



Brown Clinic

for Attention and Related Disorders

Request Form for Written Reports

Brief Letters and Reports: We are able to provide brief template letters without extra charge upon request and can be completed during a scheduled appointment. All appointment fees are based directly on the amount of time spent talking with or working for the patient; they are not padded with extra amounts to cover reports that may or may not be needed.

Comprehensive Reports: a narrative summary of initial diagnostic evaluation with psychological testing to establish eligibility for accommodations under Section 504, IDEA, or the Americans with Disabilities Act.

These reports may be needed to request academic accommodations for students in elementary school through graduate degree programs. Some accommodations may include, preferential seating, modified assignments, note-taker, separate testing area for minimal distraction, or extended time for taking tests and exams. For adults, accommodations may be needed for professional board certification exams (*MCAT, LSAT, PCAT, DAT, PRAXIS*), standardized exams (*PSAT, SAT, GRE, GMAT*).

Requirements for establishing eligibility for accommodations or special education services have become increasingly stringent in recent years. In most settings it is necessary for the report to include not only data from an initial psychological evaluation, but also an analysis and interpretation of data from standardized tests (e.g., *Wechsler IQ Tests for Children/Adults, the Wechsler Individual Achievement Test; Woodcock-Johnson, Nelson-Denny Reading Test, ... etc.*

* Written reports or lengthy letters that must be done outside a scheduled appointment are billed at the hourly rate for your doctor. Please contact our office for an estimate/invoice. We recommend that you contact your health insurance to inquire if this type of letter qualifies for reimbursement.

I, _____, hereby request Dr. Brown/Kennedy to prepare a comprehensive report of his findings from my clinical interview(s) and any other pertinent psychological testing data or documentation in my record. Upon receipt of this requested letter, I give permission to the Brown Clinic to charge my card on file for the total amount due.

Patient Name :

Date Signed:

Signature of Patient or Parent/Guardian:

Date Report needed by: