



## Standard 6: Educational and Other Assessments

**The purpose of the standard is to provide details of the Board's assessment policies and procedures and to make parent(s)/guardian(s) aware of the types of assessment tools used by the Board, the ways in which assessments support programming, and the process by which assessment results may be used to inform Identification, Placement and Review Committee (IPRC) decisions.**

A range of assessment strategies are used in order to develop appropriate programs and intervention for students. The intent of any assessment is ultimately to assist the student by providing staff with insights into the student's strengths, needs and learning profile.

The Thames Valley District School Board (TVDSB) considers assessment to be an integral part of the instructional process. Classroom teachers and Learning Support Teachers (LSTs) regularly use educational assessments to evaluate student achievement and student progress. Practitioners from Psychological Services and Speech-Language Pathology conduct specialized assessments and review assessment reports from community practitioners to determine learning needs to inform programming.

Occupational Therapy and Physiotherapy assessments are accessed through referral to the [Thames Valley Children's Centre \(TVCC\)](#) ~~Community Care Access Centre~~ upon the recommendation of the Program Development Team. These assessments are conducted under the *Regulated Health Professions Act* (1993) by occupational therapists and physiotherapists registered in the College of Occupational Therapists of Ontario and College of Physiotherapists of Ontario, respectively. Reports include recommendations for physical management (e.g., mobility, seating and positioning for function), activities of daily living skills and sensory integration.

### Parental/Guardian Consent

- Written consent must be obtained for Behaviour Analysts, Psychological and Speech-Language Pathology and Audiology Services to access the student's Ontario Student Record (OSR).
- Information to be shared includes, but is not limited to, that which is contained in the Ontario Student Record. This information is obtained and used only for the improvement of instruction and other education of the student in accordance with the *Education Act*, (R.S.O. 1990. S.266(2)) and is collected, transmitted, retained and disposed of confidentially in accordance with the *Municipal Freedom on Information and Protection of Privacy Act* (R.S.O. 1990 c. M. 56).

- Informed written consent from parent(s)/guardian(s) for students under 18 years of age is obtained for all referrals for assessment by school personnel to Behaviour Analysts, Psychological Services, Speech-Language Pathology and Audiology Services.

### Consent for Sharing Information and Protection of Privacy

- All information is collected, stored, and shared in accordance with the *Education Act*, *Freedom of Information and Protection of Privacy Act* (FIPPA), *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), *Personal Health Information Protection Act* (PHIPA) and other legislation that governs the use of personal information.
- A separate consent form, Consent to the Disclosure, Transmittal and/or Examination of Records or Information, must be signed by the parent(s)/guardian(s) to share information with outside agencies (OrR by the student if 16 years of age or older).

### Communication of Assessment Information

- Upon completion of an assessment, Behaviour Analysts, Speech-Language Pathologists, Audiologists, Psychologists, Psychological Associates, and/or Psychometrists, discuss the results with the student and the parent(s)/guardian(s).
- A written confidential report is copied for the OSR and for the parent(s)/guardian(s).
- A copy of the Psychological report is held in the central files.
- Communication of a diagnosis (Psychological Services) is a controlled act in psychological practice under the *Registered Health Professions Act* (RHPA), 1991.
- The Act requires that diagnoses (e.g., learning disabilities, intellectual disabilities, etc.) be formulated and communicated directly (by phone or face-to-face) by a Psychologist or a Psychological Associate who is licensed to do so.

### School-Based Assessments

The following chart outlines the process used for school-based assessments:

It is essential that the parent(s)/ <u>guardian(s)</u> is involved in the process	
Complete <b>Support Services Referral Form</b> (as required)	
A <u>Program Development Team (PDT)</u> meeting is held.	

**PDT Team recommendations may include:**

- Specific strategies to incorporate into the classroom; ~~and~~
- School-based educational assessment conducted by a qualified staff member (academic assessment, speech-language assessment, psychological assessment, etc.).

**Principal/designate discuss with the parent(s)/guardian(s):**

- Strengths and areas of need for the student;
- Recommendation of referral for assessment;
- How the results will be used to enhance programming for the student.

**Practitioner discusses with the parent(s)/guardian(s):**

- Consent for assessment is obtained by the appropriate practitioner;
- A written report is also provided for the OSR;
- Parent(s)/guardian(s) may be legally able to withhold permission for a Registered Health Professional to disclose information to others;
- A release of information must be signed by parent(s)/guardian(s) to share information with other agencies;
- All files and records are maintained following the procedures outlined in the RHPA;
- Description of the assessment protocol;
- How the test results will be shared;
- Anticipated timeframe for assessment is shared.

**Qualified practitioner conducts the assessment**

- Assessments are completed according to protocols;
- Principal/designate informed when assessment is completed;
- Qualified practitioner shares results with parent(s)/guardian(s) (by telephone or face to face); ~~and~~
- PDT meeting may be called to share assessment results. ÷

**At the PDT meeting:**

- Staff members who administered the assessment shares the results with the parent(s)/guardian(s) and members of the PDT;
- Recommendations regarding student learning are made based on assessment results;
- New strategies and interventions are put in place;
- The student's progress continues to be monitored to determine if current needs are met, or if further interventions are required.

## **Educational Assessments**

### *Assessment Tools*

- Canadian Cognitive Abilities Test (CCAT);
- Wechsler Individual Achievement Test – 3<sup>rd</sup> Edition (WIAT-III).

### *What Does It Measure?*

- Educational Achievement and processes relevant to the acquisition of literacy and numeracy skills and academic knowledge.
- Some assessment tools also assess daily living skills (HELP and FISH).

### *Qualifications of Assessors*

- Certified teachers (under the *Education Act*) who have received the relevant training for the assessment tool being utilized.

### *Parental/[Guardian](#) Consent and Feedback*

- Parent(s)/[guardian\(s\)](#) is informed prior to assessment and results are communicated to parent(s)/[guardians\(s\)](#) by the principal and/or designate.

### *Information Sharing and Privacy*

- Results are shared by the school team with the parent(s)/[guardian\(s\)](#).

### *Average Wait Time for Assessments*

- The average wait time for academic assessments conducted by the Learning Support Teacher is two to four weeks from referral by the PDT.
- These averages vary and are dependent on referral rates, with recognized peak times that align with school trends.

## **Speech and Language Assessments**

### *Assessment Tools*

- Bracken Basic Concept Scale – Third Edition;
- Clinical Evaluation of Language Fundamentals Fifth Edition (CELF 5);
- [Comprehensive Assessment of Spoken Language – Second Edition \(CASL-2\)](#)
- Clinical Evaluation of Language Fundamentals PreSchool – Second Edition (CELF P2);
- Comprehensive Test of Phonological Processing (CTOPP);
- Emerging Literacy & Language Assessment Record Form (ELLA);
- Expression, Reception and Recall of Narrative Instrument (ERRN1);
- Expressive One Word Picture Vocabulary Test 4th Edition (EOWPVT);
- Expressive Vocabulary Test – ~~Second~~ [Third](#) Edition (EVT ~~23~~);
- Goldman Fristoe ~~23~~ Test of Articulation (GFTA ~~23~~);
- Kaufman Speech Praxis Test (KSPT);
- Language Processing Test – Elementary (LPT 3);
- Marshalla Oral Sensorimotor Test (MOST);
- [Montgomery Assessment of Vocabulary Acquisition \(MAVA\)](#)
- Oral and Written Language Scales (OWLS);

- Peabody Picture Vocabulary Test – Fourth Edition (PPVT 4);
- Preschool Language Assessment Instrument Profile (PLAI 2);
- Preschool Language Scales Fifth Edition (PLS5);
- Receptive – Expressive Emergent Language Scale (REEL 3);
- Social Language Development Test – Adolescent/Elementary Versions;
- Structured Photographic Articulation Test (SPAT DII);
- Structured Photographic Expressive Language Test Preschool (SPELT – P2);
- Stuttering Severity Instrument 3 (SSI 3);
- Test for Auditory Comprehension of Language – Third Edition (TACL 3);
- Test of Childhood Stuttering (TOCS);
- Test of Language Development – Primary 4th Edition (TOLD P:4);
- Test of Narrative Language (TNL);
- Test of Pragmatic Language (TOPL 2);
- Test of Problem Solving 2 Adolescent (TOPS 2);
- Test of Problem Solving 3 Elementary (TOPS 3);
- Test of Word Finding – Second Edition (TWF 2);
- Test of Written Language – Fourth Edition (TOWL 4);
- The Listening Comprehension Test 2;
- The Phonological Awareness Test 2 (PAT 2);
- The Rosetti-Infant Toddler Language Scale;
- The Word Test 2 Elementary (WORD); and
- Verbal Motor Production Assessment VMPAC).

#### *What Does It Measure?*

- These tests measure all aspects of Speech (Articulation, Motor Speech, Fluency, Voice), Language (Vocabulary, Grammar/Syntax, Linguistic concepts, Memory, Narrative Development), reading readiness/Phonological Awareness, and Social Language (Pragmatics, Social Skills). Areas measured address both comprehension and expression for oral and written language.

#### *Qualifications of Assessors*

- Registered Speech-Language Pathologists (*Regulated Health Professions Act*)

#### *Parental/[Guardian](#) Consent and Feedback*

- Informed written consent from parent(s)/[guardian\(s\)](#) must be received prior to the assessment for students under 18 years of age, or from the student if 18 years of age or older.
- Results are communicated to parent([s](#))/[guardian\(s\)](#) by a Speech-Language Pathologist.
- Parent(s)/[guardian\(s\)](#) receives a copy of the assessment report.

#### *Information Sharing and Privacy*

- Results are shared with the school team.
- Parent(s)/[guardian\(s\)](#) may be legally able to withhold permission for a Registered Health Professional to disclose information to others.
- A written report is also provided for the OSR. A release of information must be signed by parent(s)/[guardian\(s\)](#) to share information with other agencies.

- All speech and language files and records are maintained following the procedures outlined in the RHPA.

#### *Average Wait Time for Assessments*

- The average wait time for assessments by Speech-Language Pathologists is one to four months from referral by the PDT or through the Early Identification Process.
- These averages vary and are dependent on referral rates, with recognized peak times that align with school trends.

### **Psychological Services Assessments**

#### *Assessment Tools*

- Measures of Intellectual Functioning:
  - Wechsler Preschool and Primary Scale of Intelligence – 3rd Edition (WPPSI-III)
  - Wechsler Intelligence Scale for Children – 5th Edition (WISC-V)
  - Wechsler Nonverbal Scale of Ability (WNV)
  - Wechsler Adult Intelligence Scale – 4th Edition (WAIS-IV)
  - Stanford-Binet Intelligence Scales – Fifth Edition (SB-5)
  - Leiter International Performance Scale – 3rd Edition
- Psychological Processes Related to Learning (e.g., Memory, Attention, Phonological/Language, Perceptual-Motor, Visual-Spatial, Executive Functioning):
  - Child and Adolescent Memory Profile (chAMP)
  - Brown ADD Scales Connors Rating Scales – 3rd Edition
  - Comprehensive Test of Phonological Processing – 2nd Edition (CTOPP-2)
  - Beery-Buktenica Developmental Test of Visual-Motor Integration – 5th Edition (VMI-V)
  - Delis-Kaplan Executive Functioning System (DKEFS)
  - Behaviour Rating Inventory of Executive Functioning – 2nd Edition (BRIEF-2)
  - NEPSY-II: A Developmental Neuropsychological Assessment
- Academic Achievement:
  - Wechsler Individual Achievement Test – 3rd Edition (WIAT-III)
  - Wide Range Achievement Test – 4th Edition (WRAT-4)
- Adaptive Skills:
  - Adaptive Behaviour Assessment System – 3rd Edition (ABAS-3)
  - Vineland Adaptive Behaviour Scales – 2nd Edition (VABS-2)
- Personality, Behavioural, and Social-Emotional Functioning:
  - Achenbach Child Behaviour Checklist
  - Behaviour Assessment System for Children – 2nd Edition (BASC-2)

#### *What Does It Measure?*

- Psychological assessment tools are selected to provide information on a student's intellectual functioning, cognitive and processing skills, attitudes or interests, and other behavioural and social-emotional skills that are relevant to the development of academic skills, adaptive and life functioning, and overall adaptation and adjustment.



- In conjunction with other sources of information, assessment information may lead to a Psychological diagnosis. Diagnoses are communicated by members of the College of Psychologists who are legally authorized to do so.

### *Qualifications of Assessors*

- Registered Psychologists and Psychological Associates; Psychometrists supervised by members of the College of Psychologists (all under the RHPA).

### *Parental/Guardian Consent and Feedback*

- Informed written consent from parent(s)/guardian(s) must be received prior to the assessment for— students under 18 years of age, or from the student if 18 years of age or older.
- Results are communicated in person by a Psychological Services staff member.
- Parent(s)/guardian(s) receive a copy of the assessment report.
- Communication of Diagnosis is a *Restricted Act* under the RHPA. Diagnoses (e.g., Learning —Disability) must be communicated by a member of the College of Psychologists of Ontario who is legally authorized to do so.

### *Information Sharing and Privacy*

- Results are shared with the school team.
- Parent(s)/guardian(s) may be legally able to withhold permission for a Registered Health Professional to —disclose information to others.
- A written report is also provided for the OSR.
- A release of information must be signed by parent(s)/guardian(s) to share information with other agencies.
- All psychological files and records are maintained following the procedures outlined in the RHPA.

### *Average Wait Time for Assessments*

- The average wait time for assessments by Psychological Services staff is ~~six to twelve~~ one to four months from referral by the PDT.
- These averages vary and are dependent on referral rates, with recognized peak times that align with school trends.

## **Other Assessments**

### **Assessment Tools**

- **Functional Behaviour Assessment**
- **Functional Vision Assessment**

- **What does it measure.....parent consent, Info Sharing Average wait time.....**

### **Criteria for Managing Wait Times**

- Wait lists for Speech-Language Pathologists and Psychological Services staff are decentralized, and staff are responsible for managing their schools' wait lists. Criteria for managing wait lists include:
  - Triaging with school teams;
  - Running assessment blitzes at strategic times; and
  - Reallocation of staffing resources to address and reduce wait times.