MONTCLAIR STATE UNIVERSITY

DEPARTMENT OF PSYCHOLOGY
Psychological Services Clinic
973-655-3600
ccs@ montclair.edu

Hello and thank you for your interest. This form is the intake document that we need in order to open a file. There are several components to complete with as much detail as possible. A map to our clinic is on the last page. Thank you.

1. Description of Services and Fee Schedule

Psychological Services Clinic (PSC) is a university-based training facility. Its purpose is to provide high quality individual evaluations and data-based recommendations for members of the community while providing integrated clinical and educational experiences for graduate students at Montclair State University. PSC is dedicated to the implementation of evidence-based practices so that the best possible educational outcomes are achieved for our clients. Services are provided by graduate students in school psychology who are closely supervised by faculty members from the Psychology, Department: School Psychology Program.

Please complete the enclosed application. Feel free to submit any additional information that will help us understand the issues of concern (e.g., previous evaluation results, IEPs, report cards, teacher reports, etc.). You will be contacted with a schedule of times to meet with us for the purposes of obtaining additional information, conducting the assessment, and interpreting the results. Upon completion of scoring reporting and payment, you will receive a comprehensive written report with recommendations.

Our evaluations are conducted on Tuesday evenings at 5:30pm-7:30pm, and you will be given between 4-6 appointment times, depending on the type of evaluation needed. If you have any questions, please contact Dr. Julia Coyne directly, either via e-mail: coynej@mail.montclair.edu or by phone: (973) 655-3527.

Psychoeducational Evaluation-$875.00
***(Reduced fee for MSU Students-$100*)**
An individualized evaluation of an individual's academic strengths and needs, cognitive functioning, academic, social emotional functioning, and behavior is used to develop a plan for improving a student's skills and success in school.

Consultation-$250.00
Family-based consultation covering a student's learning profile, educational best practices, and evidence-based parenting strategies.

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2. APPLICATION

All information will be treated confidentially. No schools, individuals or agencies will be contacted without your specific written permission.

Today's date_____

Client's name _____

Nickname _____

Parents' names _____

Client's date of birth_____ Age_____ Sex (M/F)_____

Address _____

City, State _____ Zip _____

Years at this address_____

Phone No. ( ) _____ Business Phone No. ( ) _____

Cell Phone No.( ) _____

E-mail_____

Language(s) spoken at home_____

If parents of applicant are divorced, please indicate legal status of custody, and to whose address the finalized report is to be mailed: we are happy to send out duplicate reports to all custodial parents. _____

_____

School _____Grade _____

School address _____

Current teacher _____

Child Study team case manager (if applicable) _____

Previous School(s)

Name of School	*Grade/Dates Attended*	*Reason for Leaving*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referred to us by _____

Relationship to client _____

Is your child currently being tested? If yes, by whom and please specify.

What concerns brought you to us? (*Use back of sheet, if necessary*)

Specifically, what services are you requesting from us: i.e. how specifically can we help?

Describe anything special or different about your child's development (i.e., physical, academic, social, emotional, language)

Have any of the following areas been evaluated previously? If yes, please complete.

	By whom?	***When?***	***Results***		***By whom?***	***When?***	***Results***
Hearing				Educational			
Psychological				Speech and Language			
Neurological				Other			

Is your child seeing any of the above or other professionals now? If yes, please list and state reasons.

Is there anything else you would like us to know before we begin working with your child and your family?

Signature_____Relationship to Client_____

Please return to: Dr. Julia Coyne
Psychological Services Clinic
Center for Clinical Services
147 Clove Rd Little Falls, NJ 07424
coynej@mail.montclair.edu

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3. Intake Questionnaire

	Name	Address	Age	Birthplace	Education	Occupation
Client						
Father(s)						
Mother(s)						
Guardian(s)						
Siblings (oldest to youngest)						
Others who live with or strongly influence the family						

Describe the reason for referral:

Describe any exceptionalities, learning or behavioral difficulties experienced by other family members:

How much time per week does the family spend together? _____
Describe family together time:

Describe your child's regular routines, e.g., meals, sleep:

What responsibilities does your child have at home?

Was there anything unusual about pregnancy or birth?

Indicate age at onset:

Sat alone_____ Babbled_____ Spoke first word_____ Crawled_____
Walked_____ Spoke regularly in sentences_____ Toilet trained_____
Dressed self_____ Fed self_____ Rode tricycle_____ Bicycle_____

Describe if any of this differs from familial patterns

Describe major or recurrent medical problems, accidents, hospitalizations client has had and approximate dates (e.g., earaches, headaches, high fevers, asthma, allergies, convulsions, seizures, bedwetting, unusual sleep problems)

Describe eating habits, including preferred foods, special diets:

Describe anything notable about your child's speech and development:

Does the child understand what is said to him/her most of the time? If no, give examples:

Describe anything about school history that is noteworthy in terms of academic or behavioral standing:

List all special treatments and/or services received in or out of school (e.g., supplementary instruction, tutoring, counseling, special program):

Service	Dates	Name of service provider

List things your child likes most about school and home:

List things your child dislikes most about school and home:

Describe your child's behavior. How does s/he handle stress? Is s/he easily distracted by sounds or visual stimuli? Is s/he extremely active or inactive?

Describe special talents, strengths, and abilities (e.g., music, art, sports, sense of humor, mechanical aptitude).

Is there anything else you'd like us to know? We would appreciate any additional information that you think is pertinent or will help us understand your child as we collect evaluation data.

Date_____ Signature_____

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Psychological Services Clinic (PSC) is an integral part of the teaching and resource programs of Montclair State University.

All services provided by PSC are performed by graduate students working under the supervision of qualified faculty and clinical associates. Evaluations and conferences with parents are, from time to time, observed by students through a secure computer system for future discussions by groups of graduate students and their instructors at the University.

In view of the foregoing, PSC *can only accept for service* those clients who are willing to cooperate with the educational and research activities of PSC, as indicated above. Applicant may be assured that such activities in no way interfere with the quality of services provided.

I have read the above statement and agree:

a) that services may be rendered to me/my child by both graduate students under close supervision and their clinical professors.

b) that sessions in which I or my child participate(s) may be viewed by qualified graduate students at the PSC facilities during evaluation only, and any recordings may be deleted upon completion of testing, when the case is complete, and report submitted.

_____
Signature (Parent /Guardian must sign if applicant is a minor)

_____
Date

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5. Release of Information

RE (Name of Client): _____

DATE OF REPORT: _____

I give permission for Psychological Services Clinic at Montclair State University to release reports listed above to the following professionals, agencies and/ or schools.

Name of Agency, Street Address, Town, Zip Code:

1) _____

_____

2) _____

_____

3) _____

_____

_____
Signature Date

Dr. Julia Coyne, PSC
Center for Clinical Services
147 Clove Rd. Little Falls, NJ 07424
coynej@ montclair.edu, 973-655-3527

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6. Directions for Montclair State University's Center for Clinical Services

147 Clove Rd,
Little Falls, NJ 07424

Bloomfield Ave, Montclair: North on Valley Road, 3.3 miles to Normal Avenue light, turn left. Continue straight on Normal Avenue until traffic light. At light make a right onto Upper Mountain Avenue. When Upper Mountain Avenue splits, stay to the right (Clove Road). Stay on Clove Road for 1 mile and make a left into Lot 60 Parking Lot. Arrive at Center for Clinical Services.

Route 46 (East): Take exit for Clove Road. Make the first right into Lot 60. Park in front of the building labeled Center for Clinical Services.

Route 46 (West): Take exit for Valley Road Montclair/Paterson. Stay to the right. At Stop sign turn right and move to the left lane to make an immediate left into a U-Turn section. Follow the U-Turn section's signs to Montclair. At the U-Turn's Stop sign make a right turn onto Valley Road heading south. Travel on Valley Road to first traffic light (1mile). Make a right turn at light onto Normal Avenue. Continue straight on Normal Avenue until traffic light. At light make a right onto Upper Mountain Avenue. When Upper Mountain Avenue splits, stay to the right (Clove Road). Stay on Clove Road for 1 mile and make a left into Lot 60 Parking Lot. Arrive at Center for Clinical Services.

Route 3 (West): At the Route 46 junction, bear left to merge onto Route 46 west. Upon merging, stay in the right lane. Take the first exit - Valley Road/Montclair. Traveling the exit, stay to your right to turn onto Valley Road south. Travel on Valley Road to first traffic light (1mile). Make a right turn at light onto Normal Avenue. Continue straight on Normal Avenue until traffic light. At light make a right onto Upper Mountain Avenue. When Upper Mountain Avenue splits, stay to the right (Clove Road). Stay on Clove Road for 1 mile and make a left into Lot 60 Parking Lot. Arrive at Center for Clinical Services.

Garden State Parkway (North): Exit 153B (left lane) to Route 3 West follow directions for Route 3 West.

Garden State Parkway (South): Exit 154 to Route 46 West. Follow directions for Route 46 West.

New Jersey Turnpike: Exit 16W to Route 3 west. Follow direction for Route 3 West. (NOTE: Motorists traveling on the Turnpike south of Exit 11 may exit there to Garden State Parkway North to Route 3 west. Then Follow Route 3 West directions.)

Lincoln Tunnel (South): Follow to Route 3 West. Follow directions for Route 3 West.

George Washington Bridge (South): Route 80 West to Garden State Parkway south. Follow Garden State Parkway South directions

BY TRAIN: New Jersey Transit, Montclair/Boonton Line, stop at the Montclair State University (MSU) station. Exit station, cross street (Clove St) and turn RIGHT, walking north on Clove St. with the dorms on your left, passing the dorms completely until you reach a large parking lot (60/61), where the building is situated.