**Name**: {{FULL\_NAME}}

**Date of Birth**: {{DATE\_OF\_BIRTH}}

**Dates of Study Visit:** XX/XX/XXXX; XX/XX/XXXX; XX/XX/XXXX

Dear {{REPORTING\_GUARDIAN}},

We are writing to thank you again for your family’s participation in the Healthy Brain Network research study at the Child Mind Institute. Attached you will find a summary of findings from {{PREFERRED\_NAME}}’s participation in the study. This includes results from semi-structured psychiatric interviews that you and your child completed as well as results from a standardized cognitive and learning assessment. The information gathering approach employed, and the focus of this report, are not forensic in nature; as such this report is not appropriate for use in custody evaluations or determinations of fault.

Please understand that depending on the information available during the evaluation and the findings obtained, further testing may be needed if you intend to use this report for educational or planning purposes. We also encourage you to follow up with your child’s regular care provider should you feel further investigation is warranted.

If you have any questions, please do not hesitate to contact our Staten Island-based team at 347-934-2880, our Harlem-based team at 646-625-4245, or by email at [hbn@childmind.org](mailto:hbn@childmind.org).

Thank you,

Michael P. Milham, MD, PhD

Director, Center for the Developing Brain

Child Mind Institute

**Clinical Research Feedback Report**

**Confidential summary of information collected during research participation**

**IDENTIFYING INFORMATION**

**Name**: {{FULL\_NAME}}

**Date of Birth**: {{DATE\_OF\_BIRTH}}

**Date of Intake**: XX/XX/XXXX

**Dates of Assessment:** XX/XX/XXXX; XX/XX/XXXX; XX/XX/XXXX

**Date of Report:** XX/XX/XXXX