Psychoeducational Assessment Process: A Learning Experience

A Practicum Report
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Abstract

This report focuses on the learning experience of an assessment and diagnostic based practicum, with the Prairie South School Division No. 210. The assessment process and the administration of cognitive assessments, including the Wechsler Intelligence Scale for Children – Fifth Edition, is discussed. Additionally, the importance of connecting the examiner’s observations to the results is discussed, and the methods for report writing and debriefing are explained. Applying classroom and research based theory to my practicum experience is discussed. Lastly, my reflections and my professional growth experiences are reviewed.

Key words: practicum, practicum report, educational psychology, cognitive assessment
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I would also like to extend my gratitude to Mrs. Jenn Osberg and to Mrs. Kristin Bellows. They provided me with the opportunity to work with, and learn from them on numerous occasions.

Many thanks to the superintendent of learning at the Prairie South School Division # 210 – Lori Meyer, who forwarded my practicum request to Mr. Kelly Michalko. I greatly appreciate the opportunity of working with all the professionals at the Riverview Collegiate building.

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Finally, I would like to express my gratitude to the Chinook School Division who supported, helped fund, and granted me my educational leave, so that I could pursue my goal of advanced education and self-fulfillment.
Dedication

I would like to dedicate my journey through this program to my parents, Steve and Sheila Rand. Thank you for your support and encouragement throughout the duration of this experience. The support and care that you have provided me with throughout my life, including my educational endeavours, has been invaluable. Thank You.

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## Table of Contents

Abstract ................................................................................................................. i

Acknowledgements ............................................................................................... ii

Dedication ............................................................................................................... iii

Table of Contents ................................................................................................... iv

List of Abbreviations .............................................................................................. vi

Background and Preparation .................................................................................. 1

Practicum Goals ........................................................................................................ 3

Practicum Setting ...................................................................................................... 3

Practicum Responsibilities ....................................................................................... 4

Referral Process ........................................................................................................ 5

Assessment Process and Selection of Test Batteries .............................................. 5

Observations ............................................................................................................ 7

Scoring and Interpretation ...................................................................................... 8

Report Writing .......................................................................................................... 9

Debriefing ................................................................................................................ 10

Collegial Learning ................................................................................................... 11

Application: Theory to Practice ............................................................................ 12

Cattell-Horn-Carroll (CHC) Theory and Its’ Relevance to Diagnosing Specific Learning Disability (SLD) ............................................................... 12

Ethical Considerations ............................................................................................ 14

Report Writing View Points for New Educational Psychologists ....................... 17

Practicum Reflections ............................................................................................... 20
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>23</td>
</tr>
<tr>
<td>References</td>
<td>24</td>
</tr>
<tr>
<td>Appendix A: Student Referral Form</td>
<td>27</td>
</tr>
<tr>
<td>Appendix B: Student Rating Scale</td>
<td>31</td>
</tr>
<tr>
<td>Appendix C: Consent Form</td>
<td>32</td>
</tr>
<tr>
<td>Appendix D: Parent Questionnaire</td>
<td>34</td>
</tr>
</tbody>
</table>
**List of Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABAS-3</td>
<td>Adaptive Behavior Assessment System</td>
</tr>
<tr>
<td>ADOS-2</td>
<td>The Autism Diagnostic Observation Schedule – Second Edition</td>
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<td>Bender</td>
<td>The Bender Visual-Motor Gestalt Test – Second Edition</td>
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<td>CBRS</td>
<td>Conners Comprehensive Behavior Rating Scale</td>
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<td>CHC Theory</td>
<td>Cattell-Horn-Carroll Theory</td>
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<td>CPA</td>
<td>Canadian Psychological Association</td>
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<tr>
<td>DAP</td>
<td>Draw a Person</td>
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<tr>
<td>NNAT</td>
<td>Naglieri Nonverbal Ability Test</td>
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<tr>
<td>PPVT-4</td>
<td>Peabody Picture Vocabulary Test – Fourth Edition</td>
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<tr>
<td>PSSD No. 210</td>
<td>Prairie South School Division No. 210</td>
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<td>SCCHS</td>
<td>Swift Current Comprehensive High School</td>
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<td>SLD</td>
<td>Specific Learning Disability</td>
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<td>SST</td>
<td>Student Services Teacher</td>
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<tr>
<td>VMI</td>
<td>The Beery-Buktenica Developmental Test of Visual-Motor Integration – Sixth Edition</td>
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<tr>
<td>WIAT-III</td>
<td>Wechsler Individual Achievement Test – Third Edition</td>
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<td>WISC-V</td>
<td>Wechsler Intelligence Scale for Children – Fifth Edition</td>
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<tr>
<td>WRAT-4</td>
<td>Wide Range Achievement Test – Fourth Edition</td>
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**Background and Preparation**

I graduated from the University of Ottawa with my Bachelors of Science Degree with Honours in Human Kinetics, in 2008. From there, I worked as a kinesiologist for the Family Physiotherapy Centre for a year and a half, before going on to Nipissing University to complete my Bachelors of Education Degree in 2010.

Upon graduation from Nipissing, I moved to Kuujjuaraapik, a fly-in only community situated in Northern Quebec. Here, I taught physical education to all grade levels, Kindergarten to Secondary 5. During my teaching here, I worked with many ‘at risk’ youth, and began to hone my skills, working with children having intensive needs. For this reason, I completed my Special Education Parts 1, 2, and 3 additional qualifications, from Nipissing University, while I continued working here.

Following two years of working for the Kativik School Board in Kuujjuaraapik, I then moved to Swift Current, Saskatchewan and began working for the Chinook School Division. During my first four years here, I worked as a student services teacher (SST), responsible for the administration of the Grades 9 and 10 Learning Assistance Program at the Swift Current Comprehensive High School (SCCHS). My duties here included: direct teaching to students with intensive needs; planning and implementing Inclusion and Intervention Plans (IIPs) and Records of Adaptations (ROAs); scheduling and directing of the educational assistants in Grades 9 and 10; Using the WIAT-III, Key-Math 3, and WRAT-4 assessments in order to help determine student placement (i.e. regular or modified programming); make recommendations for students to be formally tested by an educational psychologist when necessary; and meet with families to discuss IIP’s, and to obtain required signatures from parents of the students who would be redirected to modified or alternative programs at the high school level. During this time, I
collaborated regularly with the educational psychologists within my school division, and this work experience which I enjoyed, prompted me to pursue my Masters of Education in Educational Psychology, with the goal of someday myself becoming an educational psychologist.

With this decision made, I then began to pursue my goal, which then resulted in me taking an educational leave during the 2016/2017 school year in order to focus on obtaining this degree. This first year, I studied full time at the University of Regina. I then returned to work for the 2017/2018 school year, and continued to work as an SST, at the elementary level, primarily with students from Kindergarten to Grade 5. During this time, I continued my schooling through the University of Regina, while commuting from Swift Current, and sought out a practicum placement, as required by my program. I contacted Mrs. Lori Meyer, the superintendent of learning from PSSD No. 210, who found me the placement which I was seeking, after she consulted with Mr. Kelly Michalko, Registered Psychologist (#446), whom I would be interning under.

I began my placement on May 7, 2018, and continued fulltime through to June 15, 2018, completing a total of 210 hours toward the 150 hours required by the faculty of education. Mr. Michalko provided me with a great opportunity to hone my skills as an educational psychologist, and I was able to achieve all of the goals that I had set for myself as part of my practicum proposal. Following this internship, I submitted the required practicum report and documentation to the Faculty of Education of the University of Regina in order to satisfy the requirements for my graduation.
Practicum Goals

The goals for my practicum were initially laid out in both my practicum proposal and the contract, and these were then discussed with Mr. Michalko during our initial meeting together. My goals consisted of: increasing my competency and confidence levels in the field of educational psychology; to discuss and observe effective methods of performing clinical interviews with the parents of those students who were referred for testing; to obtain supervised practice in the use and administration of various test batteries such as the WISC-V; to then use these assessments as well as other diagnostic tools and techniques to diagnose intellectual disabilities and specific learning disorders; and, to then make appropriate recommendations as to how to best address their specific learning needs. I also wanted to gain experience in the preparation of psychological reports based on specific student needs, and to discuss these needs with the parents of that specific student whom I had assessed. Additionally, I also wanted to work with at least one student who was referred for a behavioural problem, and to develop an effective plan to manage his/her behaviour. Furthermore, I wanted to learn and discuss potential ethical dilemmas that arise when working as an educational psychologist in schools.

Practicum Setting

The PSSD No. 210’s vision and mission statement is “Learning together for our future.” Within this vision and mission, they hold four core values which include: 1) Development of the whole child; 2) Community involvement and engagement; 3) Division transparency; and 4) A collective common sense approach (Prairie South School Division No. 2010, 2017). This is how the PSSD No. 210 conducts their services; they take a collaborative approach to teaching and learning.
My practicum was completed with the Prairie South School Division No. 210, which is located in Moose Jaw, Saskatchewan. PSSD No. 210 consists of 39 schools that encompass 19 rural and urban communities. These schools comprised students in grades prekindergarten to grade 12. The PSSD No. 210 provided me with working space in the Riverview Collegiate building, which is located at 650 Coteau Street, W.

The PSSD No. 210 has four educational psychologists within the division, and each psychologist has specific schools which are designated to them. Mr. Michalko was responsible for providing his psychoeducational services to 14 of the 39 schools within the division, and these schools were found in both the urban and rural communities of the school division. Therefore, my training involved working with the students found within these 14 schools which Mr. Michalko served.

**Practicum Responsibilities**

My practicum responsibilities working under Mr. Michalko included; my observation of him administering formal psychoeducational assessments; my observation of him holding meetings with teachers, including the debriefing meetings held regarding the students he had assessed; discussing the results he had obtained, and using these results to formulate a diagnosis and to provide recommendations to teachers, students and parents; as well as reading his reports to discuss important aspects of what must be included in a report.

My responsibilities included; gathering background information, including cumulative file reviews of students’ educational history; the classroom observation of students referred for testing, including those whom have had behavioural challenges; conducting psychoeducational assessments, including the administration of several test batteries including the WISC-V; the interpretation of these results including the diagnosis, when and if necessary; the composition of
psychoeducational reports, including the recommendations for teachers and parents; and the debriefing to the parents of any student whom I had assessed.

Referral Process

The PSSD No. 210’s referral process begins with a teacher making a referral for psychological services to be conducted. This is done via the Student Profile / Consultation / Form 2017/2018 (Appendix A). In addition, the teacher fills out a Student Rating Scale and returns it to Mr. Michalko, in order to gain some basic information regarding the referred student (Appendix B). Once completed, a consent form and parent questionnaire is sent out to the parents and then returned to the psychologist before any assessments are conducted (Appendices C and D).

Once all forms are gathered, the data is collected, reviewed and put into a student folder. Because the parent questionnaire is so thorough, this acts as the parent interview, though a meeting or phone conversation can be conducted when and if necessary. A cumulative folder review is then completed, and an observation may also be conducted, depending on the nature of the referral.

Assessment Process & Selection of Test Batteries

The assessment process will usually occur over a three day period, which allows for the examinee to establish a positive relationship with the examiner. This also helps to alleviate the possibility of fatigue affecting his/her scores. The first day generally begins with a conversation with the child, where the psychologist will ask several questions regarding his / her family, their interests, favourite subjects, etc. This allows for the examiner to learn about the child’s interests, provides the examiner with insight into the child’s communication skills, and provides good qualitative information regarding the child’s social maturity.
Following this, the administration of assessments, which are less cognitively demanding of the child, such as the Bender, PPVT-4, and NNAT are administered. This allows for the child to become familiar with the psychologist, and allows a positive rapport to be established. In addition, it provides the psychologist with some basic baseline information, which can help to determine if the administration of various assessment batteries should begin at the prescribed starting points, or begin at earlier start points, if learning difficulties with the examinee are expected.

On the second day, an achievement test such as the WIAT-III would normally be administered, to gain an understanding of the students’ academic abilities. Ancillary subtests of the WISC-V might also be conducted on this day, such as Information, Picture Concepts, Comprehension and Arithmetic.

Finally, on the third day, the core subtests of the WISC-V would be administered, which will allow the examiner to gain an understanding of the students’ cognitive abilities. These 10 core subtests are always administered on the same day, and by doing this on a separate day, ensures that fatigue does not negatively impact the examinees test scores.

Behaviour rating scales may also be given to the teachers and parents of the student being assessed, depending on the nature of the referral question or concern. Based on the information learned from the cognitive, achievement and behavioural assessments, as well as information gained from informal observations, other tests may then be administered if it is deemed to be necessary. For example if a student is suspected of having Autism after working with him/her, then it might become necessary to administer an ADOS-2. In other cases, behaviour rating scales such as the CBRS might also be administered with the student themselves, in order to obtain additional insight into their behaviours, and into how they perceive themselves.
Throughout this process, it was crucial for me to look for, and document occasions where the examinee appeared to be agitated, frustrated, fatigued, or confident. These become important observations for discussion and input within the psychological report, upon the completion of testing. Additionally, it was important to learn and understand the appropriate time upon which to ask the student for additional information which might provide insight into the way he or she thinks. For example, on some of the vocabulary related subtests, it can be valuable to ask a student if he or she has ever heard of, or understands what a specific word means. Most importantly, it is imperative to document these observations while adhering to standardization, in order to maintain the reliability and validity of the tests.

Furthermore, the importance of flexibility was learned, as there were several occasions when students were absent from school, or refused to work with the examiner, which alters the course of a day. In these circumstances focus might change to another student, or to other administrative duties, such as report writing.

Observations

The Observation of a students’ behaviour within different environments, makes an important contribution to a psychoeducational assessment, and adds a personalized dimension to the assessment process (Sattler, 2014). Mr. Michalko provided me with the opportunity to observe students in their classrooms, and taught me how to take effective notes during this process. Two of the strategies I employed were to record in 5 minute cycles, and to choose a couple of random students as baseline ‘controls,’ in which to compare their behavior with the student being observed. This allowed me to effectively assess how well a student was on or off task, how well they responded to transitions, and how they reacted to teacher or student
questions, all the while having the other students to compare to. In addition, general notes were taken regarding social interactions, including peer and staff interactions.

Observing the students in different settings was also important. In addition to the traditional classroom, student observations in physical education and during recess became important, as these allow the psychologist to see how a student interacts with his / her peers and teachers in a less structured environment. These observations became important when describing the results of assessments, when formulating a diagnosis when necessary, and when making specific recommendations for a student.

**Scoring and Interpretation**

As different assessment batteries were completed each day, I would immediately score and examine the data. Although I had previous experience in scoring some test batteries due to my work as an SST, and due to the work I had completed in the cognitive testing classes with Dr. Angela Snowshoe, there were many new test batteries which were introduced to me. For this reason, I needed to become familiar with the testing manuals, which I did, and then I scored the assessments and had Mr. Michalko verify that they were done correctly.

Once all the initial assessments were completed and scored, the data would be analyzed and discussed between us. Mr. Michalko and I would then discuss if there was a need to conduct additional assessments. Potential diagnoses were then discussed, which was the most challenging part of the practicum experience for me. Mr. Michalko emphasized the fact that the scores gathered from the assessment provide great information, but that the qualitative information acquired when conducting the assessments, is critical when considering a diagnosis. In addition, the feedback gained from teachers and parents is equally important. Moreover, using the information gained from classroom or recess observations is also essential in this process.
The importance of using caution when interpreting the results from rating scales, such as the CBRS or ABAS-3, was also discussed. It is very common for scores from teachers, parents, and self-rating scales to vary widely, due to bias. It is up to the examiner to determine what information best describes the child, and for him/her to use extreme caution when looking at the potential diagnoses that the computer generated software provides us with.

Once all of the data was compiled and interpreted, the next step was to document it into a psychological report.

**Report Writing**

Mr. Michalko provided me with a copy of one of his past reports, in order to assist me for the preparation of my own psychoeducational reports. This allowed me to see his framework for connecting behavioural observations with the assessments, and for providing sound recommendations based on the referral question. Because there was no specific template used in PSSD No. 210, I used my own format, but Mr. Michalko provided me with his thoughts and insights along the way in order to help me to write an effective psychoeducational report.

Each one of my reports included: identification information, the reason for the referral, background information, a list of the test batteries administered, behavioural observations, assessment results and interpretations, and the summary and recommendations. The recommendations part of the report is critical for the student and their teachers, as this addresses how to best meet the needs of the examinee. I felt competent in writing my recommendations due to my experience as a classroom teacher, and my experience working as an SST.

The most challenging aspect of this process for me, was connecting the students’ behaviours with their assessments, and then using them to formulate a diagnosis when and if necessary. This is where Mr. Michalko provided me with great insight. He pointed out some key
observations, and how they related to that student’s assessment results, and then provided me with his insight into what these connections might mean.

It is also essential to convey the results in a professional, yet straightforward manner. Sometimes results are disappointing to the family, so being sensitive yet forthright when conveying these results, is important.

Once my reports were completed, Mr. Michalko would review them with me, and provide me with constructive feedback. I would then make the appropriate changes to the report, before meeting with the parents to debrief. It was also possible to make slight adjustments to the report after a debriefing meeting, if new information was obtained regarding the examinee, during this time. Following the debriefing, a copy of the report would be given to the parents, and a copy would be placed in the student’s cumulative record.

**Debriefing**

Following the completion of the assessment, a debriefing meeting would be held. Generally the parents, the SST, the classroom teacher, the psychologist, and I would all be present.

The first part of the meeting consisted of introductions. This was generally done in a round table format, with each person identifying who they were, and in what capacity they knew the student being discussed. This allowed for everyone to become engaged in the meeting and prepared to discuss the findings. I also encouraged all of the attendee’s to ask questions freely at any time.

Once the introductions were complete, I presented the psychoeducational report in the same sequence as it was written. The discussion of background information is necessary in order
to learn more subjective new information which may be discovered, specific to the examinee. It is also a ‘lighter’ topic, which enables everyone to become more comfortable with one another.

Subsequent to the discussion of background information, the students’ results needed to be conveyed to everyone, in a clear and concise manner, all the while being cognizant of the parents’ emotions. These results can be difficult for a parent to hear and accept, yet they must understand their significance. It is important to focus on the students’ strengths, just as much as it is to focus on their learning difficulties.

Lastly, the discussion of the recommendations was imperative. This is often the most important part of the meeting for teachers and SSTs. Presenting key recommendations, and how to implement them effectively was discussed. Specific remedial recommendations and techniques for parents to apply at home were also discussed.

**Collegial Learning**

During my time working with the PSSD No. 210, I was provided with several learning opportunities. Firstly, Mrs. Jenn Osberg provided me with the opportunity to observe her conducting a WISC-V assessment, using the Q-interactive system. This assessment is identical to the WISC-V traditional assessment, only that both the examiner and examinee use an iPad for its administration. This allows for the scores to be collected in real time. Following this opportunity, I spent some time working with another practicum student – Matt Falk – to practice the administration of the use of the Q-interactive system together.

Secondly, Mr. Michalko allowed me to observe and participate in the administration of an ADOS-2. During this process, Mrs. Bellows administered the protocol to a student suspected of having Autism, while Mr. Michalko, Mrs. Osberg, and I took notes on the behaviours of the child throughout the assessment. Following this administration, we sat down together to discuss
our observations, in order to score the ADOS protocol. This was an extremely valuable
opportunity for me to learn from and participate in.

Lastly, Mr. Michalko provided me the opportunity to work and consult with Speech and
Language Pathologists, Student Support Consultants, Student Service Teachers, and other
Educational Psychologists as previously mentioned. These consultations occasionally involved
follow-up meetings regarding specific student cases. Here, I was afforded the opportunity to pose
questions to all of those professionals involved, after the meeting was completed. This was
beneficial in helping me to better understand the decision making process.

Application: Theory to Practice

The following three subsections will discuss some of theory which was discussed in the
classroom, and how it was specifically applied and / or discussed throughout my practicum
experience.

Cattell-Horn-Carroll (CHC) Theory and Its’ Relevance to Diagnosing Specific Learning
Disability (SLD):

The CHC theory is currently the most widely accepted psychometric theory of the
structure of cognitive and academic abilities (Alfonso, Flanagan, & Radwan, 2005). It has
continually evolved, and presently consists of general intelligence (g), consisting of 10 broad,
and more than 70 narrow cognitive abilities (Alfonso et al., 2005).

CHC theory is used extensively for selecting, organizing and interpreting tests of
intelligence and cognitive abilities (Alfonso et al., 2005). It is widely used to help in determining
specific learning disabilities, and is the foundation upon which many widely used intelligence
batteries have been founded (Alfonso et al., 2005; Flanagan, Fiorello, & Ortiz, 2010). In
addition, when test interpretations are guided by CHC research, insights into which types of
instruction or intervention strategies would be most effective and appropriate can be determined (Flanagan et al., 2010). Therefore, understanding CHC Theory when working as an educational psychologist is essential, in order to help formulate potential diagnoses and recommendations based on those assessments conducted. Specifically, understanding CHC theory will help in understanding how to diagnose a SLD, which was a question I frequently posed to Mr. Michalko throughout my practicum experience.

Flanagan et al., 2010 have stated that CHC theory can be used as a guide when identifying SLDs for four main reasons. These four reasons are: 1) CHC theory is based on the most thorough evidence in existence today; 2) Almost all the test batteries used today to help to determine SLDs are based on CHC theory; 3) Intelligence tests are classified according to CHC theory – i.e. test composites measure specific broad abilities; 4) The existing and evolving research with respect to the relationship between CHC cognitive abilities and processes and academic outcomes is better understood (Flanagan et al., 2010). Practitioners must know the relationship between ability and achievement, in order to better understand what cognitive abilities and processes may be deficient in a student with academic learning difficulties. This will assist the psychologist to better understand those deficiencies which are interfering with the examinees learning process (Flanagan et al., 2010). Practitioners can then select the most appropriate test batteries, in order to determine if the student’s functioning is within the normal limits or not (Flanagan et al., 2010). This is the way Mr. Michalko operated. He used his initial interviews and assessments to gain information regarding a student, and he would then tailor specific additional assessments to be conducted, as more specific examinee information was obtained.
Throughout my practicum experience, I often asked Mr. Michalko how to diagnose a SLD. He would always emphasize to me, that assessment results were just data and insufficient to solely form a diagnosis. Understanding the students' traits, the way he or she learns, and their specific learning difficulties, is most important when formulating a diagnosis, including SLDs. Flanagan et al., 2010 also discussed the fact that neither achievement discrepancy nor RTI can be used alone as an indicator of a SLD. Additionally, SLDs may be present in students with or without average learning ability, and also in students who may or may not respond well to scientific based interventions (Flanagan et al., 2010). Therefore, it is important to understand the student as a whole, to understand their strengths and weaknesses, and link them back to CHC theory, before making any formal diagnosis.

Although CHC theory was discussed throughout the coursework of this program, it wasn’t until my practicum experience that I began to fully understand and appreciate it. Because of the importance of the CHC theory, allocating more course time to understand its’ impact on the assessment and diagnosis process, may be beneficial to help new educational psychologists who graduate from this program.

*Ethical Considerations:*

Throughout my two years of classroom based learning during this Master’s program, discussions surrounding the ethics involved with practicing psychologists came up in nearly every class. There was an entire class devoted to ethics. Therefore, during my practicum experience, I often posed questions regarding ethical issues to Mr. Michalko.

Although complaints made against practicing psychologists are relatively rare, they are on the rise (Thomas, 2005). If an ethical complaint is made against a psychologist, there can be major repercussions to the psychologist, as well as facing a variety of emotional issues as a result.
of a complaint (Thomas, 2005; Welfel, 2005; Warren, & Douglas, 2012). Therefore, practicing educational psychologists need to be aware of the existing CPA code of ethics.

During my practicum experience, I was assigned a work table situated in between 5 other worker cubicles. Because of this, maintaining confidentiality when discussing students with other colleagues, or when using the phone, was extremely difficult. In the CPA code of ethics, the first principle is Respect for the Dignity of Persons and Peoples (Canadian Psychological Association, 2017). Principle I.41 refers to the fact that psychologists need to collect their information in a manner which attends to the needs of privacy, confidentiality and security of everyone involved (Canadian Psychological Association, 2017). During my practicum, Mr. Michalko and I would often find a private room to discuss the students whom we had assessed, so that we could adhere to this standard. Furthermore, when phone calls needed to be made in order to collect sensitive information, a private room was also used.

Another issue which arose during my report writing process was that I often wondered which information was necessary for inclusion into my reports. Often, parents would provide psychologists with detailed background information, and filtering this information in order to determine whether to include it into a report can be difficult. The principles I.37, I.39 and I.45 of the 2017 CPA code of ethics, dictate that only the information which is pertinent to the purpose of the assessment, and also pertinent to all those involved in servicing that child, should be privy to that information (Canadian Psychological Association, 2017). Therefore, if a parent provides a psychologist with information that is not pertinent to specifically addressing the reason for the assessment, or to understanding why a client is behaving the way he or she does, then it should not be shared in the report.
Another common ethical issue that educational psychologists face regularly is that of informed consent (Warren et al., 2012). During my practicum experience, there was one circumstance where it became a challenge to obtain the required consent from both the parents, of a split family. Principle I.19 states that psychologists need to obtain informed consent from all of the independent, and partially dependent individuals, before pertinent services are rendered, unless an immediate need dictates that immediate psychological services are necessary (Canadian Psychological Association, 2017). In addition, principle I.19 states that signed consent forms must be explained and understood by all of the individuals signing them (Canadian Psychological Association, 2017). Therefore, practicing educational psychologists need to be able to prove that they have made every effort to obtain informed consent from both parents, before beginning any assessment with minors. In addition, the psychologist needs to ensure that all parties are well informed and that they truly understand the document which they are signing.

When parents are unwilling to sign consent forms, it becomes the duty of the psychologist to try and establish an improved, more trusting relationship with that parent (Stein, & Sharkey, 2015). The psychologist then needs to explain to the parent, the logic behind their child receiving services, and the benefits to the child which will result (Stein et al., 2015). If parents are still unwilling to provide consent, then the assessment should not be conducted. The psychologist can still provide basic accommodation strategies to the pertinent teachers, in order to help the child become more successful (Stein et al., 2015).

These are a few of the issues which I experienced during my short practicum experience. Ultimately, psychologists need to consider that the safety of the client comes first, and is of utmost importance (Sullivan et al., 2002). If provision of psychological services will jeopardize the safety of the client, then the psychologist must consult with their superiors before taking any
actions. In conclusion, I believe that I was well prepared to handle the ethical issues which I faced during my practicum experience, because of the knowledge which I acquired during my classroom work of this Master’s program.

*Report Writing View Points for New Educational Psychologists:*

Wiener and Costaris (2012) reported that report writing is often difficult for graduate students in educational or clinical psychology programs. They found that educational psychologists typically adapt their report writing style to that of their practicum supervisors, and that often these styles are contrary to what is considered to be best practice (Weiner, & Costaris, 2012). As I mentioned earlier, report writing was the most challenging aspect of this practicum experience for me.

An effective psychological report needs to be able to convey diagnostic information in a concise manner, so that it may be clearly understood by the average reader, while effectively addressing the provision of services to children and families (Mastoras et al., 2012; Weiner et al., 2012). In addition, these reports also need to address the reason for the examinees referral, his or her strengths and weaknesses, and to recommend strategies that can be realistically implemented given the resources of the school, community or home (Mallin, Beimcik, & Hopfner, 2012; Mastoras et al., 2011; Weiner et al., 2012). Ultimately, report writing is the culmination of the assessment process, and is of utmost importance (Weiner et al., 2012). Given this importance, what follows are suggested guidelines for new educational psychologists to follow.

Common criticisms of psychological reports are: poor readability, lengthy reports, generic interpretation, reporting test-by-test results, emphasis on client weaknesses, and poor linkage back to the referral question (Mastoras et al., 2011). Weiner and Costaris, 2012, proposed a writing model based on the research conducted by Hayes and Flower, 1987, whereby
the writing process is goal directed, and requires the writer to plan, generate and revise (Weiner et al., 2012). They suggest that university instructors should ensure that their students understand the extraordinary effort that is often needed to produce and effective psychological report in the initial stages of their classroom learning (Weiner et al., 2012).

During the planning stage, Weiner et al., 2012 propose that students need to develop their formulation of the case, determine their goals – or core messages – and consider how to organize their report in order to communicate these goals. Only after this planning has been conducted, should psychologists actually begin to write their report (Weiner et al., 2012). Finally, during the writing process, psychologists need to be encouraged to continually monitor and modify as required their writing, in order to ensure that they are communicating their goals effectively. These goals are generated by the parents, clients and teachers. Additionally, they need to do this while reporting accurate data, and writing at the comprehension level of their audience (Weiner et al., 2012). The researchers suggest that this process needs to be conducted by the psychologist reviewing their reports, in conjunction with their professors providing feedback on their drafts (Weiner et al., 2012).

Mastoras et al., 2011, propose a C.L.E.A.R. Approach to psychological report writing, which is an integrated framework which can serve as a reference for practitioners. Following this framework, highlights the most important and influential factors in effective report writing. This allows psychologists in training to have a practical guideline to help ensure that their reports are more user friendly, to those people who will be implementing their findings and recommendations (Mastoras et al., 2011). Following the C.L.E.A.R. approach to report writing, each letter of the C.L.E.A.R. acronym refers to a specific aspect in the creation of a psychoeducational report (Mastoras et al., 2011).
The C.L.E.A.R. approach as outlined by Mastoras et al., 2011, has 5 key concepts. They are: 1) Child-centered perspective, 2) Linkage of referral questions, assessment results and recommendations, 3) Enable the reader with concrete recommendations, 4) Address strengths and weaknesses, 5) Readability (Mastoras et al., 2011).

Following a child-centered approach, reports will discuss a child in his or her natural context, while emphasizing how assessment results depict the child’s strengths and weaknesses. In addition, emphasis is placed on individualized interpretations and conclusions, rather than generic ones (Mastoras et al., 2011).

Linkage of referral questions, assessment results and recommendations, refers to directly tying the results and conclusions to the referral question, which ensures that the initial concern is being addressed. This will increase overall consumer satisfaction with the psychoeducational report. It will also cause conclusions to be more credible and persuasive (Mastoras et al., 2011).

Enabling the reader with concrete, specific recommendations which are clear and easy to implement is a key component of the C.L.E.A.R. approach to effective report writing (Mastoras et al., 2011). Mallin et al., 2012, also concluded that teachers preferred recommendations with the highest level of specificity (Mallin et al., 2012).

Addressing both of the clients strengths and weaknesses within the C.L.E.A.R. approach, is an essential component of the psychoeducational report. Doing this, will help to minimize the possibility of creating a distorted view of the client, which might overemphasize the extent of his or her challenges (Mastoras et al., 2011). Identifying strengths can help to guide child-centered interventions, which can provide therapeutic benefits to the client (Mastoras et al., 2011).

Finally, ensuring report readability is essential to providing understandable, meaningful, and persuasive reports (Mastoras et al., 2011). The current recommendation is that reports be
written at no higher than a grade 12 reading level. Mastoras et al., 2011 suggest that the following techniques should be used: word-processing readability checks (e.g. Flesch reading index); reading the report from the perspective of the targeted audience; the use of a ‘word bank’ with understandable definitions which can easily be referenced, and particular attention to writing style to reduce the overall complexity of the report should be used (Mastoras et al., 2011).

A substantial amount of research has been conducted with respect to effective psychoeducational report writing. Though report writing was taught throughout the duration of this Master’s program, in my opinion, additional class time should be spent on improving report writing skills, in order to better prepare students for their practicum experience. Many psychologists use substantially different frameworks for presenting their findings. Standardized guidelines on what information is most necessary to include into psychological reports, and how to structure them (ie. standard formats), as well as writing techniques taught to better address a targeted audience, are some recommendations which I believe would be beneficial for beginning psychologists.

**Practicum Reflections**

When I reflect on the time I spent working with Mr. Michalko, I feel privileged to have had the opportunity to learn from such an experienced psychologist. The knowledge and techniques he has acquired over his years working as an educational psychologist, and his willingness to collaboratively work with me throughout this process, was invaluable. I now have a good working knowledge of what my daily tasks will be, working as an educational psychologist. I achieved all of the goals which I had set out for myself prior to the beginning of my practicum. Although I learned important foundational knowledge throughout my coursework,
this practicum experience was critical in allowing me to apply the knowledge which I had learned previously. It not only allowed me to hone my skills as an educational psychologist significantly, but also has allowed me to understand where my strengths and weaknesses lie.

When I started my practicum, I initially spent some time observing Mr. Michalko perform his assessments. This allowed me the opportunity to learn and understand the special techniques he employed, in order to obtain the subjective qualitative data respective to each student. Standardized assessments are not designed to measure this subjective data. It also allowed me to gain familiarity with the assessment batteries which I hadn't previously learned. Throughout this process, I was able to ask questions, to which Mr. Michalko would respond, a process which provided me with a vast amount of knowledge. When I was then required to administer these test batteries myself, I felt well prepared, and I was therefore better able to acquire the essential qualitative data. In addition, it allowed me to gain confidence in my administration of the assessments which is critical, when also trying to observe and document behaviors which a student may elicit during testing. I view my administrative testing techniques which I employed throughout my practicum experience, as a personal strength.

When I reflect upon the student behaviors which I documented during both classroom and recess observations and during the assessment sessions, I believe this to be a skill where I grew the most. It is relatively easy to document specific observations when a student is confident, anxious, fidgety, etc., during assessment, but it takes a wealth of knowledge and experience to link these behaviors to their respective assessment results, and to then use these results and observations in order to formulate a diagnosis, and then to follow through with effective recommendations. Although this was initially a shortcoming of mine and an area where I will need to continue to develop my skill set, my working collaboratively with Mr. Michalko,
has provided me with the foundational skills necessary in order for me to improve in this area in the future. Mr. Michalko reminded me on several occasions, that learning these techniques doesn’t occur overnight, and that the fine tuning of these techniques will continue to evolve throughout the duration of one’s career.

The process of effective report writing was the most challenging aspect of my practicum experience. My reports required several drafts, and Mr. Michalko spent a significant amount of time helping me with this process. I am now better able to formulate an effective report, which captures a better representation of the students’ strengths, weaknesses, and learning profile. Effective report writing will be a task with which I will continually be researching and working to improve upon, in my future role as an educational psychologist.

I believe that two of my strongest assets which were exhibited, was the provision of appropriate realistic recommendations and effective debriefing skills. I believe that I acquired these skills quickly because of my experience working as an SST at most grade levels, over the past 7 years. This previous experience gave me the confidence necessary, when I conducted my debriefing meetings with those students whom I had assessed during my practicum experience.

Overall, I have learned a great amount of knowledge, and developed many skills under the tutelage of Mr. Michalko. He was very generous with his time, and he provided me with immediate constructive feedback daily. This allowed me to grow and develop my skills quickly. I now understand my strengths and weaknesses, and the need to continue to grow professionally, through additional professional development opportunities. These six weeks of practicum, have introduced me to my potential as an educational psychologist. I also believe that a longer practicum experience would have been beneficial.
I will now be able to transfer much of the knowledge I have learned from this practicum experience into my daily work as an SST, which will help me to better address the specific needs of my existing students. In addition, this practicum experience has reaffirmed to me, that I have made a good decision to pursue becoming a registered educational psychologist.

Summary

I decided to pursue this journey of becoming an educational psychologist about two years ago. These two years have brought about its challenges, but these challenges have allowed me to not only grow professionally, but as a person as well. As I mentioned earlier, I can now apply this newfound knowledge to my current career as an SST. Additionally, I can also use this knowledge which I have gained, and apply it my personal improvement on a daily basis. I have met some great people along the way, some of whom may remain as long-term friends and / or professional colleagues. The knowledgeable professors, the dedicated psychologists, and the motivated students whom I have worked with along the way, have all made this learning experience manageable, worthwhile and enjoyable.

The completion of this practicum with PSSD No. 210 marks the end of another chapter in my life, and I look forward to the opportunities that it will create for me. My goal is to become a registered educational psychologist with a governing body, but I also know that other doors are now open after completing this Master’s program. In the meantime, I will look to use my newly acquired skills to help those students whom I currently work with on a daily basis. I will continually search for opportunities to help me to further develop these skills both in the field of educational psychology, and in life itself.
References


## Appendices

### Appendix A – Student Referral Form

Student Profile / Consultation / Form 2017-2018  
Return to K. Michalko, Psychologist

<table>
<thead>
<tr>
<th>Student Name (first / last)</th>
<th>M / F</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date (print in full)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Town / City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents Name(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO Box / Street / Postal Code</td>
<td></td>
<td>SST</td>
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<table>
<thead>
<tr>
<th>Phone Numbers</th>
<th>Program Type</th>
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<tbody>
<tr>
<td></td>
<td>Regular</td>
</tr>
<tr>
<td></td>
<td>EAL</td>
</tr>
<tr>
<td></td>
<td>Modified</td>
</tr>
<tr>
<td></td>
<td>Reduced (K-9 only)</td>
</tr>
<tr>
<td></td>
<td>Alternate</td>
</tr>
<tr>
<td></td>
<td>Audit EAL</td>
</tr>
<tr>
<td></td>
<td>Functional 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Support</th>
<th>External Agency Supports / Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ IIP, SSP, ROA</td>
<td>☐ Mental Health</td>
</tr>
<tr>
<td>☐ Counsellor</td>
<td>☐ HUB</td>
</tr>
<tr>
<td>☐ SLP</td>
<td>☐ Cog Disability</td>
</tr>
<tr>
<td>☐ SST</td>
<td>☐ Autism Consultant</td>
</tr>
<tr>
<td>☐ EA</td>
<td>☐ Social Services</td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ Learning Consultant</td>
<td></td>
</tr>
<tr>
<td>☐ Student Services Consultant</td>
<td></td>
</tr>
</tbody>
</table>

Identify family members student is currently living with?

Mother -  
Father -  
Siblings -  
Other -  
Parent separated / divorced?
<table>
<thead>
<tr>
<th><strong>Is there a current learning / behavior plan on file? (ROA / IEP).</strong> What are the current primary instructional / behavioral / social interventions</th>
</tr>
</thead>
</table>

How long has student received support (K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12)?

Have issues / concerns been discussed with parents? How would you describe level of parent support?

<table>
<thead>
<tr>
<th><strong>Reason(s) for referral / consultation.</strong> Describe specific academic / learning / behavioral / emotional concerns</th>
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</table>

<table>
<thead>
<tr>
<th>Identify Schools Attended (include grade level).</th>
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</thead>
</table>

General School Academic Progress / Behavior (e.g., grades achieved / level of skill development / teacher comments).
<table>
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<tr>
<th>Current Subjects / Courses (Identify Academic Grades / Strengths / Weaknesses).</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>List Psychological / Medical / SLP / Other Assessments Results / Reports on File</th>
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<tr>
<th>What is the Informal / Formal Diagnosis?</th>
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<tr>
<th>List Current / Past Medications?</th>
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<tr>
<th>Health Issues / Problems?</th>
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<table>
<thead>
<tr>
<th>Vision problems? Wears glasses?</th>
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<tr>
<th>Hearing problems?</th>
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<tr>
<th>Fine / Gross Motor Problems?</th>
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<tr>
<td></td>
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<tr>
<td>Current Learning / Cognitive / Information Processing Characteristics (e.g., ability strengths / weaknesses, style, interests / preferences)</td>
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<table>
<thead>
<tr>
<th>Current Behavioral / Emotional Characteristics (e.g., motivation, emotional / behavioral self-control / regulation, interpersonal / social skills)</th>
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</table>

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<tr>
<th>Post-Secondary Academic / Career / Work Plans?</th>
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<table>
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<tr>
<th>Other Comments:</th>
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</table>

<table>
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<tr>
<th>Date:</th>
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<th>Competed by:</th>
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</table>
### Appendix B – Student Rating Scale

**K.T.M. Student Rating Scale**
RETURN TO K., MICHALKO Office 693-4631

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Age</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Teacher's Name</td>
<td>Subjects:</td>
</tr>
</tbody>
</table>

**How many months/years has this student attended the school?**

Based on your formal and informal assessments, and professional judgment, please rate the academic skills and behavior of the identified child. Circle the appropriate response. 1 = well below average, 2 = below average, 3 = average, 4 = above average, 5 = well above average.

- **Reading (ability to recognize letters/words/decode words):** 1 2 3 4 5
- **Reading Comprehension (understand written material):** 1 2 3 4 5
- **Math Reasoning (knowledge and understanding of numerical concepts):** 1 2 3 4 5
- **Math Computation (count/recognize numbers, mechanical skills etc.):** 1 2 3 4 5
- **Spelling (ability to recognize/print letters and/or spell words):** 1 2 3 4 5
- **Printing/writing/letter formation skills:** 1 2 3 4 5
- **Listening Comprehension (ability to understand and follow oral information):** 1 2 3 4 5
- **Written Composition (grammar, punctuation, development of ideas):** 1 2 3 4 5
- **Oral/spoken expression (ability to communicate ideas/information):** 1 2 3 4 5
- **Level of Daily Work Completed:** 1 2 3 4 5
- **Prepared for Class:** 1 2 3 4 5
- **Ability to Learn:** 1 2 3 4 5
- **Motivation to Learn:** 1 2 3 4 5
- **Peer Relationships:** 1 2 3 4 5
- **Compliance with rules/requests:** 1 2 3 4 5
- **Level of Parent Support:** 1 2 3 4 5
- **Follows teacher/class routines:** 1 2 3 4 5
- **Concentration/Ability to stay on task:** 1 2 3 4 5
- **Behavior/Emotional Self Control:** 1 2 3 4 5
- **Fine Motor Skills:** 1 2 3 4 5
- **Gross Motor Skills:** 1 2 3 4 5
- **Vision (wears glasses? Y/N) Hearing (wears aide Y/N):** 1 2 3 4 5
- **Mental alertness:** 1 2 3 4 5
- **Planning/Organizational skills:** 1 2 3 4 5
- **Relationship with teacher:** 1 2 3 4 5
- **Class Attendance:** 1 2 3 4 5

*List your primary academic, behavioral, emotional or other concern(s) regarding this student? Use reverse side if needed.*

*What types of instructional accommodations, supports are provided (e.g., resource, counselling, speech & language, OT)*?
Appendix C – Consent Form

Parent Information
Psychology Services: Assessment

Formal assessment reports and recommendations are intended primarily for the purpose of informing decisions related to the education and development of children and adolescents. The assessment is intended to obtain information about the child that will assist in developing recommendations and interventions to improve learning and/or behavioral and emotional functioning, appropriate program placement and if appropriate accessing resources/supports.

The assessment may result in formal diagnoses or simply describe characteristics and strengths and weaknesses.

The Psychologist will provide recommendations to address identified student needs.

The Assessment Process May Include:

Discussion / Collaboration: The Psychologist will speak to you and teachers and/or request written information regarding your child’s learning, behavior, birth history, early development, family history, medical history, and social/emotional/interpersonal development.

Classroom Observation: The Psychologist may observe your child in different areas within the school. Such observation provides additional information about your child and the school/classroom environment and may help determine instructional or behavioral interventions.

Interview / Review: The Psychologist may speak to you and your child, examine your child’s day-to-day work, school records and/or formal reports that may have been completed by other professionals who have worked with your child.

Formal Tests: The Psychologist may administer formal tests to obtain an understanding of your child’s current academic skills, cognitive abilities and/or social/emotional/behavioral development.

Consultation / Programming / Monitoring: The Psychologist may work with the school team in planning appropriate programming, academic and behavioral goals and monitoring progress.

Confidentiality / Access to Information?

Upon completion of an assessment a formal written report or summary will be completed and a parent/school consultation meeting will occur.

You will receive a copy of formal written reports and copies will be kept in the student cumulative file at the school, student file at division office and psychologists data base.

Cumulative files are usually transferred between schools and school divisions attended by your child.

Cumulative files are retained by school divisions until the student reaches age 25 and then destroyed.

If you would like the assessment report to be forwarded to other professionals/agencies (e.g., medical doctor/post-secondary institution) you may provide your own copy or request PSSD/Psychologist to release a copy with your written consent.

What are the limitations to confidentiality? Assessment information is considered confidential except when:

1. A child threatens violence to harm him/herself or someone else
2. The Psychologist has concerns regarding possible child abuse
3. The Psychologist is required to do so by law
4. The Psychologist is consulting about your child with other members of your child’s learning team
5. When legally required by SCI to report conditions that may affect a child’s ability to safely operate a motor vehicle.

K.T. Michaluk, M.Ed, Registered Psychologist, Prairie South School Division

2017/2018
Consent for Psychology Services

PLEASE RETURN THIS PAGE

I __________________________ affirm that I am the legal guardian of __________________________.

☐ I have read and understood the above and agree to proceed.

☐ I have read and understand the above and do not agree to proceed.

X____________________________

Signature of Parent(s) / Guardian

Date: _________________________

If parents no longer reside together, consent of both parents is required except in cases wherein one parent has been awarded sole responsibility for decision making regarding the child.

Does this child have a second parent who is legally entitled to make decisions on his / her behalf?

☐ YES ☐ NO

If yes, please have the other parent sign below or on a separate form.

X____________________________

Signature of Parent/Guardian

*Consent for this assessment is considered valid for one year after the date it was signed. The psychologist may however continue involvement for the purpose of ongoing monitoring and/or programming purposes.

*You may withdraw from services at any time by informing / contacting the Psychologist or school principal.
Appendix D – Parent Questionnaire

**Parent Questionnaire**

2017-2018

Child’s Name ______________________  Adopted: Yes  No

Date of Birth ______________________  Age _______  Grade _______

Parents / Guardians Name:

Mother ____________________________  Father _______________________

Occupation:  Mother ____________________________  Father _______________________

Phone:  Home ________________  Home ________________

Work ________________  Work ________________

Address: ____________________________________________

Email address: _______________________________________

Other adults who provide care for or regularly interact with your child.

_____________________________________________________

**Siblings:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>learning / behavioral / emotional/ health concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

Identify *other* individuals **currently** living in the home:

_____________________________________________________

Ethnic Group: White (Caucasian), First Nations, Asian, Other (specify) ________________

Language(s) spoken in the home ________________________________
A. **Please describe your concerns:**

Identify observed academic/learning difficulties. At what age did the difficulties begin?

____________________________________________________________________________________

Identify observed behavioral/emotional difficulties. At what age did the difficulties begin?

____________________________________________________________________________________

Identify other difficulties observed

____________________________________________________________________________________

**What concerns you most about your child?**

____________________________________________________________________________________

Have any family members or close relatives shown difficulties similar to your child? Explain.

____________________________________________________________________________________

Is there any family history of medical, learning / behavioral / emotional difficulties? Explain

____________________________________________________________________________________

How would you describe your child’s current motivation to learn, work habits and desire to attend school? Has this changed over last few months or years?

____________________________________________________________________________________

Do you consider your child *usually* challenging to parent? (e.g., does not obey, tantrums, fights with siblings, anxious / sad, angry). Explain.

____________________________________________________________________________________
B. **How is your child’s general health**  

<table>
<thead>
<tr>
<th></th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>How is your child’s hearing?</td>
<td>Good</td>
<td>Fair</td>
<td>Poor hearing aid</td>
</tr>
<tr>
<td>How is your child’s vision?</td>
<td>Good</td>
<td>Fair</td>
<td>Poor eye glasses</td>
</tr>
<tr>
<td>How is your child’s balance / gross motor co-ordination?</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
<tr>
<td>How is your child’s speech / articulation?</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
<tr>
<td>How is your child’s fine motor (hand, finger) coordination?</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
<tr>
<td>How is your child’s pattern of sleep and energy?</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

How would you describe your child’s **typical / usual temperament**? *Check those that apply or describe other.*

<table>
<thead>
<tr>
<th>Mood</th>
<th>Aggressive</th>
<th>Frustrated</th>
<th>Agreeable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moody</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irritable</td>
<td>Independent</td>
<td>Easy to Satisfy</td>
<td>Shy</td>
</tr>
<tr>
<td>Fearful</td>
<td>Lonely</td>
<td>Nervous</td>
<td>Sociable</td>
</tr>
<tr>
<td>Oppositional</td>
<td>Friendly</td>
<td>Fearless</td>
<td>Anxious</td>
</tr>
<tr>
<td>Calm</td>
<td>Cautious</td>
<td>Angry</td>
<td>Happy</td>
</tr>
</tbody>
</table>

C. Has your child’s behavior or health changed significantly in any way over the last year? Please describe.

D. Please describe any health issues / characteristics your child may be experiencing (e.g. allergies, skin sensitivities, asthma, migraines, aches / pains). Use reverse side if necessary.

E. **Medical or other Diagnosis?** Who made the diagnosis and when was it made?

**Current Medications?**

How long / Type and Dose: 

Prescribed by: 

**Previous Medications?**

How long / Type and Dose: 

Prescribed by:
G. Did the mother experience any medical or other difficulties prior to or during the pregnancy?

________________________________________________________________________

________________________________________________________________________

H. Were there any medical difficulties / complications at the time of birth?

________________________________________________________________________

________________________________________________________________________

I. Was there any substance use prior / during pregnancy? (e.g., smoking, medications, alcohol)

________________________________________________________________________

J. Did your child achieve normal developmental milestones? If no, please describe (e.g., learning to speak, walk, etc.)

________________________________________________________________________

________________________________________________________________________

K. Did your child ever experience a serious injury or accident? Describe:

________________________________________________________________________

L. Did your child experience any type of emotional stress? Describe.

________________________________________________________________________

M. Did / Does your child exhibit any unusual behaviors? Describe.

________________________________________________________________________

________________________________________________________________________

N. Has your child previously been assessed for learning, behavioral, speech / language, emotional or other difficulties? Yes No

If yes, please indicate who completed the assessment, date, and nature of the assessment.

________________________________________________________________________

________________________________________________________________________

O. Did your child repeat any grades? Please specify ______________________________

*Please list schools attended ________________________________________________
P. Has your child received educational supports (e.g., resource room assistance, social skills training, etc.)? Describe.

Q. Does your child participate in any organized social or sporting activities?

R. What are your child's interests/hobbies? Does he/she work part time, where?

S. What are the best things/qualities about your child?

T. Does your child maintain friendships? How many close friends does he/she have?

U. What are your child's future work/career/education plans?

V. Family stress. Check all that apply. Provide date/details

Do you find your children challenging to parent
Parents divorced or separated
Family accident or illness
Death in family
Parent changed job
Changed schools
New family arrangement
Family moved

Other:
Which of the following behaviors / characteristics are commonly observed?

Check all that apply
- Easily frustrated with learning / completing tasks
- Becomes anxious / overwhelmed learning / completing tasks
- Procrastinates or puts things off
- Has poor sense of time
- Wastes or doesn’t manage his / her time well
- Has trouble explaining things in proper order or sequence
- Can’t seem to get to the point of explanations
- Makes impulsive comments
- Doesn’t seem to process information quickly or accurately
- Likely to do things without considering consequences of doing them
- Acts without thinking
- Doesn’t stop and talk things over with him / herself before deciding to do something
- Seems unmotivated
- Takes short cuts in his / her chores, schoolwork or other tasks and does not do all that he /she is supposed to do.
- Does not put much effort into school work, chores, other tasks
- Inconsistent in the quality or quantity of work performance
- Has trouble calming down once emotionally upset
- Not able to be reasonable once he / she is emotional
- Cannot seem to distract self away from whatever is upsetting him / her emotionally to help calm down.
- Can’t refocus his / her mind to more positive framework
- Not able to re-channel or redirect his/her emotions into more positive ways or outlets when upset
- Gets into trouble because she/he does things without thinking first.
- Is easily distracted when listening to a story

When or what age did these behaviors begin?

Are these behaviors considered to be a significant problem now?

Which of the following behaviors / characteristics are commonly observed?

Check all that apply
- Poor understanding of sounds
- Difficulties recognizing letters
- Difficultly sounding out words
- Difficultly understanding what is read
- Difficultly understanding math
- Poor arithmetic skills (counting, addition / subtraction etc)
- Poor letter formation/ printing or handwriting skills
- Difficulties writing stories / essays /letters etc
- Difficulties understanding instructions / spoken words
- Difficulties remembering things learned
- Disorganized / loses things needed for learning
- Difficulties paying attention to oral instructions/ conversations
- Difficulties understanding directions / instruction / conversation (e.g. becomes confused)
- Difficulties explaining or telling about things
- Poor articulation (difficulty saying certain sounds like s, th, r)
- Difficulties clearly expressing ideas / thoughts

At what age did these behaviors begin?

Are these behaviors considered to be a significant problem now?
Which of the following behaviors / characteristics are commonly observed?

Check all that apply
- Slower to process / understand information
- Appears to day dream
- Inconsistent concentration
- Appears not to listen
- Difficulty focusing / concentrating
- Lower mental alertness / mental energy
- Easily confused
- Shows little emotion
- Difficulty staying alert and focused
- Forgetful
- Problems remembering information / instructions
- Problems understanding / learning new information / material

When or what age did these behaviors begin?

Are these behaviors considered to be a significant problem now?

Which of the following behaviors / characteristics are commonly observed?

Check all that apply
- Fidgets
- Difficulty playing quietly
- Often talks excessively
- Difficulty remaining seated
- Easily distracted
- Often does not seem to listen
- Often loses things
- Difficulty waiting for turn
- Often blurts out answers
- Difficulty following
- Difficulty sustaining attention
- Difficulty organizing tasks / activities
- Often shifts or changes activities
- Difficulty staying seated / squirms
- Often “on the go”
- Often engages in physically dangerous activities
- Answers questions before they are asked
- Often interrupts or intrudes

When or what age did these behaviors begin?

Are these behaviors considered to be a significant problem now?
Which of the following behaviors / characteristics are commonly observed?

Check all that apply
- Often loses of temper
- Often touchy / easily annoyed
- Often angry and resentful
- Often argues with adults
- Often spiteful or vindictive
- Often actively defies or
- Refuses adult requests or rules
- Often blames others for own mistakes
- Often swears or uses obscene language
- Often touchy or easily annoyed by others

When or what age did these behaviors begin?

Are these behaviors considered to be a significant problem now?

Which of the following behaviors / characteristics are commonly observed?

Check all that apply
- Dislikes school
- Avoids or fails to complete homework / assignments
- Expresses frustration with learning
- Lacks academic motivation
- Dislikes teacher(s)

When or what age did these problems begin?

Are these behaviors considered to be a significant problem now?

Which of the following behaviors / characteristics are commonly observed?

Check all that apply
- Often bullies/ threatens / intimidates others
- Often initiates physical fights
- Stolen without confrontation
- Run away from home / overnight at least twice
- Stolen with confrontation
- Physically cruel to people
- Cruel to animals
- Used a weapon in a fight
- Lies often
- Deliberate fire-setting
- Often truant
- Destroyed others property

When or what age did these behaviors begin?

Are these behaviors considered to be a significant problem now?
Which of the following behaviors / characteristics are commonly observed?

Check all that apply
- Unrealistic and persistent worry
- Persistent school refusal
- Physical / health complaints
- Difficulties sleeping
- Fear of being alone
- Repeated nightmares regarding separation from parent
- Distress in anticipation of separation from parent
- Unrealistic and persistent worry that a bad event will separate him / her from parent

When or what age did these behaviors begin?

Are these behaviors considered to be a significant problem now?

Which of the following behaviors / characteristics are commonly observed?

Check all that apply
- Unhappy or sad mood for most of the day
- Poor concentration or difficulty making decisions
- Feeling of hopelessness
- Poor appetite & weight loss
- Frequent physical complaints
- Can't sleep
- Sleeps too much
- Low energy or fatigue
- Low self-esteem
- Loss of interests or pleasures
- Thoughts / talk of death & suicide or self harm

When or what age did these behaviors begin?

Are these behaviors considered to be a significant problem now?

Which of the following behaviors / characteristics are commonly observed?

Check all that apply
- Compulsive rituals / routines (hand washing / everything must be “just so” etc.)
- Vocal tics (frequently repeats words / phrases)
- Hand / finger flapping / repetitive body / limb movements
- Facial Tics (blink eyes / twitches)
- Odd postures
- Unusual body / muscle movements
- Overreacts to touch
- Excessive reaction to noise
- Fails to react to loud noises

When or what age did these behaviors begin?

Are these behaviors considered to be a significant problem now?
Which of the following behaviors / characteristics are *commonly* observed?

**Check all that apply**
- Unusually irritable mood / easily agitated
- Reduced need for usual amount of sleep
- Inflated self-esteem / bragging / “big” / “fanciful” ideas
- Several days of unusually excessive happiness / energy / “emotional high”
- Frequent and intense daily mood shifts (happy – sad)
- Trouble falling asleep
- Unusually active / busy or unable to remain calm for several days

**When or what age did these behaviors begin?**

Are these behaviors considered to be a significant problem now?

Which of the following behaviors / characteristics are *commonly* observed?

**Check all that apply**
- Often worries
- Often nervous
- Afraid of going places
- Panics
- Everything must be perfect
- Specific fears (darkness, animals, heights, etc)
- Dislikes social situations or groups
- Easily overwhelmed / stressed out
- Physical / health complaints

**When or what age did these problems begin?**

Are these behaviors considered to be a significant problem now?

Which of the following behaviors / characteristics are *commonly* observed?

**Check all that apply**
- Severe and frequent behavioral and / or emotional outbursts (lose control of behavior)
- Destructive
- Aggression toward others
- Often irritable
- Often angry
- Thoughts / statements of self-harm

**When or what age did these behaviors begin?**

Are these behaviors considered to be a significant problem now?
Which of the following behaviors / characteristics are commonly observed?

Check all that apply

- Uses few gestures (pointing, waving)
- Avoids or poor eye contact
- Has difficulty in relating to others that cannot be explained by shyness or lack of social experiences
- Dislikes changes to routines, schedules
- Exhibits few facial expressions
- Exhibits inappropriate facial expressions
- Shows little emotion
- Shows little or no interest in other children
- Prefers to be in the company of adults more than peers
- Has few or no friends in spite of a desire to have them
- Has little or no ability to make or keep friends
- Does not respect others' personal space (i.e. stands too close when speaking)
- Appears uninterested in what other people say during conversation
- Has difficulty understanding and / or responding to the feelings of others
- Does not understand or use rules of expected communication / social behavior (i.e. taking turns in a conversation, listening to someone speaking, sharing play objects)

When or what age did these behaviors begin?

Are these behaviors considered to be a significant problem now?

Other Concerns / Comments

List other professionals consulted (e.g., mental health, medical doctors, counselors, psychiatrists, etc)