



Assessment Battery Certification Form

Instructions: For every psychological assessment battery* that you have completed, please sign this form and also have it signed by your agency supervisor (who supervised the assessment), and turn it in to the Clinical Training Office to have it signed. This will go in your clinical training file to document the successful completion of each battery.

Agency Supervisor signature: _____

Date: _____

Student Name: _____

Student ID#: _____

Student Signature: _____

Date: _____

Argosy Clinical Training Office signature:

Date: _____

* **Definition of an Assessment Battery:** Two or more fully administered cognitive, psychodiagnostic, or neuropsychological assessment measures administered to a client (e.g., All core WAIS-IV subtests or all core WJ-III subtests. Partial tests or administering only selected subtests are NOT to be included as one of the two measures). The results of these instruments must be integrated in a written report. Oral and/or written feedback must be given to the client and/or care provider (therapist, doctor, etc.).