

The background features abstract green geometric shapes. On the left, a solid green triangle points downwards. On the right, a complex composition of overlapping, semi-transparent green triangles and polygons in various shades of green is arranged. A thin, light grey line extends from the bottom right towards the center of the page.

Report writing

Guidelines for writing reports

- ▶ Write the report with an awareness of who its readers are likely to be, their level of expertise and how they will use the report
- ▶ Understand the referral question i.e. why are you being asked to write this report?
- ▶ Plan your assessment process: To answer the referral question, what data will you collect and how?
- ▶ Style and language: clear, objective and well structured
- ▶ Brenner (2003) identified the following issues for the relevance of psychological assessments: (a) eliminate jargon, (b) focus on referral question, (c) individualize assessment reports, (d) emphasise client strengths, and (e) write concrete recommendations.

Focus on the person and the problem

- ▶ Don't spend too much time writing about the obtained test scores rather than about what these scores mean.
- ▶ Novice report writers (trainees) often find it a challenging to maintain focus on the individual.
- ▶ Because the sheer amount of data can be overwhelming, it seems easier to describe the tests and obtained scores than to interpret what these scores imply or mean.
- ▶ The referral source is not interested in the scores per se but what they mean in regard to an individual's intellectual functioning.
- ▶ Although data are often discussed within a report, present the results in such a way that the reader does not lose sight of the individual.

General Report Structure:

1. Identifying Information:

Should include the following information

- ▶ Name, Date of Birth, NHS Number
- ▶ Date of Assessment & Name of person conducting assessment
- ▶ Number each page and that a footer is present.

2. Reason for Referral:

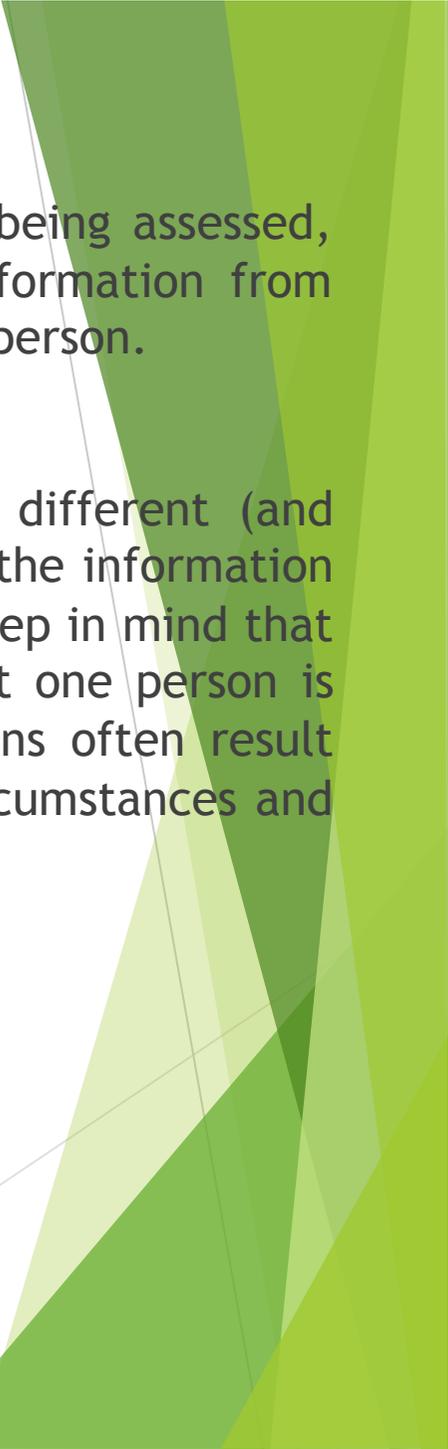
Write all other sections of the report with the referral question or questions in mind. The reason for referral also helps determine the types of assessment tools that will be selected to complete the evaluation. This section is usually no more than 1 or 2 paragraphs long, and its central purpose is to express concisely the questions and concerns of the person requesting the evaluation (the referral source).

3. Background Information:

What is included will depend on its relevance to the purpose of the report. Could include:

- ▶ History of the problem
- ▶ Family background
- ▶ Personal History
- ▶ Occupational History
- ▶ Medical History
- ▶ Legal History

The background serves an important function of placing the assessment results within a pertinent context that highlights personal history. This history is often summarised chronologically. In general, describe past history that may be relevant to present situations (e.g. frequent school absences, motorbike accident resulting in head injury). Do not include current test behaviours or test results in this section. Remember referrers are often not interested in having the medical history repeated in detail as they and the patient already know this.



► **Background information**

To collect information from sources other than the person being assessed, you must have a signed consent form. When collecting information from various sources, be sure to protect the confidentiality of the person.

- Mothers /fathers / spouses, teachers, etc may provide different (and conflicting) information about the same person. Compare the information provided by diverse sources and note all contradictions. Keep in mind that varied opinions about the same person do not mean that one person is right and the other person is wrong. Differing perceptions often result because a certain behaviour is only present in specific circumstances and because people vary in their perceptions of behaviour.

4. Behavioural observations:

These are observations that can be related to the clients appearance, general behaviour, degree of cooperativeness during the assessment and interaction with the assessor. You may comment on levels of attention, motivation, persistence and frustration. It is useful to note response to success and failures, problem solving strategy, unusual mannerisms or habits.

Consider an assessment of mood and anxiety to add validity to your test results.

Consider an objective rating tool for behaviour.

If the individual was assessed in another setting (e.g. in a classroom, on the playground, in the waiting room, on hospital ward, at home) then those observations may also be included in this section. **NOTE - this qualitative information is very useful and adds to the context and interpretation.**

5. Assessment Procedure: Outline of the assessment methods used, including the full name of any tests used.

6. Test Results: Reporting on the results of any tests used. The level of detail given will depend on the report purpose and audience.

Ways to organise test results

Domain by domain	Ability by ability	Test by test
Separate paragraphs are written on each domain of interest. Each paragraph may include data from multiple tests.	As in the domain-by-domain approach, specific abilities can be used to organise this section. Multiple tests can be used to describe the specific abilities.	Separate paragraphs describe the results of each individual test. A summary paragraph at the end then integrates the main findings across measures.
Sample Headers:	Sample Headers:	Sample Headers:
Intelligence Achievement Adaptive behaviour Social/emotional functioning	Memory Reasoning Visual-Spatial Ability Expressive language Receptive Language Visual-Motor Ability	WISC-IV/WAIS IV CMS/WMS DKEFS

Note: Consider that if results are all good, or particularly if they are all very poor, it may be better to collapse domains into a short summary and not to report each individually which can be unnecessary and demoralising.

7. Main body of the report: impressions and interpretations

All hypotheses and inferences must be based on an integration of the assessment data i.e. test results, history, behavioural observations and any other available data.

The test results and interpretation section usually contains scores, but the scores can instead be reported at the end of the report in summary tables (although whether appendices of scores should be included is debated), in interpreting and reporting scores, keep in mind the following principles

1. Examine all levels of score information
2. Focus on the individual, not the test scores
3. Describe what the person could do and what they could not do
4. Report scores so they are easy to understand

8. Summary of Key Conclusions

This section of the report can be the most influential because in some instances it may be the only section of a report that is carefully read. Some readers, particularly those who have to read many reports, skip immediately to the summary to quickly ascertain the main findings. Others will read the entire report and then use the summary for reference after the first reading. Therefore the summary often becomes the focal point of the paper.

Briefly, reiterate the reason for referral, pertinent background information, behavioural information, interpretative results and clinical impressions. Do not use the same wording as other sections as the readers will feel they are rereading the report. Make sure you rephrase the information and keep it much shorter. Do not introduce any new information. Avoid vague and ambiguous statements.

9. Recommendations:

- ▶ Practical steps to address the referral question - helpful if these are specific and concrete.
- ▶ In many cases, a person is referred because he or she is struggling and needs specific psychological, educational, or behavioural interventions to profit more fully from experiences. In these cases, the majority of recommendations address the specific areas of concern. The goal is to select specific modifications and interventions that will enhance an individual's opportunities for success and lead to the resolution of the concerns.
- ▶ In addition to addressing concerns regarding behaviour, personality, or academic functioning, recommendations should also address and individuals strengths.
- ▶ Make the recommendations easy to understand.
- ▶ Specify who should carry out the recommendations and if necessary how they should/could be evaluated.
- ▶ Include recommendation for further assessment or retesting after a certain interval.