



Turtle River School Division - Administrative Procedure

Section D – Student Services Educational Psychologist Services

Educational Psychologist Assessment

Turtle River School Division provides students with Educational Psychological services in the form of consultation, regarding programming, counselling, and assessment, in order to support planning for student learning. Educational Psychological assessments are initiated by the school team when a student identifies difficulties in one or more areas in their learning. Schools are required to first complete a variety of preliminary assessments before a referral for an Educational Psychological Assessment is submitted. This assists the school team in developing a learning plan for the student. The psychologist will provide schools with recommendations and resources that will help support the student.

Why do a psycho-educational assessment?

A psycho-educational assessment is done to develop a respectful picture of your child and to find out how your child learns the best and to examine possible areas of concern that may need to be addressed to enhance their learning. The assessment will also provide strategies for the classroom and for you at home to help your child progress at school. The psycho-educational assessment is *not* about assigning labels to students.

What is included in a psycho-educational assessment?

Usually, a complete psycho-educational assessment will include an observation of your child at work in the classroom and consultations with the teacher and resource staff. The psychologist will complete an assessment of cognitive ability to provide information about your child's potential for being independently successful at school, an achievement test to see at what levels your child is currently functioning, and possibly other specialized tests depending on the nature of the concerns. Students typically enjoy the one-to-one sessions. Parent input may be requested before the assessment but typically most information is given at a team meeting with parents after the assessment has been completed.

How long does the assessment take?

The testing may be done over several sessions ranging from 30 to 90 minutes, depending on the type of assessments that are required. The testing time is broken up to be manageable for the age of your child. Time is also needed for classroom observations and consultation with the teacher.

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What happens after the assessment has been completed?

After the testing is finished, a brief meeting is held with the school team to discuss programming options. Then parents are contacted to arrange for a meeting as soon as can be scheduled. Testing results and recommendations are presented orally at the parent meeting. Formal reports are sent to the home and school at a later date.

Completing the Referral

When completing a [Psychological Referral Form](#) for your child it is important to be informed of why the referral is being requested. Take time to discuss the presenting concerns and ask what strategies or types of assessment have already taken place and have prompted the referral. The psycho-educational assessment will not take place until the parents and school staff sign the referral form.

Student Information Form

When completing a psycho-educational assessment, it is important to consider relevant background information, including family history, health history of the child, educational history, and the child's current functioning both inside and outside of school. Please complete the attached [Student History & Consent Form](#) and return it to the school psychologist, in the enclosed self-addressed, stamped envelope at your earliest convenience.

Educational Psychologist Assessment Referral Procedures

1. The school team will examine the school assessments, including the Woodcock Johnson IV Test of Cognitive Abilities, to gather information regarding a student's abilities and identify areas of concern.
2. If the school team has difficulty understanding how to best support this student academically in their learning, instruction, abilities, and planning, a referral for an Educational Psychological Assessment will be completed.
3. The resource teacher will contact the parent(s) and explain why the school team is making a referral for this Education Psychological Assessment.
4. The resource teacher will collect all school signatures required for completing the referral before making a photocopy for the student file.

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5. The resource teacher will send home the Educational Psychological Assessment package that contains information as to why an assessment is being completed, the referral form, and a student history form for parents to complete, sign, and return to the school or division office.
6. Parents/guardians have two choices in returning forms:
 - a. They can seal the envelope addressed to the division psychologist and return it to the school.
 - b. They can directly mail the envelope addressed to the division psychologist

**Turtle River School Division
Attention: Division Psychologist
Box 309, 808 Burrows Ave.
McCreary, MB
R0J 1B0**

7. Parents/guardians may request an Education Psychological Assessment. It will be decided and determined by the school team if such an assessment is warranted.
8. After the referrals have been signed, the division psychologist will be scheduled to complete the assessment.
9. The psychologist will complete a confidential report which will be shared only with the student's parents/guardians and the resource teacher. The psychologist may recommend in the report which members of the school team should have access to the list of recommendations for supporting the student.

Educational Psychologist Assessment Report Procedures

1. The Educational Psychological Assessment Report is to be kept confidential as per Manitoba Education Pupil File Guidelines, Freedom of Information and Protection of Privacy Act, and the Personal Health Information Act.
2. A copy of the Educational Psychological Assessment will be copied for only the parent(s)/guardian(s) and school resource file.

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3. The resource teacher will keep this assessment locked in the student's resource file. (The student's resource file is part of the cumulative file but kept separate with only the school principal and school resource teacher having access to this folder. This folder contains private health information and related assessments that are kept confidential. The folder follows the student's cumulative file and is transferred when a student transfers schools.)
4. The Educational Psychological Assessment information is then used in order to support the student's learning in school. The resource teacher will use discretion in what they share with the classroom teacher and educational assistants. The entire assessment will only be shared at the discretion and direction of the parent/guardian.
5. The resource teacher will use any recommendations and/or diagnosis to help the student and family access supports in programming and resources. This may include Individual Education Planning, accessing further department funding, and/or for further assessments, resources and programs that the student is eligible to access.
6. Recommendations from this assessment are required to be used in the school to assist in the student's learning plan. The suggested recommendations will not be implemented only if they cause the school due hardship. Recommendations need to be shared in student planning with the student's teacher so they can be included in the teacher's instruction, assessment, and student's education plan.
7. Teachers are expected to do their best to implement the psychologist's recommendations to the best of their abilities. If assistance or support is needed, the teacher will ask the school resource teacher to assist in implementing the recommendations for the student. This is a collaborative model of support.
8. If the parent(s)/guardian(s) would like an additional copy of the report, the school resource teacher, at their request, can make a copy.
9. If the parent would like a copy of this assessment shared with another agency or individual, a Release of Information consent is required to be completed before the school is permitted to share with another party. A copy of this Release of Information is to be kept on file at the school.

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Educational Psychological Assessment – General Screening Procedures

1. The school resource teacher will schedule and prepare a quiet room in the school for the assessment.
2. The resource teacher will let the teacher(s) and effected school staff know of the plan and schedule to assess the student. The resource teacher will arrange coverage for a teacher, if needed, in order to free them to be part of the assessment. The teacher will bring assessment data, samples of student work, examples of behaviour, and any relevant data collected.
3. The resource teacher will plan and schedule parents and school staff members required for the assessment to take place as outlined procedurally below.
4. On the day of the assessment, the resource teacher will gather all of the student's signed referral form(s) and student files (e.g. cumulative file, resource file, and possibly the student history) for use by the psychologist for the assessment.
5. The resource teacher will greet the division psychologist and escort him/her to the designated assessment room with the noted files, documentation, and signed referral form with permission to assess the student.
6. The resource teacher will introduce the student to the psychologist, ensuring that they are able to build rapport and the student feels safe. The assessment usually takes approximately one hour, depending on the focus and purpose of the assessment.
7. After the student assessment, the psychologist will need 15-20 minutes to consolidate the assessment and prepare for the next part of the assessment.
8. The psychologist will then interview and speak with the parent(s)/guardian(s) to discuss impressions from the assessment and to gather information for the summary report.
9. The psychologist will then meet with the student's teacher, principal and resource teacher. They will discuss and share information on what they are seeing at the school, share assessment data, academic assessment information, and any behaviour notes and samples of work, if needed.
10. The psychologist may ask the parent/guardian and/or the teacher to complete a survey or checklist regarding the student to be used when completing the final assessment.
11. Finally, the school psychologist will then bring the parent(s)/guardian(s) and school staff members together for a final post-conference and debrief of the student's assessment. It is a time for all parties to ask any questions regarding

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how to help and support the student's learning and/or behaviour. This is also the unofficial impressions from the assessment and discussions.

12. In approximately 4-6 weeks, the psychologist will complete a formal, official assessment report which consolidates all of the collected information. The resource teacher will keep this report confidential, only sharing copies of the assessment report with the appropriate (parent(s)/guardian(s) and principal. Recommendations will be shared with teachers and educational assistants as needed to support the student's learning. Copies will be shared with other individuals with permission from the parent(s)/guardian(s).

SAMPLE ASSESSMENT SCHEDULE

9:00 a.m. Student Assessment

10:15 a.m. Parent Interview/Conference

10:45 a.m. Teacher/Principal/Resource Teacher Interview/Conference

11:15 a.m. Post-Assessment Debrief/Question Period

Where time constraints are an issue, the psychologist may choose to combine steps 8, 9, 10, and 11 and have a group debrief meeting at a later date, possibly over a Zoom conference.

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Turtle River School Division No. 32 **PSYCHOLOGY REFERRAL FORM**

Student's Name _____ School _____

Date of Birth ____/____/____ Age _____ Grade _____

Parent's (Guardians) _____

Legal Guardianship _____ Mother _____ Phone _____

_____ Father _____ Phone _____

Siblings (Names, Ages, Grades) _____

Address _____ Postal Code _____ Home Phone _____

Teacher _____ Date of Referral ____/____/____

Family Physician _____ Referral Initiated By _____

Languages Spoken In Home _____

1. Reason for Referral

_____ Academic _____ Behavioral _____ Counselling (Social/Emotional)

Please elaborate on these concerns: _____

2. What makes these concerns worse? better? _____

3. What are this student's strengths/skills? _____

4. What are your expectations from this referral? _____

5. Is this child receiving other support services:

_____ Guidance _____ Child and Family
_____ Resource _____ Mental Health
_____ Speech and Language _____ Other

6. Previous Testing Information: _____

7. Medical Information (i.e. glasses, medication, diagnosis): _____

8. Please list additional significant information, parent concerns, and/or comments: _____

Date _____ Resource Teacher _____

Parent _____ Classroom Teacher _____

Principal _____ Asst. Superintendent _____

white - school copy

yellow - file copy

pink - clinician copy

Psychology History & Consent Form

Hello / Tansi / Hau/Han / Wotziye / Halu / Taanishi / Boozhoo / Waachi'ye

You've been given this form because a request for a **psycho-educational assessment** has been made for your child.

What is a psycho-educational assessment? A psycho-educational assessment is conducted by a Psychologist that involves a standardized assessment of a child's skills and abilities which can include the following areas:

- Cognitive, intellectual and learning abilities
- Academic skills (including reading, writing/spelling, math and oral language skills)
- Adaptive skills (everyday independent living skills required to survive and thrive)
- Social skills (ability to initiate and maintain friendships)
- Emotional functioning (ability to regulate emotions and mood)
- Behaviour (ability to act appropriately and perform)
- Mental Health (confirm or rule out any mental health disorders)

Why should my child get a psycho-educational assessment? Typically, a child or adolescent is referred for a psycho-educational assessment if they are struggling at home or at school in any of the areas mentioned above. This assessment helps to understand the child's strengths and challenges, as well as develop an overall cognitive and learning profile. This information is then used to offer strategies and make recommendations in order to help make things better. The Psychologist can also diagnose mental health disorders/learning disabilities, and can refer your child to a medical doctor for an assessment to determine if any medication might be required.

What does the assessment look like? The Psychologist will meet with you and/or your child for a period of anywhere from 1-3 hours, depending on the concerns. During this time, the Psychologist will initially meet with you to discuss any concerns you have. Immediately after, the Psychologist will work 1-1 with your child to administer the testing activities, which to most children will feel like games/puzzle-like activities that include working with blocks, looking at pictures and answering questions. During this time, the Psychologist will likely have some questionnaires for you to fill out while you wait.

What happens after the assessment? After the assessment is conducted, the Psychologist will meet with the parents/guardians, teachers and whomever else that is involved in the student's care that wishes to join the meeting to review the results and help plan for them. This meeting will either be in person, done virtually through a computer/webcam or through a phone call; depending on preference and timing. After the meeting, the parent/guardian and school will be provided with a copy of a report which contains all the information discussed in the meeting, including strategies and recommendations. The Psychologist will continue to be available for follow-up support if needed after that meeting and after receiving the report.

Psychology History & Consent Form

Please fill out the following form for the student being assessed.

Name: _____ **Birthday:** _____

Gender: ☐ Male ☐ Female ☐ Other _____ **Grade:** _____

School: _____ **Teacher:** _____

Parent/Caregiver Name(s): _____

Relationship to Student: _____

Phone: _____ **Phone Type:** ☐ Cell ☐ Home

**Required to have a meeting over the phone to review results*

Email Address: _____

**Required for an email copy of the assessment report & to setup a virtual meeting to review results*

Home Address: _____

**Required to receive a physical copy of the assessment report via mail*

If the student is in the care of a Child & Family Services (CFS) agency please complete:

Agency Name: _____ **Legal Guardian:** _____

Phone Number: _____ **Email Address:** _____

Please indicate if there is any family history of the following mental health disorders:

☐ Attention difficulties/ADD/ADHD ☐ Anxiety ☐ Depression ☐ Learning disabilities

☐ Autism ☐ Bipolar ☐ Schizophrenia ☐ Obsessive Compulsive Disorder (OCD)

☐ Conduct Disorder (CD) ☐ Oppositional Defiant Disorder (ODD) ☐ Other: _____

Any medical concerns during pregnancy/birth? ☐ Unknown ☐ No ☐ Yes (please describe): _____

Psychology History & Consent Form

Any medical concerns/diagnoses after birth? ☐ Unknown ☐ No ☐ Yes

Please describe): _____

Is the student on any medications? ☐ No ☐ Yes (please indicate drug name(s) and dosage(s): _____

Exposure to alcohol/drugs while in utero?* ☐ Unknown ☐ No ☐ Yes

This question is **NOT meant to assess the decisions or actions of the parent; it is to determine if any further **medical assessment, intervention and/or diagnosis of the student** is required.*

Birth weight: _____ # of weeks pregnant: _____

Passed most recent vision test? ☐ No ☐ Yes Wears glasses? ☐ No ☐ Yes

Passed most recent hearing test? ☐ No ☐ Yes Uses hearing aids? ☐ No ☐ Yes

Primary language(s) spoken in home: _____

Any head injury/concussion/seizures? ☐ Unknown ☐ No ☐ Yes (please describe): _____

Any trauma (loss, neglect, abuse, separation)? ☐ Unknown ☐ No ☐ Yes
(please describe): _____

Any serious hospitalizations or illnesses? ☐ Unknown ☐ No ☐ Yes (please describe): _____

At what age (in months) did the student: Crawl _____ Walk _____

Speak single words _____ Speak in sentences _____

Toilet trained _____

Who all lives in the home with this student? _____

Is there any custody arrangement between parents? ☐ N/A ☐ No ☐ Yes

List any current stressors at home or school: _____

Psychology History & Consent Form

Please select all that the student has difficulties with:

<p style="text-align: center;"><u>Emotions</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Anger/temper tantrums <input type="checkbox"/> Anxiety/stress/worry/fear <input type="checkbox"/> Yelling/screaming <input type="checkbox"/> Sadness/depression <input type="checkbox"/> Excessive crying <input type="checkbox"/> Withholds affection <input type="checkbox"/> Hides feelings <input type="checkbox"/> Grumpy/moody/irritable <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Negative body image <input type="checkbox"/> Self-harm (e.g. cutting) <input type="checkbox"/> Suicidal thoughts and/or attempts 	<p style="text-align: center;"><u>Behaviour</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Stealing <input type="checkbox"/> Lying <input type="checkbox"/> Drug/alcohol usage <input type="checkbox"/> Bullying others <input type="checkbox"/> Being bullied <input type="checkbox"/> Withdraws from activities <input type="checkbox"/> Defiant/oppositional <input type="checkbox"/> Fixates/perseverates <input type="checkbox"/> Low effort/motivation <input type="checkbox"/> Organizational skills <input type="checkbox"/> Transitioning between tasks <input type="checkbox"/> Disengaged from everyday tasks/activities 	<p style="text-align: center;"><u>Physical Health</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Headaches <input type="checkbox"/> Stomach aches <input type="checkbox"/> Fatigue/tired/low energy <input type="checkbox"/> Falling asleep <input type="checkbox"/> Staying asleep <input type="checkbox"/> Getting enough sleep <input type="checkbox"/> Gender identity/sexuality <input type="checkbox"/> Tics/repetitive movements <input type="checkbox"/> Fine motor skills (hand/fingers) <input type="checkbox"/> Gross motor skills (arms, legs, torso)
<p style="text-align: center;"><u>Attention</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Short attention span <input type="checkbox"/> Starting tasks <input type="checkbox"/> Staying on task <input type="checkbox"/> Finishing tasks <input type="checkbox"/> Forgetfulness <input type="checkbox"/> Easily distracted <input type="checkbox"/> Stares off into space/inattentive (i.e. seems lost in their own world) 	<p style="text-align: center;"><u>Academic</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Spelling Writing <input type="checkbox"/> Oral language (i.e. speaking & listening skills) <input type="checkbox"/> School attendance <input type="checkbox"/> Participating in class <input type="checkbox"/> Understanding instructions <input type="checkbox"/> Solving problems 	<p style="text-align: center;"><u>Self-Regulation</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Lacks self-control <input type="checkbox"/> Physical aggression <input type="checkbox"/> Overly energetic <input type="checkbox"/> Impulsive (i.e. acts without thinking) <input type="checkbox"/> Hyperactive/constantly moving <input type="checkbox"/> Verbal aggression
<p style="text-align: center;"><u>Living</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Safety skills <input type="checkbox"/> Hygiene & self-care <input type="checkbox"/> Functioning in community <input type="checkbox"/> Doing everyday living tasks independently <input type="checkbox"/> Easily manipulated 	<p style="text-align: center;"><u>Sensory</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>Overwhelmed</u> by sensory information (i.e. needs less) <input type="checkbox"/> <u>Underwhelmed</u> by sensory information (i.e. needs more) 	<p style="text-align: center;"><u>Social</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Initiating/maintaining friendships <input type="checkbox"/> Uncomfortable meeting new people <input type="checkbox"/> Makes friends with the "wrong crowd"

Psychology History & Consent Form

In your own words, describe what your concerns are:

Please indicate if the student has received support/assessments from any of the following:

- ☐ Speech and Language Pathologist ☐ Occupational Therapist ☐ Physiotherapist
- ☐ Therapist/counsellor ☐ Audiologist (Hearing/Ear Doctor) ☐ Psychiatrist/Pediatrician
- ☐ Optometrist (Eye Doctor) ☐ Educational Assistant ☐ Resource Teacher ☐ Psychologist
- ☐ Child Development Clinic ☐ Manitoba FASD Center ☐ Children's disABILITY Services
- ☐ Other: _____

Please indicate if this student is on any type of learning plan at school:

- ☐ Adapted Learning/Education Plan (ALP or AEP) ☐ Behaviour Intervention Plan (BIP)
- ☐ Curriculum Modification Plan (CMP) ☐ Individualized Education Plan (IEP)

How many days per week does the student attend school on average?

- ☐ 0-1 ☐ 2-3 ☐ 4-5

Has this student ever been held back a grade? ☐ No ☐ Yes (indicate grade(s) _____)

What are the student's strengths/interests/hobbies? _____

Is there anything else you'd like us to know? _____

Psychology History & Consent Form

By signing below, I agree to the following: *I give consent for the Psychologist to work with the student and administer psychometric testing activities and questionnaires for the purpose of an assessment. Audio/video of the assessment may be recorded for purposes of scoring and later review. I give consent for the Psychologist to review any home, school, clinical and medical files that may be deemed relevant to the assessment and release information amongst, and communicate with, other clinicians, educators, medical practitioners and agencies. All information is to be kept confidential otherwise. I acknowledge that I have been properly informed about the assessment. I may withdraw this consent at any time without penalty.*

Name: _____ **Date:** _____

Signature: _____