

# **SECOND LEVEL SERVICES APPLICATION INSTRUCTIONS**

**APPLICATION FOR 2020/21 SEP SERVICE**

**DUE DATE                      JUNE 10, 2020**



**First Nations Education Steering Committee  
First Nations Schools Association**

Suite 113-100 Park Royal South, West Vancouver, BC V7T 1A2

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## **INTRODUCTION**

FNESC/FNSA Special Education Program (SEP) services are provided by a multidisciplinary team with a mandate to provide educational support services for students with exceptionalities in BC First Nations schools.

### **What educational support services are available?**

SEP staff are available to travel to schools (given time and resource availability) to provide on-site support to help meet the needs of students. Services and supports include:

- Assessments
- Consultations and advice
- Intervention planning and implementation
- Assistive technology consulting
- Inclusion services
- Transition planning
- In-service and professional development support

### **Who Provides SEP Services in Schools?**

The SEP team consists of SEP Coaches, Speech Language Pathologists, Educational Psychologists, Occupational Therapists, a Physiotherapist, and an Assistive Technology Coach.

### **What resources are available on the SEP Website?**

Additional information is available at <http://www.fnsa.ca> and <http://www.fnesc.ca>, including the forms required to access SEP services and funding.

### **Who can I contact for more information?**

*Barb O'Neill*, Executive Assistant, SEP & Instructional Services 1-877-422-3672 [barbo@fnesc.ca](mailto:barbo@fnesc.ca)  
*Holly Smith*, Director, Special Education 1-855-250-5083 [hollys@fnesc.ca](mailto:hollys@fnesc.ca)  
*Rosie Caputo*, Manager, Special Education 604-396-0958 [rosiec@fnesc.ca](mailto:rosiec@fnesc.ca)

<b>Due date for Application Forms for 2020/21 SEP Service – June 10, 2020</b>
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## ACCESSING SPECIAL EDUCATION PROGRAM SERVICES: OVERVIEW

### I. Determine Need

Please refer to the following specific guidelines for individual Special Education Program (SEP) services first, in order to determine areas of student need and service eligibility.

- Guidelines for Educational Psychology Assessment Referrals
- Guidelines for Occupational Therapy Assessment Referrals

### II. Complete Appropriate Forms

All students who receive either Education Psychology, Speech Language Therapy, or Occupational Therapy SEP services, require the following **two SEP general forms**, (School Request Form and Student Referral Form) and **one parental consent form** (Consent and Disclosure) for each service discipline you are requesting.

- SEP School Request Form: check off all of the services you are requesting
- SEP Student Referral Form
- SEP Parental Consent for Assessment and Disclosure of Information Form. There are three separate consent forms, one for each discipline (SLP, OT, Educ Psych).

### III. Include Supporting Documentation

Include with your application package any relevant supporting documentation (i.e. medical/specialist, psychological/psychometric, speech-language, occupational therapy, vision, hearing, and achievement/academic reports, as well as SMART Goals).

## IV. SEP Service Delivery Models

### ***For Educational Psychology (EP) Assessments***

Current students who have been approved for High Cost Additional Funding and who require re-assessment will be considered the first priority for this initiative.

### ***For Occupational Therapy (OT) Assessments***

Applications will be reviewed based upon the students' occupational therapy needs. For applications that are accepted, a FNEC OT will provide support.

### ***For Speech Language Pathology (SLP) Assessments***

Applications will be reviewed based upon the students' speech language needs. For applications that are accepted, support will be provided in one of two ways:

- A FNEC employed SLP will visit schools that cannot access an SLP on their own; **or**
- For schools that can access a SLP locally, SEP funding will be provided to reimburse schools for the SLP services, using the established FNEC SLP payment rate.

## SEP Document Checklist

Every school applying for Educational Psychology, Speech and Language Pathology, and Occupational Therapy service, must submit:

- *SEP School Request Form* (Page 8)
- *Individual Student Referral Forms* (Pages 9/10)
  - Supporting documentation

For each Educational Psychology referral, please submit:

- *Parental Consent form: Educational Psychology* (Page 11/12)

For Occupational Therapy referral, please submit:

- *Parental Consent form: Occupational Therapy* (Page 13/14)

For Speech and Language Pathology referral, please submit:

- *Parental Consent form: Speech and Language Pathology* (Page 15/16)

**Please keep in mind:**

- It is imperative that each student referral comes in together with all supporting documentation, not piece by piece
- When scanning and emailing your referrals in, copy yourself in the email so you have the document time and date stamped
- Have parents/guardians/independent student INITIAL in the boxes on the consent pages, not merely check off the boxes
- Keep a copy of each completed referral
- On the footer of each page, add the school name
- The due date is strictly **JUNE 10, 2020 without exception**

If you require further information, please contact the SEP team:

Holly Smith 1-855-250-5083 hollys@fnesc.ca  
Rosie Caputo 604-396-0958 rosiec@fnesc.ca

When all forms are complete, please scan and return them to:  
Barb O'Neill at barbo@fnesc.ca or fax to the FNESC office at 604-925-6097.

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## FNESC/FNSA EDUCATIONAL PSYCHOLOGY ASSESSMENT GUIDELINES

This document provides guidelines to help schools determine which students should be referred for Educational Psychology assessments.

### What is an Educational Psychology assessment?

There are different types of psychological assessments that use a variety of techniques aimed at better understanding each student's specific needs. Assessments are designed in response to referral information, so the assessment procedures selected by the psychologist will be determined according to the perceived challenge(s) for each student.

- Most Educational Psychology assessments are conducted with school-aged children, based on referrals in response to challenges the child is experiencing.
- Most Educational Psychology assessments explore *multiple domains*, including:
  - Cognitive and academic functioning
  - Language and communication
  - Long term and working memory
  - Attention and activity level
  - Executive functioning/self-regulation
  - Adaptive functioning/life skills
  - Social development and emotional functioning
  - Visual-perceptual/motor/sensory functioning
- In order to explore all of these domains, the psychologist normally gathers *information from multiple sources*, such as direct testing (cognitive, academic, memory, language, etc.), observations (in class, during testing, on the playground), interviews (parents, teachers), rating scales (adaptive skills, executive functioning, behaviour), work samples, report cards, anecdotal reports, etc.
- Once psychologists have collected sufficient information about the child, they will hold a *debrief meeting* with parents, teachers, administrators, educational assistants, and other professionals who work with the child (e.g. paediatrician, speech-language pathologist, occupational therapist, counsellor). These meetings will facilitate a sharing of ideas, additional information sharing with the psychologist, as well as discussion of applicable diagnoses and recommendations for supporting the student at school and at home.

- The psychologist completes the assessment with a *written report*, copies of which are sent to people who need the information, including the school, parents, and outside agencies if consent is provided by the parent/legal guardian. These reports are confidential and are to be kept safely in locked cabinets in the school, with access provided only to individuals who need the information to support the student.

The Educational Psychology assessment report is meant to be helpful for the child. The recommendations are generally aimed at supporting students at school and should be in keeping with the guidelines for special education support established by each school.

- The psychologist will make *diagnostic statements* that confirm whether or not the child meets the criteria for various types of support. This includes the Ministry of Education criteria for a special education category, the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for a disorder, and/or the SEP guidelines for support. They may include statements about other types of support that could be available to the student, either immediately or in the future, such as Ministry of Children and Family Development's (MCFD) Children and Youth with Special Needs, Community Living BC, Fetal Alcohol Spectrum Disorder (FASD) Keyworker, Provincial Outreach Program for Autism and Related Disorders (POPARD) support for Autism Spectrum, etc.

### What are potential benefits of an assessment?

- **Better understanding:** The main goal of the assessment is always to provide the child's team with ways to support them in school. The assessment should reveal information that was previously not known about the child, so that everyone has a better understanding of the child as a learner, and to help the team to make adjustments to better suit the child's differences. A diagnosis of a disorder or special need may be made.
- **Extra supports:** If a child is found to meet the criteria for any special needs classifications, the student may have access to additional support, including potential additional funding. For students who transition to a public school, access to services may depend upon meeting the criteria for Ministry of Education classification. This is one reason why psychologists attempt to determine if the student would meet those criteria.
- **Outside Services:** Similarly, there are services provided by outside agencies that are only available to individuals who carry diagnoses. Students who are eligible for extra services, for which a psychology assessment is a significant part of the classification process, include those who have:
  - Intellectual Disabilities (IQ and Adaptive Functioning below 70)
  - Learning Disabilities (IQ is average or higher, academic skills significantly delayed)

- Gifted (high IQ, or other evidence of exceptionally high potential)
- Autism Spectrum Disorder (must be diagnosed by ICAAN assessment team, but can include the information provided by our psychologists)
- Chronic Health Impairment (includes Fetal Alcohol Spectrum Disorder, which must be diagnosed by a team including a psychologist)
- Students requiring Moderate or Intensive Behaviour Support and/or Mental Illness (psychology assessments form part of the designation criteria)

### **Which students should be assessed and timing of assessment?**

FNESC can only fund assessments for students up to 21 years of age, and usually after the student has received significant levels of intervention in the early grade levels.

- **Primary:** Assessments in the early grades can be appropriate for children who appear to be meeting one of the following key categories:
  - If a child seems to have an *intellectual disability*, they could be referred for an Educational Psychology assessment early (Grade 1 or 2).
  - If the child presents *autistic-like characteristics*, he/she should be referred to a family doctor and/or paediatrician to begin the process of the BC Autism Assessment Network (BCAAN) multidisciplinary assessment, which can take several years to complete. An Educational Psychology assessment could help to support referral for the BCAAN team and may reduce the wait time, but it is not necessary for an autism diagnosis.
- **Intermediate:** Students in Grades 3 to 8 are most frequently referred and assessed.
  - If the child presents with delays in reading, writing, and/or math, but seems to have sufficient intelligence to understand everyday materials, he or she may have a *learning disability (LD)*. Such children usually should be referred only after they have been provided sufficient *intensive interventions*.
  - Students with persistent “behaviour” problems should have assessments to rule out learning problems as a cause of their *challenging behaviour*.

▪ **Secondary:**

- Students who present with *LD* (either previously diagnosed or suspected) should be referred for an updated assessment prior to provincial exams beginning in Grade 10 to ensure that they qualify for adjudication adaptations, including a reader, scribe, technology, or extra time.
- An assessment in the secondary school years can also support an LD student's application for similar adaptations and support in post-secondary up to five years after the assessment is completed.
- Students diagnosed with *Intellectual Disability* can be eligible for services from Children and Youth with Special Needs (a branch of MCFD) until they reach 19 years of age, and then from Community Living BC. The Ministry responsible for CLBC is now requiring that schools confirm a diagnosis meeting the DSM-IV-TR criteria for "Mental Retardation" and/or DSM-5 criteria for "Intellectual Disability" by the time the student is 16 years of age. This "confirmation" may require an updated Educational Psychology assessment, depending upon the time since the previous assessment, and/or the confidence in the previous diagnosis.

▪ **Adults:**

- Assessments for adults can be appropriate if they have never been assessed previously and may be entitled to support if they were to receive a diagnosis. Community Living BC provides considerable funding and support for adults with *Intellectual Disabilities*.
- FASD Keyworkers and CLBC supports are also available to students with a diagnosis of *FASD*.

## **FNESC/FNSA OCCUPATIONAL THERAPY ASSESSMENT GUIDELINES**

### **What is Occupational Therapy?**

Occupational therapists are registered medical professionals with either BSc or MSc degrees who are trained to assess a person's ability to function in their activities of daily living. Based on their assessment findings, occupational therapists provide recommendations to improve or enhance existing function.

### **What is pediatric Occupational Therapy?**

For children, daily living activities include taking care of themselves, play, and school. Through observation, testing, and interviews with parents, teachers, and other health professionals, occupational therapists identify underlying issues, which may limit a child from reaching their full potential.

### **What areas might be assessed?**

Detailed assessments of a child's physical and functional abilities including sensory processing, self-regulation, motor development, and social ability; can provide occupational therapists with crucial information needed to design a treatment program to optimize development and learning ability.

### **What treatment(s) might be recommended?**

Depending on the results of the assessments and gathered information, pediatric occupational therapists might recommend the following: improved participation in physical activity at home and school, increased participation in printing, sensory tools and techniques to enhance self-regulation, and/or improved opportunity for socialization at home and in school.

### **How do you know if a child needs OT services?**

The following are a list of possible problems a child might have which would benefit from an assessment by a pediatric occupational therapist:

- ***Delayed motor development:*** movement is essential for optimal muscle control. Children who don't move enough may have obesity, or appear to have a weak or unstable core resulting in poor muscle coordination of right/left side, upper/lower body, eye/eye or eye/hand.

- ***Slow printing and/or reading:*** if a child has delays in motor development, they may have trouble coordinating eye and hand muscles needed to print and read. Illegible or laborious printing may also result from inadequate printing instruction.
- ***Impaired sensory processing:*** child may have okay hearing and vision, but does not appear to process and make sense of sensory information, thus making learning more difficult.
- ***Difficulty with self-regulation:*** children who can't control their energy states often can't focus or pay attention. Children who can't pay attention can't learn. Children's bodies need to move to learn. When children sit still or in front of a screen, their body energy becomes either 'zoned out' or hyper. When children's bodies move, their body energy becomes balanced, and learning is easy.