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Neuropsychological Assessment Report Guidelines

Report guidelines for quality standards

Effective from May 2026

This is a living document and will be updated as required



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Table of Contents

Purpose	1
Prior to the assessment beginning	1
Assessment process standards	1
Reporting Standards	2
Neuropsychological Test Reporting	2
Validity Standards	3
Formulation and Recommendations	4
Referral Question Standards	4
Compliance and Quality Assurance	4



Purpose

These Report Guidelines (guidelines) provide information to help providers create high quality and fit for purpose assessment reports under the Neuropsychological Assessment Services. It ensures the assessment:

- meets the criteria outlined in the Neuropsychological Assessment service schedule
- complies with ACC expectations for accuracy, relevance, and completeness, and
- provides clear answers to referral questions, communicates findings effectively, and offers appropriate recommendations.

The guideline emphasises evaluating the impact of the client's injury on cognitive, behavioural, and emotional functioning, and guiding ACC in determining the relationship between covered injuries and current presentation, as well as identifying necessary treatments, interventions, or supports.

Prior to the assessment beginning

The named Neuropsychological Assessment Service provider must:

- obtain informed consent from the client, or from the welfare guardian where Enduring Power of Attorney (EPOA) or Protection of Personal and Property Rights (PPPR) applies
- provide a clear explanation of the nature, purpose, and process of the assessment, including notification that the report will be sent to ACC.

Assessment process standards

The named Neuropsychological Assessment Service provider is expected to:

- conduct a structured interview with the client
- obtain collateral information through interview or phone conversation with family/whānau, employer, school, or clinician
- administer cognitive/neuropsychological tests
- include mood and/or behavioural psychometrics or questionnaires
- conduct personality testing where clinically appropriate (not mandatory)



- provide a feedback session to the client (in person, telehealth, or phone), with family/whānau or service providers as appropriate
- Document in writing to ACC why feedback was not provided (if no feedback was provided)
- review and summarise relevant previous reports where appropriate to inform the current assessment.

Reporting standards

The Neuropsychological Assessment Report must include:

- referral reasons and questions
- sources of information used
- dates of consultations and feedback sessions
- duration and number of sessions
- client presentation and behavioural observations during assessment
- barriers to assessment (eg, cultural, language, engagement, sensory, fatigue, absence of records)
- current problems/issues
- injury history and treatment/rehabilitation progress
- current mental status/ mood/ psychological/psychiatric symptoms/ emotional functioning
- personal, social, educational, and work history
- medical and psychiatric history, including medications and past injuries
- substance use history
- behavioural/adaptive functioning in daily life
- client's goals
- cultural considerations
- list the cognitive tests and psychometric questionnaires used.

Neuropsychological test reporting

The Neuropsychological Assessment Report must detail and describe client functioning across the following domains (where assessed):



- general intellectual functioning
- premorbid/pre-injury ability estimates (where possible)
- orientation
- processing speed/information processing
- attention, concentration, and working memory
- memory and learning
- visuospatial skills and perceptual reasoning
- language and verbal abilities
- executive functions, reasoning, and problem solving.

If testing is omitted, a clear rationale must be provided. Where previous neuropsychological assessments exist, results must be compared and discussed.

Validity standards

When gaining consent, the named Neuropsychological Assessment Service provider should explain to the client that they should perform to the best of their ability and that the assessment will include tests of effort.

The Neuropsychological Assessment Report must:

- explicitly discuss performance and/or symptom validity
- draw on multiple sources of validity evidence, including at a minimum:
 - one stand-alone performance validity test
 - one embedded performance validity test.
- name the validity measure used (acronyms acceptable)
- note if validity measures are unavailable eg for young children (<5 years).

Additional sources may include symptom validity indices, clinical records, behavioural observations, clinical interview/self-report, and collateral information.

The named Neuropsychological Assessment service provider must be familiar with and utilise the recommended Best Practice Guideline – The use of Psychometric Tests available on the New Zealand Psychologist Board website: [Resources | NZ Psychologists Board](#).



Formulation and recommendations

The Neuropsychological Assessment Report must include:

- a formulation section (summary/interpretation/conclusions) integrating findings
- clear explanation of results in everyday terms
- distinction between injury-related and non-injury-related factors
- recommendations for next steps of both ACC and non-ACC services (eg, further assessment, referral, treatment, strategies for client/whānau/employer/school)
- feedback to other providers where appropriate (eg, GP, clinicians)
- comment on return to work, school, or independence
- documentation of client's response to the feedback session
- consideration of any relevant cultural issues.

Referral question standards

The Neuropsychological Assessment Report must:

- clearly state answers to each referral question, either in the body of the text or separately from the main body of the report for clarity.

Compliance and quality assurance

The named Neuropsychological Assessment Service provider must adhere to the guidelines in all Neuropsychological Assessments requested by ACC.

Neuropsychological Assessment Service suppliers must ensure each Neuropsychological Assessment report is reviewed in accordance with these guidelines to ensure compliance.

ACC may return a Neuropsychological Assessment Report if the report does not meet these standards. Separate to these guidelines, ACC may return a Neuropsychological Assessment report if clinical quality concerns are identified by clinical advisors, requiring corrective action or consideration of reassessment.