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Roinn an Fhoghlaim is Seirbheisean Chloinne

Department of Education and Children's Services

WESTERN ISLES EDUCATIONAL PSYCHOLOGICAL ASSESSMENT TOOLS AND RECOMMENDATIONS FOR USAGE IN COLLABORATION WITH PRINCIPAL TEACHERS FOR LEARNING SUPPORT

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1. Summary and Aims

This document describes the assessment process engaged in by the Educational Psychology (EP) Service in order to support the ongoing work of the team supporting the child or young person (from birth to age 25). It aims to provide a summary of the national and local context in which children and young people's needs are assessed, as well an indication of the types of assessment the Educational Psychology Service may undertake for certain types of need.

2. The Context of Assessment and Intervention

The work of the Educational Psychology Service involves collaboration with key adults (e.g. Learning Support Teacher, Head Teacher, parent, auxiliary, class teacher, therapist, etc.) in the assessment of needs, planning and evaluation of interventions and direct contact with the young person when appropriate.

Assessment and intervention are conducted in accordance with national guidance described in *Educational Psychology Assessment in Scotland* published by the Association of Scottish Principal Educational Psychologists (ASPEP) and the British Psychological Society's Scottish Division of Educational Psychology (SDEP) in 2005.

Examples of assessment and intervention at different stages include:

- joint planning with parents, nursery staff, other Education and Children's Services personnel and staff from other agencies about a pre-school child who may need special arrangements at school entry;
- discussions with parents, school staff, other Education and Children's Services personnel and, where appropriate, other agencies, about approaches for re-introducing to school a young person who has been refusing to attend school;
- consulting with a class teacher who is finding it hard to work with a child who is distractible, helping the class teacher find ways of moving the situation forward positively.

As noted in the Comhairle's *Meeting Needs, Supporting Learners* Handbook, assessment is an ongoing process which involves the gathering of information/evidence about how a child or young person is doing in their learning and how they are feeling.

Information/evidence should be gathered:

- from a variety of sources
- in a range of settings
- over a period of time

This process involves the child/young person, their parents/carers, teachers, and any other professionals concerned.

The purpose of assessment is to inform future intervention.

It encompasses cognitive, emotional and social factors.

Effective assessment aims to limit barriers to learning and to promote the inclusion of the child/young person.

Assessment plays an important part in the teaching-learning process at all levels of education and helps to build up a picture of a child's strengths and areas where there may be difficulties**. It is a continuous process rather than a discrete activity**. It occurs as good practice for all children, but is particularly important when addressing pupils' additional support needs and as part of the process of Staged Assessment and Intervention.

Assessment is not separate from intervention; it is part of the on-going cycle of planning, action and review.

Assessment can take many forms and can include:

- Continuous classroom monitoring
- Curriculum for Excellence Outcomes
- Observation - much can be gained from observing a child interacting with their peers and looking at how they approach and work through an activity
- Timed observations
- ABC monitoring forms
- Checklists (e.g. Behaviour Checklist, Social Communication Questionnaire, etc)
- Standardised Tests (which are available in each of the five Learning Community Areas)
- Social Communication Assessment
- CAT Tests
- Tracking systems operating in schools
- IEPs, Action Plans, SMART targets
- Special Achievements
- Specialist assessment, e.g. Psychological Assessments, Speech and Language Assessments, etc.
- Use of 'Getting it Right for Every Child' practice model, which focuses and the use of Well-being Indicators
- Training and evaluations of training

When deciding to carry out assessment for a particular pupil, it is important to consider:

- the purpose of the assessment;
- what information you hope to obtain; and
- how the information gathered will be used - assessment must inform future teaching and learning support measures to promote well-being and progress in education for the child or young person. Assessment data must be collated and fed back to the child/young person and parents, and an action plan and/or IEP drawn up where applicable.

Educational Psychologists, as a part of the staged intervention process, will help to ensure that outcomes of action plans, and/or IEPs and CSPs are evaluated.

If an assessment determines that additional training is required by staff supporting the child, training will then be designed and offered by the EP Service.

Use of the principles of effective assessment, planning, action and review from the 'Well-being Wheel' is now well-embedded in the Western Isles. The staged intervention process that is used is also consistent with the principles and values of Curriculum for Excellence, Getting it Right for Every Child, and the Early Years Framework, which involve:

- taking a holistic view of children and young people and their circumstances, and what they need to grow and develop and achieve their potential;

- seeking, taking account of and noting the views of children, parents and young people, and involving them fully in the assessment process and in finding solutions;
- ensuring that parents, children and young people understand and agree with the aims of any assessments and the purposes of any action proposed;
- ensuring that assessment is an ongoing, integrated process of gathering and evaluating information, planning, providing for, and reviewing services for the individual;
- adopting the least intrusive and most effective course of action affecting the lives of children, young people and families;
- taking into account issues of diversity and equality, and ensuring that outcomes do not discriminate against children, young people and their families. This includes not discriminating on grounds of race, disability, gender, sexual orientation, language, culture, religion or belief, and age; and
- working in partnership with, and building the capacity of, parents to secure education for their children and to promote their child's health and wellbeing, development and welfare.

There was a time when psychological and other educational assessment could be defined as deficit-centred and separate from the teaching and learning process. Two main shifts have challenged that approach. The first was a move from handicap-based to needs-based assessment (e.g. the 1981 Education Act, which arose in the wake of the Warnock Report of 1978). The second is the move to integrate assessment within the ongoing cycle of development, teaching and learning (e.g. records of achievement, curriculum and criterion-referred assessment, Individual Education Plans).

The central features of these shifts can be illustrated as follows:

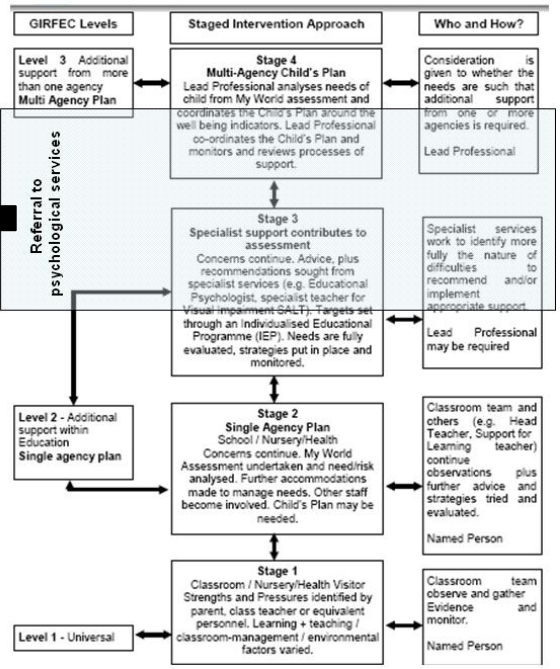
assess handicap	→	assess need
measure deficit	→	enhance learning
expert prescription	→	collaborative consultation
child in medical room	→	child in everyday contexts

Although widely accepted and firmly rooted in legislation and government guidance and in local policies and guidance, aspects of these shifts can even now present difficulties at all levels, both within and outside education systems. These are often based on a perception of certainty in separate expert assessment and prescription and uncertainty in collaborative consultation.

The key to effective assessment and intervention in additional support needs is working with uncertainty. Historical, de-contextualised expert prescription assessment tended to give a spurious certainty, often locating difficulties only within the child. The needs-based approach within the teaching and learning cycle accepts uncertainty and the changing nature of a child's needs within the educational environment, and seeks to manage it through a collaborative problem-solving approach. An Educational Psychologist is one of a number of contributors and planners in this process.

Accessing support from Psychological Services

See Appendix A



GIRFEC Levels	Support received from Psychological Services
Level 3- Additional support from more than one agency	Psychological Services provide direct support through consultation, assessment and intervention working with individual children, families and systems.
Level 2- Additional support within Education	Psychological Services provide support through more specific training (i.e. on an identified area of need), input at shared forums (PST, Learning Community Meetings/Active Case Reviews) and the production of electronic resources available on GLOW
Level 1- universal provision	Psychological Services provide support through training (i.e. instructional techniques), whole school systems work (i.e. behaviour policy), research (i.e. supporting school in evaluating their work towards school improvement) and the production of electronic resources available on GLOW

Referral process for **Level 3** support	Setting complete 'Inter-agency referral' and send to PTLS for discussion. PTLS send to Head of Learning Community to ensure GIRFEC process in place. Head of Learning Community sends to Psychological Services
Referral process for **Level 2** support	Setting make contact through either PTLS or PST meeting identifying a specific need they feel they require support with.
Referral process for **Level 1** support	Setting make contact through PTLS outlining the specific universal need as well as the types of support from Psychological Services they feel would help them achieve this aim.

Where would you refer to Psychological Services for a specific form of assessment relating to an individual child?

What types of service are available at the different levels from Psychological Services?

What is the referral process for support at each GIRFEC Level?

3. Core Principles of Educational Psychology Assessment

- The assessment process is in accordance with local and national policy and practice guidance including *Educational Psychology Assessment in Scotland* (2005), the paper on assessment produced by the Association of Scottish Principal Educational Psychologists and the Scottish Division of Educational Psychology, and the British Psychological Society's *Code of Ethics and Conduct* (2006).

- Educational Psychologists' contributions to assessment focus only on areas in which they are professionally competent, that is, their understanding of learning and development.

- The aims and purposes of the assessment should be agreed between the contributors, with a view to the best interest of the child or young person.

- Assessment is not considered separate from intervention.

- The contexts in which children learn are a central focus of Educational Psychology assessments.

- Assessment is needs-based, carried out in the contexts where needs arise and focused on finding ways forward. The primary assessors are those adults working most closely with the child or young person.

- Educational Psychology assessment is integrated with the teaching and learning cycle, and Educational Psychologists contribute through joint planning and review. Assessment should aim at understanding the learning process, and the child's interaction with it, and help teachers to devise suitable teaching approaches.

- Means of assessment should be as minimally intrusive as is consistent with effective planning.

- Educational Psychology assessments should be understandable and accessible.

- Educational Psychologists' involvement in the assessment and intervention process should enable the participation of all parties and should value others' contributions.

- Assessment should be sensitive to the social and emotional development of young people, the context they live in, as well as their cultural and linguistic backgrounds, and should comply with the Disability Discrimination Act (1995) and Special Educational Needs and Disability Act (2001).

4. Referral Process

Psychological Services within the Western Isles offer a variety of services to schools, families, young people and our professional partners. The main functions of the service can be summarized as consultation, assessment, intervention, training and research. These are offered at a variety of levels, including nationally, at a local authority level, within individual schools and other settings, and also for individuals. When involvement from Psychological Services is required for individuals, the guidance and procedures outlined in the Comhairle's *Getting it Right for Children and Young People in the Western Isles* Policy should be followed. As such, it is expected that an Inter-agency Referral Form would be submitted through the Learning Community in accordance with the authority's Staged Intervention and Assessment

and Referral Procedures. Only in exceptional circumstances would there be involvement from Psychological Services without an Inter-agency Referral Form having been received (i.e. a critical incident).

To support those completing the Inter-agency Referral Forms some brief guidance is offered at Appendix A in the form of a check list. This should be read alongside the 'Guidance for completing the Inter-Agency Referral Form' provided in *Getting it Right for Children and Young People in the Western Isles*. Please note that this guidance is intended to assist the Learning Community Principal in determining whether a graduated response to the child's needs has taken place, and also to allow the Educational Psychologist who receives the referral to determine if the necessary preliminary assessment and interventions have been carried out. Some of this information will be included in the Inter-agency Referral Form itself, and, to reduce the duplication of information, some will be appended to the form.

5. Educational Psychology Assessment in Practice

Educational Psychologists join ongoing assessment, intervention and review processes which are managed by adults in everyday contact with the child or young person.

Assessments are made from the perspective of Educational Psychology and may involve:

- defining and re-defining the nature of the problem within an educational perspective
- focusing on the assessment and intervention process in relation to aims and desired outcomes
- helping design methods of intervention and curriculum-referenced assessment
- defining individuals' educational needs in context
- identifying potential relevant contributors
- supporting and advising on procedure and policy both local and national

Assessment information may be gathered from existing processes (IEPs, action planning and review meetings, minutes, consultation sessions) where appropriate, and in accordance with the principle of least intrusive action.

The information gathered for use should:

- be derived from samples of work, behaviour, or social interaction
- be derived from those directly involved with the child, including parents
- be derived from the relevant contexts
- be prospective in nature; that is, of use in planning learning and aims for change
- be relevant to the presenting problems in education and to the child's educational needs
- include the child themselves either directly or indirectly

Depending on circumstances, Educational Psychologists may decide to supplement information from existing processes through direct contact with the child or young person.

6. Presenting EPs Assessment Contributions

In most cases, Educational Psychologists make their contributions directly in face-to-face contact with key adults, generally through ongoing planning and review meetings. It is anticipated that most children and young people with whom an Educational

Psychologist is involved will have reached a stage where an IEP has been developed. The Educational Psychologist contributes through the review cycle which the IEP involves, and his or her views may be reflected in that process as part of the joint outcome, rather than as a separate written assessment. Where agreed appropriate, the Educational Psychologist can produce separate feedback, although this should be done only where there is no means of integrating the contribution within the IEP or in other joint processes.

7. Assessments Relating to Specific Areas of Concern/Types of Need

7.1 Assessments relating to Co-ordinated Support Plans (CSP)

During the Education and Children's Services Department's consideration of whether a pupil requires a CSP, parents have the right to request an Educational Psychology assessment. However, the Educational Psychology Service may not necessarily be involved.

7.2 Reports to the Reporter to Children's Hearings

There is a statutory requirement for Educational Psychologists to respond to requests from the Children's Reporter. These may be delivered verbally or in writing. This is subject to a Service Level Agreement between the Scottish Children's Reporter Administration and the Educational Psychology Service. In addition, the Educational Psychology Service has a Practice Guideline on Reports to the Children's Reporter.

7.3 Attention Deficit Hyperactivity Disorder and Attention Deficit Disorder

Initially, teacher(s) should already have put in place best practice strategies for helping children with attention and/or over-activity levels, and should have allowed sufficient time (approximately two months in school) for the strategies to begin to be effective (see *Section 8 Useful Resources* for ADHD/ADD strategies). If concerns continue to exist after this period, teachers should move to next step by completing a Classroom Observation and write-up, focusing upon attention, concentration, activity levels, and task completion.

A request may then be made to the Educational Psychologist, via the Principal Teacher of Learning Support, for Conner's Parent and Teacher Rating Scales (Revised) to be sent to the child's home and school respectively. These forms, once completed, should be returned to the Educational Psychologist for scoring. If sufficient evidence of ADHD or ADD is found, the Principal Teacher of Learning Support should submit a referral, enclosing appropriate evidence, to the Child and Adolescent Psychiatrist for a potential diagnosis, meeting with the child and family, and recommendations to be offered. The Educational Psychologist will consult with the Principal Teacher of Learning Support to offer additional strategies for support in school.

7.4 Autistic Spectrum Disorder/Asperger's Syndrome

Initially, teacher(s) should already have put in place best practice strategies for helping children with social and communication difficulties, and have allowed sufficient time (approximately two months in school) for the strategies to begin to be effective (see *Section 8 Useful Resources* for ASD/Asperger's Syndrome strategies). If concerns continue to exist following after this period, teachers should move to next step by completing a Classroom Observation and write-up, focusing upon social skills and interaction, communication style and skills, sensory sensitivities, and observed behaviours. A Social Communication Assessment Questionnaire should also be completed, paying particular attention to the final

page, which asks that priority concerns are specified. The completed Classroom Observation and Social Communication Assessment Questionnaire should be submitted to the Principal Teacher of Learning Support who will consult with Educational Psychology to determine whether sufficient evidence indicative of potential autism exists. Where this is the case, the school will be asked to make a referral to the Social Communication Team. The child will then be placed on the Social Communication Team waiting list for a comprehensive assessment of potential autism spectrum disorder.

Following the Social Communication Team's decision to place a child on their waiting list for assessment, school staff will also be asked to complete an in-depth questionnaire regarding the child's communication skills.

An Educational Psychologist will participate in a multi-disciplinary process of assessment of the child which may then lead to diagnosis, and further intervention and consultations within school.

7.5 Social, Emotional and Behavioural Difficulties

Initially, teacher(s) should already have put in place best practice strategies for helping children with emotional and behavioural difficulties (see *Section 8 Useful Resources* for relevant strategies). In the case of children with significant behavioural issues, a Behavioural Support Plan (BSP) should be written, involving the Principal Teacher of Learning Support, the Educational Psychologist (if staff feel psychological expertise is required), the teacher, and the parent(s). Sufficient time (approximately two months in school) should be allowed to ascertain whether or not the BSP is sufficient to help to address the behavioural concerns, or whether additional assessment may be required. A Behavioural Support Plan template is provided at Appendix B; a Behavioural Support Plan exemplar is provided at Appendix C.

Should additional assessment be indicated, following consultation between the Principal Teacher of Learning Support and the Educational Psychologist, a Classroom Observation should be done using the Behaviour Checklist and the Timed Observation Sheet (Appendix 4.1 in *Meeting Needs, Supporting Learners*).

The Educational Psychologist may then ask the Principal Teacher of Learning Support or Learning Support Teacher to complete other questionnaires. These may include:

- Beck's Youth Inventories, which look at emotional areas such as self-esteem, depression, anxiety, etc;
- Strengths and Difficulties Questionnaires, which look at attention skills, behavioural skills, peer relations, emotional skills, and a range of other assessments that investigate family relationship patterns, self-esteem, etc; and/or
- Resiliency Scales, which measure the personal attributes of the child that are critical for resiliency.

If further, more in-depth assessment is required, the Educational Psychologist may use the Roberts Apperception Test for Children, The Family Relations Assessment, assessment of children's drawings and artwork, and other kinds of psychological assessments.

7.6 Cognitive and Developmental Assessments

If concerns exist regarding a child's cognitive functioning, the Principal Teacher of Learning Support should assess the child using a British Picture Vocabulary Scale (BPVS) Test.

If the child is not able or willing to participate in the process of completing a BPVS, then a Parental Involvement Project (PIP) questionnaire, which assesses developmental levels in five different areas, should be completed by both parents and school/nursery staff. This instrument can provide an estimate of cognitive or intellectual capacity.

For adolescents with significant learning difficulties, or severe and complex difficulties, it may also be worthwhile to use the Pathways to Independence questionnaire, which is the next level on of the PIP, and assesses self-help, personal and social skills.

If more in-depth understanding of the different areas of cognitive ability is required, the Wechsler Intelligence Scale for Children – Revised (WISC-R) or McCarthy's Scales of Children's Abilities may be used. These assessments offer information regarding a child's verbal, perceptual or visual processing, working memory, and processing skills. There are occasions when the use of the Raven's Progressive Matrices is selected, due to limited expressive language, or bilingualism.

7.7 Standardised Academic Assessments

The following standardised academic assessments are generally used either by Principal Teachers for Learning Support or Learning Support teachers:

- Wechsler Objective Reading Dimensions (WORD)
- Wechsler Objective Language Dimensions (WOLD)
- Wechsler Objective Number Dimensions (WOND)
- Neale Analysis of Reading
- Phonological Assessment Battery (PhAB)
- Dyslexia Screening Test
- Cognitive Profiling System
- Special Needs Assessment Profile (SNAP)

8. Useful Resources

Educational Psychology

Educational Psychology Assessment in Scotland (Association of Scottish Principal Educational Psychologists (ASPEP) and the British Psychological Society's Scottish Division of Educational Psychology (SDEP), 2005)

British Psychological Society's *Code of Ethics and Conduct* (2009)

Disability Discrimination Act (1995)

Special Educational Needs and Disability Act (2001)

Local Guidance

Meeting Needs, Supporting Learners

Getting it Right for Children and Young People in the Western Isles

Attention Deficit Hyperactivity Disorder and Attention Deficit Disorder

Teaching Students with ADHD

Autism Spectrum Disorder/Asperger's Syndrome

The Autism Education Trust's *Do You Have a Child with Autism in Your Class? A Guide for Teachers* can be downloaded from their website via the link below:
http://www.autismeducationtrust.org.uk/resources/teachers%20guide.aspx

The Autism Education Trust's *Transition Toolkit* can be downloaded from their website using the link below:
http://www.autismeducationtrust.org.uk/Resources/Transition%20toolkit.aspx

Copies of the Autism Education Trust's *Tools for Teachers – Practical Resources for Classroom Success* are available on request from the Educational Psychology Service

Social, Emotional and Behavioural Difficulties

The Children's National Bureau's *Understanding Why - Understanding attachment and how this can affect education with special reference to adoption children and young people and those looked after by local authorities can be accessed via the following link:*
http://www.ncb.org.uk/media/177349/understanding_why.pdf

The Centre for Early Childhood Mental Health Consultation's *Facilitating Individualized Interventions to Address Challenging Behavior* Toolkit can be downloaded via the following link:
CECMHC | Facilitating Individualized Interventions to Address Challenging Behavior

Copies of the *Building Bridges in Managing Attachment Difficulties* Handbook produced by the St Andrew's Children's Society Limited are available on request from the Educational Psychology Service

Appendix A

Appended to the Inter-agency Referral Form (tick box)

☐	Previous minutes which demonstrate (a) involvement of the parent and child in the decision-making process, and (b) an ongoing process of evaluation in relation to the provision in place.
☐	A written summary of an observation of the individual in question that summarizes needs and makes recommendations in terms of supporting the child.
☐	Copies of previous assessments and evaluations of the interventions that followed.
☐	Copies of the child's current and historical IEPs. If the child has a CSP or a My World Assessment this should also be included.
☐	Any assessment information specific to the referral (e.g. if the referral is questioning whether Autistic Spectrum Condition is an underlying need, the Social Communication Team Assessment Questionnaire (Revised) should be included).

Specific Guidance Related to the Inter-agency Request Form

☐	In box 7 it should be clear what the individual needs are that give rise to the referral, but also how they have been supported by class teachers, Learning Support, the involvement of the Principal Teacher of Learning Support or a Children and Families Social Worker (if this is not already made clear in the appended information).
☐	In box 8, in addition to the information regarding the well-being indicators, it would be useful to outline the specific types of support that you would like from Psychological Services (e.g. attendance at a Core Group Meeting, assessment of social skills, or advice regarding intervention to support a child with ADHD). This is useful to help identify the time commitment required for each referral.
☐	Psychological services operate within the ethical guidance provided by the Health professions Council (HPC) and the British Psychological Society (BPS). Before Psychological Services can get involved in a case it is necessary to satisfy the requirement that both parent(s) and child have given informed consent for our involvement. Boxes 9 and 10 will help us to determine whether the parent has been involved in the decision-making process and whether they genuinely understand the type of support an Educational Psychologist may provide. It should be clear from the entries in boxes 9 and 10 that the parents/carers and child have seen and contributed towards the inter-agency referral.

Appendix B

_____'s Behaviour Support Plan

Written by:_____

Complete one or more targets, depending on numbers of behaviours requiring change

1. **Target behaviour: (specific and precise description)**

2. **Target behaviour: (specific and precise description)**

3. **Target behaviour: (specific and precise description)**

4. **Known triggers:**

5. **List what we will do to avoid or prevent incidents:**
   - **a**
   - **b**
   - **c**
   - **d**
   - **e**
   - **f**

6. **List how we will respond to incidents (when he/she does_____, we will**
   - -_____
   - -_____
   - -_____
   - -_____

7. **How we will help _____ to function positively, and to cope with challenges**
   - -_____
   - -_____
   - -_____
   - -_____

8. How will progress be monitored?

_____
_____.

Date of plan_____

Date of review_____

Appendix C

_____Behaviour Support Plan

Written by:

Complete one or more targets, depending on numbers of behaviours requiring change

1. Target behaviour:
   Running away from staff – _____ needs to be first off the bus and into school on return from outings.

   Known triggers:
   Returning to school from outings – _____ wants to be the first off the bus and becomes anxious if he thinks anyone else is going ahead of him.

   List what we will do to avoid or prevent incidents:
   a. **Use a visual sequencing prompt.**
   b. **Take _____ off bus first as far as possible.**
   c. **Build in tolerance to let someone else be first at discretion of class manager.**
   d. **Interact with him to keep his attention**

   List how we will respond to incidents (when he does)
   we will
   - **ask _____ to wait and to walk nicely;**
   - **remain calm;**
   - **be consistent;**
   - **step back and allow him to get to class;**
   - **reduce/remove verbal instruction;**
   - **be clear about staff roles;**
   - **not overdo praise when he does re-join/cooperate.**

   How we will help _____ to function positively, and to cope with challenges
   - **Look for opportunities in the morning when _____ appears less anxious and is better able to accept not being first.**
   - **Use his choice board.**

   How will progress be monitored
   Record using observation/behaviour monitoring sheets.
   Monitor monthly.

EXEMPLAR

2. Target behaviour:
   _____ **to attend to tasks other than those of his own choosing.**

   Known triggers:
   May be demand avoidance.

   List what we will do to avoid or prevent incidents:
   Continue with activity/routine and allow _____ to opt in or out.
   Do not press timetable use.
   _____ **should be offered "later" board.**

   List how we will respond to incidents (when he does)
   we will
   - **give less attention;**
   - **not keep asking him to join in;**
   - **allow his natural curiosity to develop;**
   - **remain focused on task;**
   - **remain calm;**
   - **be consistent;**
   - **reduce/remove verbal instruction;**
   - **be clear about staff roles;**
   - **not overdo praise when he joins in/cooperates.**

   How we will help _____ to function positively, and to cope with challenges
   - **Use choice board – when _____ is interested he will usually enjoy activities.**

   How will progress be monitored
   Record using observation/behaviour monitoring sheets.
   Monitor monthly.

   Date of plan: _____

   Date of review: _____

EXEMPLAR