

## Special Information about Your CPS Psychological/Parenting Evaluation

Your DSHS or CPS caseworker has sent you to see me evaluation of how any mental conditions you might have may be affecting your ability to safely parent your child(ren). There are a few things you need to know before agreeing to see me for this evaluation:

1. DSHS will be paying for this service.
2. I will spend some time with you to talk about what is going on in your case. I will also ask you many questions about your personal, medical, legal, substance use, and family history. Please be ready to tell me about any medications you might be taking.
3. This evaluation may also include various tests of your mental abilities, such as learning, memory, and problem solving. You will also fill out some forms about any symptoms you might be having, your personality and coping abilities, and your thoughts and feelings about being a parent. If you have trouble reading, let me know right away.
4. Your privacy is very important. Our conversation and the test results will be placed in a written report. Anything we talk about and all test results could be included in that report. The report will be sent to the caseworker who requested you see me.
5. I cannot provide you a copy of the report. However, you can ask to get one from your caseworker, or your lawyer if you have one.
6. I do not take "sides" with you or DSHS, and what happens with your child(ren) is not a decision I will make. Only the court can make that decision. My report may be used to help you regain or keep custody of your children. It may also be used to prevent this from happening.
7. I may make some suggestions as to treatment programs, medications, parenting classes, etc. that could be useful to you.
8. You can refuse to undergo this evaluation. I cannot predict what might happen if you were to refuse to be seen.

Please read and sign the following:

***I have read and understood the above, and agree to go through with this evaluation.  
I also give permission for my clinician to communicate and share records with CPS.***

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Signed

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Date

*(Please print and bring this form to your first appointment)*