



Policy: IHBJ
Subject: Specialized Assessment

Policy:

The Red River Valley School Division Board of Trustees supports the use of Specialized Assessment.

Protocol:

Should differentiated instruction and adaptations prove to be unsuccessful, a specialized assessment shall be available to students as soon as reasonably practicable.

All Specialized Assessment shall be conducted in accordance with the following legislation and regulations:

- Public Schools Act – Appropriate Educational Programming Regulation 155-2005
- Education Administration Act – Miscellaneous Provisions Regulations Amendment 156-2005
- “Appropriate Education Programming in Manitoba: Standards for Student Services”
- “Appropriate Educational Programming in Manitoba: A Formal Dispute Resolution Process”
- “Bridging to Adulthood: A Protocol for Transitioning Students with Exceptional Needs from School to Community”

Procedure:

1.0 Classroom Teacher’s Roles

- 1.1 In the course of regular classroom instruction, the classroom teacher notes that a student is consistently unable to meet the expected learning outcome/s – academic and/or behavioural.
- 1.2 In the course of classroom instruction, the classroom teacher makes some specific instructional adaptations to assist a student in meeting the expected learning outcomes. (Please see Manitoba Education Citizenship and Youth document: *Success for all Learners – Differentiated Instruction.*)
- 1.3 If difficulties persist, the classroom teacher documents the student’s difficulties and administers a more structured assessment (recorded) within the context of regular classroom activities, e.g., one-to-one investigation.
- 1.4 If the structured classroom assessment demonstrates that a student is still unable to meet the expected learning outcomes, the parents are advised of the perceived difficulties and adaptations.
- 1.5 A referral for resource services is completed by the classroom teacher. Resource support may be provided even in the absence of parental consent.

2.0 Resource Teacher's Roles

- 2.1 The resource teacher initiates ongoing communication with the parent/s.
- 2.2 The resource teacher conducts an assessment and completes a Resource Report Summary.
- 2.3 Based on results of the resource assessment and earlier classroom information, the resource teacher assists the classroom teacher with implementing additional or alternate strategies and evaluates the effectiveness.
- 2.4 If learning difficulties persist, the resource teacher has a pre-referral consultation with the appropriate clinician.
- 2.5 With parental support the resource teacher completes and submits a Request for Referral for Clinical Services form with original signatures from parent/guardian, principal and referring teacher/s.
- 2.6 If parent/guardian does not support a referral to the clinical support team, student support is limited to instructional staff assigned to the school. Parent/guardian will be requested to sign divisional form indicating refusal of assessment or specialized programming.

3.0 Student Services Department's Roles

- 3.1 The student services (SS) administrative assistant receives and date stamps the referral for clinical services from the school.
- 3.2 The SS administrative assistant creates a master **Pupil Support File**, if required, to house the referral form as well as any subsequent documentation.
- 3.3 The referral for clinical services is attached to this file and passed to the student services coordinator.
- 3.4 The SS coordinator reviews the referral for completeness and clarity.
- 3.5 The SS coordinator either sends the referral to the administrative assistant for addition to the next clinical intake agenda or back to the school with an explanation for additions or deletions.
- 3.6 The level of support offered is determined at the clinical intake meeting.
- 3.7 If the referral is accepted at the clinical intake meeting, the SS coordinator assigns the file to the caseload of the appropriate clinician and sends a letter to the parent/guardian (copy to school) confirming the following:
 - date the referral was accepted
 - name of clinician assigned
 - what will be done.
- 3.8 If the referral is not accepted at the clinical intake meeting, the coordinator will offer an alternative suggestion to the school and school will follow-up with parent/guardian as appropriate.
- 3.9 The SS coordinator enters the decision about the referral on the master pupil support file.

- 3.10 If applicable, the authorization for release of information form is sent to the last school division requesting any clinical/support documentation by the SS coordinator.
- 3.11 A log is kept of significant clinical activity and contacts.

Process to complete clinical assessment regarding referrals is accepted at the clinical intake meeting:

- 3.12 Clinician completes assessment and/or other related activities.
- 3.13 Assessment is written in such a way that the page indicating “recommendations” can be separated by itself. Only this page of recommendations can be left with the teacher or included in the CUM file or IEP.
- 3.14 The original signed assessment report is sent to the SS office for colour coding as follows:

Psychology - Pink
Speech-Language - Yellow
Social Work – Blue
OT/PT – White.

- 3.15 The original and colour coded assessment reports are distributed as follows:

Original (white) copy - in appropriate clinician’s report file

Colour coded copy – one each to school, parent/guardian (as directed by clinician), and master Pupil Support File.

- 3.16 The appropriate clinician interprets the assessment report to the parent/guardian and school. Assessment reports are distributed only during or after this interpretation.
- 3.17 If the parent or clinician requests a cessation of clinical services during the school year, this decision will be confirmed and documented at the next clinical intake conference.