PSYCHOLOGICAL EVALUATION

NAME: XXXXX
AGE: 16 years 10 months
DATE OF BIRTH: XXXXXX
STUDENT ID: XXXXX

REPORT DATE: 9/26/2009
GRADE: 10
GENDER: Male
EXAMINER: XXX, MA

Assessments administered

Record Review
Clinical Interviews
Wechsler Adult Intelligence Scale – 4th Edition (WAIS-IV)
Behavioral Assessment System for Children – 2nd Edition Self Report Adolescent (BASC:2 – SRP A)
Woodcock-Johnson Test of Achievement– 3rd Edition (WJ – III)
Curriculum Based Measurement (mathematics)

Reason for referral

XXXXX is a sixteen year old 10th grade student at XXXX High School who's parent (biological mother) requested an evaluation to determine if special education services are warranted. A multidisciplinary team convened on August 22, 2009 to review the referral. The team agreed that because of XXXXX's tenuous academic history there is insufficient data to make a decision and further data is necessary. The following information was compiledlied to assess XXXXX's current level of functioning and determination meeting.

Family History

XXXXX was delivered at 8 months, 8 pounds by cesarean section. Mother attests to not using substances, medication or smoke cigarettes during the pregnancy. Developmental milestones were stated to have been within normal limits. At age two, XXXXX tested positive for lead poisoning. There are reported concerns with asthma and Attention Deficit Hyperactivity Disorder and is on medication. XXXXX needs to ware glasses.

XXXXX lives with both biological parents and 18 year old sister. He has two older biological siblings not living in the home. Mother has a License as a Professional Nurse and is self-employed as a videographer. Father has a Grade Equivalent Degree (GED) and is a marine mechanic. There is a paternal family history of Attention Deficit Hyperactivity Disorder and depression. There is no reported maternal family history of learning or emotional concerns. XXXXX was homeschooled from the 4th grade up to 10th grade.

Social Emotional Functioning

XXXXX is stated to have good social relationships. He has a girl-friend. He is reported to have a problem with authority figures. He can display a temper with outbursts and fiery anger. He is stated to be easily impulsive and distractible. He has been involved in sports, but, is not currently participating in any at this time. He enjoys working on motors and stated to be a good mechanic. He, additionally, enjoys writing songs and poetry.

History and Present level of functioning

Comment [s1]: Classroom observation??? Teacher interviews?

Comment [s2]: Was there a particular area of concern?

Comment [s3]: Good –nice summary of referral

Comment [s4]: What medication and dosage?

Comment [s5]: Make sure to cite your source of information (e.g., Ms. X stated, shared, indicated ect)

Comment [s6]: Again, nice summary of family history.

Comment [s7]: By whom? Again, cite the source of your informaiton

Comment [s8]: By mom? Dad? Self-report?

Comment [s9]: This is the first time I see strengths…we need to know more about areas of strength! Also, I would always start with these…so they can go right behind good social relationships….

XXXXX participated in CAITS program and a psychiatric evaluation was performed by the XXXXX Center (June 17, 2009) as part of the process. The psychiatric report reveals that XXXXX meets the DSM-IV TR classification for 314.01 Attention Deficit Hyperactivity Disorder, Combined/Impulsive Type, 309.28 Adjustment-Mixed Emotions, and 313. 81 Oppositional Defiant Disorder.

XXXXX's brief enrollment at XXX has been distressed. He has incurred numerous disciplinary infractions (i.e. attendance-cut/skipped detention, obscene abusive language, and other), each severe enough to warrant out of school suspensions. XXXXX's documented diagnoses are thought to be significantly impacting his ability to adequately engage in instruction and perform at grade-level.

Behavioral Observations

XXXXX attended testing voluntarily and the standard battery was completed within one session. The session was interrupted once and had to be relocated. XXXXX was dressed appropriately for the environment and climate. He presented on-time, alert and responded in a proficient manner. He appeared well groomed, energetic, and talkative. During testing XXXXX was respectful, cooperative, and rapport was easily established. His affect was congruent with the situation and expressed suitable emotions during our interview. XXXXX did illustrate difficulty remaining still (e.g. excessive finger tapping and restless legs) for extended periods of time and answered impulsively to questions. XXXXX predominately processed information orally, with numerous self-corrections. XXXXX is presently taking psychostimulant medication (Metadate ER® - 20 mg p.o.q.a.m) for Attention Deficit Hyperactivity Disorder, Combined Type and had taken the medication the day of testing. There were no apparent unusual events during the phase that would invalidate the results.

ASSESSMENT RESULTS

Cognitive Assessment

09/24/09 Wechsler Adult Intelligence Scale – 4th Edition (WAIS-IV)

Index / Subtest	Composite /Scaled Score	95% Confidence Interval	Percentile Rank	Range
Verbal Comprehension Index	**89**	**84-95**	**23rd**	**Low Average**
Similarities	11			
Vocabulary	7			
Information	6			
Comprehension	(10)			
Perceptual Reasoning Index	**109**	**102-115**	**73rd**	**Average**
Block Design	11			
Matrix Reasoning	11			
Visual Puzzles	13			
Working Memory Index	**89**	**83-96**	**23rd**	**Low Average – Average**
Digit Span	10			
Arithmetic	6			
Letter Number Sequencing	(14)			

Comment [s10]: Spell this out the first time…after that you can use the abbreviation.

Comment [s11]: Nice job providing the date of the evaluation

Comment [s12]: As stated by? Did this come from a file review or was it stated by a teacher

Comment [s13]: How many days has he been out of school / missed instruction this year due to cutting or OSS?

Comment [s14]: Good!

Processing Speed Index	84	77-94	14th	Low Average
Symbol Search	8			
Coding	6			
Full Scale Score	**92**	**85-93**	**30th**	**Average**

(IQ - Scores are based on an average of 100 and a standard deviation of 15. Scores between 90 and 109 are considered to be within the Average range).

The Wechsler Adult Intelligence Scale– Fourth Edition (WAIS-IV) is an individually administered standardized test that measures an individual's cognitive functioning. The test consists of 4 indexes, Verbal Comprehension, Perceptual Reasoning, Working Memory, and Processing Speed. XXXXX's general cognitive ability is estimated to be within the Average range of intellectual functioning, as measured by the Full Scale IQ (FSIQ). XXXXX's overall thinking and reasoning abilities exceed those of approximately 30% of children his age (FSIQ = 92; 95% confidence interval = 85 – 93). His ability to think with words is better developed than his ability to reason without the use of words. XXXXX's verbal reasoning abilities fall within the Low Average range while his nonverbal reasoning falls in the Average Range.

The Verbal Comprehension Index (VCI) is designed to measure verbal reasoning, verbal concept formation, and knowledge acquired from one's environment. XXXXX's verbal reasoning abilities as measured by the Verbal Comprehension Index (VCI) fall within the Average range and above those of approximately 23% of his peers (VCI = 89; 95% confidence interval = 84 - 95). The variability of XXXXX's performances on the three core subtests that comprise the VCI is unusually large, indicating that his ability to reason with words cannot be summarized in a single score (i.e., the VCI) and ought to be interpreted carefully. XXXXX's ability to comprehend how two concepts are alike is more extensive than his fund of information (i.e. amount of facts known) and ability to understand or express the meaning of individual words. His ability to understand and express the meaning of words, and the amount of facts he has acquired is comparable. In the examiner's clinical judgment XXXXX's abilities, that comprise the VCI, appear to be a conservative estimate of his true verbal reasoning score. The results should be interpreted with caution as two out of the three subtests rely on acquired academic knowledge. XXXXX's reported educational history is understood to be marginal and a potential explanation for his scattered VCI score.

Comment [s15]: Good! Not a unitary construct

XXXXX's nonverbal reasoning abilities as measured by the Perceptual Reasoning Index (PRI) are in the Average range and above those of approximately 87% of his peers (PRI = 109; 95% confidence interval = 102 - 115). The Perceptual Reasoning Index is a measure of perceptual and fluid reasoning, spatial processing, and visual-motor integration. XXXXX's perceptual reasoning is better developed than his working memory and processing speed. Explicitly, his visual-spatial processing is better developed than visual motor coordination. XXXXX's performance on the subtests that contribute to the PRI are comparable, suggesting that his abilities in the domain are equally developed.

XXXXX's working memory as measured by the Working Memory Index (WMI) are in the Low Average range ~~but~~ and above those of only 23% of her peers (WMI = 84; 95% confidence interval = 77 -94). XXXXX's abilities to sustain attention, concentrate, and exert mental control are somewhat variable. XXXXX's short-term auditory memory, for tasks that require rote memorization with minimal information processing, is better developed than his ability to sustain attention, concentrate, and perform mathematical computations from pure memory. As stated earlier, it is hypothesized that his Arithmetic subtest score relies on adequate mathematical

instruction and prone to vary due to a lack of instruction rather than any identify working memory deficit. The Letter-Number Sequencing (LNS) supplemented was administered to test this notion. XXXXX's LNS score emerged as consistent with his Digit Span score and promisingly representative of his true working memory.

Comment [s16]: Good – this definitely looks possible given his math performance.

Comment [s17]: Good - I think you can explain why one might be higher than the other (which you did)…although I don't know if I would say that one is more representative of his true ability but rather that WM may be better (versus more accurate) in certain situations (and describe those)…but I tend to be overly cautious in interpreting scores

XXXXX's speed of processing abilities as measured by the Processing Speed Index (PSI) are in the Low Average range and above those of approximately 14% of his peers (PSI = 84; 95% confidence interval = 77- 94). Processing speed is an indication of the rapidity with which XXXXX can mentally process simple or routine information without making errors. Performance on this task may be influenced by visual discrimination and visual-motor coordination. Processing visual material quickly is an ability that XXXXX is challenged by compared to his perceptual reasoning and adjusted verbal reason functioning. XXXXX's performance on the subtests that contribute to the PSI are comparable, suggesting that his abilities in this domain are similarly developed.

9/30 Behavior Assessment System for Children, 2nd Edition – Self-Report Adolescent (BASC-2: SRP - A)

The Behavior Assessment System for Children, Second Edition (BASC-2), is screening device used to rate the behavior and self-perceptions of children. Scale scores in the Clinically Significant range suggest a high level of maladjustment. Scores in the At-Risk range may identify a significant problem that may not be severe enough to require formal treatment but where careful monitoring is recommended.

The Validity Index summary which contains the F-index, Response Pattern, and Consistency scores are all in the acceptable range. Similarly, no extraneous unusual or adverse incidents occurred to invalid the scores.

Critical items that may be of particular interest endorsed by XXXXX. include: *"True – I never seem to get anything right", "True – I just don't care", "Almost always – I feel like my life is getting worse and worse", "Often – No one understands me",* and *"Almost always – I feel sad."*

Comment [s18]: Good – nice job highlighting a few of the endorsed items. I might put this below your table…

Self – Report Scale

Composite Scores	T-Score	Percentile	Classification
Attitude to School	40	14th	Typical
Attitude to Teachers	70	96th	Clinically Significant
Sensation Seeking	51	54th	Typical
School Problems	**55**	**71st**	**Typical**
Atypicality	62	88th	At Risk
Locus of Control	76	98th	Clinically Significant
Social Stress	64	91st	At Risk
Anxiety	70	97th	Clinically Significant
Depression	76	97th	Clinically Significant
Sense of Inadequacy	75	97th	Clinically Significant
Somatization	73	96th	Clinically Significant
Internalizing Problems	**77**	**98th**	**Clinically Significant**
Attention Problems	70	96th	At Risk
Hyperactivity	72	97th	Clinically Significant
Inattention/ Hyperactivity	**74**	**98th**	**Clinically Significant**

Emotional Symptoms Index	73	97th	Clinically Significant
Relations with Parents	33	6th	At Risk
Interpersonal Relations	49	35th	At Risk
Self-Esteem	50	38th	Typical
Self-Reliance	30	3rd	At Risk
Personal Adjustment	**37**	**10th**	**At Risk**

(T-Scores are based on an average of 50 and standard deviation of 10. Scores between 41 and 59 are considered to be within the average/typical range.)

The BASC-2 Self Report Scale results are based on XXXXX's self perception. Results indicate that he perceives his functioning across domains to be uncharacteristic compared to adolescents his age. XXXXX's composite score within the School Problems domain indicate that he perceives school as enjoyable about as much as others his age; although, he perceives his teachers as unfair, uncaring, and/or overly demanding.

XXXXX's composite scores within the Internalizing Problems domain indicate that he occasionally has unusual thoughts and perceptions, has little control over events occurring in his life and blamed for things that he did not do, has some difficulty with establishing and maintaining close relationships with others and sometimes is isolated and lonely, and generally feels sad, being misunderstood, and/or feels that life is getting worse. XXXXX is dissatisfied with his ability to perform tasks, even when his putts forth substantial effort. He reports experiencing numerous health related problems that may include headaches, sore muscles, stomach ailments, and/or dizziness.

XXXXX's scores within Inattention/Hyperactivity domain indicate that he has significant difficulty maintaining necessary levels of attention. It is suggested that these difficulties in maintaining necessary levels of attention are likely interfering with academic performance and functioning in other areas. XXXXX also reports that he frequently engages in restless and disruptive behaviors.

XXXXX's scores that make-up the Emotional Symptoms Index suggests that social stress, anxiety, depression, sense of inadequacy, and self-reliance are perceived to be areas of significant concern. The high scores are suggestive of pervasive distress and the possibility of a serious emotional turmoil.

XXXXX's scores within the Personal Adjustment domain suggest that his relationship with his parents are strained, grounds for diminished trust in his parents, and he feels secondary to family life and decision making. XXXXX perceives himself as outgoing and well liked. XXXXX's approves of and likes his image. He reports having very low confidence in his ability to make decisions, solving problems, and/or be dependable, in comparison to others his age.

10/02 Woodcock-Johnson Test of Achievement – 3rd Edition (WJ-III)

Index/Subtest	Scaled Score	95% Confidence Interval	Grade Equivalent (GE)	Range
Letter-Word Identification	92	89-95	9th	Low Average - Average
Reading Fluency	82	81-84	6th	Low Average
Passage Comprehension	96	91-101	10th	Average

Comment [s19]: Nice job discussing and interpreting the BASC. I think this was a definite strength of your report☺

Comment [s20]: I would put this section under the cognitive followed by the BASC.

Comment [s21]: This is interesting given his comprehension scores are higher. Why do you think that may be the case?

Broad Reading	**87**	**85-88**	**7th**	**Low Average**
Calculation	63	58-68	4th	Very Low
Math Fluency	65	63-67	4th	Very Low
Applied Problems	76	73-79	4th	Very Low
Broad Math	**65**	**63-68**	**4th**	**Very Low**
Spelling	90	86-94	8th	Average
Written Fluency	84	80-88	6th	Low Average
Writing Samples	95	87-104	10th	Low Average - Average
Broad Written Language	**87**	**84-89**	**7th**	**Low Average**

(Composite scores are based on an average of 100 and a standard deviation of 15. Scores between 90 and 109 are considered to be within the Average range.)

The Woodcock Johnson Test of Achievement – 3rd Edition (WJ-III) is an individually administered standardized test that assesses an individual's academic achievement. The test consists of four indexes: Reading, Mathematics, Written Language, and Oral Language. XXXXX's broad achievement scores that make up the overall achievement score are significantly different and ought to be interpreted with caution. Additionally, XXXXX has only received roughly three years of formal public school instruction. The remainder of his educational instruction is said to have been provided under a home-school curriculum and one year of distant online schooling.

When compared to XXXXX's age equivalent peers, his Written Language skills fell within the low average range with Standard Score of 87 (SS = 84-89). XXXXX's Broad Math skills fell within the very low range with a SS of 65 (SS = 63-68). XXXXX's Broad Reading Scores fell within the low average range with a SS of 87 (SS = 84-89).

XXXXX's Broad Written language skills were in the low average range with a SS of 87 (SS = 84-89). The Broad Written Language cluster provides a comprehensive measure of written language achievement including a spelling of single word responses, fluency of production, and quality of expression. On the writing samples portion of the assessment, a test that measures skill in writing responses to a variety of demands, XXXXX was able to supply the middle portion of a sentence when a visual (i.e. picture) beginning and ending prompt was given. During this segment of the test, XXXXX appeared to put forth a quality effort. XXXXX scored within the average range on the writing samples subtest with a SS of 95 (SS = 87-104). He scored within the low-average range in the area of writing fluency with SS or 84 (SS = 80-88). The subtest is timed and students are provided with a picture prompt and three words. XXXXX was given seven minutes and asked to use three words in a sentence, describing the prompt. On the prompts completed, XXXXX did well. In the area of spelling, XXXXX scored within the average range with a SS of 90 (SS = 86-94).

XXXXX's Broad Math skills score, which includes mathematics calculations, reasoning and problem solving, fell within the very low range with a scale score of 65 (SS = 63 -68). On the calculation test, a test which is a measure of basic mathematic skills and computational skills, XXXXX's SS fell within the very low average range with a scaled score of 63 (SS = 58-68). XXXXX was challenged with adding and subtracting double digit numbers, division of single and double digits, working with fractions, decimals, and algebraic expressions. On the Math Fluency test, a timed number fact test, XXXXX's score fell within the very low range with a

Comment [s22]: Hmm…I am seeing a pattern related to fluency scores…

Comment [s23]: I am not sure I understand the Low Average / Average descriptor. On spelling the score and CI was comparable but the only descriptor was Average…why is it different for Writing Samples?

Comment [s24]: Where is Oral Language on your table?

Comment [s25]: Good. The score is useless in my opinion…although you stated it much better☺

Comment [s26]: I would put math last given it is his lowest score. I like to start with strengths.

scaled score of 65 (SS = 63-67). XXXXX scored within the low range on the Applied Problems portion of the assessment with a scaled score of 76 (SS = 73-79). This portion of the assessment includes pictures prompts and word problems. XXXXX did not utilize paper and pencil; he did all the calculations from working memory. XXXXX indicated that he does not, presently, know how to use a calculator, so he does math "in his head". XXXXX's cognitive scores appear to substantiate this phenomenon (i.e. working memory challenges, explicitly with arithmetic). XXXXX appeared focused and attentive while reading through the problems.

On the Broad Reading cluster, XXXXX scored within the low average range with a SS of 87 (SS = 85-88). This cluster is a measure of word identification skills, reading speed and the ability to read a short passage and to identify a missing key word that makes sense in the context of that passage. XXXXX scored within the average range, SS of 96 (SS = 91-101) on the Passage Comprehension portion of the cluster. In the area of Letter-Word Identification XXXXX scored in the very low range. His SS is 64 (SS = 61-67). On the Reading Fluency portion of the assessment is timed. XXXXX was allowed three minutes to respond to simple sentences. XXXXX correctly responded to 52 out of a possible 98. He had no incorrect responses.

10/02 Curriculum Based Measurement (CBM)

Curriculum Based Measurement (CBM) is a method of monitoring student educational progress by directly assessing academic skills using brief timed samples of academic material taken directly from the instructional setting. CBM is used to measure basic mathematic skills and evaluate math performance for speed and accuracy.

XXXXX was administered three baseline time-samples to evaluate approximately where his skills fall (ranges are: frustration~~difficulty~~, instructional, or mastery). Based on XXXXX's very low average broad math scores on the WJ-III, administering CBM probes will assist in identifying his strengths and challenges, relative to the criteria established within the classroom, and provide secondary means of monitoring XXXXX's math progress over time. The baseline data compiled suggests that XXXXX falls in the difficulty range relative to his age equivalent peers. XXXXX was able to obtain a digits correct per minute score (DC/min = 55 -65) in roughly the instructional range of grade equivalent probes where administered (see appendix A).

The baseline CBM probes indicate that XXXXX has mastered addition and subtraction with or with out regrouping, multiplying three-digit numbers with regrouping, and division three-digit numbers with remainders. XXXXX's performance on arithmetic reasoning is assumed to be within a four or fifth grade level. XXXXX's computational instructional level is well below his age equivalent peers. Without intense instruction and technical assistance XXXXX will struggle to close the gap. Although XXXXX's scores are thought to be an accurate indication of his present functioning, -due to his limited instructional exposure- it is expected that he will acquire age equivalent math skills with adequate instruction.

Summary

XXXXX is a sixteen year old 10th grade student at XXXX High School in need of a psychological evaluation to determine if he qualifies for special support services. His general cognitive ability, as estimated by the WAIS-IV, is in the Average range when compared to his age equivalent peers. XXXXX's verbal and non-verbal are in the Average range and comparable. XXXXX's cognitive abilities are not expected to impact his ability to learn. Although his cognitive scores indicate Average abilities, caution needs to be taken in interpreting the achievement scores as attempts to adequately provide home-instruction (i.e. 4 years) are declared

Comment [s27]: I like the beginning part of this…although I prefer to focus on the type of tasks versus the subtest name (see below)

X presents a diverse set of skills on different aspects of reading. He demonstrated Average ability on tasks that assessed his capability to sound out and decode nonsense words and read sentences and answer questions about the material. In contrast, he demonstrated Low Average ability when asked to read and understand simple sentences under timed conditions (assuming the print out shows a significant SD).

Without seeing the print out I can't be sure there is a significant intra-achievement discrepancy between math and the others…but it might be something to look at

Comment [s28]: I definitely see a pattern. He has a lower PSI and consequently he struggled the most on timed tasks…do you think that is a coincidence? I think the influence of his PSI may impact his educational performance and lead to some meaningful recommendations (e.g., giving extra time)

Comment [s29]: Good! This is particularly important in the area of math b/c probes focus on DC and some schools/district teach math in a different way that would be inconsistent with this☺

How did you determine what skills to include on the probe? Did you use pre-made ones or go to interventioncentral.org (not that I would add that in the report…I am just curious☺)

Comment [s30]: Again – great idea!!! You gave additional assessment to try to better understand the patterns of strength and weakness

Comment [s31]: Very nice summary of this! Again, given his PSI….assessing his performance under timed conditions (fluency) may underestimate his performance.

ambiguous and possible ineffective. As a result, XXXXX's limited fund of knowledge and restricted exposure to differentiated instruction are liable to impact his present educational performance and should be considered further.

XXXXX's broad achievement scores vary significantly; his broad reading and written language skills are substantially more developed than his broad math skills. XXXXX is presently functioning below grade level in reading, written language and math. Explicitly, XXXXX is functioning at roughly a forth grade level in broad math. Comparatively, XXXXX's reading comprehension skill is enhanced and is at a 10th grade level. The aforementioned skills are significantly influenced by prior knowledge and presuppose that students are exposed to adequate instruction.

XXXXX's self-report scores suggest that he perceives to have little control over his life and is blamed for things that he did not do; that he worries excessively and has difficulty relaxing; and he is generally sad, misunderstood, and life is getting worse. XXXXX has difficulty maintaining necessary attention and probably interfering with academic performance and functioning in other areas. XXXXX reports having very low confidence in his ability to make decisions, solve, problems, be dependable compared to others his age.

XXXXX indicates that he does enjoy school and his self-image similar to his peers. XXXXX's scores suggest that he is a depressed adolescent, who perceives others to control his life, and challenged with hyperactive/attention issues. XXXXX's depressive symptoms, impulsivity (i.e. acting-out) is considered defense mechanisms which serve to compensate for his diminished self-concept, self-esteem and self-reliance. The results suggest a strong underlying emotional component to his present behavior and academic performance.

XXXXX is a respectful adolescent that has a longing to please others. He has aspirations to complete high school and become a firefighter –he would like to follow in his grandfather's footsteps. XXXXX has a strong desire to be available and care for family members. XXXXX has excellent social skills and makes friends easily. It was a pleasure working with XXXXX; he has the ability to reach his goals with the correct direction and commitment.

Comment [s32]: By whom?

Comment [s33]: Good!

Comment [s34]: Good! I am assuming math was significantly different on the print out using an intra-achievement model for you to say this….

Take a look at the academic fluency score (based on reading fluency, math fluency and writing fluency) to see if that tells you anything.

Comment [s35]: Always start with the areas of strength!

Comment [s36]: Again, I would start with strengths / positives☺

Comment [s37]: Nicely phrased

Comment [s38]: YEAH! Strengths! This should come first!!!!

Learning style

- Multisensory: predominately visual & tactile

Needs

- Unconditional positive regard
- Validation of job-well-done
- Assistance with organization & future planning
- Multimodal instruction
- Clear expectation with natural consequences

Strengths

- Passionate writer
- Polite & personable
- Eager to please
- Interested in fashion
- Easily motivated with topics of interest

- Written expression & comprehension

Recommendations

1. Behavior/Social Skills: XXXXX will likely perform best in a highly structured environment in which expectations for his behavior are made clear. Warwick Veterans Memorial High School provides students, with behavioral struggles, a resource classroom for students similar to XXXXX. Expectations and rules are clear and students are made fully aware of the consequences for inappropriate behavior. It is recommended that XXXXX be provided access to this classroom. The appropriate duration ought to be assessed and the least restrictive period should be taken into account.

2. Individual counseling: Continued counseling is recommended due to XXXXX's apparent low self-concept and diminished sense of self-worth. XXXXX's emotional state will potentially improve when he is able to unconditionally verbalize his frustrations and practice strategies that assist him in feeling better about himself. Consequently, XXXXX's school performance will possibly improve as he believes he can be successful in school and life.

3. Attention/Hyperactivity: XXXXX can be successful within the classroom when reminders, previews, repetition, redirection, limit setting, and structure are provided within reason. An allotted amount of time each day or week where he could gain some assistance in organizing his assignments would be beneficial. XXXXX will likely benefit from preferential seating near the center of instruction to assure his undivided attention.

4. Educational (mathematics): In the classroom, XXXXX may benefit from the use of a multi-sensory approach to learning basic math concepts. Lessons could be presented visually as well as verbally. Also, any opportunity to instruct XXXXX using relevant real-life scenarios will increase his ability to generalize newly acquired computational skills. Using tactile and manipulative instructional approaches that are age appropriate should be used as much as possible. Weekly progress monitoring, using a Curriculum Based Measurement (criterion reference) process will provide a continuous record of XXXXX's math progress.

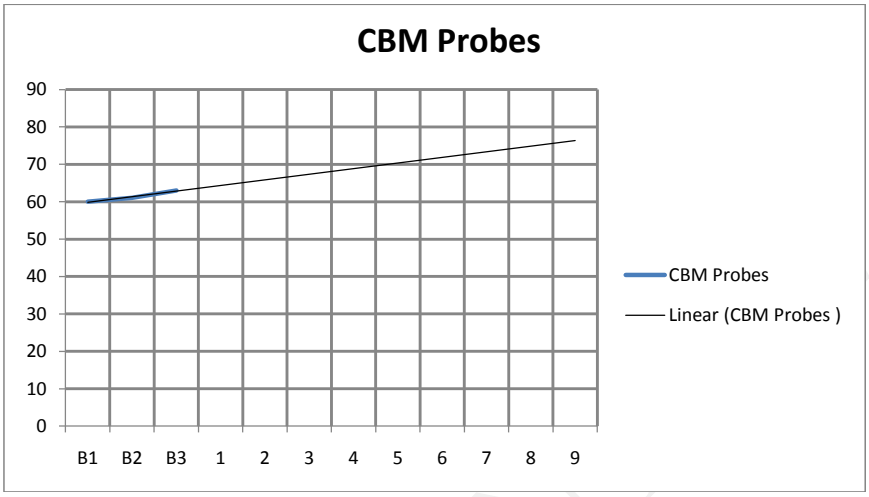
Comment [s39]: Good! I worry a little about this one b/c of the restrictiveness so I am very happy to see you comment on it☺

Comment [s40]: I would probably recommend extra time on assignments ect given his processing speed.

_____
XXXXXX, MA
(School Psychology Intern)

_____
XXXXXXX
Certified School Psychologist

Appendix A



Artifact 1: Assessment Case and Report	1	2	3	4
Selected multi-faceted, comprehensive and culturally valid assessment tools (2.1 & 2.5)	Incorporated only one culturally valid assessment measure assessing either individual *or* environmental variables	Incorporated at least 2 culturally valid assessment measures assessing either individual *or* environmental variables	Incorporated at least 3 culturally valid assessment measures assessing individual *and* environmental variables	Incorporated at least 4 culturally valid assessment measures assessing individual *and* environmental variables
Incorporated non-traditional or progress monitoring assessment measures (2.1)	Did not use any non-traditional assessment/progress monitoring tools			Used at least one non-traditional assessment including CBM, DIBELS ect.; or progress monitoring observations (i.e., behavioral)
Accurate interpretation of assessment results (2.1 & 2.5)	Misinterpreted assessment results or did not identify key strengths or weaknesses (e.g., did not identify something as a weakness in interpretation when needed)	Accurately identified weaknesses based on analysis of comprehensive assessment measures with an understanding of relevant diversity issues	Accurately identified at least one strength and weakness based on analysis of comprehensive assessment measures with an understanding of relevant diversity issues	Accurately identified *multiple strengths and weaknesses* based on analysis of comprehensive assessment measures with an understanding of relevant diversity issues
Formulated several recommendations directly linked to assessment results and based in best practice (2.3 & 2.5)	In conjunction with team and family, identified at least 1 recommendation related to assessment results and based in best practice	In conjunction with team and family, identified at least 2 recommendations related to assessment results and based in best practice	In conjunction with team and family, identified at least 3 recommendations that were directly linked to assessment results and based in best practice	In conjunction with team and family, identified at least 4 recommendations that were directly linked to the assessment results and based in best practice
Report Writing	Multiple grammatical errors; overly technical language, and/or focused on weaknesses.	Language was jargon free and strength focused. Several grammatical errors.	Language was jargon free and strength focused. Only a few minor grammatical errors.	Language was jargon free and strength focused. Report flowed well and was "easy to read."
				Score = ___ / 2 = ___ (out of 10 possible pts)

Comment [s1]: 3.0/4. While you included CBM, standardized assessment, and the BASC…I would have like to see additional assessment of the academic environment (e.g., current instructional practices, time allotted to math / reading ect) and classroom observations that have data on On-Task (Shaprio pages 71-100ish)

Comment [s2]: Nice job using CBM to provide some additional information related to math performance.

Comment [s3]: 3.5/4. I think you did a very nice job overall in your interpretation. I would like to see strengths presented first and also take a look at the connection between PSI and academic fluency as that may be another important area for development.

Comment [s4]: 4.0/4.0 nice job with recommendations….and also indicating LRE associated with your first rec.

Comment [s5]: 3.5/4.0 Domenic – your report was very well written and the tone / phrasing was great. I would have liked to see more strengths…and those strengths presented earlier in the report.

Overall, you earned a 9/10 on the report.

RESPONSIVENESS TO INTERVENTION
EVALUATION REPORT

NAME: XXXX
AGE: 7 years 5 months
DATE OF BIRTH: XXXXX
EXAMINER: XXXXXX, MA

REPORT DATE: 3/17/2010
GRADE: 1
GENDER: Male

Presenting problem:
XXXX's 1st grade teacher observed him struggle with writing tasks. His writing is significantly below-grade level. ~~XXX~~ ~~S~~since the beginning of the year, XXX's ~~his~~ desire to write has diminished and he is now passively and actively refusing to complete writing assignments. XXXX's refusal to complete writing assignment has lead to numerous disruptions in class and is impacting the other students in class.

Background information:
XXXX is a 7year old, white, Native American, male. He is in the 1th grade and has not been retained. XXXX is reported to have experienced significant behavioral issues in pre-school and kindergarten. XXXX transferred into the XXXX district from XXXX in the beginning of the 2009 academic year. English is the primary language spoken XXXX file indicates that he avoids task that are difficult for him (e.g. writing).

XXXX resides with his biological mother and adoptive father. He has one female sibling who is older than he and mom described her as inattentive, impulsive, and struggles academically. XXXX biological father is deceased and his adoptive father is unknown to XXXX. Based on the review of his educational record, there is a history of learning disorders on the maternal side of the family.

Comment [U1]: How is his adoptive father unknown to him if they live in the same house?

Present functioning:
XXXX is presently in a general education class of 14 students with varying degree of writing expression abilities. The writing instruction consists of roughly 30 minutes a day five days a week with using a group and independent writing instruction. The class is organized randomly into heterogeneous writing groups and not systematically stratified by skill level.

Comment [U2]: Nice job including information related to the instructional environment.

Identification/evaluative assessments:
WIAT II testing was conducted to provide to supplement teacher ratings and anecdotal reports of XXXX's academic struggles. XXXX's Oral Language (SS = 99), Written Language (SS = 93), and Mathematics (SS = 99) all fell in the Average range. XXXX subtest scores of significance included Numerical Operations (SS = 83) and Written Expression (SS = 85). It is recommended that XXXX receive Tier II targeted interventions to address his achievement gap in these domains (Written Language and Mathematics).

Comment [U3]: Were these both statistically and clinically significant (e.g., occurs in less than 10% of the population?)

Nice job using the WIAT instead of WJ given the writing concerns…it provide more information…

VMI was administered in order to assess XXXX's visual-motor integration skills. He attained a standard score of 80, which is equal to and better than 9% of same age peers, and falls in the low average range. XXXX's low average visual-motor integration is expected to be a contributing factor on writing task.

XXXX's (2009) cognitive results describe his verbal and non-verbal ability falling in the average range, with his working memory in the average range also. Noteworthy is XXXX's processing speed index score which fell in the low average range. The subtests scaled scores are all within acceptable ranges and there was no significant variability. XXXX's processing speed is expected to factor into his writing difficulties. XXXX's record identified a significant family history of Attention Deficit Hyperactivity Disorder, Combined Type. This substantiates XXXX's expected struggles and should be factored into the RTI targeted intervention(s).

Classroom observations validate XXXX's written expression difficulties and lack of consistent permanent product(s). XXXX permanent products have decreased from partial completion to zero productivity. Additionally, when independent or group writing assignments are instructed, XXXX is observed completing enjoyable tasks or portions of assignments rather than focus on academic assignments. XXXX frustration with assignments translates into negative behaviors (i.e. expressively is defiant with the teacher). This secondary behavior is extremely disruptive to the classroom and peers. Curriculum Based Measurement was utilized so as to provide baseline and ongoing monitoring of XXXX's performance in writing. CBM writing probes were conducted initially and once a week to monitor his progress.

Comment [U4]: Great! Nice job using some direct assessment of the skill

Did you use writing sequences? Total words? ect?

Analysis of problem:
Based on preliminary observations and review of XXXX's academic record he has received universal general education instruction that meets an approved standard, is scientifically based, and expected to be executed with reliability.

XXXX's teacher reports that he struggles to write letters within the lined spaces, with appropriate designation of capital and lower case letter, his letter and words fluctuate in size and spacing, and his writing samples are extremely brief. The previous writing samples are relative to his 1st grade peers and developmentally expected levels. XXXX gets frustrated easily with writing, his pace is deliberate, and when he compares his writing to peers it is obviously different in qualitatively.

Comment [U5]: Given the VMI and this info…did an OT look at him at all?

Based on a record review and mothers accounts, XXXX's does not has any problems with his vision and presently no corrective lenses are necessary. XXXX's teacher has not observed him squinting or bumping into objects in class. His last vision test was unremarkable.

Curriculum Based Measurement:
XXXX Elementary School does not actively utilized universal screening tools with web-ongoing progress monitoring measures. There-fore, a Curriculum-Based Measurement

(CBM) approach, which is an evidence-based, approved and standardized assessment tool to measure writing skills, will be used to monitor XXXX's progress.

The progress monitoring for XXXX his presented in the supplemental Excel spreadsheet in table and graph form (see Appendices). XXXX scores represent his in ability to make adequate progress to close the written expression gap.

Curriculum Based Measure (CBM) probes are a progress monitoring tool used to measure a students performance in a specific academic domain against a predetermined and normative benchmark. Writing probes are prepared by the examiner or teacher using a simple approach similar to reading and ~~mathematic~~mathematics curriculum based measurements. The examiner chooses an appropriate composition (preferably one extracted from a familiar text read) sheet containing a story starter sentence along the top of the line page. The student is instructed to think for one (1) minute about a real or fictitious story to follow the story starter. The examinee is allowed three (3) minutes writing a logical story. The story is collected and scored based on the examiner's preference.

There are several options to scoring a writing probe; for instance, the number of words written, number of letters written, number of words correctly spelled, or number of writing units placed correctly in sequence. For this case, the total letters written was chosen as the student need continuous reinforcement for writing and providing a total letter score appeared to reward the student immediately and regularly, without satiation resulting. Because of the child's development age and limited mastery of basic writing skills total letter scoring served a dual purpose.

Comment [U6]: Great!

Total letter scoring is considered a simple and straight forward system of generating an actual written expression level. The total number of letters written during the 3 minute probe are summed (words spelled incorrectly are include also). Calculating the total letters compared to the total words scoring approach is advantageous as it compensates for students that write fewer~~less~~ words but prefer to write lengthy words.

Difficulties that Impact Writing Performance

Area	Description/Impact on Writing	Level of Impact
Graphomotor	Slow writing, difficulty forming letters, awkward pencil grip, limited output on writing tasks	Low
Attention	Distractibility, difficulty initiating writing tasks, careless errors, inconsistent legibility, poor planning	High
Spatial	Poor use of lines on paper, uneven spacing, organizational problems, misspellings	High
Memory	Poor vocabulary, misspellings, frequent errors in transcription skills	N/A & Moderate Transcription skills
Language	Difficulty with sentence structure and	N/A Grade 1

	word order, poor vocabulary, poor spelling	

Recommended school & home interventions:

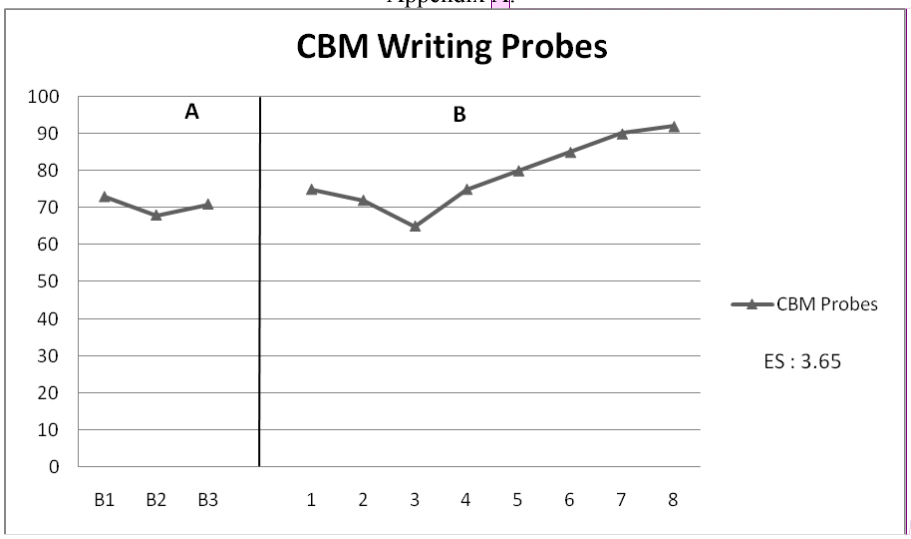
Comment [U7]: good

Writing aids: XXXX is could benefit from using a writing aid, such as a pencil grip or weight, or raised-line paper, printing practice workbooks with lines of faded-dotted letters. (e.g *Fonts 4 Teachers* and *Startwrite*)

Handwriting Without Tears: is a developmentally based, flexible curriculum for teaching handwriting to children in preschool through Grade 5. It has a proven track record of success in making children's handwriting legible, fluent, and automatic (cite support please).

Keyboarding technology: Mavis Beacon Teaches Typing, Alpha Smart -Neo or Neo2, Dragon Naturally Speaking

Appendix A:



*Cohen's *d* – effect size of 0.2 to 0.3 might be a "small" effect, around 0.5 a "medium" effect and 0.8 to infinity, a "large" effect.

Appendix B:

CBM Probes: Writing Probes	
Baseline	Post/Intervention
73	
68	
71	
	75
	72
	65
	80
	85
	90
	92

Comment [U8]: I need a narrative section related to (1) effect sizes, (2) Perceptions of Goal Attainment (GAS), (3) Perceptions of Effectiveness and (4) perceptions of acceptability!!!

Comment [U9]: Nice job calculating the effect size!!

Appendix C:

Pre – Post Intervention: Goal Attainment Scaling					
	-2	-1	0	+1	+2
Increase # letters written per probe	Less than 50	Less than 70 - 51	Unchanged	Greater than 80	Greater than 90
Increase # Writing assignments complete in class	Less than 40%	Less than 50%	Unchanged	Greater than 70%	Greater than 80%
Increase duration on-task during writing assignments	Less than 20%	Less than 40%	Unchanged	Greater than 50%	Greater than 60%

Appendix D
(Parent)

Comment [U10]: Nice job using the full scale, which actually has three factors

Again…I wanted a narrative describing the findings☺

Behavior Intervention Rating Scale (BIRS; Von Brock & Elliott, 1987)

These items concern your reactions to the intervention that was implemented to help your child at home and/or school. Please evaluate the intervention by circling the number that best describes your agreement or disagreement with each statement.

	Strongly Disagree		Slightly Disagree	Slightly Agree		Strongly Agree
1. This was an acceptable intervention for the child's problem behavior.	1	2	3	4	5	6
2. Most teachers would find this intervention appropriate for behavior problems in addition to the one addressed.	1	2	3	4	5	6
3. The intervention was effective in changing the identified problem.	1	2	3	4	5	6
4. I would suggest the use of this intervention to other teachers.	1	2	3	4	5	6
5. The child's behavior problem was severe enough to warrant use of this intervention.	1	2	3	4	5	6
6. Most teachers would find this intervention suitable for the behavior problem addressed.	1	2	3	4	5	6
7. I would be willing to use this intervention in the classroom setting again.	1	2	3	4	5	6
8. The intervention did not result in negative side-effects for the child.	1	2	3	4	5	6
9. The intervention would be appropriate for a variety of children.	1	2	3	4	5	6

2

	Strongly Disagree		Slightly Disagree	Slightly Agree		Strongly Agree
10. This intervention is consistent with those I have used in classroom settings.	1	2	3	(4)	5	6
11. This intervention was a fair way to handle the child's problem behavior.	1	2	3	4	(5)	6
12. This intervention was reasonable for the behavior problem addressed.	1	2	3	4	(5)	6
13. I liked the procedures used in this intervention.	1	2	3	4	(5)	6
14. This intervention was a good way to handle the identified behavior problem.	1	2	3	4	(5)	6
15. Overall, the intervention was beneficial for the child.	1	2	3	4	(5)	6
16. The intervention quickly improved the child's behavior.	1	2	3	(4)	5	6
17. The intervention produced a lasting improvement in the child's behavior.	1	2	3	4	(5)	6
18. The intervention improved the child's behavior to the point that it did not noticeably deviate from other classmates' behavior.	1	2	3	4	(5)	6
19. Soon after using the intervention, a positive change in the problem behavior was noticed.	1	2	3	4	5	(6)
20. The child's behavior will remain at an improved level even after the intervention is discontinued.	1	2	3	4	(5)	6

	Strongly		Slightly	Slightly		Strongly

7

3

	Disagree		Disagree	Agree		Agree
21. Using this intervention not only improved the child's behavior in the classroom, but also in other settings (e.g., other classrooms, home).	1	2	3	4	5	6
22. When comparing this child with a peer before and after use of the intervention, the child's and the peer's behavior were more alike after using the intervention.	1	2	3	4	5	6
23. This intervention produced enough improvement in the child's behavior so that the behavior no longer is a problem.	1	2	3	4	5	6
24. Other behaviors related to the problem behavior also are likely to be improved by the intervention.	1	2	3	4	5	6

3

RTI: Academic and/or Instructional Case	1	2	3	4
Operational Definition of presenting issue (2.3 & 2.7)	Did not identify or define a presenting issue related to academic functioning or instruction	Identified presenting issue but is not defined in behavioral or measurable terms and is not stated positively (e.g., interrupt)	Identified presenting issue defined either in measurable terms or stated as positive (e.g., improve reading)	Identified/operationally defined the presenting issue in clear, measurable and observable terms. Issue is stated as a positive (e.g., raise hand to speak)
Assessment (2.3 & 27)	Did not conduct any assessment	Conducted an assessment via direct *or* indirect measures that evaluated either individual *or* environmental / curricular / instruction variables.	Conducted an assessment via direct *or* indirect measures that evaluated individual *and* environmental / curricular / instructional variables.	Conducted a thorough assessment via direct *and* indirect measures that evaluated individual *and* environmental / curricular / instructional variables (e.g., universal screening, strategic monitoring with CBM).
Evidence-based Intervention (2.3 & 2.7)	Did not implement an intervention to address the academic/instructional needs of the student(s).	Implemented an intervention that is not directly linked to assessment findings *and* lacks empirical support.	Implemented an intervention that is either directly linked to assessment findings *or* has empirical support.	Implemented an intervention that is both directly linked to assessment findings *and* has empirical support.
Evaluated the effectiveness of the intervention (2.1)	Was unable to adequately evaluate the effectiveness of the intervention due to insufficient data.	Evaluated the effectiveness of the intervention and assessed individual student outcomes via one outcome measure (e.g. effect sizes, GAS, BIRS)	Evaluated the effectiveness of the intervention and assessed individual student outcomes via two outcome measures (e.g. effect sizes, GAS, BIRS)	Evaluated the effectiveness of the intervention and assessed individual student outcomes via all three outcome measures (e.g., effect sizes, GAS, and BIRS).
Summary Report	Summary report included of the 4 key components (e.g., TB, assessment, TX, Graph)	Summary report included 2 of the 4 key components (e.g., TB, assessment, TX, Graph)	Summary report included 3 of the 4 key components (e.g., TB, assessment, TX, Graph)	Summary report included target behavior, results of assessment, description of intervention and analysis of the effectiveness of the intervention (e.g., graph/table)
				Score = ___ / 2 = _____ (out of a possible 10 pts)

Comment [U1]: 4/4

Comment [U2]: 4/4

Comment [U3]: 4/4

Comment [U4]: 3.5/4 - You did a great job including these in the appendix and calculating effect sizes…but I wanted the narrative in a section entitled " Methods for Evaluating Progress" See Model

Comment [U5]: 4/4

Overall, 9.75/10 Nice job!

Name: XXXXX
School: XXXXX Jr. High School
Grade: 8th Grade
DOB: XXXX **Age:** 13 yrs.

Identifying information:
XXXXX is a 13-year-old male student at XXX Jr. High School. He is currently living in XXXXX with his biological parents (XXXX and XXXX), his 15-year-old brother (XXXX Jr.).

Presenting problem:
XXXXX has a history of academic and personal control concerns requiring student support services. His Individualized Education Plan (IEP) authorizes individualized counseling services to stabilize and remediate some of these challenges.

Hx Presenting Problems:
XXXXX has an extended history of untimely homework completion. XXXXX qualifies for IDEA support services under the determination of Other Health Impaired (OHI).A recent neurological evaluation, conducted in March of 2008, denotes the following diagnostic categories: 314. 01 Attention Deficit Hyperactivity Disorder, Combined Type, 313.81 Oppositional Defiant Disorder, 296.9 Mood Disorder, Not Otherwise Specified, and 315.2 Disorder of Written Expression.

XXXXX is a described by biological mother as funny, sensitive, caring, reserved boy who is fond of reading. Teachers and parents report that his temper can be explosive. These behaviors are reported to have emerged roughly at 5 or 6 years of age. Mother describes him as hyperactive and impulsive; so much so that his impulsivity lead to considerable safety concerns (e.g. attempting to run out of house unsupervised).

Infancy/Early Childhood:
A review of XXXXX's record revealed that he was a product of a full term gestation to XXXXX and XXXXX. XXXXX is the second biological child to a male sibling (Robert Jr.). Postnatal history is reported to be unremarkable. XXXXX met most developmental milestones within normal limits (e.g. walking, talking, and toilet training); except, he wet the bed up to 1st grade. Guanfacine was prescribed by the pediatrician to alleviate the enuresis (i.e. bed wetting). XXXXX is reported to have some fine motor difficulties (i.e. poor pencil grip and illegible handwriting) as evidenced by his elementary teachers. In addition, gross motor challenges were identified and he received adaptive physical education.

At the age of two (2), XXXXX required ocular surgery to correct "tight eye muscles." XXXXX requires eyeglasses to correct his vision for both distant and near sightedness. XXXXX's auditory processing is documented to be within typical ranges. His medical

Comment [U1]: Nice job with "tone"

Comment [U2]: Nice job including strengths

history is reported to be unremarkable. There is not documentation or anecdotal reports of traumatic brain injury or loss of consciousness. To date, XXXXX has not required emergency medical treatment needing short or long-term stays.

Records indicate that XXXXX was diagnosed with Attention Deficit/Hyperactivity Disorder, Combined Type at the age of seven (7) by XXXX XXXX, MD (pediatric neurologist). He was prescribed several types of medication, but due to adverse side-effects, they were discontinued. He presently is taking Ritalin LA and Guanfacine with positive results on attention and hyperactivity noted by teachers and parents.

Comment [U3]: XXXXX – this is extremely well written. It is comprehensive while still being succinct.

Although the artifact only needed to be the treatment plan (versus a psychological treatment report including DI and treatment plan)…yours is so good that I am considering changing the artifact for next year (and those lucky students will have you to thank for that!).

Present Level of Functioning

Teachers indicate that XXXXX "seems to be a child with a lot of pent up anger" and with a volatile temper. XXXXX is reported as having difficulty regulating his affect. XXXXX's teacher identified that he becomes "fixated on tasks and struggles making transitions."

XXXXX's recent cognitive tests scores indicate that his overall ability is within the average range. The Wechsler Abbreviated Scale of Intelligence (WASI) Full Scale score is 108, with a Verbal Scale of 109 and Performance Scale of 105.

XXXXX is described by his mother and teachers as a stubborn, oppositional, and defiant. He does not listen or obey rules, in school or at home. Mother indicates that he does not feel remorse for his actions.

Present Family Situation

XXXXX reports that his interpersonal relationships with his mother and father are "okay." In contrast, his relationship with older brother is strained and "always been that way." XXXXX reports having been bullied by his brother on numerous occasions. XXXXX reports that his parents are aware of the incidents and "aren't doing anything to make it stop". XXXXX's parents describe his behavior toward family members as inconsistent, explosive, seething with anger, oppositional, argumentative, and oppositional. He is said to act without impulsively, which leads to a lot of fights with brother. Parents do admit there is a longstanding conflict and teasing by brother that perpetuates both ~~boy's~~boys' behavior.

Comment [U4]: While this may all be true, I don't know if it needs to be stated this specifically…especially the "seething with anger" part.

School history

XXXXX attended XXXXX Elementary School in XXXXX. XXXXX is in his second year (Grade 8) at XXXXX Jr. High School (2009 – 2010). His 6th grade NECAP scores are in the Reading is Proficient and Mathematics is Partially Proficient. Areas of concern and targets for academic intervention are in English, English Enhancement, and other content areas requiring written expression.

XXXXX is a polite, intelligent, and introspective student who enjoys reading fantasy novels and video games. XXXXX has a relaxed and carefree attitude toward life and school. He admits that he struggles with organization, motivation, written assignments,

and socializing with peers. XXXXX works well independently with sufficient prompts and teacher monitoring.

Current relationships

XXXXX reports that he has numerous friends and they are from diverse age ranges. Teachers and parents contest that XXXXX has limited peer interactions and has difficulty making friends in school or in the community. During recent in-class observations XXXXX appeared to have very little social interactions with other students, even where opportunities exist. He tends to exaggerate his social prowess and perceives himself as a leader amongst his friends. This inflated sense of self appears to be contrary to peer and adult reports of XXXXX. XXXXX has increased the amount of acquaintances since 7th grade. It is supposed that XXXXX's inflated interpersonal relationships are a means of compensating which allows him a psychologically safe position in which to function.

Comment [U5]: I might pull back a little here and just indicate that his "self-reported social status appears to be contrary to peer….

Trauma

There is no documentation of sexual, physical, or verbal abuse. Parents and teachers have anecdotally described incidents in which XXXXX and elder biological brother (Robert) engage in verbal and physical confrontations. To date, no sibling confrontations have been severe enough to warrant involvement either by the police or protective services.

Health history

XXXXX's present medical history is unremarkable. There is no indication of any head trauma based on his recent neuropsychological report or documented in his record. He is does not have any documented medical issues that would impact his ability to participate in typical school activities. XXXXX's nutritional intake appears varied He disclosed that he enjoys to consume Mountain Dew Diet and coffee drinks. Sleep patterns are reported to be consistent and within normal limits.

Recreation

XXXXX reports that he does enjoy riding his bike with his peers on a regular basis. No other kinesthetic or physical activity reported. XXXXX enjoys reading ~~fantacy~~fantasy books, playing video games (i.e. Call of Duty), and spending time in his peers.

Strengths

* Average intellect
* Above average verbal and visual memory skills
* Cooperative
* Predominately calm & laidback

Challenges

* Developmentally restricted communication skills
* Social and peer relationship skills
* Written Expression
* ~~Sustaining attention~~
* Peer pressure

Comment [U6]: Make sure to operationalize any presenting issues that you plan to address via counseling.

Comment [U7]: I took this out since it is not directly addressed in your objectives or interventions.

Initial Treatment Plan

Objectives:

1. Bi-weekly tasks to strengthen effective writing skills.
2. Bi-weekly tasks to strengthen peer relationships.
3. Bi-weekly discussions on victimization.
4. Bi-weekly discussions on effective affect management.

Interventions:

1. Instruct XXXXX on use of assertive skills to "stand-up" and counteract abusive relationship using Victims: Preventing Students from Becoming „Bully-Targets' (Wright, 2003) www.interventioncentral.org And/or bibleotherapy materials for instance, "What's Wrong with Timmy? (Shriver, 2001) http://www.amazon.com/Whats-Wrong-Timmy-Maria-Shriver/dp/0316233374
2. Social ~~Skills~~Skills training like First Step Program (Walker et al, 1999) or Earlscourt Social ~~Skills~~Skills Group (Pepler et al, 1995).
3. Increase writing skills using Instruction: Essentials of Good Teaching Benefit Struggling Writers (Gersten, Baker, & Edwards, 1999) www.interventioncentral.org .

Anticipated barrier:

XXXXX is reported to have been uncooperative when he is not interested in the topic and equally motivated. He has desire to be liked and say the right thing to peers or authority figures. XXXXX tends to exaggerate therefore making it difficult to assess the accuracy of his statements. XXXXX tends to act impulsively and unaware of how his actions affect others.

_____ _____

XXXXX, MA
(School Psychology Intern)

XXXXX, CAGS
Certified School Psychologist

.

Comment [U8]: So are these your long term or short term objectives?

Comment [U9]: I would like to see this a little "tighter" For example:

Long term goals: (1) improve social relationships (then define it), (2) Enhance written communication skills, and (3)increase conflict / anger management skills

Then your short term objectives should be clearly connected to LT goals

ST Objectives may be (1) teach the skill of standing up to…

Comment [U10]: Great job on your treatment notes – the format is perfect and you have just the right amount of information.

Comment [U11]: Where is the section related to "Methods for Evaluating Progress?" I see that you administered a scale but I don't see any mention of it. Also, I was a little confused by the GAS (colored triangle, circle ect).

Counseling Case	1	2	3	4
Operational Definition of presenting issue (2.4)	Treatment plan did not identify, define, or frame a presenting issue in behavioral terms.	Treatment plan did one of the following (1) Identified presenting issue (2) operationally defined it (3) framed in behavioral and measurable terms.	Treatment plan did two of the following (1) Identified presenting issue (2) operationally defined it (3) framed in behavioral and measurable terms.	Treatment plan identified presenting issue, operationally defined it, and framed it in behavioral and measurable terms.
Identified goals/objectives (2.4)	Treatment plan did not identify any goals, objectives or desirable outcomes.	Treatment plan identified at least 1 long term goal *or* 1 short term objectives indicating a desirable outcome.	Treatment plan identified at least one long term goal *and* 2 short term objectives indicating a desirable outcome.	Treatment plan identified at least one long-term goal and 3 short-term objectives indicating a desirable outcome.
Evidence-based Intervention (2.4)	Did not implement an intervention	Implemented an evidence based intervention for at least 1 of the short term objectives on the treatment plan	Implemented an evidence-based intervention for at least 2 of the short term objectives on the treatment plan	Implemented an evidence-based intervention for 3 short term objective indicated on the treatment plan.
Evaluated the effectiveness of the intervention (2.1)	Was unable to adequately evaluate the effectiveness of the intervention due to insufficient data.	Evaluated the effectiveness of the intervention and assessed individual student outcomes via one outcome measure (e.g. effect sizes, GAS, BIRS)	Evaluated the effectiveness of the intervention and assessed individual student outcomes via two outcome measures (e.g. effect sizes, GAS, BIRS)	Evaluated the effectiveness of the intervention and assessed individual student outcomes via all three outcome measures (e.g., effect sizes, GAS, and BIRS.
Treatment Plan and Progress Summary	Summary report included 1 of the 5 key components (e.g., presenting issue, goals/objectives, intervention description, progress, effectiveness of TX.)	Summary report included 2 of the 5 key components (e.g., presenting issue, goals/objectives, intervention description, progress effectiveness of TX.)	Treatment plan included 3 of the 5 key components (e.g., presenting issue, goals/objectives, intervention description, and effectiveness of TX.)	Treatment plan / Summary included presenting issues, goals/objectives, brief description of intervention or curriculum used to meet objectives, progress, and analysis of the effectiveness of the intervention (e.g., graph/table)
				Score = ___ / 2 = _____ (out of a possible 10 pts)

Comment [U1]: ¾ You identified several presenting issues but did not define it in behavioral terms

Comment [U2]: 3.5/4 You have 4 objectives but I was unsure if they were short term or long term goals. Also, instead of "discussions" you probably want to indicate "an increase in knowledge and use of anger management skills ect).

Comment [U3]: 3.5/4 While SS training definitely has empirical support, I was looking for a little more expansion in which you provided citations of research articles that support the use of the identified curriculum with your population.

Comment [U4]: 4/4 It is clear you used multiple methods for evaluating outcomes but there was not a section in the treatment plan related to it. I was unsure what tool you used for pre/post skills knowledge and was a little confused by the GAS ratings. If you can clarify that for me it would help a lot as we need the data for NASP (see the sample TX plan on google group as a guide)

Comment [U5]: 4/4

Overall, 9/10. Your diagnostic interview was FABULOUS however I thought you could expand upon the treatment plan portion and tighten it up. Please see comments related to outcome measures and methods for evaluating outcomes. Also, review the "sample treatment plan" on googlegroup.

Functional Behavioral Assessment

Behavior Intervention Team

NAME: XXXX XXXX
DATE OF BIRTH: XXXX
GENDER: Male
REPORT DATE: 11/7/09

ASSESSMENT DATE: 10/26/09, 11/16/09
SCHOOL: XXXXX Elementary
GRADE: 1st
EXAMINER: XXX, MA

Reason for Referral

XXXX was referred for a Functional Behavioral Assessment (FBA) by the Evaluation Team (ET) on 10/26/2009. He currently meets eligibility for special education services under Other Health Impaired (OHI). XXXX's placement, services, and ancillary aids are based on his present Individual Education Plan (IEP) dated 9/23/08. The Behavior Response Team convened on 10/14/09 to discuss the referral submitted by the XXX XXXX Evaluation Team. A Behavior Intervention Plan (BIP) will be constructed at the completion of the evaluation segment.

Comment [U1]: For ADHD? Something else?

XXXX has a history of being defiant and displays disrespectful behavior toward authority figures. These episodes have resulted in response cost and exclusionary tactics to alleviate the behaviors. ~~Theses~~These tactics remain mildly effective and do not appear stabilizing the inappropriate behavior.

XXXX's first (1) grade teacher reports that XXXX has difficulty following directions, staying on topic, and abiding by the class rules. XXXX is impulsive and at times fails to stop and think about the consequence of his actions. XXXX teacher (Mrs. Berman) reports that he is lethargic at least once a week and has fallen asleep during morning centers (8:00 – 9:15am). Mrs. Berman reports that XXXX requests restroom breaks a disproportionate number of times relative to his peers. During these lavatory respites, he stays for approximately 5 minutes each time. Mrs. Berman is concerned that these episodes, if not addressed, will increase in frequency, duration and eventually have an effect on XXXX's learning.

Definitions

Comment [U2]: Nice job operationalizing the behaviors

On-Task: consistent interest, attention, and motivation in academics to bring performance up to the expected level defined in IEP or quantified ability level.

Off-Task: persistent reluctance and refusal to complete school or homework; pattern of defiant behavior toward authority figures; frequent restroom episodes; impulsivity and failure to stop and think about consequences of actions.

Educationally Relevant Background Information

XXXX resides with his biological mother and her significant other in the XXX area. XXXX's biological father is not actively involved in raising his son. XXXX has a relationship with his mother's ex-husband and refers to him as dad, although he is not XXXX's biological father. XXXX has an older sister who lives with the XXXX, mother and her significant other, adoptive father, aunt and uncle. XXXX's living situation has

been tenuous and presently he is homeless. He is presently living in a temporary placement.

Comment [U3]: This might explain why he appears tired.

XXXX's biological mother (Mrs. XXXX) reports that he has always been hyperactive compared to peers his age. Mrs. XXXX attest to XXXX as having difficulty get along with his peers in kindergarten, but, not to the extent his sister did.

XXXX's physical health history is reported to be unremarkable. XXXX's Body Mass Index (BMI) falls in the 80th percentile, based on medical records. XXXX's physical movements are laborious and he can be heard wheezing with moderate~~ly~~ exertion. XXXX has been prescribed numerous psychopharmacological medications; to date, none have had a remarkable impact on his maladaptive behavior.

Summary of Assessment

Review of Previous Assessments

The information available for review included a record view that included a comprehensive evaluation completed on 10/27/09, brief parent input, teacher input, multidisciplinary team contributions, teacher rating scales, and direct observations.

Direct/Indirect Assessments

XXXX's behavior was assessed using indirect parent input, direct observation, and teacher rating reports. XXXX was indirectly assessed using the Functional Behavior Assessment forms completed by Mrs. XXX and Teacher Assistants. XXXX's on-task behavior is significantly lower than his same-age peers. He expected on-task behavior approximately 15 – 20 % of a 45 minute interval.

Observation in 1st grade regular education classroom

XXXX was observed over 3 weeks and with FBA observational scatter plots and forms by completed by XXX XXXX, School Psychology Intern and XXXXX, Certified School Psychologist. XXXX was observed in both problematic and trouble-free settings, within school (e.g. 1st grade classroom, specials classes, cafeteria, and recess)

Comment [U4]: Good!

Based on the time samples conducted during the observation, ~~in~~ XXXX~~'s~~ was observed off-task (looking around the room or focusing on non-academic matters for intervals beyond developmentally appropriate ranges) for 2 of the 3 intervals recorded over 45 minutes. ~~-~~When XXXX was noticed off-task during these intervals he was redirected by Mrs. Berman with a simple verbal statement (e.g. "XXXX please pay attention, look up her, return to your set, etcetera).

The instructional setting in which these inappropriate behaviors were frequently occurring, based on observational data, are large group work were monitoring naturally decreased and unstructured surpassed structured time. Promisingly, XXXX was able to remain~~ed~~ on-task when group activities tended to be interactive and structured. For example, he was attentive and calm during the entire 15 minute activity (e.g. task was to i~~n~~dentify hour, day, month, season and manipulate calendar piece around felt board). This activity occurred during the early morning time slot, with all of the students (n=14)

located on a rug near the instructional materials. XXXX was seated in the first row of students.

Based on the time sample (see Appendices) conducted during the observation in Mrs. Berman's 1st grade class, he was observed on-task for all 12 of the two minute intervals, in a 45 minute span. This was consistent interval of time on-task for XXXX in the morning, during this type of activity, and when highly structured. XXXX appeared attentive and answered questions during the group activity on all to the 3 days he was observed. The classroom had 14 students total, with 1 Lead Teacher and 1 Teacher's Assistant.

Prior to the instruction, this examiner spoke with Mrs. Berman about XXXX' behavior and she reported that today was an exception and that his attention and behavior is rather consistent and frequently maladaptive compared to same age peers. Mrs Berman is also concerned with XXXX's overtly defiant and impulsive behavior when he is required to complete writing tasks. XXXX becomes despondent and perseverates on tasks that tangential to the assignment. This results in XXXX becoming unresponsive and noncompliant to redirection. These episodes have affected the other students in the classroom and result in him falling behind academically.

Functional Assessment

Target Behavior: Increase on-task behavior; decrease off-task behavior.

Operational Definition: Physically facing teacher or assignment during tasks, using appropriate language to express frustration (i.e. "I need some help" or some approved derivation), and completing tasks.

Functional Analysis: The on-task behavior lacks frequency and duration while competing challenging academic tasks (i.e. writing). A secondary effect is that XXXX becomes fixated on a subtask or irrelevant topics then struggles to shift his focus back to the assignment.

Immediately after the request from the teacher to complete the tasked assigned, XXXX passively defies her by continuing with his preferred activity or engages her in power struggle by briefly communicating his ~~distain~~disdain for the task in a direct manner (i.e. says no or squabbles with her).

Based on the behavioral analysis, this writer hypothesizes that XXXX's behavior functions as means of avoiding or escaping any perceived difficult task or challenging situation. The frequency, intensity and duration of the behavior emerges during unstructured activities or times (i.e. recess and transfer of setting).

Comment [U5]: Are tasks presented at his instructional level?

XXXX does not demonstrate appropriate alternative behaviors because the inappropriate behavior(s) have become highly influential and negatively reinforcing. The inappropriate behavior (i.e. off-task) allows XXXX to gain~~ing~~ control over the environment and to avoid challenging tasks, resulting in low levels of work completion. Conversely, focusing on appropriate (i.e. on-task) behavior serves to teach acceptable behaviors, while using tangible and natural consequences to develop expected behavior. All the while, ignoring the inappropriate off-task behavior, as long as it ~~dose~~does not become a major disruption (i.e. safety concern).

Strengths & Resources:
XXXX is a capable student when motivated. When the instruction complements his strengths, his work is average – above average. XXXX is light-hearted, is a pleasure to talk with, and a polite child. He has a good sense of humor and is helpful to others in need. XXXX prefers to spend time with his family, play video games, and play baseball at recess. XXXX is reading at a 2nd grade level, as reported by his 1st grade teacher. XXXX is presently working with the school social worker on social skills and more structured activities during recess time.

Behavior Reduction Intervention Strategies:

1. Reward chart & Token Economy: verbal/visual praise system combined with preferred tangible rewards for on-task behavior when XXXX performs appropriate replacement behaviors. Commence with continuous schedule to develop skill and transitioning a variable-ratio when progress monitoring data supports transition. Teachers, student, and school psychology intern student will support progress toward goal.

2. Classroom management strategies that provide student with brief breaks based on duration and satiation of on-task behavior. Teacher and school psychology intern student will support progress toward goal.

3. Use a positive peer role model to provide one-on-one attention for XXXX and model appropriate strategies that will increase his tolerance to challenging activities. Peer and school psychology intern student will support progress toward goal.

4. Individual counseling using cognitive behavioral techniques to increase positive self-talk, increase frustration tolerance, learn replacement behaviors, and increase positive communication skills which directly translate to academic domains. School psychology intern will support and monitor progress toward goals.

Comment [U6]: Any recommendation related to your antecedent / setting event of difficult math tasks? Maybe interspersing easy/difficult tasks, shorten the length of the task ect.

Comment [U7]: Good!

Comment [U8]: Good – this is connected to your function of escape

5. Additional consults with Behavior Intervention Team to accurately assess function of behavior and provide additional recommendations to stabilize XXXX's behavior, if necessary.

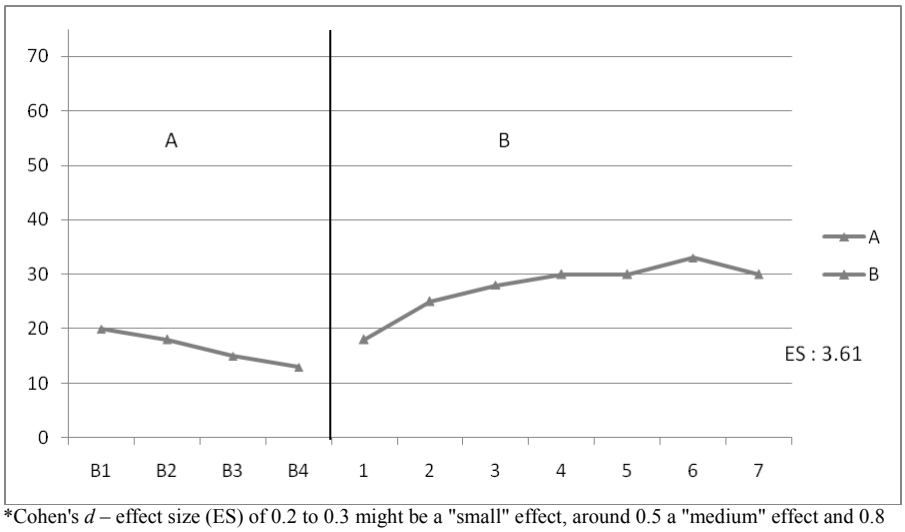
Persons responsible for step and monitoring of intervention:

1. XXX XXXX, MA School Psychology Intern supervised by XXXX Certified School Psychologist.

2. Academic instructors: Mrs. XXXX and others special support staff necessary to assure generalization (pending permission).

3. Parents: Mr. and Mrs. XXXX XXXX review progress and recommend alterations to Behavior Plan as reasonably necessary.

Appendix A:



*Cohen's *d* – effect size (ES) of 0.2 to 0.3 might be a "small" effect, around 0.5 a "medium" effect and 0.8 to infinity, a "large" effect.

Appendix B:

Behavioral Plan: On-Task behavior	
Baseline %	Post/Intervention %
20	
18	
15	
13	
	18
	25
	28
	30
	30
	30
	33
	30

Comment [U9]: I think I am missing some data in your table. Based on the graph, there are 7 weeks of treatment data but the table only has 4! Please send me the update table if my numbers are incorrect. Using these values, we have the same effect size☺.

Appendix C:

Pre – Post Intervention: Goal Attainment Scaling					
	-2	-1	0	1	2
Decrease number of aggressive (i.e. verbal or physical) acts during classroom and recess	Greater than 5 incidents per week	Greater than 4 incidents per week	Unchanged	Less than 2 incidents per week	Less than 1 incident per week
Frequency: # of times student attempted to use appropriate assertive behavior toward peers and teachers	Less than 40%	Less than 50%	Unchanged	Greater than 70%	Greater than 80%
Increase on-task instructional duration	Less than 20%	Less than 40%	Unchanged	Greater than 50%	Greater than 60%

* GAS: Baseline displayed as circle; Post-intervention displayed as square.

Comment [U10]: Thanks for telling me☺

Appendix D:

(Teacher)

Behavior Intervention Rating Scale (BIRS; Von Brock & Elliott, 1987)

These items concern your reactions to the intervention that was implemented to help your child at home and/or school. Please evaluate the intervention by circling the number that best describes your agreement or disagreement with each statement.

	Strongly Disagree		Slightly Disagree	Slightly Agree		Strongly Agree
1. This was an acceptable intervention for the child's problem behavior.	1	2	3	4	5	(6)
2. Most teachers would find this intervention appropriate for behavior problems in addition to the one addressed.	1	2	3	4	5	(6)
3. The intervention was effective in changing the identified problem.	1	2	3	4	(5)	6
4. I would suggest the use of this intervention to other teachers.	1	2	3	4	5	(6)
5. The child's behavior problem was severe enough to warrant use of this intervention.	1	2	3	4	5	(6)
6. Most teachers would find this intervention suitable for the behavior problem addressed.	1	2	3	4	5	(6)
7. I would be willing to use this intervention in the classroom setting again.	1	2	3	4	5	(6)
8. The intervention did not result in negative side-effects for the child.	1	2	3	4	5	(6)
9. The intervention would be appropriate for a variety of children.	1	2	3	4	(5)	6

	Strongly Disagree		Slightly Disagree	Slightly Agree		Strongly Agree
10. This intervention is consistent with those I have used in classroom settings.	1	2	(3)	4	5	6
11. This intervention was a fair way to handle the child's problem behavior.	1	2	3	4	5	(6)
12. This intervention was reasonable for the behavior problem addressed.	1	2	3	4	5	(6)
13. I liked the procedures used in this intervention.	1	2	3	4	5	(6)
14. This intervention was a good way to handle the identified behavior problem.	1	2	3	4	5	(6)
15. Overall, the intervention was beneficial for the child.	1	2	3	4	5	(6)
16. The intervention quickly improved the child's behavior.	1	2	3	(4)	5	6
17. The intervention produced a lasting improvement in the child's behavior.	1	2	3	(4)	5	6
18. The intervention improved the child's behavior to the point that it did not noticeably deviate from other classmates' behavior.	1	2	3	(4)	5	6
19. Soon after using the intervention, a positive change in the problem behavior was noticed.	1	2	3	(4)	5	6
20. The child's behavior will remain at an improved level even after the intervention is discontinued.	1	2	3	(4)	5	6

3

	Strongly Disagree		Slightly Disagree	Slightly Agree		Strongly Agree
21. Using this intervention not only improved the child's behavior in the classroom, but also in other settings (e.g., other classrooms, home).	1	2	3	(4)	5	6
22. When comparing this child with a peer before and after use of the intervention, the child's and the peer's behavior were more alike after using the intervention.	1	2	3	(4)	5	6
23. This intervention produced enough improvement in the child's behavior so that the behavior no longer is a problem.	1	(2)	3	4	5	6
24. Other behaviors related to the problem behavior also are likely to be improved by the intervention.	1	2	3	(4)	5	6

3

Artifact 2: Consultation	1	2	3	4
Operational Definition of presenting issue (2.2)	Did not identify or define a presenting issue	Identified presenting issue but is not defined in behavioral or measurable terms and is not stated positively (e.g., interrupt)	Identified presenting issue defined either in measurable terms or stated as positive (e.g., improve reading)	Identified/operationally defined the presenting issue in clear, measurable and observable terms. Issue is stated as a positive (e.g., raise hand to speak)
Conducted FBA (2.2)	Did not conduct a FBA	Conducted a FBA via direct *or* indirect measures that evaluated either individual *or* environmental variables. Developed a hypothesis regarding function of behavior that flowed from FBA	Conducted a FBA via direct *or* indirect measures that evaluated individual *and* environmental variables. Developed a hypothesis regarding function of behavior that flowed from FBA	Conducted a thorough FBA via direct *and* indirect measures that evaluated individual *and* environmental variables. Developed a hypothesis regarding function of behavior that flowed from FBA
Evidence-based Intervention (2.2)	Did not implement an intervention	Implemented an intervention that is not directly linked to FBA and does not have empirical support.	Implemented an intervention that is either directly linked to FBA *or* has empirical support.	Implemented an intervention that is both directly linked to FBA *and* has empirical support.
Evaluated the effectiveness of the intervention (2.1)	Was unable to adequately evaluate the effectiveness of the intervention due to insufficient data.	Evaluated the effectiveness of the intervention and assessed individual student outcomes via one outcome measure (e.g. effect sizes, GAS, BIRS)	Evaluated the effectiveness of the intervention and assessed individual student outcomes via two outcome measures (e.g. effect sizes, GAS, BIRS)	Evaluated the effectiveness of the intervention and assessed individual student outcomes via all three outcome measures (e.g., effect sizes, GAS, and BIRS.
Summary Report	Summary report included of the 4 key components (e.g., TB, FBA, TX, Graph)	Summary report included 2 of the 4 key components (e.g., TB, FBA, TX, Graph)	Summary report included 3 of the 4 key components (e.g., TB, FBA, TX, Graph)	Summary report included target behavior, results of FBA, description of intervention and analysis of the effectiveness of the intervention (e.g., graph/table)
				Score = ___ / 2 = ____(out of 10 possible pts)

Comment [U1]: 4/4

Comment [U2]: 4/4

Comment [U3]: 3.75/4 Overall this was very well done and linked beautifully. My only real question is related to your antecedent / setting event. If difficult tasks are the consistent trigger, it might be a good idea to address that in your plan (e.g., match task to skill level, intersperse easy/difficult, shorten length of assignment ect).

Comment [U4]: 4/4 Please double check my addition to your raw data graph to ensure those in fact were the values. I think they are correct b/c our effect sizes match up…but I want to make sure☺

Comment [U5]: 4/4

9.875/10 – nice job!

Overview & Philosophy of the Therapeutic Program – District Wide Initiative

Philosophy & Purpose

The elementary therapeutic classroom program has been established to meet the needs of students in grades one through six who have not responded to Response to Intervention (RTI) pre-referral strategies or significant behavioral interventions in their present school placement.

The purpose of this program is to provide an organization framework through which a range of evidence –based intervention strategies that can be implemented to assist these students in developing social, communicative, and learning behaviors, which will allow them to be successful in their regular school community. This program also includes a component which supports greater continuity between family, community, and programming.

The primary purpose of this program is to provide short term support and to identify appropriate strategies that can be implemented by the staff at the referring school. The intense nature of this classroom allows the student the opportunity to receive individual attention and counseling while still providing opportunities to practice appropriate social skills in a controlled environment.

District Support Staff

The Behavior Response Team is composed of District Administrators, Special Services Staff, Home School General Education Staff, Home School Special Education Staff, and miscellaneous personnel. The District Administrators include the Director of Special Services and Assistant Director of Special Service. The Director of Special Services provides a modest quantity of FTE (>.15 FTE) and is dedicated solely to the Behavior Response Team global operations. This includes securing and delegating finances through revenue streams (e.g. State and Federal Grants, District Educational Funds, private investment capital, etcetera); is the liaison to the community and school committee (i.e. Superintendent); and provides serves as an independent third party when mediation is crucial.

The majority of District Administration FTE's (.25 FTEs) are provided by the Assistant Director of Special Services. The Assistant Director ~~provides~~ chairs the Behavior Response Team meetings; acquires and reviews the district referrals to assure proper protocol has been followed; serves as the liaison between the Director of Special Services, other Assistant Directors of Special Services, ~~,~~ Home School, Legal Guardians of students served and the Behavior Response Team; secures logistical matters (e.g. location and adequate space within the district); and mediates disputes between Legal Guardians and district personnel.

The Special Services Staff is composed of three (2) Certified School Psychologists, one (1) School Psychology Intern [*see description on role of intern*], one (1) School Social Worker, and

Comment [U1]: Good – this can be connected to an expert power base (see attached article)

Comment [U2]: I am assuming he "chairs the team" versus provides chairs for folks to sit on…but hey..these are tough economic times!

one (1) Behavior Specialist. The Certified School Psychologists dedicate and provide .5 FTE's to the Behavior Response Team. Duties include sitting on the Behavior Response Team multidisciplinary meetings weekly; review district referrals; evaluating students at their Home School; developing Behavior Invention Plans; attending Home School multidisciplinary meetings; assisting the Home School in adhering to policy and procedure; evaluating and developing transitional plans; and any other duties where a Qualified Mental Health Professional is required.

The Home School General Educational and Special Education Staff provide roughly .15 FTE's, with actual staff rotating and participating based on the referral. The Home School personnel formulate the case, collect the proper documentation, initiate the referral, and convene the Multidisciplinary meetings for the referred student.

Miscellaneous Personnel require limited >.1 FTEs and participate on a limited as needed bases. Principles, Teaching Assistants, and substitutes provide merely updates and continued services designated in the student's Behavior Plan.

Comment [U3]: Good – very nice thorough description.

Active role of Intern

School Psychology Intern sat on the District Multidisciplinary Team to assist in developing protocols, augmenting policies, coordinating logistics, accumulating data, evaluating effectiveness, reviewing referrals, and strategizing short and long term goals.

Active member of the Behavior Response Team (direct service provider). The Team reviewed the appropriateness of the referral from the home school and served as a mobile unite to which services where provided in a multitude of facets. Explicitly, the Team will evaluate if the referral is appropriate and if reasonable steps where taken before the home school referred the child to the team (e.g. support team involved parents/guardians/community, assessed IEP, evaluated the educational setting, preformed comprehensive evaluation, etc.).

Comment [U4]: Good – I imagine there was a range of "reasonable steps" taken prior to the referral to the team.

School Psychology Intern collaborated with the Team and home school on approximately 40% of the referrals submitted; preformed evaluations (direct and indirect assessments) on students referred to the team; assisted in the development of Behavior Intervention Plans (BIP); and provided direct services to home school or referred student (i.e. educating and instructing staff on evidence-based intervention/s).

Intern reported back to the Behavior Response Team and District Multidisciplinary Team on qualitative and quantitative progress of case. Perform as the liaison between student, parent, school, and Teams. Present complicated cases, at the request of the parent, to contracted district physician for consult and recommendations. Collect, aggregate, and interpret progress monitoring data for team presentations.

Comment [U5]: Great!

Legal, Ethical, and Professional issues

Legal issues are abound and a constant when developing and implementing such a vast and novel program for the District. Therefore, the District Attorney was consulted numerous times throughout the process. For example, parental consent and when it was necessary to retain consent so as to not violate the confidentiality of students. Specifically, was it a violation of the of confidentiality laws if a parental/guardian's consent was not retained prior to the referral from the home school to the Behavior Response Team? Would it be a violation of the parent/guardian's right to privacy, due process and procedural safe guards by not being informed there child and specific information would be provided to district employees potentially outside of the "need to know" breath. With the transfer of sensitive information via email or interoffice mail had the potential to be viewed by non essential staff and violate FERPA. This address simply the documentation of confidential information; the dissemination of confidential information anecdotally is pervasive and equally concerning.

Comment [U6]: Great discussion of potential legal issues

Individuals with Disability Education Act, Part B states that before conducting a preplacement evaluation and previous to the initial placement of a child in special education, parental written consent must be obtained (Jacob &~~and~~ Hartshorne, 2007). Equally relevant is prior written notice and procedural safeguards to parents written in IDEA. It states that prior written notice and procedural safeguards are required. Prior written notice is required a reasonable time before the proposed school action whenever the SEA or LEA proposes to initiate or change the identification, evaluation, education placement, or program of the child or refusal of the former (Jacob &~~and~~ Hartshorne, 2007).

Ethics is another concern when developing and implementing a program of this breath and depth. The numerous staff required to run such a program is monumental and brings a fair share of ethical issues. For example, each profession has its own code of ethics and principles in which it adheres to. This can be problematic as teachers, social workers, principles, district administrators, and ancillary staff may have similar ethical principles but it is not unusual for conflicts to arise and interpretations of codes result in violations in other professional standards. School psychologists are obligated to abide by its own ethical principles and primarily perform duties with the child best interest in mind. The budgets and financial constraints, it is not unusual for administrators to emphasize the bottom line and the greater good of all students rather than a single student.

Comment [U7]: Very good observation

Professional issues where apparent as staff was being hired to participate on the Behavior Response Team. Once again, financial constraints dictated the quality of staff members and the amount of FTEs. The competency of staff was scrutinized; but, it could never ultimately be guarantied. Providing evidence-based interventions with fidelity via early career personnel with either limited academic or professional training always presents a dilemma; especially, with challenging students (e.g. Behaviorally Disturbed, Emotionally Disturbed, Autistic, etc.) likely referred to Team. The support staff did not always have experience or training in identifying or dealing with students who might be suffering with an acute or chronic psychological issue.

Comment [U8]: Yes!

Competence is outline by NASP state that services with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience. Practitioners must consider their competence to provide services in light of the client's characteristics, such as age, disability, ethnic, racial, and language background, and sexual orientation (Jacob &~~and~~ Hartshorne, 2007).

The literature reflects some consensus about the acceptability of various behavior-change procedures. Level I strategies are based on differential reinforcement; Level II strategies are based on extinction (withdrawal of reinforcement); Level III strategies include removal of desirable stimuli (time-out); and Level IV strategies that involve presentation of aversive stimuli (Jacob &~~and~~ Hartshorne, 2007).

Comment [U9]: Excellent and very thorough discussion of legal/ethical and professional issues related to the program/policy

Program Plan to address Legal, Ethical, and Professional issues

Alleviating legal, ethical, and professional issues is an ongoing process and attempting to address them prior to the role-out date of the program is daunting. The district legal counsel was consulted on numerous occasions to assist with constitutional, federal, statutory, and civil/case law precedence.

Comment [U10]: Expert power base

For the purpose of the Behavior Response Team/Therapeutic Program, qualified staff was retained and consulted on matters pertaining to possible violations of confidentiality, FERPA, prior written notice and procedural safeguards for referred students and parents.

Ethics and codes of conduct were alleviated assembling a Multidisciplinary Team to identify, debate, and develop processes to remediate the discord amongst professional standards and ethical codes. When discrepancies were identified then the most restrictive standard would take precedence over least restrictive (e.g. restraining students is never to be done without prior parent notice and written consent except when danger to self or other is imminent).

The district and Team decided to have professional development trainings to outline the Therapeutic program's policies, referral processes, legal, ethical, professional issues, staff competencies and limitations of occupations.

Program Short-term Outcomes

1. Provide an instructional and therapeutic setting that enables each student to establish and maintain appropriate and positive learning experiences.
2. Provide a diagnostic oversight of each student to help determine successful strategies that can be readily accessed and utilized in the home school setting.
3. Provide an opportunity for student and staff to set reasonable behavioral and academic goals in the least restrictive environment.
4. Provide community experiences for students to develop appropriate social skills in a variety of real life settings.

5. Establish a firm partnership between the school district and the community, with common objectives to help student become successful in all settings.

Program Long-term Outcomes

1. Institute systemic and ideological change within the whole school district (i.e. secondary and secondary level). Transform the present referral network away from private vendors (i.e. Bradley, Butler, Briggs, West Bay Collaborative, etcetera) toward establishing an internal district placements, and that doesn't insinuate "you're not good enough to stay here.".
2. Educate and establish a universal understanding, with the schools, that espouses educating all students regardless of their academic, social/emotional, and/or behavioral plight.
3. Reduce the overall costs and redirect funds back into the school system's special education programs.
4. Via close proximity, model effective evidence-based interventions that can be used universally, for all students.
5. Enhance and promote positive academic, social/emotional, and behavior competencies for students.

Eligibility Criteria

1. A student will be considered for entrance to this program when he/she has demonstrated an inability to learn and prosper with maximum special education supports, such as supportive and intense education, one on one teacher assistance, team interventions, and behavioral plans and programming within the home school setting. These services and supports should have been in place for a measurable period of time in order to determine if they have been successful or not.
2. A student should have average intellectual functioning in order to benefit form the cognitive strategies utilized in the program.
3. An updated Individualized Education Plan, if applicable, with measurable behavior goals that stipulates that the student requires modification and services that are necessary to address behavioral needs.
4. An updated Functional Behavioral Assessment should be completed by the home team and evidence of strategies implemented and the success rate. The FBA should include an intervention plan with measureable behavioral goals.
5. A student may be transitioning back from an out of district placement through the therapeutic program as needed.
6. The referring school team will complete a packet documenting the above using the attached form.
7. The determination for entrance will be based on observation of student, collaboration of home school staff, and review of records. The therapeutic staff will meet with the

Assistant Director in order to make the final decision for placement. All placements will be for a 45 day period until assessment and review periods determine if a lengthier placement is required.

Comment [U11]: Good!

Goals of program

- To assist children in becoming self-advocates in order to have their needs met at home and in school
- To help children become part of a community based on support and respect.
- To examine both academic and clinical issues in a Therapeutic Classroom, in the child's home school setting.
- To make recommendations to parents, referring school, and increase their involvement in becoming part of the solution.
- Provide children and school personnel with cognitive strategies to help with self control and anger management issues and behavioral regulation, which may be impacting upon their ability to succeed within their home school setting.

Referral Process

1. Referral application is completed by referring school (please annotate updated FBA, behavior plans, updated evaluations if needed, updated IEP, strategies employed and success rate).
2. Referring school Principle meets with referring team
    a. Note strategies, interventions that have been tried without success
    b. Prior to competing the packet, the Principle from the referring school can contact their area Assistant Director to discuss the feasibility of placement options in the program
    c. To be referred to the behavioral intervention team the sending school will complete a team meeting with the parents and complete a referral packet.
3. The completed packet is given to the Assistant Director for your area, who in turn will review it with the Assistant Director responsible for the behavioral intervention team. If more information is required or it is incomplete, the packet will be sent back to referring school requesting the necessary information be included.
4. Signed packet is given to the building principal at the Therapeutic Center, housed in the district administration building.
5. The packet is presented to the Behavior Intervention Team for review. Therapeutic team members will read information prior to the team meeting.
6. The team will determine if more information or observation of the student is needed prior to making a decision.
7. Therapeutic team social worker contacts referring school to obtain additional information, observe, or arrange a meeting with school staff, if needed.
8. Determination is made by Therapeutic team regarding appropriateness of referral.

9. Referring school is notified of decision by the Assistant Director.
10. Therapeutic Social Worker calls parents in to visit the program.
11. Therapeutic Social Worker calls parents in to visit the program.
12. Other service providers (Nurse, Speech and Language Professional, Occupational Therapist, Physical Therapist, Adaptive Physical Education) are notified and encouraged to contact their counterpart from referring school to obtain IEP or evaluations.
13. Student begins placement: student materials, including confidential file and books are sent to the therapeutic room.

<u>Timeline for student placement (45 days)</u>

1. Intake meeting is held (before placement or during 1st week)
    a. Usually done when parents come to visit the program
    b. Parents meet with social worker and teacher to review (and sign releases, parent/student contract) discuss concerns and expectations, provide overview of program and provide parent with program information (i.e. discuss points, levels, privileges, field trips, use of the play ground, appropriate dress, 45 day limit, transition with support, describe typical day, etc.)
    c. Parent and student tour building, meet principle, discuss procedure for entering and exiting the building, and any other pertinent details important to student success.
    d. Date is set to complete social history with social worker.
    e. Date is set to hold two week meeting at Therapeutic Center with parent and school.
    f. Profile sheet is completed.
2. Two week meeting is held
    a. Update IEP to show current placement
    b. Sending schools concerns will be identified and give a rank
    c. Parents concerns will also be discussed and rank with school concerns
    d. Treatment focus will be determined based on these ranks. At this time, it is important to discuss referring school's expectations during placement. It is important for the school to make a formal statement to insure expectations are realistic.
    e. Two week progress report and observations are reported.
    f. Five week meeting is scheduled with referring team.
3. Five week meeting (held around the 25th day of placement)
    a. Presentation of progress reporting referring to list of concerns
    b. Consider level of Functioning Rubric
    c. Discuss level of support required for student to be successful and where that might happen (LRE). Therapeutic Team will offer observations of successful

interventions and needs but Referring School Team will begin to consider options for programming and placement at completion of stay.

4. Nine week transition meeting (roughly 45th day)
    a. Completed educational assessment, social history and clinical psychological reports will be presented.
    b. Recommendations will be discussed including possibility of a one year stay
    c. Details of transition will be planned with home school
    d. Action steps will be developed if student is to return to home school or another placement. Examples: additional testing, follow up on recommendations, appointments, etcetera.
5. Transition (following 45 days)
    a. Flexible and individual program will be determined based on needs.
    b. Periodic check-in will be established for student with therapeutic staff.
    c. Therapeutic staff will be available for transition and consultation as needed.
6. Determination of continued placement for one year
    a. In the event that a student is recommended for continued placement reviews will continue to be held with the home school team at least every six weeks.
    b. Home or referring school will be responsible for all re-evaluation needs which may occur during that time and will provide student books, Personal Literacy Plans (PLPs), and participate in Individual Education Plans (IEPs). Student file will be sent to therapeutic school when student completes stay or in the event that placement is made out of district.

Program Efficacy & Evaluation Procedures

1. Program Evaluation Questionnaire: a 30 item questionnaire will be distributed to participating providers with the intent~~ded~~ of assessing how the program is functioning and what improvements are necessary. The measure is distributed to service provides at the completion of initial, intermediate, and long-term phase of the program. The measure quantifies and qualifies direct service providers perspectives of how the program is going and to make suggestions as to how it can be improved.

Comment [U12]: Good!

2. Behavior Intervention Rating Scale (BIRS; Von Brock & Elliott, 1987): is a data collection method intended to evaluate the social validity of evidence-based intervention(s) (EBI) implemented within the context of the team. The measure provides staff (e.g. teachers, assistance, and support personnel) the ability to rate the efficacy and acceptability of the intervention implemented (see Appendix B). The BIRS is a 24 item instrument that uses a 6-point Likert scale (1 represents "strongly disagree"; 6 represents "strongly agree"). The BIRS measure two distinct categories: one the effectiveness of the EBI, and two the acceptability of

the EBI. The BIRS is distributed to providers at either the completion of the intervention or at the conclusion of the 45day placement. The BIRS can also be distributed to parents or legal guardian to assess the effectiveness and acceptability of the intervention across settings (i.e. home or community).

3. Goal Attainment Scaling (GAS) is an effective evaluative tool that focuses the presenting problem, operationally defined on a continuum, and assess problems over time. GAS has three impressive elements: a) assessment of the relative nature of the human experience; b) assessment of change over time; and c) impressive research support (Marson, S. M., 2009).

Comment [U13]: Good

Although I am curious about evaluation in a few areas:

You indicated earlier that improvement in academic, behavioral and social functioning is a goal – how will that be measured?

Also, the cost-effectiveness was also a goal (e.g. related to SPED budget)– how will that be measured? Make sure you have an identified way to measure all critical outcomes.

References

Bergan, J., & Kratochwill, T. (1990). *Behavioral Consultation and Therapy.* New York: Plenum Press.

Elliott, S.N., & Von Brock Treuting, M. (1991). The behavioral intervention rating scale: Development and validation of a pretreatment acceptability and effectiveness measure. *Journal of School Psychology,* 29, 43-51.

Jacob, S., & Hartshorne, T. S. (2007). Ethics and law for school psychologists (5th Ed). John Wiley.

Kiresuk, T.J., Smith, A., & Cardillo, J.E. (1994). Goal attainment scaling: Applications, theory, & measurement. New Jersey: Lawrence Erlbaum Associates.

Severson, H.H., Walker, H.M., Hope-Doolittle, J., Kratochwill, T.R., & Gresham, F.M. (2007). Proactive, early screening to detect behaviorally at-risk students: Issues, approaches, emerging innovations, and professional practices. *Journal of School Psychology*, 45, 193-223.

Division of Research, Evaluation and Communication National Science Foundation (2002). The 2002 User-Friendly Handbook for Project Evaluation. Directorate for Education and Human Resources.

Program Policy & Professional Practice	1	2	3	4
Description of program or policy (2.6)	Limited or no description of program/policy	Thorough description of the program/policy. No description of intern role is discussed.	Thorough description of the program/policy and discussion of a *passive role* the intern played in the development, implementation, *or* evaluation.	Thorough description of the program/policy and discussion of the *active role* the intern played in the development, implementation, or evaluation.
Legal/Ethical/Professional (2.10)	No discussion of an ethical, legal, or professional issue			Thorough discussion of a legal, ethical or professional issue related to either the development, implementation, or evaluation of the program/policy
Strategies for facilitating system's level change (2.10)	No discussion of strategies he/she would use to influence system's level change	Identified at least 1 strategy used/would use to facilitate or influence change related to the ethical, legal, or professional issue.	Identified at least 2 strategies used/would use to facilitate or influence change related to the ethical, legal, or professional issue.	Identified at least 3 strategies used/would use (e.g.., reciprocity) to facilitate or influence change related to the ethical, legal, or professional issue.
Program/policy evaluation (2.9)	No discussion of program/policy evaluation	Discussed 1 evaluation procedure that can be/was used to evaluate the effectiveness of the program at the initial, intermediate, or long-term level	Discussed 2 evaluation procedures that can be/were used to evaluate the effectiveness of the program at the initial, intermediate, or long-term level	Discussed 3 evaluation procedures that can be/were used to evaluate the effectiveness of the program at the initial, intermediate, and long-term level
Summary Report	Summary included 1 of the components (e.g., description, ethical/legal issue, strategies, and evaluation procedures).	Summary included 2 of the components (e.g., description, ethical/legal issue, strategies, and evaluation procedures).	Summary included 3 of the components (e.g., description, ethical/legal issue, strategies, and evaluation procedures).	Summary report included description of program/policy, ethical/legal issue, strategies to influence change, and evaluation procedures.
				Score = ___ / 2 = _____ (out of a possible 10 pts)

Comment [U1]: 4/4 – great job playing an active role in the team

Comment [U2]: 4/4 – this was fantastic. Well thought out, comprehensive and insightful

Comment [U3]: ¾ This is difficult to rate b/c you all did not cover social power in consultation. See attached articles. I clearly saw the expert power base and perhaps either social proof or an informational power base…)

Comment [U4]: 4/4 Make sure you have outcome measures that are clearly linked to all key short/long term goals.

Comment [U5]: 4/4

Overall, 9.5/10