struggle with various aspects of academic work. His ability to comprehend verbal material (spoken or written) is compromised by his language difficulties. Despite possessing good memory skills for simple material, this comprehension difficulty impairs his ability to learn new verbal material with the speed and efficiency of his peers.

Specific recommendations should follow the general summary. These recommendations should flow naturally from the results of the assessment, and should include a reference to any cognitive, behavioural or emotional problems identified in the report.

1. Given these results, Sally is likely to benefit considerably from extra assistance with her schoolwork. In particular, her progress with arithmetic is likely to be enhanced by one-to-one tutoring, with an initial focus on the rehearsal of arithmetic facts.
2. Brian's teachers are likely to benefit from some assistance with the management of his behaviour. The implementation of a structured behaviour management program should be considered, with explicit rules and immediate consequences for compliance and noncompliance.
3. Jeffrey's difficulties with peers may be assisted by the further development of his general social skills, either through contact with a clinical psychologist or via a formal social skills training program. The benefits of these interventions would be

substantially enhanced by careful monitoring by his teachers, with frequent praise and encouragement for any improvements in his social interactions.

*Name and signature*

The psychologist's name, title and qualifications should be included, along with those of the supervisor. A reports must be signed by all parties prior to its release to any party.

Consent must be obtained prior to the release of any information, either verbally or in writing.

## **General guidelines**

A psychological report is a document which may have a significant influence on the future education, management and placement of a child. Due care and consideration should always be given to the content and style of a psychological report. The following guidelines may be of assistance:

### *Structure*

It is helpful to employ an explicit structure when writing psychological reports, especially in the early stages of one's career. A formal structure helps to organise the information in the report, to assist the flow of the report, and to ensure that the report comprehensively covers all relevant aspects of the assessment.

### *Answer the referral question*

A report should not just report data obtained from testing: it should respond to the questions posed (explicitly or implicitly) by the referring agent.

### *Ensure the relevance of the information reported*

The report should include all background information relevant to the conclusions stated and recommendations made. However, information which is irrelevant to the current cognitive, emotional or behavioural functioning of the child should be omitted. In particular, personal or confidential information (e.g. parental problems, history of sexual abuse) should not be included unless directly relevant to the aims or findings of the report.

### *Focus on behaviours*

When referring to presenting problems or the behaviour of the child during the assessment, descriptions should detail behaviours, not presumed traits, temperamental styles or other purported personality characteristics. For example: "Ms Smith stated that Jane did not play with other children at school" rather than "Ms Smith stated that Jane was unpopular"; or "while playing in the therapy room, Dick struck his younger sister on several occasions" rather than "Dick was an aggressive child".

### *Distinguish between facts and opinions*

Apart from basic factual information (age, current school, siblings etc), most background information comes to the psychologist through the reports of others, and is not independently verified. The source of all such information should be clearly indicated.

### *Report your interpretation, not test scores*

Some psychological reports merely provide a summary of scores obtained on testing. This encourages parents, teachers and other professionals to place their own interpretations on the findings, which is potentially disadvantageous to the child.

It is appropriate to provide an indication of your reasoning which gives rise to the stated conclusions. However, do not attempt to justify every aspect of your interpretation with reference to specific examples of test performance or the research literature.

### *Indicate the degree of certainty*

Wherever possible, the results of a psychological assessment should be stated clearly and positively. However, in cases when the validity of results is in doubt, or when the results do not lend themselves to a clear interpretation, the report should indicate the lesser degree of certainty through the use of appropriate qualifications.

### *Emphasise the child's strengths as well as her weaknesses*

The child's assets should be clearly stated, as well as those areas with which she is struggling.

### *Adopt a professional manner and style*

Psychological reports should be written in a formal manner, though with an avoidance of jargon. Opinions are usually stated in the third person, rather than the first. When referring to the child, the present tense should be used when describing current events and interpretations: Jenny has some difficulties with reading; Sam's behaviour is reportedly difficult to manage.

Poor grammar, incorrect spelling or sloppy punctuation detracts from the quality of the report, and may give some readers cause to question the competence of the psychologist.

### *Be concise*

The quality of a psychological report is not correlated with its length. Many professionals do not read overly long reports.