
SPECIAL EDUCATION PLAN

Section V



EDUCATIONAL AND OTHER ASSESSMENTS

SECTION V: EDUCATIONAL AND OTHER ASSESSMENTS

PSYCHOLOGICAL AND SPEECH-LANGUAGE ASSESSMENTS

School Board personnel administering specialized assessment work within the standards and ethical practice guidelines established by their respective Colleges: The College of Psychologists and the College of Audiologists and Speech-Language Pathologists of Ontario. They are governed by the *Education Act* and the *Regulated Health Professions Act*, and must comply with the *Personal Health Information Protection Act (PHIPA)*.

Assessments provide a framework for educational programming purposes and may involve anyone, or a combination of the following:

- standardized tests;
- informal measures such as observation;
- curriculum/classroom-based procedures;
- review of the Ontario Student Record (OSR);
- interviews with teachers, parents, or other professionals.

Protection of Privacy of Information

Parent(s)/guardian(s) are informed that information obtained from assessments is maintained in accordance with the requirements of the College of Psychologists or the College of Audiologists and Speech-Language Pathologists of Ontario plus the *Municipal Freedom of Information and the Protection of Privacy Act*. A separate consent form, *Consent to Disclose Information Form (E.S.-1-06)* must be signed by the parent(s)/legal guardian(s) to share information with outside agencies.

PSYCHOLOGICAL ASSESSMENT

Psychological assessments provide information about a student's cognitive, academic, social, emotional and behavioural functioning in order to facilitate learning. Various intellectual tests, and other tests of cognitive and psychological processing, and tests of social, emotional or behavioural functioning are utilized in conjunction with a review of the OSR, observations, and interviews with the student and individuals involved with the pupil's education. This type of assessment applies a psychological framework regarding a student's development and learning in order to assist with program planning.

The psychological assessment may:

- determine the existence and severity of the learning and/or behavioural difficulty of a student;
- support teachers in developing appropriate learning and behavioural strategies for Individual Education Plans (IEPs);
- assist Identification, Placement and Review Committees (IPRC) with designation and programming decisions for students.

Communication of a Diagnosis is a controlled act in accordance with psychological practice under the *Registered Health Professions Act, 1991*. The Act requires that diagnoses (which include learning and developmental disabilities) be formulated and communicated by a Member of the College of Psychologists of Ontario to the individual who signed the consent for psychological assessment.

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SPEECH-LANGUAGE ASSESSMENT

Speech-Language assessments assist teachers in understanding the oral language and social communication needs of students, and the interrelationships between listening, speaking, reading and writing. A student may be referred for a Speech-Language assessment through the In-School Team if there are any questions concerning a student's ability to: *follow directions, participate in classroom conversations, understand and retell stories, socialize with peers, organize ideas sequentially, speak on topic, use appropriate vocabulary, word order and grammar, speak clearly and fluently, and learn sound skills necessary to read and write.*

The assessment may:

- provide a Speech-Language Pathologist's opinion about the student's communicative ability;
- determine the existence and severity of the communication difficulty as related to language learning, literacy development, behaviour and general ability to participate in the classroom program;
- support teachers in developing appropriate language and social communication strategies for Individual Education Plan (IEPs);
- assist in determining appropriate placement and/or referral to an outside agency;
- provide support for additional assessment.

In assessing the comprehension and/or use of verbal communication or the written or other symbol system of communication, the following specific aspects are considered:

- articulation
- rhythm and stress (fluency)
- voice (pitch, intensity, vocal quality, resonance)
- auditory memory
- receptive language (comprehension of words, sentences, narratives)
- expressive language (vocabulary usage, grammar, organization of thoughts)
- functional use of language (pragmatics)
- early literacy skills (phonological/phonemic awareness, sound-symbol knowledge)

*** More detailed information about each of these areas is available in the 'Speech and Language Information' chapter in the Resource Book - Special Education.*

Steps in Processing a Formal Psychological and Speech-Language Assessment

- Student is discussed at In-School Team (IST).
- Formal assessment is requested following discussion at IST.
- Informed written consent from parent(s)/legal guardian(s) is obtained (See: [Informed Consent for Formal Assessments for detailed description](#)). Consent is valid for one year.
- Documentation [E.S.-1-02 and E.S.-1-02(b)] is received at the Don Reilly Resource Centre, date stamped and checked for completeness.
- Documentation is provided to the assessor who will be completing the testing.
- Arrangements are made with school staff to assess the student.
- Assessment is completed and report with recommendations is written. The format, content, complexity and length of the report will reflect the profile of each student.
- Report is reviewed by a Member of the College of Psychologists. (Psycho-educational Consultants only.)
- School contacts assessor to arrange a meeting to share the report with the parent(s)/guardian(s) and school staff. The parent(s)/guardian(s) receive a copy of the written report at this meeting.
- Original report with the signed consent form is placed in the O.S. R.
 - Copy of the Psychological or Speech-Language Assessment is placed in the Special Education Services File.
 - Copy of the Psychological Assessment with the test protocols is placed in the Psychological File.
 - Copy of the Speech-Language Assessment with test protocols is placed in the Speech-Language File.

It is the goal of the District School Board of Niagara to complete all required assessment in a timely manner. As required, referrals are prioritized through the Regional Team and all referrals are completed within the one year designation on the consent.

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SPEECH SCREENINGS

When a student [J.K. (*after December 25th*) - Gr. 12] demonstrate difficulties specific to the area of speech (i.e., language skills appear to be appropriate), an in-depth assessment may not be necessary. Therefore, a consultation with the Speech-Language Pathologist may be requested by any school staff or any parent or legal guardian through the In-School Team Process. Whenever possible, the LRT/SERT should screen the student's speech prior to contacting the Speech-Language Pathologist (see Articulation Resource Binder).

- although a written consent is not required, the LRT/SERT must complete the *Record of Parent/Legal Guardian Contact for Speech Screening Form* (E.S. - 1-08, revised November 2003). This consent should be filed in the O.S.R..
- Following consultation, results will be shared with parents/legal guardian through a form letter, a copy of which must be placed in the O.S.R. Home programming may be provided.
- Students with articulation, stuttering or voice difficulties who would benefit from direct speech therapy according to established criteria may be referred to Community Care Access Centre/School Health Support Services (CCAC/SHSS). The application form must be completed at the school, signed by the parent and School Principal, and then forwarded to Administrator - Special Education.
- CCAC offers direct therapy to students either individually in their home school during school hours or in a group setting at an area school during after school hours.

*** Please refer to Speech Screening Questions and Answers in the "Speech and Language Information" chapter of the Resource Book - Special Education for more detailed information about this process.*

J.K. REFERRALS TO SPEECH SERVICES NIAGARA (SSN)

Prior to December 25th of each school year, Junior Kindergarten Teachers who are concerned about a student's **speech and language development** may recommend that a parent contact Speech Services Niagara for assessment of their child's communication skills. SSN is the Central Intake Centre for preschool speech and language referrals in the Niagara Region. To assist the teacher in making this suggestion to parents, the Board Speech-Language Pathologists in conjunction with personnel at SSN, have developed several documents including the following:

- Indicators of Potential Speech-Language Difficulties - a checklist to be completed by the referring teacher
- Recommendation for Referral to Speech Services Niagara - a letter to parent(s)/legal guardian(s) outlining the services offered by SSN and contact numbers.
- Tracking Sheet for Speech Services Niagara Referrals - outlines the process for referral to SSN

Please Note: After, December 25th, the regular speech screening process previously outlined should be followed. Referral to SSN after this date would no longer be viable, since the wait lists for assessment and therapy would not allow for sufficient time to address a student's needs before she/he entered Senior Kindergarten. Once a student is in S.K. she/he is no longer eligible to participate in this program due to the established age mandates.

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E.S.-1-06
Revised, March 7, 2002

DISTRICT SCHOOL BOARD OF NIAGARA (DSBN)
Special Education Services Department
Don Reilly Resource Centre, Highway 20, Allanburg, ON L0S 1A0
905-227-5551 Fax: 905-227-4731

CONSENT TO DISCLOSE INFORMATION FORM

I, _____ of
(Print full name of parent/guardian)

_____ hereby consent
(address)

to the mutual exchange of information between **District School Board of Niagara (DSBN)**, Special Education Services Department and _____

_____ *(Print name and address of person, school board or agency from which information is being requested)*

If exchange of written information (assessment data and/or written reports) is required, please forward to **Marlene DeRose, Administrator**, Special Education Services Department.

If exchange of verbal information is required, please share with the contact(s) listed below:

_____ *(Print DSBN personnel)* _____ *(DSBN location)* _____ *(phone number)*

in respect of _____ *(Print student's name)* _____ *(D.O.B. year/month/day)* _____ *(present school)*

The purpose of this disclosure is to share information to help identify student needs and to assist with programming. Unless otherwise indicated, no further disclosure of the information is authorized.

_____ *(Signature of parent/guardian)* _____ *(witness)*

dated the _____ day of _____, 20 _____.

Personal information on this form is collected in accordance with the Education Act, R.S.O. 1990, c.E.2, ss. 265 and 268 and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M. 56, s. 28, as amended, and will be used for the purpose of providing Special Education Programs and Services. Questions about this collection should be directed to the Administrator - Special Education Services Department, District School Board of Niagara, Don Reilly Resource Centre, 13227 Lundy's Lane, Allanburg, Ontario L0S 1A0, (905) 227-5551.



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How To Obtain... Informed Consent for Formal Assessments

(Psychological and Speech-Language Assessments)

Informed written consent from parent(s)/legal guardian(s) is obtained for assessment, intervention and access to the student's OSR for all referrals to Psychological and Speech and Language Services. *The Education Act*

Speech-Language Pathologists, Psycho-educational Consultants, Psychological Associates and Psychologists, as well as many of the agency personnel who come to the school are regulated by their specific colleges and the Education Act which require that the **process** of obtaining consent ensures that it meets the standards to be considered informed.

A. Be certain the parent/guardian signing has legal authority

- Check OSR.
- Confirm authority to sign as it is being signed.
- Do not assume the person the child is living with has signing authority.
- If you think the person signing is not able to understand any of the following requirements, contact your regional Speech-Language Pathologist or Psycho-educational Consultants, Psychological Associates and Psychologists for assistance.

B. All of the following information must be given to the parent(s)/guardian(s)

- Show them the DSBN Consent and provide the specific information in words the parent(s)/guardian(s) can understand.

The **nature** and **purpose** of the proposed assessment.

Who (All psychological assessments are by or under the supervision of a psychologist or psychological associate. All Speech-Language Assessments are done by registered Speech-Language Pathologists.)

What (kinds of things the school is asking, as is on the *Educational Profile* (E.S.-1-01).

The assessor will work individually with the student in the school and will obtain information from staff and the OSR.)

When (Within the time specified on the Consent.)

So What (possible use of assessment, benefits, risks or concerns, alternative choices, consequences of not having assessment).

- Parent(s)/Guardian(s) have the right to ask questions at any time. This includes the right to speak directly to the assessor.
- Parent(s)/Guardian(s) have the right to withdraw consent and stop the assessment or intervention procedures or use of the information at any time.

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C. The person receiving the information must understand it

- Use simple declarative sentences. Avoid jargon.
- Ask the parent(s)/guardian(s) to summarize what will happen because of the decision they are making. Ensure there are no misunderstandings.
- Communication should normally be “2-way, in real time” (e.g. in person, phone). Voice mail messages and notes home with nothing but a signature on return provide no opportunity to be sure the person has understood the information. Be careful you do not put yourself and the assessor at risk by taking communication shortcuts.
- The consent form provides only a brief space to indicate when and how a discussion took place. Be sure you maintain sufficient records to be able to describe what happened. Date and sign your records.

D. Consent must be voluntary

- Be sure parent(s)/guardian(s) are aware they are making a choice.
- Setting should provide privacy and an atmosphere that encourages thought and asking questions.
- Avoid undue persuasion or any act that could be perceived as coercion or disrespect for the parent’s/guardian’s rights to decide.
- Give parent(s)/guardian(s) time.

E. Consent must not be obtained through misrepresentation or fraud

- Reason for referral should be shared with parent(s)/guardian(s) in its entirety. Do not mislead them.
- Sharing the *Educational Profile*, and documenting that you have done this is good practice, as it represents the purpose and use of the assessment accurately.

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**DISTRICT SCHOOL BOARD OF NIAGARA
CONSENT FOR PSYCHOLOGICAL ASSESSMENT**

E.S.-1-02
November, 2004

Name _____ Date of Birth _____
School _____ File Number _____
As discussed with _____ on _____
(Parent/Guardian) (Date)

we would like to refer your child for a psychological assessment.

<p>Purpose of Assessment: (check one box only)</p> <p><input type="checkbox"/> To provide additional information to assist with programming in order to meet your child's educational needs.</p> <p><input type="checkbox"/> To determine whether your child meets the intellectual criteria established by the District School Board of Niagara to be identified as 'gifted'.</p>
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It is understood that:

- (a) an individual assessment may include any or all of the following: observation of your child in the classroom, discussion with teachers, information provided by you, administration of informal and/or formal psychological assessment measures which may include cognitive, behavioural and/or social/emotional measures;
- (b) the assessor has access and review of your child's Ontario Student Record (OSR);
- (c) the assessment will occur within one year;
- (d) an interpretation of the results will be provided to you by the assessor;
- (e) assessment results are confidential to the professionals directly involved in the planning and delivery of your child's program, and these professionals have on-going access to Psychological consultation regarding the use of the assessment to meet your child's educational needs;
- (f) a written report of the assessment will be provided to you, the Ontario Student Record, the Special Education Services File and the Psychological File;
- (g) all procedures are by or under the supervision of a Member of the College of Psychologists of Ontario;
- (h) you may ask questions about the assessment process even after you sign;
- (i) you may withdraw your consent or have the assessment discontinued at any time.

<i>I understand the procedures described above and grant permission for the assessment.</i>	
Signature of Parent/Guardian: _____	Date: _____
Signature of Parent/Guardian: _____	Date: _____

<i>I do not give permission for the assessment.</i>	
Signature of Parent/Guardian: _____	Date: _____
Signature of Parent/Guardian: _____	Date: _____

<i>I have received a copy of the 'Parents' Guide to Special Education'.</i>	
Signature of Parent/Guardian: _____	Date: _____
Signature of Parent/Guardian: _____	Date: _____

Personal information on this form is collected in accordance with the Education Act, R.S.O. 1990, c.E.2, ss. 265 and 266 and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M. 56, s. 28, as amended, and will be used for the purpose of providing Special Education Programs and Services. Questions about this collection should be directed to the Administrator - Special Education Services Department, District School Board of Niagara, Don Reilly Resource Centre, 13227 Lundy's Lane, Ancaster, Ontario L0S 1A0, (905) 227-5551.

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**DISTRICT SCHOOL BOARD OF NIAGARA
CONSENT FOR SPEECH-LANGUAGE ASSESSMENT**

E.S.-1-02
March 10, 2004

Name _____	Date of Birth _____
School _____	File Number _____

As discussed _____ we would like to refer your child for a language assessment by a Speech-Language Pathologist to provide additional information to assist with programming in order to meet your child's educational needs.

It is understood that:

- (a) an individual assessment may include any or all of the following: observation of your child in the classroom, discussion with teachers, information provided by you, administration of informal and/or formal assessment measures;
- (b) the assessor has access and review of your child's Ontario School Record;
- (c) the assessment will occur within one year;
- (d) an interpretation of the results will be provided to you by the assessor;
- (e) assessment results are confidential to the professionals directly involved in the planning and delivery of your child's program, and these professionals have on-going access to consultation with the assessor regarding the use of the assessment to meet your child's educational needs;
- (f) a written report of the assessment will be provided to you, the Ontario School Record, the Special Education File, and the Speech-Language File;
- (g) all procedures will meet the requirements of the College of Audiologists and Speech-Language Pathologists of Ontario;
- (h) you may withdraw your consent to have the assessment discontinued at any time.

I agree with the procedures described above and grant permission for the assessment(s).

Signature of Parent/Guardian: _____ Date: _____
Signature of Parent/Guardian: _____ Date: _____

I do not give permission for the assessment(s).

Signature of Parent/Guardian: _____ Date: _____
Signature of Parent/Guardian: _____ Date: _____

I have received a copy of the 'Parents' Guide to Special Education.'

Signature of Parent/Guardian: _____ Date: _____
Signature of Parent/Guardian: _____ Date: _____

Personal information on this form is collected in accordance with the Education Act, R.S.O. 1990, c.E.2, ss. 265 and 266 and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M. 55, s. 26, as amended, and will be used for the purpose of providing Special Education Programs and Services. Questions about this collection should be directed to the Administrator - Special Education Services Department, District School Board of Niagara, Don Reilly Resource Centre, 13227 Lundy's Lane, Allenburg, Ontario L0S 1A0, (905) 227-5951.

CC. OSR/Parent

DSB10/SPCED/FORMS/Forms/Patho/ES-1-02/Speech Language Sample.pdf/1.03

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DISTRICT SCHOOL BOARD OF NIAGARA

E.S.-1-02(b)

May, 2001

Dear Parent/Guardian:

To assist us in preparing an assessment of your child, _____, additional information is necessary. You can assist us by completing the following form. This information will be kept in the Special Education file, and the Ontario Student Record.

Marlene DeRose,
Administrator - Special Education

HEALTH INFORMATION
e.g. allergies, appetite, asthma, attention difficulties, ear infections, epilepsy, frequent colds, head injuries, headaches, hearing, medications, medical diagnoses, seizures, sleeping difficulties, unusual birth history, vision, etc.

SOCIAL FACTORS
e.g. Note recent family adjustments such as death, divorce, family move, first other language spoken in the home, foster placement, involvement with school Youth Counsellor, child in the family and any behaviour management concerns, etc.

PREVIOUS INVOLVEMENT WITH ASSESSMENT OR TREATMENT AGENCY
Assessment Examples: central auditory processing, occupational therapy, physical therapy, psychological/psychiatric, speech-language therapy, etc.
Agency Involvement: Niagara Child Development Centre, Niagara Peninsula Children's Centre, Childrens Developmental Assessment Services.
(Please list Assessment/Agency and year)

Please continue on the reverse side if necessary.

PLEASE RETURN THIS SHEET TO THE SCHOOL PRINCIPAL WITH THE CONSENT FOR ASSESSMENT FORM.

Completed by: _____
Relationship to the Child: _____

**SECTION V:
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E.S.-1-08
Revised November, 2003

HIGHWAY #20 • ALLANBURG • ONTARIO • L0R 1A0 • PHONE
(905) 227-5551 • FAX (905) 227-4731

RECORD OF PARENT/LEGAL GUARDIAN CONTACT FOR SPEECH SCREENING FORM

DATE OF CONTACT: _____ CONTACTED BY: _____

SCHOOL: _____ GRADE/CLASS: _____ am pm

CLASSROOM TEACHER'S NAME _____

STUDENT'S NAME: _____ D.O.B.: _____

TELEPHONE #: _____

NAME OF PARENT CONTACTED: _____

NAME OF LEGAL GUARDIAN CONTACTED: (if applicable) _____

REASON FOR REFERRAL: _____

REFERRAL INITIATED BY: _____

HAS STUDENT BEEN SEEN BY A SPEECH-LANGUAGE PATHOLOGIST? YES NO

IF STUDENT IS RECEIVING SPEECH THERAPY, BY WHOM: _____

APPROVAL TO SEE STUDENT YES NO

PARENT/LEGAL GUARDIAN HAS BEEN INFORMED THAT:

_____ If student is receiving speech therapy, the District School Board of Niagara's Speech-Language Pathologist will determine if it is necessary to be involved at this time.

_____ Student's speech may be re-checked periodically, if indicated on the speech screening results.

_____ Results will be sent home, following a speech screening.

* file In O.S.R.

O:\SPECED\FORMS PACKAGE 03-04\RECORD OF PARENT CONTACT FOR SPEECH SCREENING.wpd LH

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INDICATORS OF POTENTIAL SPEECH-LANGUAGE DIFFICULTIES

Check all of the examples that apply to your student. Attach this screening form to the Recommendation for Referral to Speech Services Niagara (S.S.N.) letter that you will be sending home to parent(s).

- Speech is difficult to understand to an unfamiliar listener.
- Absence of consonant sounds.
- Difficulty producing sounds 'k', 'g', 's', 'f', 'sh', 'ch', or 'l' across all word positions (please circle sounds in error above).
- Can not express or identify labels, colours, numbers, letters, names, etc.
- Has difficulty following two-step directions (e.g., needs repetition or demonstration, looks to others to follow direction).
- Tends to answer, "I don't know", "I forget", or takes a long time to respond.
- Cannot answer simple questions after listening to 2-3 lines of a story. Cannot formulate responses to "wh" questions.
- Does not participate in class discussions, has difficulty retelling stories or sharing news.
- Has difficulty putting sentences together using the right words in the right order. Sentences are typically short (e.g., 2-3 words) or incomplete.
- Does not initiate interactions with others, stay on topic or take turns in conversation.
- Has difficulty acquiring phonemic awareness (e.g., rhyming, blending, matching and manipulating sounds) and sound/symbol association.

OTHER FACTORS (to consider)

- Behaviour
- Short attention span
- Hearing Loss
- Late to talk
- Social/emotional issues (e.g., abuse/neglect)
- History of allergies, frequent ear infections or colds
- Difficulty imitating sound or actions (e.g., clapping, doing actions to songs)

Please highlight if any of the above have also been noted to be an area of concern in the classroom.

** Please file original in the student's O.S.R.

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RECOMMENDATION FOR REFERRAL TO SPEECH SERVICES NIAGARA

Date: _____

Dear Parent(s) and/or Guardian(s) of _____.

Concerns about your child's speech and/or language skills have been noted in the classroom, as per the attached checklist. Although your child is still young and her/his skills will continue to develop, early intervention for speech and language concerns is important. Strong oral language and communication skills are related to a student's ability to meet curriculum expectations, and succeed in school. It is suggested that your child may benefit from some additional support in the area of speech and/or language development.

Since your child is currently in junior kindergarten, s/he is eligible to receive a speech and language assessment and/or intervention at several community-based sites, at no costs to your family. **Speech Services Niagara (S.S.N.)** is the Central Intake Centre for **preschool** speech and language referrals. Please contact Speech Services Niagara (S.S.N.) at **905-688-3550**, or at the toll-free number **1-800-896-5496**, as soon as you receive this letter, to request assessment for your child's speech and/or language abilities. This agency will arrange for your child to be seen by a Speech-Language Pathologist.

You will need to contact S.S.N. **prior to December 25th** of your child's junior kindergarten year, in order to access these services. Once a student is in senior kindergarten, s/he is no longer eligible to participate in this program due to the established age mandates.

If you have additional questions or concerns, please call the school and I will be happy to address them for you. Thank-you for your co-operation and attention to your child's needs.

Classroom Teacher's Signature

* Please file original in student's O.S.R.

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Process for, 'Tracking Sheet for Speech Services Niagara (S.S.N.) Referrals'

- STEP 1:** Refer to the first box, '**Nature of Difficulty**'. Indicate the type of referral that was recommended to **S.S.N.** (i.e., speech or language concerns or both), with a mark in the appropriate square.
- STEP 2:** Refer to the second box, '**S.S.N. letter...**', and indicate the date that you sent the letter and screening form home to parent(s).
- STEP 3:** Next, there are **two separate tracking paths*** depending upon whether or not the parent(s) decide to refer their child to S.S.N.
- * **YES decision (i.e., parent followed teacher recommendation and contacted S.S.N.** The classroom teacher or the LRT at the school will need to make a follow-up call to find out this information, **or**, check with the parent(s) on the interview day(s) in November).
 - If the decision is **yes**, indicate **the date** that the parent initially contacted S.S.N. in the next box, '**Parent contacted...**'
 - Then, the process stops in the next box, '**Process Completed**'. - File sheet in OSR
 - * **NO decision (i.e., parent did not contact S.S.N.)**
 - If the answer is **no**, **record the date that you found out that the parent was not following up with S.S.N.**
- STEP 4:** In the following square, '**J.K. teacher...**', note the date that you brought up the student's name for discussion at In-School Team.
- STEP 5:** The next square '**Referral to...**' asks you to **record the In-School Team decision**, by marking the appropriate box. Your choices are:
i) a **referral to DSBN S-LP** for speech, language or both, **OR**
ii) **no action at this time/monitor student over school year.**
- STEP 6:** If the **In-School Team decision is to involve the DSBN S-LP**, the referral process continues with the **school-based LRT**. Then, **the standard referral process for a speech screening (i.e., verbal consent, JK-12) and/or a language assessment (i.e., written consent) is initiated.**
- STEP 7:** **File completed tracking sheet in the student's O.S.R.**



Educational Services Department
Speech-Language Pathologists

TRACKING SHEET FOR SPEECH SERVICES NIAGARA (S.S.N.) REFERRALS

Nature of Difficulty

Speech

Language

Both

• S.S.N. letter and checklist given to parent(s)

_____ Date

Yes No

• Parent contacted S.S.N. (Deadline Dec. 25)

• Process Completed

_____ Date Documented

Student Name: _____

Date of Birth: _____

Teacher: _____

Date Filed: _____

• Parent did not contact S.S.N. prior to December 25

_____ Date Documented

• JK teacher gives child's name to school-based LRT for discussion at In-School Team Meeting

_____ Date

Referral to DSBN SLP for

Speech

Language

Both

No action required at this time./Monitor student over school year

* Referral process continues with school-based LRT

Original: OSR

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Type of Assessment	Assessment Tools	Qualifications of Assessors
Educational	Curriculum-based Assessment Woodcock - Johnson (WJ-III) Wechsler Individual Achievement Test (WIAT-II) Informat tests	LRTs, SERTs Registered Psychologists and Psychological Associates; Psycho-educational Consultants supervised by members of the College of Psychologists
Psychological	Cognitive Tests: Any of the Wechsler Intelligence Tests (WISC-IV, WPPSI-II, WAIS-III); Stanford-Binet IV Psychological Processing Tests: WRAML-II, CMS, Beery Butenica VMI, Wisconsin Card Sort, BRIEF, D-KEFS (exective functioning), STROOP, CTOPP TVAS, TVPS, Woodcock-Johnson Cognitive Battery-III Social-Emotional-Behavioural Tests and Rating Scales: Vineland Adaptive Behaviour, ABAS-II Adaptive Functioning Scales, Achenbach Checklists (CBCL, TRF, YSR), Conners' Rating Scales, BECK Youth Inventories, Children's Self-Report and Projective Inventory, Connors, Aspergers Syndrome DS	Registered Psychologists and Psychological Associates; Psycho-educational Consultants supervised by members of the College of Psychologists
Speech and Language	Speech: Goldman-Fristoe Test of Articulation-2, informal analysis of conversational speech Comprehensive Tests: CELF-4, CELF-P, TOLD-P:3, PLS-4 Vocabulary: PPVT-III, EOWPVT-2000, Word-R Auditory Comprehension: TAACL-3, The Listening Test, Comprehension Test of Phonological Processing Other tests as required: Adolescent Word Test, Test of Auditory Processing-Revised, Test of Auditory Processing-Upper Extension, Test of Written Language-3, Test of Word Reading Efficiency, Test of Language Competence-Extended Edition, The Non-Speech Test, Communication Profile	Registered Speech-Language Pathologists

- * Typically referrals are processed in the order received but urgent requests are prioritized by Regional Teams.
- * Every effort is made to complete assessments in a timely fashion.
- * Parent consent specifies within one year.