

Educational and Other Assessments

Rationale.....	74
Reporting Results	74
Educational Assessments.....	75
Psychological Services	76
Speech and Language Pathologists	81
Behaviour Resource Worker.....	82
Occupational/Physical Therapist.....	82

ASSESSMENT OF STUDENTS WITH EXCEPTIONAL LEARNING NEEDS

RATIONALE

At The York Catholic District School Board, in addition to academic assessments, Psychological Services, Speech and Language Services, Behaviour Resource Services and Physical Management Services also provide assessment/observation in order to diagnose or determine the learning needs of students at both the elementary and secondary panel. A comprehensive assessment of students with learning needs involves the collection of all information regarding a student's presenting strengths, needs and difficulties. This information may be obtained through various procedures including formal/informal assessment or testing, observation, interview/discussion with parents, school personnel and other professionals inside and outside of the Board and history taking (e.g.: OSR review, developmental and medical history). Emphasis is placed upon the collection of the most current educationally relevant, reliable and valid data (see Appendix 7: for sample of Forms re Parental Consent/Academic Assessment etc.).

Reporting Results

- i) At a school case conference or School Based Resource Team (SBRT) meeting:
 - share scores, analysis and hypothesis about student's learning difficulties with classroom teacher and principal
 - discuss the results in relation to classroom programming, teacher observations, the student's report card and the reason for referral
 - discuss possible assessment recommendations (SE4, part four) including accommodations, modifications and program options. Set direction for parent meeting
 - if the decision is to involve Special Education Programs and Services including Core Resource, then the appropriate phases in the Board's Stages of Special Education, must be followed

- ii) At a parent meeting,
 - present scores using percentile ranks, as much as possible. If requested present approximate grade level scores
 - discuss discrepancies and possible impact on student's performance use language that is easily understood with concrete examples to ensure the parents' understanding of the information being presented and discussed
 - avoid educational jargon
 - ensure that parents make an informed decision when signing the SE5 or moving to IPRC. Utilize translator services, if required
 - complete Parent Meeting (part four) section of SE4

- iii) At a resource staff meeting, Area IPRC, Central Case Conference,
 - discuss presenting concerns
 - present pertinent assessment results and detailed analysis
 - ensure student's needs, strengths, and strategies, already in place, are presented and discussed
 - provide appropriate copies of documentation (SE4, SE3, SE1)

PARENTAL CONSENT FOR SHARING OF INFORMATION AND PROTECTION OF PRIVACY

Informed parental consent is obtained prior to any assessment via specified consent forms (See attached forms listed in Appendix 7). It is important to note that parents may withdraw consent and/or access or communication of assessment information may be limited according to parental wishes in accordance with relevant Acts and Regulations.

Prior to any assessment, parents are informed of the nature and purpose of the assessment and tentative timeline for completing the assessment. Board staff ensure that, at all times, parental consent is an informed one.

EDUCATIONAL ASSESSMENTS

The types of academic assessment tools, and the ways in which these tools would be used, are outlined in detailed form in the Board's assessment document entitled: Assessment: Building a Detailed Profile of the Learner, Nov. 2000. An appendix to the document was created for elementary schools on January 2004. (This revision is included as part of the document in Appendix 2)

CRITERIA FOR MANAGING WAITING LISTS

Assessments are undertaken for a variety of purposes and are completed throughout the school year. Students are prioritized for assessment by the School Based Resource Team within parameters set by the Student Services Department of the Board. The following are the system priorities, by panel:

ELEMENTARY

- Students going forward for IPRC or SE5
- Students making transitions from one special education program to another (ex. Core to ISA) or from Grade 8 to Grade 9

SECONDARY

- Students going forward for IPRC or SE5, particularly at the Grade 9 and 10 level
- Students who are coming up to graduation
- Review of students currently IPRC'd or on an SE5

Assessments are also conducted by the following departments of the Board:

- Speech and Language
- Psychology
- Behaviour

A summary of the assessments used by these departments is listed on the following pages.

PSYCHOLOGICAL SERVICES

<p>QUALIFICATIONS</p>	<p>Registered Psychologist: Doctorate in Psychology; Registered with College of Psychologists</p> <p>Registered Psychological Associate: M.A. - registered with College of Psychologists</p> <p>Psychometrist: M.A. - Unregistered with College or Ph.D. Program and in process of completing doctoral degree</p> <p><i>*Psychological Services staff are governed by the Regulated Health Professional Act (1993) and the Education Act</i></p>
<p>ASSESSMENT TOOLS EXPANDED TO INCLUDE ADDITIONAL TOOLS AS INDICATED</p>	<p>A full assessment includes developmental history, OSR review, observation, clinical interview as well as administration of standardized tests.</p> <p>Cognitive Measures WISC-IV, WAIS-III, Leiter-R; Stanford-Binet-IV / V; WIPPSI-R/III, WJR-III, WNV</p> <p>Perceptual/Memory WRAMLII, WMS-III, Children’s Memory Scale; DTLA-4, NEPSI, Bender, VMI, MAT, TAPS-R, TVPS-R</p> <p>Adaptive Behaviour Vineland Adaptive Behaviour, Adaptive Behaviour Inventory (ABI), Adaptive Behaviour Assessment Systems (ABASII)</p> <p>Behaviour/Emotional Behaviour Assessment System For Children (BASC2), Child Behaviour Checklist, Connors3, Children’s Manifest Anxiety Scale, Reynolds Adolescent Depression Inventory, Millon (Adolescent), Childhood Autism Rating Scale, Autism Behaviour Checklist</p> <p>Academic Measures *WIATII, WRAT-III</p> <p>* The revised version of the WIATT-III will be phased in gradually over the next 2 years.</p>

<p>WAITING TIME FOR ASSESSMENT</p>	<p>Referral Tracking System is currently being developed as part of student services database. Average waiting list is approximately 6 months.</p> <p>Strategies to Address “Waiting List”* Specific periods of the year designated as Assessment Focus with other services limited during these times (i.e., case conferences, consultations)</p> <p>School prioritization of top 3 referrals with 3 Consents signed at any one time in order to distinguish ‘Active’ Waiting List from potential referrals on Monitoring status.</p> <p>When available, assignment of per diem staff as a floater position to address highest priority referrals in the system. A format of Psychological Assessment Report with aim of generating a briefer, yet meaningful format is now in place.</p> <p>Criteria for managing wait lists</p> <p>Type 3: Referrals determined by valid presentation of apparent or possible needs of the student and special programming as indicated in team meeting. Monitor the need for psychological assessment.</p> <p>Type 2: Referrals determined by academic assessment (SE4) and more definitive presentation of need. Consent is not yet signed for psychological assessment. However, it has been agreed to.</p> <p>Type 1: Referrals for assessment are final and include signed consent for assessment.</p> <p>Priorities (ranked but not mutually exclusive) are determined by:</p> <ul style="list-style-type: none"> • Prospective relevance for the ISA claim process • School impressions regarding current level of need • Need for decision or information regarding program changes and post-secondary admission and programming • Student age and grade, if no previous assessment • Time since previous assessment • Time since students have first been considered for special education involvement
---	---

Learning Disability Profiles

*Diagnosis and Level of Severity	Standard Scores	Percentile Ranges	Corresponding Ministry Category of Exceptionality/ IPRC Designation	Program	Criteria
Learning Disability (Diagnosis Provisional)**	90 and above (Scores within the range of 85 and above may be considered in some cases****)	Approximately 25 th and above	Learning Disability	Core Resource	At least average cognitive ability, processing difficulties and associated academic delays
Learning Disability (Mild)	90 and above (****)	Approximately 25 th and above	Learning Disability	Core Resource	At least average cognitive ability, processing difficulties and associated academic delays
Learning Disability (Moderate)	90 and above (****)	Approximately 25 th and above	Learning Disability	Core Resource or Intensive Support and Assessment Program (ISAP) in grades 4-6	At least average cognitive ability, processing difficulties and associated academic delays
Learning Disability (Severe)	90 and above (****)	Approximately 25 th and above	Learning Disability	Core Resource or Intensive Support and Assessment Program (ISAP) in grades 4-6	At least average cognitive ability, processing difficulties and associated academic delays
Learning Disability (Profound)	90 and above (****)	Approximately 25 th and above	Learning Disability	Intensive Support and Assessment Program (ISAP) in grades 4-6	At least average cognitive ability, processing difficulties and associated academic delays

Note: Standard scores are comparable across tests. However, percentiles are not comparable across tests because percentiles associated with a specific standard score vary across tests.

***The use of clinical judgement is an integral part in the decision-making process of a Learning Disability diagnosis**

**This category will include those students who have outside agency reports/assessments that contain no diagnosis but meet Learning Disability criteria. These students may be brought forward to an IPRC.

***Program placement is generally determined by the needs of the student and discussion among school and resource staff.

****There may be some cases where a standard score of 85 and above (85-89; 16th percentile and above – one standard deviation below the mean) may be used if there is supporting evidence that suggests that ability levels fall with the average range. In addition, it is important to note that other criteria (e.g., processing difficulties and associated academic delays) must also be met.

PSYCHOLOGICAL SERVICES

DEFINITIONS PERTAINING TO STATUS OF PSYCHOLOGICAL ASSESSMENT REFERRALS

Commitment to Assess		No Commitment to Assess		
STATUS OF REFERRAL	TYPE 1 CONSENT SIGNED (SP4(a) Signed)	TYPE 2 CONSENT PENDING (SP4(a) Pending)	TYPE 3 MONITORING (No additional consent required)	TYPE 4 NOT SUITABLE (No additional consent required)
CRITERIA	<ul style="list-style-type: none"> • SE-3 is signed • Academic assessment completed (SE-4) 	<ul style="list-style-type: none"> • SE-3 is signed • Academic assessment completed (SE-4) 	<ul style="list-style-type: none"> • SE-3 is signed • Academic assessment completed (SE-4) 	<ul style="list-style-type: none"> • SE-3 is signed • Academic assessment completed (SE-4)
	<ul style="list-style-type: none"> • Case has been conferenced with Area Resource Team (SE-2) • Referral has been accepted by Psych Services staff • School has obtained signed SP4(a) denoting the referral as 1 of 3 school priorities at any one time • In response to the recent implementation of the Personal Health Information and Privacy Act, a brochure has been created by the Board to provide parents with information concerning the Board's compliance with the Act. See Appendix 3, Practices of York Catholic District School Board's Health Information Custodians (Student Services non-teaching staff) Regarding the Use, collection and Disclosure of Personal Health Information 	<ul style="list-style-type: none"> • Case has been conferenced with Area Resource Team (SE-2) • Referral has been accepted by Psych Services staff • SP4(a) not yet signed nor forwarded to parents (awaiting ranking of priority by Principal and completion of any current Type 1 assessment) 	<ul style="list-style-type: none"> • Case has been conferenced with Area Resource Team (SE-2) • Referral has not been accepted by Psych Services staff at this time • Agreement to discuss case further within a specific time frame (3-6 months). Principal to present student at the appropriate time • Monitoring criteria includes: <ul style="list-style-type: none"> ○ additional information required, outside agency, Board services (e.g. speech & language, Behaviour Resource) ○ needs further specific Core intervention ○ academic information is marginal or unclear with respect to the "gap" usually required between achievement and grade placement ○ other factors may be seen as accounting for the "gap" and need to be evaluated e.g. motivational ○ timing of factors not conducive to assessment: medical, family, emotional concerns, temporary upsets ○ cultural transitions ○ significant ESL ○ previous assessment still valid but a process is occurring where inconsistencies in performance are still ongoing ○ for "Monitoring" – interim plan needs to be developed 	<ul style="list-style-type: none"> • Case has been conferenced with Area Resource Team (SE-2) • Referral has not been accepted by Psych Services staff for one of the following reasons: <ul style="list-style-type: none"> ○ nature of assessment requires external referral (e.g., neuropsych, pediatric-developmental, psychiatric) ○ followed by an outside practitioner or agency who will conduct assessments ○ academic assessment doesn't meet criteria (gap too small or non-existent) ○ not formally assessable by standardized measures ○ overwhelming medical difficulties ○ age too low for formal assessment procedures ○ previous psych assessment still valid for current year and data is consistent with current performance ○ Students' needs can be dealt with through Differentiated Instructions.

SPEECH AND LANGUAGE PATHOLOGISTS

QUALIFICATIONS	Masters Level or Equivalent (M.A.), M.Cl.Sc., M.Sc. <i>*Speech & Language Staff are governed by CASLPO Registration, Regulated Health Professions Act, 1993 and the Education Act</i>
ASSESSMENT TOOLS	CELF-3, CELF-4, CELF-P-II, PPVT-III, EOWPVT, Token, Goldman Fristoe, SPELT-II/SPELT-P, TOLD-P, Functional Communication Profile, BOEHM, Language Processing Test, Test of Metalinguistic Skills, Stuttering Severity Instrument, TOPS-Elementary, TOPS-Advanced, Word Test, EVT, Rosner Screener, Phonological Screener, ASSET, Receptive One Word, Listening Test, Evaluating Communicative Competence, Culatta, Pre-school Language Screening
WAITING TIME FOR ASSESSMENT	SLP – 1 to 7 months Strategies to Address “Waiting List” <ul style="list-style-type: none"> • ask school to prioritize top three referrals (consent is signed only once referral has been discussed and SLP notifies that time is available) • observation/consultation in lieu of formal assessment • provide speech/language checklist for teachers • consult with teachers & provide strategies to use during wait time • ensure parents are aware of other options for their child • consult with Core Resource Teacher • educate schools re appropriate referrals through case conference & teacher inservice
PRIORITY CRITERIA	<ul style="list-style-type: none"> • students who have multiple needs and are new to school • students who are potential candidates for programs – Language Centres, ISA Centres, Hearing Centres • students in JK, SK, Gr. 1 who require more detailed assessment/communication profile information for programming purposes • students who require a referral for direct therapy • students Gr. 2 and older who require more detailed information for programming purposes
CTN SERVICES	First seen by school board staff who will refer to CTN services, with parental approval. Parents can also make a direct referral to ACCESS.

BEHAVIOUR RESOURCE WORKER

QUALIFICATIONS	CYW or Equivalent
ASSESSMENT TOOLS/ Behaviour Analysis	<ul style="list-style-type: none"> observational/functional assessment focused on frequency, intensity, duration and situational appropriateness observation and interview assessment of behaviour relative to age norms and developmental tasks
WAITING TIME FOR ASSESSMENT/ Behaviour Analysis	<ul style="list-style-type: none"> assessment is not a discrete activity but part of a referral process. <p>Strategies to Address “Waiting List”</p> <ul style="list-style-type: none"> have administration prioritize needs provide observation/consultation by BRS staff in lieu of assessment provide general strategies through inservice

OCCUPATIONAL/PHYSICAL THERAPIST

QUALIFICATIONS	<p>Masters Degree or equivalent and registered at College of OT or PT</p> <p><i>* Staff governed by Registered Health Professions Act, 1993 and the Education Act</i></p>
ASSESSMENT TOOLS	<ul style="list-style-type: none"> At this time, formal assessments are not completed. Role includes providing an interpretation of assessment from outside therapists Informal assessment using observational skills and medical knowledge Functional assessments
WAITING TIME FOR ASSESSMENT	<ul style="list-style-type: none"> 2 months <p>Strategies to Address "Waiting List"</p> <ul style="list-style-type: none"> prioritize consult with teacher contact parents to discuss needs consult with Core Resource liaise with community agencies provide strategies to teacher and home
PRIORITY CRITERIA	<ul style="list-style-type: none"> students new to Board requiring medical support (and/or equipment) to enter school students whose physical status has changed so that medical intervention (and/or equipment) is necessary for them to attend school students who are potential ISA claims students with fine motor concerns requiring programming support to access curriculum