Connections in Theory, Experience, and Practice of Educational Psychology

A Practicum Report

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In

Educational Psychology

University of Regina

By

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Abstract

This practicum took place at the Counselling Assessment Intervention and Research Services (CAIRS) office in the College of Education at the University of Saskatchewan from January 3, 2017 to March 8, 2017. The goals of this practicum were to develop, improve, and refine my skills in assessments and cross-battery work, to learn and practice at least three assessments that were unfamiliar to me, to apply what I learned through coursework to real-world assessment settings, to increase my competency and confidence with assessments and interview skills, to perform report writing and feedback procedures, and to reflect on my practice and learn from my Professional Associate. These goals were met by conducting four assessments with clients from various backgrounds (i.e. elementary, high school, and university students, and a client working in a professional career). The assessment tools used included: Wechsler Intelligence Scale for Children-Fifth Edition, Canadian Norms (WISC-V); Wechsler Adult Intelligence Scale-Fourth Edition, Canadian Norms (WAIS-IV); Woodcock-Johnson IV Tests of Cognitive Abilities (WJ-IV COG); Woodcock-Johnson IV Tests of Oral Language (WJ-IV OL); Comprehensive Test of Phonological Processing-2 (CTOPP-2); Woodcock Johnson Tests of Achievement-Fourth Edition (WJ-IV ACH); Feifer Assessment of Reading (FAR); Feifer Assessment of Math (FAM); Test of Word Reading Efficiency, Second Edition (TOWRE-2); Test of Orthographic Competence (TOC); Weiss Symptom Inventory (WSR); The Symptom Checklist-90-R (SCL-90-R); Behavior Assessment Scale for Children-3 (BASC-3); Beck Youth Inventories – Second Edition (BYI-II); Multidimensional Anxiety Scale for Children Second Edition (MASC-2); Children's Depression Inventory, Second Edition (CDI-2); Comprehensive Executive Function
Inventory (CEFI); Brown Attention Deficit Disorder Scales (Brown ADD Scales);
Barkely Deficits in Executive Functioning – Child, Long Form (BDEFS-CA); Barkley
Adult ADHD Rating Scale–IV (BAARS-IV): Self-Report: Current Symptoms and
Childhood Symptoms; Conners Continuous Performance Test – 3 (CPT-3); Conners
Continuous Auditory Test of Attention (CATA); and the Adaptive Behavior Assessment
System, third edition (ABAS-3). I gained a deeper understanding of the importance of
using a cross-battery approach, and applying the Cattell-Horn-Carroll Theory (CHC-
Theory) in psycho-educational assessments. Furthermore, I was able to work
through challenges in, and understand best practices for interpreting data, report writing,
and reporting results.

Key words: practicum, CAIRS University of Saskatchewan, psycho-educational
assessments, cross-battery approach
Acknowledgements

I would like to sincerely thank my Professional Associate, Ms. Angela Thorpe. I worked with Ms. Thorpe from January to March 2017. She supported, coached, and helped to guide my work in a professional and collaborative fashion that allowed a constructive balance between direct teaching, and self-guided learning. The specific and constructive feedback, as well as the positive encouragement she provided was invaluable to my practicum experience, and will help to guide and shape my career. I would also like to acknowledge Debra Kemp-Koo and Dr. Tim Claypool, who originally agreed to work with me as a Practicum student at CAIRS, and Christine Gatzke, a Graduate Studies classmate that notified me of opportunities at CAIRS.

I would also like to extend sincere appreciation to my supervisor in the Faculty of Education at the University of Regina, Dr. Ron Martin. When I embarked on my graduate studies journey in the Winter of 2014, travelling from Saskatoon to Regina every week, my first course was taught by Dr. Martin. His passion for his work, care for his students, and ability to present material in interesting ways made the trek worthwhile to continue for two and a half years. His guidance and support throughout my practicum journey was very much appreciated.

Other faculty and sessional instructors from whom I learned about the field of Educational Psychology at the University of Regina and University of Saskatchewan, were: Dr. Angela Snowshoe, Dr. Scott Thompson, Leslie Young, Dr. Warren Noonan, Lynde Hill, and Tyler Bergen.

Finally, I would like to express my gratitude to Greater Saskatoon Catholic Schools for supporting and funding my educational leave from my current employment.
Dedication

First, I would like to thank and dedicate my work to my amazing son, Nolan. His maturity, patience, acceptance and support throughout my journey has meant a great deal to me, and has made me very proud. His ability to survive independently without complaint, as I travelled to and from Regina for courses, and his encouraging words and photo texts of him and our dogs, helped to make the large amount of time spent away from home a lot more bearable.

Next, I would like to thank my friends and colleagues for their kind words and support throughout my educational journey. Specifically, I want to thank my dear friend Tamara Murray who always took the time to text kind and inspiring words, and who was always patient when I was too busy to visit.

Finally, I also want to acknowledge the friends I have made along the way. Although we met at different times on our separate journeys, I feel like we always had a common thread that connected us, and which supported me on my journey. Thank you to Kenna Whelan for travelling to Saskatoon, and to be available on weekends and evenings to work on projects and to be a listening ear. Thank you to Melissa Wasilow, Kerri Hill, Amy Stensrud, and Jennifer Reid for your kind and inspiring words, and for contributing to my learning throughout the courses we took together. Thank you to Erica Thompson, my office mate and fellow Graduate Studies practicum student at CAIRS. Although our time together was very brief, we learned a lot together, and I am forever grateful. To all of you, I look forward to many years of friendship and collegiality!
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Background and Preparation

I completed my Bachelors of Education at the University of Saskatchewan, and began substitute teaching for Greater Saskatoon Catholic Schools (GSCS) in April 2001. From October 2001 until June 2014, I worked in various capacities as a Classroom Teacher, and as a Release Teacher from Kindergarten to Grade 8. Since September 2014, I have worked as a Learning Assistance Teacher. In this role, it is my responsibility to program for intensive needs students, in collaboration with their Classroom Teacher and Educational Assistants, and to support students who are facing challenges in Reading, Writing, Math, or with behavior or social-emotional well-being.

Throughout my teaching career, I have worked at several schools, in various capacities, with a diverse population of students and families. However, I have spent the majority of the past sixteen years working in inner-city or community schools where there exists a need to create an environment of trust, and to develop relationships with students and families that go beyond that of a non-inner-city or community school. There is a need for flexibility, compassion, and understanding when working in these environments, and when working with students and/or families who may be struggling with addiction, abuse, poverty, and neglect. These experiences have helped me to develop those skills which will be crucial when working with clients as an Educational Psychologist.

During the time that I was a Grade 4 teacher, I began to realize my passion for creating and delivering special programming for students who were struggling with regular curriculum work. In September 2011, I began coursework to complete the Special Education Certificate Program online through the University of Saskatchewan, in order to
become qualified to work as a Learning Assistance Teacher (LAT) for Greater Saskatoon Catholic Schools (GSCS). I completed this coursework in December 2013, and began working as a LAT in September 2014. As I worked toward attaining my Special Education Certificate, I became very interested in the work of Educational Psychologists, and the role they play in contributing to the success of students who struggle in school. I had several conversations with the two GSCS psychologists whom I worked closely with throughout my years in the classroom, and as a LAT. They provided a lot of useful insights, guidance, and support, and they eventually became known as my personal “cheerleading squad” as I journeyed through my Master’s Degree coursework. I made the decision to begin the coursework for attaining a Master’s Degree in Educational Psychology through the University of Regina in January 2014, with the intention to eventually become a Registered Psychologist.

As I neared the end of my coursework for attaining my Masters of Educational Psychology, I began seeking a practicum placement in Saskatoon. This was not an easy feat, as many places will only take Ph.D. level Psychology students, and many places already had practicum students or Provisional Psychologists. When speaking with a former classmate, she suggested I call CAIRS to see if they would be willing to take me on as a University of Regina practicum student. Upon speaking with Debra Kemp-Koo, the Associate Director and supervising psychologist of CAIRS at the time, and Dr. Tim Claypool, the Department Head of Educational Psychology and Special Education and Associate Professor in Educational Psychology and Special Education, they accepted me as a practicum student. Angela Thorpe took over for Debra Kemp-Koo, and was willing to continue with me as a CAIRS practicum student. Angela and I arranged a plan for me
to meet the required 160-200 practicum hours to be completed mostly in January 2017. The required documentation was completed and submitted to the University of Regina for the Winter 2017 term. As it turned out, my practicum extended into February, and part of March, for a total of approximately just over 320 hours.

Practicum Goals

My practicum goals were to work collaboratively with my Professional Associate to become more confident and competent at administering and interpreting the three Wechsler Intelligence Scales (WAIS-IV, WISC-V, and WPPSI-IV), learn at least three new assessments (cognitive, academic, or behavioural), to write quality assessment reports, and to become competent and confident in conducting client interviews and presenting assessment result to clients. There is a standard battery of assessments (cognitive, academic, and behavioural/socio-emotional) for adults and children included in a CAIRS assessment which was tremendously helpful in providing a starting point from which to begin with each client. These assessments were prepared and practiced several times before meeting with each client. Likewise, reports were edited and revised several times before presenting them to clients, and debriefing sessions were practiced before they were conducted.

Practicum Setting

My practicum setting was in the CAIRS office in the College of Education building at the University of Saskatchewan. The CAIRS program is a high-quality, low-cost service that strives to fulfill community and individual psycho-educational assessment needs of children, adolescents and adults. It is also an additional referral source for school systems, in order to offset lengthy wait lists for necessary psycho-
educational assessments. The mission of CAIRS is: “to provide a centre for exemplary on-campus training for graduate students; to offer community opportunities for accessible best-practice psycho-educational assessments and interventions; [and] to provide a context for graduate student and faculty research” (CAIRS, 2015). CAIRS is a highly academic, professional, supportive, and high-quality centre for graduate students to learn and master their assessment skills, and for clients to receive quality, best practice psycho-educational assessments.

Practicum Responsibilities

My main responsibilities during my practicum were to undertake the complete process of conducting four psycho-educational assessments. In addition to conducting assessments, it was my responsibility to collect payment for services and provide an official receipt. The template for this was provided by Ms. Thorpe (Appendix A). Additionally, as a graduate student, it was partially my responsibility to ensure the assessment materials in the graduate student office were kept organized and available. If I noticed an assessment protocol was running low, I was to inform Ms. Thorpe, or to make additional copies of non-copyrighted materials,

Referral Stage

The assessment process began with the receipt of a completed referral form (Appendix B) from Ms. Thorpe. Once received, a thorough review of the referral form was conducted, and any information that needed to be clarified was noted. The next step was to contact the client (or client’s parents/guardians), to clarify information from the referral form, to gain a deeper understanding of the concerns through an informal telephone conversation, and to arrange a time for the initial assessment. An Adult or
Connections in Theory, Experience, and Practice: A Practicum in Educational Psychology

Children Background Questionnaire (Appendix C and D), and School Questionnaire (if applicable) (Appendix E) was sent via email to the client or his/her parents/guardians, along with a request to complete the documents before the assessment, and give them to the examiner at the initial assessment.

Assessment Stage

During the initial meeting, informed consent (and assent from a child client) was obtained (Appendix F and G) and the assessment process was reviewed. The Questionnaire(s) were collected and reviewed. An interview of the client and/or the client’s parents/guardians was conducted, and consent to discuss the client’s challenges with others (i.e. client’s teacher) was obtained if this would provide information relevant and important to the assessment (Appendix H). During the interview, great care was taken to ensure efforts were made to build rapport with the client and his/her parents in order to create a relaxed and comfortable assessment environment. After the initial interview was complete, the administration of the assessments began.

For children and adolescents, the standard battery included administering the 10 subtests contributing to Full Scale IQ (FSIQ) on either the WISC-V or WPPSI-IV, depending on the age of the child (I did not assess any children young enough to use the WPPSI-IV), the WJ-IV-COG (Long-Term Storage and Retrieval [Glr] subtests), WJ-IV-ACH, CTOPP-2 (for client 24 years old or younger), WSR (parent report), and BASC-3 (parent, client, and, if applicable, teacher report). For adults, the battery was the same, except they were administered the seven subtests that contribute to FSIQ on the WAIS-IV, and instead of the CTOPP-2 (for clients 25 and older) they were administered the two
subtests for Phonetic Coding/Auditory Processing [Ga] on the WJ-IV-OL. Additionally, adults completed the SCL-90-R.

Most of the assessments in the standard battery were new to me, except for the WISC-V, WPPSI-IV, and WAIS-IV. In order to ensure that I was administering them in the appropriate standardized fashion, I took a significant amount of time to learn how to administer, and practice them. This ensured that I administered them with fidelity to make certain that results were valid and reliable. My practicum goal was to learn at least three new assessments. By the end of my practicum, I learned 21 new assessments.

An important part of the assessment stage is documenting the observations you make of clients during the assessment process. The information obtained through observation can give you valuable insight into how they problem solve, deal with a difficult task, and it may help you to understand their meta-cognition. My instructor for my graduate work in cognitive assessment, Dr. Angela Snowshoe, insisted that writing down observations directly on the test protocol was extremely valuable, as it is difficult to remember observations after the fact. I heeded Dr. Snowshoe’s advice and my written observations came in handy during report writing as I connected observations to assessment results. In order to be fully engaged in observing the client during the assessment session, I had to ensure that my materials were well prepared and ordered, and I had to achieve a near “automatic” stage of administration so as to allow a good portion of my attention to be focused on observing the client and documenting my observations. I was very successful in this regard.

During the assessments, I was required to be flexible in my approach to the assessment situation while conforming to the standard administration procedures. On one
occasion, I worked with a young client who initially had anxiety around his parent leaving the assessment room. The parent stayed in the room for most of the initial assessment session, but was able to wait just outside the assessment room for the second assessment session. Great care was taken to ensure this young client was comfortable working with me, and efforts to establish rapport were set as a priority. In the end, the client’s parents were delighted, and somewhat surprised, with how comfortable their child seemed to be in this context.

Scoring and Interpretation

Once the initial standard battery of assessments was completed, I would amalgamate and begin to examine the data, in the context of the CHC-Theory. At this point, I would also determine what, if any, additional assessments were required. Then, I would consult with Ms. Thorpe in order to receive feedback on my determinations, and her guidance regarding further assessment directions. We discussed our impressions about the pattern of test results, and we began to form hypotheses based on the initial results. Our hypotheses helped to inform our selection of further assessments. This was an invaluable learning experience for me, as there were times when the initial results were so complex that I was not able to form clear hypotheses regarding the need for additional assessments. During these times, Ms. Thorpe was able to point out key characteristics of cognitive profiles and assessment results that indicated that specific additional assessments should be conducted. Ms. Thorpe was very encouraging and professional in her constructive feedback, and it was always very much appreciated. Once we decided on a firm direction to take additional assessments, I contacted the client to schedule a second assessment appointment.
During my training in cognitive assessment, I was required to hand score assessments. As odd as it may sound, I was actually nervous about learning how to use computer scoring, and I was somewhat intimidated by it. I offered to hand score my assessments and Ms. Thorpe insisted that I use the computer scoring programs to save myself time. I assumed it would be more complex than it was. I remember attempting the first computer-scored assessment, and I was very excited and relieved to learn that it was so easy. Once all assessments were completed, scored, discussed, and interpreted in consultation with Ms. Thorpe, the next stage was report writing.

Report Writing

The report writing process was a tremendous learning experience for me. I had to learn how to articulate concise connections between subtests, indices, and assessments, as well as connections between cognitive, academic, and behavioural assessment results in order to decipher patterns in the client’s profile. Furthermore, I had to integrate the information obtained from my observations during the assessment sessions, the background questionnaires, and from the interviews with my clients and/or their parents/guardians. At times, this led to a new diagnosis, or support for an existing diagnosis. The language of the assessment report is very important. It must convey the assessment results in a user-friendly, yet professional and sensitive manner. Learning how to articulate disappointing results in a compassionate and gentle way proved to be challenging at times, but Ms. Thorpe was able to provide tremendously helpful guidance in this regard.

To help guide my report writing, Ms. Thorpe provided me with the CAIRS template and samples of adult and child assessment reports. This allowed me to learn a
systematic writing process, and also provided me with information that was helpful in connecting the assessments to the referral question, and in providing recommendations. I learned valuable lessons about specific cognitive profiles (i.e. atypical profile for someone with ADHD), how to write sensitive information in a gentle, yet effective format, and how to connect assessment information to the recommendations in meaningful ways that the client was able to understand and implement.

Given my work history as a Classroom Teacher and Learning Assistance Teacher, Ms. Thorpe and I agreed that I was in a good position to make valuable school recommendations for my clients. Many of the recommendations I made in my reports were tried, tested, and true strategies that have been successful with students I have actually worked with, who had difficulties similar to those of my clients. Other recommendations included further consultation with other professionals, such as Speech and Language Pathologists (SLPs) and Occupational Therapists (OTs). In my work over the past 16 years, I have found it invaluable to be able to work collaboratively with other professionals in other disciplines, such as SLPs and OTs, as they are a very important part of a student’s team. I have been fortunate to work in schools that have these additional professionals readily available. Furthermore, as someone who has been a part of the education system in Saskatchewan for several years, I was able to give valuable recommendations to parents on how to navigate the system and to be an effective advocate for their children. Once Ms. Thorpe and I were both satisfied with the contents and format of the report, the client was contacted to schedule a time to come to the CAIRS office to debrief the results.
Debriefing

During the debriefing stage, it was my responsibility to deliver the assessment results to the client and/or his/her parents/guardians (if applicable). Prior to the debriefings, Ms. Thorpe provided support and guidance on how the process should unfold, following a sequence of delivery that was most effective. Ms. Thorpe provided visual templates (Appendix I, J, K and L), and guidance on how to best utilize them during the debriefing, to walk the client through the assessment results in a way that would be easier for the client to understand, and to aid in an effective and efficient debriefing session. She also provided coaching and guidance on how to deal with sensitive information, and how to deliver a diagnosis appropriately. During the debriefing session, Ms. Thorpe provided support for my assessment results and any communicated diagnoses. She also provided additional feedback and information to the client, and helped me to answer some of the more difficult questions that clients had during the debriefing. After each debriefing, Ms. Thorpe and I would discuss how the meeting unfolded. She would provide feedback on what I did well, what I could do differently in future, and how I had improved since previous debriefing meetings. Throughout the whole process, I learned more than I anticipated, and I always felt appreciated and encouraged. I am extremely grateful for the opportunities that I received.

Practicum Reflections

When I reflect on the last few months, working professionally and collaboratively with Ms. Thorpe, I feel privileged to have gained an incredible amount of knowledge from such a professional and dedicated Psychologist. I discovered and fully realized many of my professional strengths and weaknesses, as I work to become a registered
psychologist. For the first couple of weeks of my practicum, I had moments where I felt overwhelmed by the amount of information that I had to learn in such a short period of time, given my practicum goals. However, Ms. Thorpe provided such a supportive and encouraging environment, that I was not only able to meet my practicum goals, I was able to exceed them. There were days that I worked 16 hours, and although I was exhausted, it was my passion to do well by my clients, that energized me. Ms. Thorpe was there to provide information, guidance, and advice whenever I was unsure of which direction to go. Right from the very first day of my practicum, Ms. Thorpe provided me with all the documents, information, and resources I needed to be successful. She exhibited great patience with all the email inquiries at all times of the day and night, and always responded promptly with helpful information and guidance. I feel extremely blessed to have had such an amazing mentor and Professional Associate.

A very valuable lesson that I learned from Ms. Thorpe that I will remember forever, is when she simply said that she, “had to learn to set boundaries.” We were talking about how easy it is to always be working (on a report, researching, answering emails, etc.). Having been a full time teacher and graduate student, I always had some sort of work to do (e.g. working on an Inclusion and Intervention Plan, term paper). I set no boundaries for my work tasks. My whole life was consumed by all things work-related, which left very little time for taking care of my health and well-being, including adding leisure activities into my life. As I made recommendations for proper sleep, nutrition, exercise, and leisure for my clients, I realized that I had not “set boundaries” for myself. I realized that I was not doing the things that I was recommending to clients, it is something that I have slowly started to do now. Learning to set boundaries will likely
always be a challenge for me, but I have started to take my overall health more seriously by being mindful of when it is time to stop working and do something to relax, or something to benefit my overall health. Likewise, one of my instructors, Dr. Angela Snowshoe, shared with her students the importance of staying emotionally and mentally healthy as a psychologist. She described how easily it is to get “bogged down” by a client’s issues, and cautioned us that if you do not make efforts to stay mentally and emotionally healthy (e.g. personal counselling, exercise, etc.), this can be detrimental to your own health, and it may result in poor delivery of psychological services.

Given my experience as a teacher in Saskatchewan, I was also honoured to be able to provide insight to Ms. Thorpe and my fellow graduate student, about how students are supported in Saskatchewan schools, and what recommendations are realistic given the current status of the Kindergarten to Grade 12 education sector in the province. Further, I was able to provide information about how students qualify for particular supports within schools. Ms. Thorpe was happy to learn this information, and I felt like we worked very collaboratively for the benefit of CAIRS clients. I am certain that my 13 years of experience as a Classroom Teacher, and three years as a Learning Assistance Teacher, as well as my experience with very diverse populations of students, will be of great benefit to clients in my professional practice as a psychologist in the future.

A difficult transition that I will have to make when working as a psychologist, in comparison to my current role with the school division is in tracking the progress of clients. In my current role, my responsibility is to request psychological services for students implement the recommendations from the Educational Psychologist in collaboration with the school team (e.g., Classroom Teachers, Educational Assistant, the
principal, Speech Language Pathologists, Occupational Therapists, counsellors, and personnel from community agencies), and continuously follow up with the team to ensure recommendations are consistently being implemented with fidelity. I remember asking Ms. Thorpe if we ever followed up with clients to see how they are doing, if they implemented recommendations, or if they required additional services. The short answer was no; it was not our role (at least not with CAIRS). Our role at CAIRS is only to provide the assessment and make recommendations, and not to follow up with the client later on. However, clients are invited to contact CAIRS should they have any questions in the future. Not knowing how my client is doing after an assessment is something that I will certainly need some time getting used to.

My rewarding practicum experience at CAIRS was confirmation that I am on the right path toward a career change. I am looking forward to being a part of the community of registered Saskatchewan psychologists in Saskatchewan in the future. The current and aspiring registered psychologists that I have met so far are an amazing, inspirational, and ingenious group of people.

Summary

The past six and a half years of my life has been an amazing journey filled with remarkable successes, lessons learned, personal and professional insight, some disappointment, a lot of excitement, and connections with some of the most wonderful professionals I have ever known. From 13 years of work as a Classroom Teacher, and attaining my Special Education Certificate, to nearly three years as a Learning Assistance Teacher and working on my Masters of Educational Psychology, I feel like the past six and a half years has helped me to feel more confident with my decision to make a career
change from teacher to psychologist. Although the journey has included many challenges (e.g. travelling from Saskatoon to Regina once a week, sacrificing time that would have been spent with family and friends), it was worth the effort in the end.

The incredible and important work that psychologists do to positively impact the lives of their clients is work that I am looking forward to being a part of. Furthermore, I am confident that my experience as a teacher will inform and enhance my work as a psychologist. I am looking forward to lifelong learning within our community of provincial and national psychologists, and likewise, to contributing to the lifelong learning of my professional colleagues.

The end of my practicum signifies the beginning of a new and exciting chapter in my life, but it is bitter-sweet. I have worked so hard for this moment, and it is thrilling (and a little bit frightening) to finally be finished, but it marks the end of what will be over 16 years of teaching. Although it will be difficult to turn the page on that chapter of my life, it will be made easier by the new adventures that await me on the journey to becoming a fully registered psychologist with an Authorized Practice Endorsement. My friends and colleagues have teased me throughout the years about continuing on to attain my Ph.D. I used to laugh and say that there was no chance! However, I see many areas of research that I would like to explore (e.g. the effects of “screen time” on student achievement). These are areas of great interest to me, and I just may consider that route in the future. That is, after I have a few successful years as a practicing psychologist first.
References


Canadian ADHD Resource Alliance (2014). *Weiss Symptom Record (WSR)*.


Feifer, S (2015). *Feifer Assessment of Reading.* Schoolhous Educational Services, LLC. Sparta, WI.


## Appendix A: Invoice Template

![Invoice Template](image)

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Psychoeducational Assessment (6 hours)</td>
<td>$400.00</td>
</tr>
<tr>
<td></td>
<td>Results Analysis and Report Preparation (10 hours)</td>
<td>$350.00</td>
</tr>
<tr>
<td></td>
<td>Report Debrief (1 hour)</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

Total: $800.00

Services Supervised by: Angela Thorpe, M.Ed.
Registered Psychologist (SK) #843

Thank you for your business
Appendix B: CAIRS Referral Form

Counselling Assessment Intervention & Research Services (CAIRS)
Department of Educational Psychology & Special Education
College of Education, University of Saskatchewan
28 Campus Drive, Saskatoon, SK S7N 0X3
Email: cairs.referals@usuask.ca | website: www.cairs.usask.ca

PSYCHOEDUCATIONAL ASSESSMENT REFERRAL FORM

Contact Information:
Client Name: __________________________ Date of Birth/ Age: __________________________
Home Address: __________________________ City: __________________________ Postal Code: __________________________
Phone: __________________________ Cell: __________________________ Can a telephone message be left? Yes ☐ No ☐
Primary Email: __________________________

1. If this is not a self-referral or a parent/guardian acting on behalf of their child, is the client aware that a referral is being made? Yes ☐ No ☐

2. Are you (and/or the referred client) aware that there is a fee for service at CAIRS? Yes ☐ No ☐

3. Are you (and/or the referred client) aware that assessments are performed by graduate students or Provisionally Registered Psychologists under the supervision of a Registered Psychologist? Yes ☐ No ☐

4. Reason for Referral: __________________________

5. Has the Client Been Previously Assessed? Yes ☐ No ☐
   a. If yes, when and by whom: __________________________
   b. What tests were administered (e.g. Cognitive/IQ, Achievement, Behavioural/Emotional Functioning)? __________________________

5. Was a diagnosis provided? Yes ☐ No ☐ If yes, please indicate: __________________________

6. Has the client had prior accommodations? Yes ☐ No ☐
   a. If yes, please indicate: __________________________

Referral Source and Relationship to Client: __________________________

Referral Source Signature: __________________________ Date: __________________________

Adapted From: UCAPES, University of Calgary
Appendix C: CAIRS Adult Background Questionnaire

Counselling Assessment Intervention & Research Services (CAIRS)
Department of Educational Psychology & Special Education
College of Education, University of Saskatchewan
3B Campus Drive, Saskatoon, SK S7N 0X1
Email: cair.research@usask.ca | Website: www.cair.usask.ca

Adult Background Questionnaire

CONTACT INFORMATION

Name: __________________________________________ Date of Birth: __________________________
Home Address: __________________________________________________________

City: __________________ Postal Code: __________________
Home Phone: __________________ Work Phone: __________________ Cell Phone: __________________
Can a message be left? Yes ☐ No ☐ If yes, at which number? __________________________

Email: __________________

Current Occupation: Student ☐ unemployed ☐ disability ☐ occupation: __________________________
Status: single ☐ married ☐ common-law ☐ separated ☐ divorced ☐
Ethnic Origin (optional): __________________________

REASON FOR REFERRAL

1. Please summarize your reasons for seeking an assessment? (Briefly list your main concerns)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. What kind of information or help do you hope will come from this assessment?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3. Have you ever been tested before? If so, please indicate when, by whom and tests given. Please attach copies of all prior testing reports to this questionnaire.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
PRESENT SITUATION

1. Please describe your current job or school situation. Include your major responsibilities and indicate which of these responsibilities you feel you are easily able to complete and which are causing you difficulty.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   a. Areas where you are having no difficulty:

   __________________________________________________________
   __________________________________________________________

   b. Areas where you are having some difficulty:

   __________________________________________________________
   __________________________________________________________

   c. Which areas of school/job are causing you the most difficulty?

   __________________________________________________________
   __________________________________________________________

EARLY HISTORY

1. Did you have any health problems as a child? If yes, please describe.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Did you have any unusual accidents or trauma as a child? If yes, please describe.

   __________________________________________________________
   __________________________________________________________

3. Have you ever been told whether or not you met the following childhood milestones within normal range (for example, have you heard you learned it took you a long time before you first started talking)?:

   a. Walking? Yes □ No □
   b. Talking? Yes □ No □
   c. Toilet Training? Yes □ No □
   d. Social Skills/Interaction? Yes □ No □
If you responded no to any of the above, please explain.


EDUCATION

1. School History (Please List):

<table>
<thead>
<tr>
<th>Year</th>
<th>Grade</th>
<th>School</th>
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</table>

2. Can you remember or have you been told of any difficulties you had when you first went to school? In middle school or high school? If yes, please describe.


3. Can you recall receiving additional support from the resource room, a tutor, or any other special program? If so, describe.

a. Were you ever identified as gifted/talented in elementary, middle, or high school?
   Yes □ No □

b. Were you ever identified as having a learning disability in elementary, middle, or high school?
   Yes □ No □

c. If you answered yes to either of the above, please explain how you were identified, by whom, and what (if any) accommodations or adjustments were made to your school program as a result of this identification.


GED/COLLEGE/UNIVERSITY

1. Please indicate your highest level of education:
   a. GED  □  High School  □  Certificate/Diploma □  Undergraduate □  Graduate (Master’s/Ph.D.) □
   b. Please list graduating institution and the name of your major/concentration: __________________________

2. What were your grades like as a college/university student? ______________________

3. Did you have any particular problems/difficulties as a post-secondary student? If so, please explain. ______________________

4. Is there anything else you think we should know about your education and days as a student? ______________________

CURRENT ABILITIES

1. Do you feel that you have a strong, average, or weak memory? ______________________

2. Has your ability to remember things changed? Please explain. ______________________

1. Please comment on your ability in the following areas.
   a. Organizational skills. ______________________

   b. Ability to focus and sustain attention. ______________________
c. Reading Comprehension.


d. Writing.


e. Math Skills.


f. What do you think are your academic strengths and weaknesses?


MEDICAL HISTORY
1. Please list any serious illnesses or medical conditions that you have/have had. When you list an item, also note the approximate date (or age) of the illness.


2. Last Vision Exam: ___________________________ Result: ___________________________


3. Last Hearing Exam: ___________________________ Result: ___________________________

4. Have you ever experienced any of the following:
   a. Vision difficulties? Yes ☐ No ☐
   b. Hearing difficulties? Yes ☐ No ☐
   c. Frequent ear infections? Yes ☐ No ☐

5. Please list any medication you have taken in the past for longer than 3 months duration.

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>From (Date) – Until (date)</th>
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</tbody>
</table>
FAMILY HISTORY
1. Is there any history of learning difficulties in your family (parents, siblings, grandparents, cousins, aunts, uncles)? If so, please describe. 

____________________________________________________________________
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2. Is there any history of attention, social or behavioral difficulties in your family (parents, siblings, grandparents, cousins, aunts, uncles)? If so, please describe. 

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OTHER
1. Please provide any additional information about yourself which you think might be useful. 

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____________________________________________________________________

Please return this form at your earliest convenience to CAIRS.

Adapted from CTY Diagnostic and Counseling Center Intake Form, John Hopkins University Intake
Appendix D: CAIRS Children Background Questionnaire

Children Background Questionnaire

IDENTIFYING INFORMATION
Child's Name: __________________________ Date of Birth/ Age: __________________________
Home Address: __________________________ City: __________________________ Postal Code: __________________________
Phone: __________________________ Can a telephone message be left? Yes □ No □
Primary Family Email: __________________________
School: __________________________ Grade: __________________________
Person filling out this form (circle one): Mother □ Father □ Stepmother □ Stepfather □ Guardian □
Other (please explain): __________________________

Contact information if different from above (please check): Mother □ Father □
Phone: (h) __________________________ (w) __________________________
Email: __________________________

PRESENTING DIFFICULTIES
1. Briefly describe your child's current difficulties: __________________________
   __________________________
   __________________________
   __________________________

2. How long has this problem been of concern to you? __________________________

3. When the problem was first noticed? __________________________

4. What seems to help the problem? __________________________
   __________________________
   __________________________

5. What seems to make the problem worse? __________________________
   __________________________
   __________________________

6. Has your child received evaluation or treatment for the current problem or similar difficulties? Yes □ No □
   If yes, when and with whom? __________________________
   __________________________
7. Has your child ever received previous cognitive, academic or behavioural assessment and/or diagnosis? Yes □ No □  
If yes, when, by whom and results: ____________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  

8. By whom were you referred? ________________________________________________  

9. What questions would you like answered by this assessment?  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  

PRENATAL, BIRTH AND DEVELOPMENTAL HISTORY  
1. Length of pregnancy: ______________________________________________________  

2. Were there any complications during pregnancy or delivery? Yes □ No □ If yes, please explain: _________  
__________________________________________________________________________  
__________________________________________________________________________  

3. During infancy were there any difficulties with the following:  
   a. Feeding/Eating? Yes □ No □  
   b. Sleeping? Yes □ No □  

4. Please answer the following regarding infancy:  
   a. Was the child quiet? Yes □ No □  
   b. Did the child like to be held? Yes □ No □  
   c. Was the child alert? Yes □ No □  

5. Did your child meet the childhood milestones within the normal range?  
   a. Walking? Yes □ No □  
   b. Talking? Yes □ No □  
   c. Toilet Training? Yes □ No □  
   d. Social Skills/Interaction? Yes □ No □  

6. Were there any other special problems in the child's growth or developmental delays during the first few years?  
   Yes □ No □ If yes, please describe: __________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________
**CHILD’S MEDICAL HISTORY**

1. Please list any serious illnesses or medical conditions that your child has or has had. When you list an item, also note the approximate date (or age) of the illness.

   ____________________________________________
   ____________________________________________

2. Last Vision Exam: ___________________________ Result: ____________________________

3. Last Hearing Exam: __________________________ Result: ____________________________

4. Has your child had any of the following:
   a. Vision difficulties? Yes ☐ No ☐
   b. Hearing difficulties? Yes ☐ No ☐
   c. Did he/she have frequent ear infections? Yes ☐ No ☐
   d. If yes, did he/she child have ear tubes inserted surgically? Yes ☐ No ☐

5. Please list any medication taken by your child in the past for longer than 3 months duration.

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>From (Date) – Until (date)</th>
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**EDUCATIONAL HISTORY**

1. School History (Please List):

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<th>Year</th>
<th>Grade</th>
<th>School</th>
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3
2. Please place a check next to any educational difficulties that your child currently exhibits.

**Check**
- Has difficulty with reading
- Has difficulty with arithmetic
- Has difficulty with spelling
- Has difficulty with writing

**Check**
- Does not like school
- Has difficulty with other subjects. Please list: __________________________

3. Is your child in an alternate education class or receiving accommodations or modifications? Yes ☐ No ☐

4. If yes, what type of class/modifications? __________________________

5. Has your child been retained a grade? Yes ☐ No ☐ If yes, which grade: __________________________

**SOCIAL AND BEHAVIOUR CHECKLIST**

**Check**
- Has difficulty with speech
- Has difficulty with hearing
- Has difficulty with language
- Has difficulty with vision
- Has difficulty with coordination
- Prefers to be alone
- Does not get along well with siblings
- Is aggressive
- Is shy or timid
- Is more interested in things (objects) than in people
- Wets bed
- Has frequent tantrums
- Has frequent nightmares
- Has trouble sleeping (describe) __________________________

- Other (describe) __________________________

- Has special fears, habits or mannerisms (describe) __________________________
FAMILY HISTORY
1. Please complete the following information regarding biological parents in the appropriate column:

<table>
<thead>
<tr>
<th>Biological Mother (if known)</th>
<th>Biological Father (if known)</th>
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<tr>
<td>Name</td>
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<tr>
<td>Occupation</td>
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<tr>
<td>Highest Level of Education</td>
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<tr>
<td>Language</td>
<td></td>
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<tr>
<td>Ethnic Origin (optional):</td>
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<tr>
<td>Marital Status: Married □</td>
<td>Separated □</td>
</tr>
<tr>
<td>Divorced □</td>
<td>Age of child when separation/divorce occurred:</td>
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<tr>
<td>Child’s Siblings and Ages:</td>
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<td>Custody:</td>
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<tr>
<td>Amount of time spent with:</td>
<td>Biological Mother:</td>
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<td></td>
<td>Biological Father:</td>
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<td></td>
<td>Step Family:</td>
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<td>Adopted: Yes □ No □</td>
<td>Age of Adoption:</td>
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<td>Country of Adoption:</td>
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<tr>
<td>Number of Biological and/or half siblings:</td>
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</table>

<table>
<thead>
<tr>
<th>Stepfather (if applicable)</th>
<th>Stepmother (if applicable)</th>
<th>Guardian (if applicable)</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Occupation</td>
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<tr>
<td>Highest Education</td>
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<tr>
<td>Language</td>
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</tbody>
</table>

2. Please indicate if either parent has experience/been diagnosed with any of the following:
   a. Any diagnosed learning difficulties?
   b. Any Learning or Attention Problems?
   c. Any psychological or psychiatric problem for which treatment was received?
   d. Any Social/Behavioural/Health problems?
   Mother □ Father □
   Mother □ Father □
   Mother □ Father □
   Mother □ Father □
3. If you responded yes to any of the above please explain in detail below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Please complete the following information about other children in the family (including step-siblings and half-siblings). Have any of the child's siblings experienced/been diagnosed with any of the following:
   a. Any diagnosed learning difficulties? Yes □ No □
   b. Any Learning or Attention Problems? Yes □ No □
   c. Any psychological or psychiatric problem for which treatment was received? Yes □ No □
   d. Any Social/Behavioural/Health problems? Yes □ No □

5. If you responded yes to any of the above please explain in detail below and provide the name and age of the sibling(s) impacted:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Do any extended biological family members (maternal/paternal grandparents, uncles, aunts, cousins) suffer from any of the following:

   □ Inattentiveness or hyperactivity
   □ Behavior problems
   □ Learning difficulties
   □ Epilepsy
   □ Seizures
   □ Migraines
   □ Alcoholism/drug abuse
   □ Psychological, emotional or personality difficulties

   □ Depression
   □ Bipolar disorder
   □ Schizophrenia
   □ Developmental delay
   □ Autism Spectrum disorder
   □ Anxiety or "nervousness"
   □ Congenital abnormalities
   □ Other neurological conditions, etc.?
7. If so, please list the relationship to your child, the disorder and any treatment received:
   Maternal (mother’s side)  Paternal (father’s side)
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

8. Is there a family history of any other learning, behaviour or mental health difficulties not mentioned on this form?
If yes, whom and what issues are/were present?
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

ADDITIONAL INFORMATION
1. What are your child’s favourite activities?
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

2. What activities does your child like least?
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

3. What disciplinary techniques do you usually use when your child behaves inappropriately?
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

4. What are your child’s assets or strengths?
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
5. Is there any other information that you think may help us in working with your child?

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Signature(s) - Parent/Legal Guardian:

Signature: ___________________________ Date: ___________________________

Signature: ___________________________ Date: ___________________________

Please return this form at your earliest convenience to CAIRS on or before your assessment date.
Appendix E: CAIRS School Background Questionnaire

Counselling Assessment Intervention & Research Services (CAIRS)
Department of Educational Psychology & Special Education
College of Education, University of Saskatchewan
28 Campus Drive, Saskatoon, SK S7N 0X1
Email: cairs.inquiries@usask.ca | website: www.cairs.usask.ca

School Background Questionnaire

Student Name: ___________________________ Date of Birth: __________
Grade: ___________________ School: _____________________________
Person Completing Form: ___________________________ Position: __________
How long have you known this student? __________ Size of Class: __________

To the teacher: Your careful completion of this questionnaire, which will help us to assess this child’s needs, is greatly appreciated.

1. Does the student receive in-class help? □ Yes □ No
   If yes, how many hours per week? _____ Per day? _____

2. Does the student receive out-of-class help? □ Yes □ No
   If yes, how many hours per week? _____ Per day? _____

3. Describe this student’s difficulties and strengths: ____________________________
   ____________________________
   ____________________________

4. List any specific concerns regarding this student: ____________________________
   ____________________________
   ____________________________

5. Describe this student’s social adjustment with adults/children: ________________
   ____________________________
   ____________________________

6. Please list dates and attach scores or reports for any previous individual or group testing done for this student:
   □ Psychological Testing: ____________________________
   □ Speech-Language: ____________________________
   □ Academic Achievement: ____________________________
7. Which of the following supports does your school provide and/or is currently being received by this student?

<table>
<thead>
<tr>
<th>Service/Support</th>
<th>Available</th>
<th>Consultant (if known)</th>
<th>Currently involved?</th>
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<tbody>
<tr>
<td>Special Education Program</td>
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<tr>
<td>Individualized Education Plan (IEP)</td>
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<tr>
<td>Educational Assistant</td>
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<tr>
<td>Assistive Technology</td>
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<td>Class FM/Sound Field Amplification System</td>
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<td>Resource Room Program</td>
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<tr>
<td>Speech-Language Therapy</td>
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<td>Guidance Counselling</td>
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<tr>
<td>Occupational/Physical Therapy</td>
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<tr>
<td>Psychologist</td>
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<tr>
<td>Community Health Nurse</td>
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<td>Social Worker</td>
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<td>Cultural Liaison Worker/Elder</td>
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<td>Special Class</td>
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<td>Other (specify)</td>
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**Student Performance**

1. Please rate the student’s performance in the following areas as you have observed on a day-to-day basis:

<table>
<thead>
<tr>
<th>Skill Set</th>
<th>Major Concern</th>
<th>Minor Concern</th>
<th>No Concern</th>
<th>Advanced for Age</th>
<th>Estimated Grade Level</th>
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<tbody>
<tr>
<td><strong>Reading</strong></td>
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<td>Word Recognition</td>
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<td>Reading Rate</td>
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<td>Oral Reading</td>
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<td>Silent Reading</td>
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<td>Reading Comprehension</td>
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<td><strong>Spelling</strong></td>
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<td>Accuracy</td>
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<td><strong>Fine Motor Skills</strong></td>
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<td>Writing (punctuality, legibility)</td>
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<td>Volume Output/Speed</td>
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<td>Skill Set</td>
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<td>Minor Concern</td>
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<td>Estimated Grade Level</td>
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<td><strong>Mathematics</strong></td>
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<td>Computation</td>
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<td>Problem-Solving</td>
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<td>Instruction</td>
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<td>Oral Sentence Structure</td>
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<td>and Fluency</td>
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<td>Reciprocal Conversations</td>
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<td>Inappropriate Use of Language</td>
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<td><strong>Knowledge</strong></td>
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<td>General</td>
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<td><strong>Memory</strong></td>
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<td>Art</td>
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<td><strong>Physical Education</strong></td>
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<td>Physical Education</td>
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<td>Left/Right Confusion</td>
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<td><strong>Effort/Motivation</strong></td>
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<td>Effort</td>
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<td><strong>Social/Emotional</strong></td>
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<td>Interest in Peers</td>
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<td>Social Responses to Peers</td>
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<td>Group Interactions with</td>
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<td>Imaginative Play</td>
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<td>Solitary Play</td>
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<td>Repetitive Motor</td>
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<td>Movements or Behaviours</td>
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<td>Ability to Share</td>
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<td>Compliance with Rules and</td>
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<td>Minor Concern</td>
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<td>Advanced for Age</td>
<td>Estimated Grade Level</td>
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<td>Impulsivity</td>
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<td>Hyperactivity or Motor Restlessness</td>
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<td>Defiance/Noncompliance with Authority</td>
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<td>Physical Aggression towards Others</td>
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<td>Destruction of Property</td>
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<td>Runs Away from School</td>
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<td>Frequently Absent</td>
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<td>Lies</td>
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<td>Cheats</td>
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<td>History of Trouble with the Law</td>
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<td>Unusual Fears</td>
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<td>Obsessive Interests/Topics</td>
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<td>Ritualistic Behaviours</td>
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<td>Phobias</td>
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<td>Semantic Complaints (stomach aches, headaches, pains)</td>
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<td>Difficult Temperament/Moods</td>
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<td>Other (specify)</td>
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2. Does the student have access to computers? ❑ Yes ❑ No
   If yes, please specify whether in ❑ Classroom ❑ Computer room
   Describe the student’s keyboarding skills: ❑ Good ❑ Developing ❑ Absent
   Comment: __________________________________________________________

3. Does this student have any special interests or talents? ❑ Yes ❑ No
   Please describe: ____________________________________________________

**School/Parent Relationship**

1. Are parents aware/concerned? ❑ Yes ❑ No
   Please describe: ____________________________________________________
General Comments: ________________________________

______________________________

______________________________

______________________________

Name of person filling out this form: ___________________________  Title: ___________________________

Signature: ___________________________  Date: ___________________________

Thank you for your help in completing this questionnaire. Please attach copies of the child's latest assessment or progress reports and include any other information that may help in assessment of this child.

Please return this form to:
CAIRS
Department of Educational Psychology & Special Education,
College of Education, University of Saskatchewan,
28 Campus Drive, Saskatoon, SK S7N 0X1
Appendix F: CAIRS Consent to Psychological Services for Adults – Assessment

CAIRS
CAIRS is an assessment clinic staffed by practicum students from the School and Counselling Psychology Master's program in the Department of Education Psychology and Special Education, College of Education. CAIRS is also staffed by Psychometrists and Provisional Psychologists who have completed practicum placements in the above Master's program or an equivalent program and are still in the process of training. The assessment process will be supervised by Registered Psychologist, Angela Thorpe.

Qualifications
Angela Thorpe, M.Ed., Registered Psychologist (#843) is registered with the Saskatchewan College of Psychologists. She abides by the Canadian Code of Ethics for Psychologists (Canadian Psychologists Association). A copy of the code is available at the following website: www.cpa.ca.

Fees
CAIRS’ fee for psychoeducational assessments is $800.

Insurance Providers/Funding Agencies
If the services you obtain are covered by an insurance provider or a funding agency, some information (e.g. dates of appointments, report writing, and debrief meeting) as well as a copy of your report may be shared for billing purposes in order to justify services and billing but cannot be shared outside of the insurance provider or funding agency without your permission.

Cancellation Policy
Should you need to cancel your appointment 24 hour notice is required. Cancellation less than 24 hours and missed appointments may be billed at the hourly rate at the discretion of CAIRS.

Late Arrivals
If you arrive late for your appointment and as a result only attend a portion of your scheduled assessment an additional appointment may have to be scheduled to complete the assessment.

Confidentiality
Information shared during the assessment process will remain confidential and will not be shared with anyone without your written permission. Confidentiality is your right. However, there are the following limits to confidentiality that do not require written permission in order for CAIRS to release information obtained during the assessment process:

- Students at CAIRS are under the supervision of Ms. Angela Thorpe and engage in regular case consultation with the CAIRS’ team. Every effort will be made to maintain confidentiality and information shared will be limited to necessary details in order to gain insight during consultation.
- There are additional limits to confidentiality. If the following occurs, the practicum student/ supervising psychologist is required by provincial law (see Health Information Protection Act – HIPA, The Child and Family Services Act, and The Mental Health Services Act) and The Saskatchewan College of Psychologists to report the information obtained during therapy to the authorities and does not require your written permission:
  - If you threaten to harm yourself or another individual, psychologists are legally and ethically required to protect the safety of the threatened person (HIPA). Possible actions as a result of this threat are as follows: informing the intended victim, notifying family/support system and/or alerting the local authorities.
Connections in Theory, Experience, and Practice: A Practicum in Educational Psychology

- If the abuse/neglect of a child, older adult, or an individual with disabilities is suspected or made known during the assessment, the psychologist is required to report the information to Child Protection (Social Services) and/or the local authorities.
- If a court order to release your records is received, the supervising psychologist is required to do so.

Records
As required by the Saskatchewan College of Psychologists and provincial law, any recordings, consent forms, assessment protocols, as well as the assessment report will be appropriately stored in a secure location under the supervision of Angela Thorpe for a period of seven years. After seven years, the information will be destroyed.

Withdrawal
You have the right to withdraw from the assessment at any time should you no longer wish to proceed.

Referrals
Should a need or a concern arise during the assessment that is outside of the practicum student and supervising psychologist’s area of competence, the practicum student will discuss this with you and make a referral to an appropriate professional who is trained and competent to meet your needs.

Acknowledgement and Consent
By your signature below, you are indicating that you have read and understood this consent form and authorize ___________________, Practicum Student under the supervision of Angela Thorpe, M.Ed., Registered Psychologist, to administer the assessments deemed to be a necessary component of the requested psycho-educational assessment.

Further, by your signature below, you are also indicating that any questions you may have had regarding the consent form and the assessment process have been satisfactorily answered.

You will be provided with a signed copy of this consent form for your records.

______________________________  ________________________________
Signature                                           Practicum Student

______________________________  ________________________________
Date                                               Date

______________________________  ________________________________
Angela Thorpe, M.Ed., Registered Psychologist       Date

Insurance Providers/Funding Agencies
I ___________________________ authorize the Learning Disabilities Association of Saskatchewan to provide a copy of my report to my insurance provider/funding agency for the purposes of payment.

______________________________  ________________________________
Signature                                           Date
Release of Information for Research Purposes

CAIRS collects assessment results for research purposes. Your participation in this process is appreciated but entirely voluntary. Whether you choose to participate or not, you will receive the same services from the CAIRS clinic. All information collected will be de-identified and your personal information will remain confidential.

__________________________________________

Authorizes CAIRS to use the results of my assessment for research purposes.

Signature

Date

Adapted from Relationship Journey,
Wild Willow Counselling Services, Inc.,
First Light Counselling,
LDSS
Appendix G: CAIRS Consent to Psychological Services for Children and Adolescents – Assessment

Counselling Assessment intervention & Research Services (CAIRS)
Department of Educational Psychology & Special Education
College of Education, University of Saskatchewan
28 Campus Drive, Saskatoon, SK S7N 0X1
Email: cairs.inquiries@usask.ca | Website: www.cairs.usask.ca

Consent to Psychological Services for Children and Adolescents - Assessment

CAIRS
CAIRS is an assessment clinic staffed by practicum students from the School and Counselling Psychology Master's program in the Department of Education Psychology and Special Education, College of Education. CAIRS is also staffed by Psychometricists and Provisional Psychologists who have completed practicum placements in the above Master’s program or an equivalent program and are still in the process of training. The assessment process will be supervised by Registered Psychologist, Angela Thorpe.

Qualifications
Angela Thorpe, M.Ed., Registered Psychologist (#843) is registered with the Saskatchewan College of Psychologists. She abides by the Canadian Code of Ethics for Psychologists (Canadian Psychologists Association). A copy of the code is available at the following website: www.cpa.ca

Fees
CAIRS' fee for psychoeducational assessments is $800.

Insurance Providers/Funding Agencies
If the services you obtain are covered by an insurance provider or a funding agency, some information (e.g., dates of appointments, report writing, and debrief meeting) as well as a copy of your report may be shared for billing purposes in order to justify services and billing but cannot be shared outside of the insurance provider or funding agency without your permission.

Cancellation Policy
Should you need to cancel your appointment, 24 hour notice is required. Cancellation less than 24 hours and missed appointments may be billed at the hourly rate at the discretion of CAIRS.

Late Arrivals
If you arrive late for your appointment and as a result only attend a portion of your scheduled assessment an additional appointment may have to be scheduled to complete the assessment.

Confidentiality
Information shared during the assessment process will remain confidential and will not be shared with anyone without your child’s and/or your written permission. Confidentiality is your right. However, there are the following limits to confidentiality that do not require written permission in order for CAIRS to release information obtained during the assessment process:

- Students at CAIRS are under the supervision of Ms. Angela Thorpe and engage in regular case consultation with her and other students. Every effort will be made to maintain confidentiality and information shared will be limited to necessary details in order to gain insight during consultation.
- There are additional limits to confidentiality. If the following occurs, the practicum student/psychologist is required by provincial law (see Health Information Protection Act – HPA, The Child and Family Services Act, and The Mental Health Services Act) and The Saskatchewan College of Psychologists to report the information obtained during therapy to the authorities and does not require your written permission:
- If your child threatens to harm him/herself or another individual, psychologists are legally and ethically required to protect the safety of the threatened person (HIPA). Possible actions as a result of this threat are as follows: informing the intended victim, notifying family/support system and/or alerting the local authorities.
- If the abuse/neglect of a child, older adult, or an individual with disabilities is suspected or made known during therapy, the psychologist is required to report the information to Child Protection (Social Services) and/or the local authorities.
- If a court order to release your child's records is received, the psychologist is required to do so.

Records
As required by the Saskatchewan College of Psychologists and provincial law, any recordings, consent forms, assessment protocols, as well as the assessment report will be appropriately stored in a secure location under the supervision of Angela Thorpe for a period of seven years after your child's 18th birthday. After this period of time, the information will be destroyed.

Withdrawal
You have the right to withdraw your child from the assessment at any time should you no longer wish for him/her to proceed.

Referrals
Should a need or a concern arise during your child's assessment that is outside of the practicum student/supervising psychologist's area of competence, she/he will discuss this with you and make a referral to an appropriate professional who is trained and competent to meet your child's needs.

Obtaining Parental Consent
When obtaining parental consent, psychologists are required to ensure the parent providing consent is legally entitled to do so. Therefore, if the relational status of the child's parents is married/common-law one signature from either the father or mother is considered sufficient in obtaining parental consent. However, if the child's parents are separated or divorced, a signature from both parents is required unless one parent has sole custody.

Acknowledgement and Consent
By your signature below, you are indicating that you have read and understood this consent form and authorize _______________________, Practicum Student under the supervision of Angela Thorpe, M.Ed., Registered Psychologist, to administer the assessments to your child that are deemed necessary and you agree to have your child complete the assessment process.

By your signature you are also indicating that you are the legal guardian of _______________ and legally possess the right to provide consent for him/her.

You will be provided with a signed copy of this consent form for your records.

______________________________
Parent or Guardian's Signature

______________________________
Date

______________________________
Parent or Guardian's Signature

______________________________
Date

______________________________
Practicum Student

______________________________
Date
Consent to Release Information to Insurance Providers/Funding Agency

I __________________________ authorize CAIRS to provide a copy of my child’s report to my insurance provider/funding for the purposes of payment.

Signature
Date

Signature
Date

Release of Information for Research Purposes

CAIRS collects assessment results for research purposes. Your participation in this process is appreciated but entirely voluntary. Whether you choose to participate or not, you will receive the same services from the CAIRS clinic. All information collected will be de-identified and your personal information will remain confidential.

______________________________ authorizes CAIRS to use the results of my assessment for research purposes.

Signature
Date

Signature
Date

1 Adapted from First Light Counselling
2 Quoted from First Light Counselling

Adapted from Relationship Journey, Wild Willow Counselling Services, Inc., First Light Counselling.
Appendix H: Authorization to Access and Release Assessment/Treatment Information

Counselling Assessment Intervention & Research Services (CAIRS)
Department of Educational Psychology & Special Education
College of Education, University of Saskatchewan
28 Campus Drive, Saskatoon, SK S7N 0X1
Email: cairs.inquiries@usask.ca | website: www.cairs.usask.ca

AUTHORIZATION TO ACCESS AND RELEASE ASSESSMENT/TREATMENT INFORMATION

Client Name: ___________________________ Date of Birth: ___________________________

I request and authorize ______________________, CAIRS (Practicum Student/Psychometrist/Provisional Psychologist/Psychologist) to access/discuss and/or release information of the client named above to/with:

Name: ___________________________
Address: ___________________________
Phone: ___________________________ Fax: ___________________________

This request and authorization applies to the following:

☐ Assessment Information
☐ Treatment Information
☐ Other ___________________________

Client Signature: ___________________________ Date Signed: ___________________________

Parent Signature: ___________________________ Date Signed: ___________________________

Parent Signature: ___________________________ Date Signed: ___________________________
Appendix I: Bell Curve
Appendix J: Adult Debrief Visual
Appendix K: Child Debrief Visual (WISC-V)
Appendix L: Additional Cognitive Assessments (Child/Adult)