SY 2026-27

School Mental Health:

SCHOOL PSYCHOLOGY PROGRAM GUIDANCE

An Overview of Policy, Practice and Procedures

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SECTION I

INTRODUCTION AND GUIDING PRINCIPLES

I: DISTRICT OF COLUMBIA PUBLIC SHOOLS

DISTRICT OF COLUMBIA PUBLIC SCHOOLS VISION

Every student feels loved, challenged, and prepared to positively influence society and thrive in life.

DISTRICT OF COLUMBIA PUBLIC SCHOOLS MISSION

Ensure that every school guarantee students reach their full potential through rigorous and joyful learning experiences provided in a nurturing environment.

DISTRICT OF COLUMBIA PUBLIC SCHOOLS VALUES

Students First: We recognize students as whole children and put their needs first in everything we do.

Equity: We work proactively to eliminate opportunity gaps by interrupting institutional bias and investing in effective strategies to ensure every student succeeds.

Excellence: We work with integrity and hold ourselves accountable for exemplary outcomes, service, and interactions.

Teamwork: We recognize that our greatest asset is our collective vision and ability to work collaboratively and authentically.

Courage: We have the audacity to learn from our successes and failures, to try new things, and to lead the nation as a proof point of PK-12 success.

Joy: We enjoy our collective work and will enthusiastically celebrate our success and each other. Enjoy our collective work and will enthusiastically celebrate our success and each other.

II: OFFICE OF SCHOOL IMPROVEMENT AND SUPPORTS

The Office of School Improvement and Supports (OSIS) will work to support our educators and students to dramatically accelerate the number of excellent schools throughout the city. The Office is comprised of three divisions: School Improvement, Student Supports and Talent Development.

School Improvement

- Promotes data-driven planning, processes, and decision-making through an aligned system of continuous improvement to move schools toward a consistent standard of excellence;
- Designs excellent school models that transform learning for our students furthest from opportunity;
- Develops and advances strategies and resources for schools and the district to maximize partner impact on student success.
- Advances equality, with a focus on student focused programming

Student Supports

- Ensures that schools have the resources to provide a safe and supportive learning environment where all students are able to thrive academically and socially;
- Ensures that schools have the necessary supports to address the needs of the whole child and create the conditions where all students are in school every day and ready to learn.

Talent Development

- Advances talent development through an equity lens
- Ensures we recruit, select, hire and retain great people;
- Ensures leaders are prepared at each stage of their career with the full complement of skills and capacities necessary to guarantee student and school success;
- Ensures clarity of expectations and meaningful feedback in support of increased effectiveness of all school based staff.

III: STUDENT SUPPORTS DIVISION

STUDENT SUPPORTS DIVISION

As a division, we are focused on realizing a seamless, coordinated continuum of offerings and services that promote safe and supportive environments where students feel secure to learn and grow.

SCHOOL MENTAL HEALTH TEAM MISSION

We serve schools by providing expert consultation and services in support of the whole child. Using evidence-based assessment and therapeutic practices, we intervene early, with tailored supports that match the unique needs of DCPS students.

SCHOOL MENTAL HEALTH TEAM VISION

Our goal is to decrease barriers to school success by providing students, families, and school staff with tools that promote academic and psycho social growth and progress.

SCHOOL PSYCHOLOGY TEAM MISSION

It is the mission of the DCPS School Psychologists to utilize our specialization in psychology and education to ensure that schools are responsive to the cognitive, academic and social-emotional needs of *all* students in our schools, using evidence-based data to close achievement gaps.

Our work toward these overarching goals is fueled by a set of core beliefs. We expect every adult in the system to act in accordance with these beliefs every day.

We believe:

- All children, regardless of background or circumstance, can achieve at the highest levels.
- Achievement is a function of effort, not innate ability.
- We have the power and the responsibility to close the achievement gap.
- Our schools must be caring and supportive environments.
- It is critical to engage our students' families and communities as valued partners.
- Our decisions at all levels must be guided by robust data.

CONTACT INFORMATION FOR THE SCHOOL PSYCHOLOGY DEPARTMENT

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TBD
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Section II

GENERAL GUIDELINES AND PROCEDURES

A. THE ROLE OF THE SCHOOL PSYCHOLOGIST

The below statements are intended to describe the general nature and scope of work to be performed by school psychologists. This is not a complete listing of all responsibilities, duties, and/or skills required to perform effectively in schools but a review of the most salient data. Tasks vary by school.

School Psychologists are involved in *preventive* work with all students, staff, and families that promote success and early intervention for all students:
School Psychologists are responsible for conducting needs assessments to identify potential concerns and deficits. They will utilize curriculum-based measures and other measures of student progress identify in Panorama and other data supports to work collaboratively with teams to identify students in need of intervention and provide various means of assessment to specify the area of weakness in support of their schools multi-tiered system of support (MTSS).

The School Psychologist is responsible for designing and developing evidence-based models that best fit the needs of the students based on the data collected. School Psychologists are also trained in and expected to progress monitoring the data over intervals of time to determine the effectiveness of the interventions implemented, adjusting interventions as needed.

Please note that that MTSS/interventions cannot delay, replace, or deny evaluation; refer promptly when disability may be suspected.

School Psychologists are involved in educational planning for students with disabilities:
School Psychologists are responsible for selecting, administering, scoring and interpreting psychological evaluations for students that are referred for Specialized Instruction. They are also responsible for analyzing evaluation data, student records, MTSS data and information pertinent to student learning, and formulating data informed conclusions relating to the reason for referral and qualification of suspected disability. School psychologists are responsible for utilizing the collected data to write family friendly reports utilizing the DCPS psychology format (See examples in Appendices A and B). School Psychologists are responsible for completing assessments related to Individualized Educational Plan (IEP), 504, Settlement Agreement (SA), Hearing Officer Determination (HOD), and Independent Educational Evaluation (IEE).

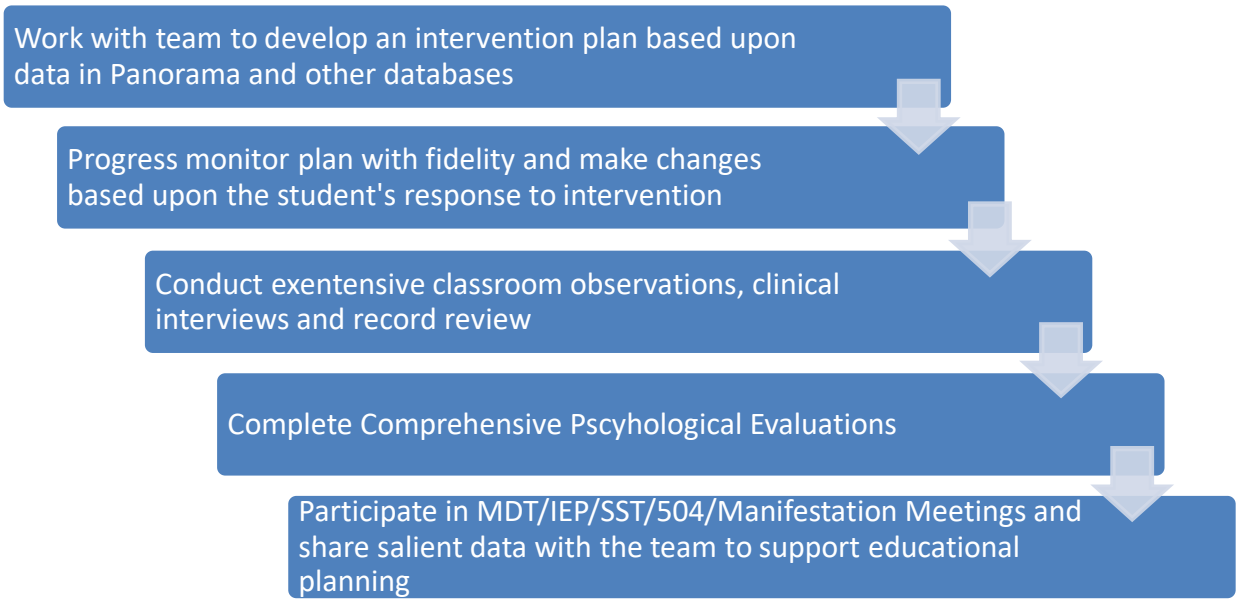
School Psychologists are core members of their school's MTSS, Analysis of Existing Data (AED), IEP, 504 and Manifestation team meetings. They are expected to provide data specific to and related to the area of concern during each of the meetings and assist in providing necessary data to meet the goal of each meeting. Additionally, in order to maintain appropriate certification and clinical standards, school psychologists are required to participate in all professional development opportunities to include monthly Staff Meetings, Case Conferences and School Mental Health Professional Developments. Please note and plan accordingly. You will be held accountable for your participation. An unexcused absence will be reflected in IMPACT. Absences are considered excused if there is an emergency, and documentation is provided (via email) to your Program Manager. Psychologists who are absent from meetings and trainings should assume the responsibility for securing information or notes from a colleague.

Maximizing Impact

School psychologists are uniquely trained and qualified to support students' academic and social-emotional needs. Because of this, they are often asked to perform duties that are outside of scope and do not maximize their unique skillset. Common misuses and suggested alternatives are identified in the chart below:

Common Misuse	Academic and Social Emotional Focused Alternative
Lunch Duty	Consulting with teachers and parents regarding early intervention activities in the classroom and at home.
Class Coverage: Sub Duty	Observing students in the instructional environment in order to help identify appropriate intervention strategies, to identify barriers to intervention, and to collect response to intervention data.
Arrival/Dismissal Duty	Check-in/Check-out with students requiring support

By utilizing the school psychologists for tasks, they are uniquely qualified to do, they are able to fulfill necessary school priorities areas such as:



Role in MTSS @DCPS: The School Psychologist will participate in MTSS conferences to facilitate the provision of evidence-based methods of supporting students in the general education setting. The role includes:

- Collaborating with school staff with facilitating universal screening,
- collecting, and interpreting student progress data;
- assisting in the development of student intervention plans, working collaboratively with relevant staff to implement interventions,
- progress monitoring with fidelity (i.e, collecting and monitoring data as identified on the student intervention plan,
- making data-based decisions regarding interventions,
- providing educational consultation to educators and introducing success by promoting

core curriculum strategies, and
- assisting in documenting all intervention data in the Panorama Student Success Dashboard.

Role in the initial evaluation and reevaluation process: As members of the Multidisciplinary Team (MDT), School Psychologists review the existing data to determine if assessments are needed. In addition, if assessments are deemed necessary, the School Psychologist is needed to discuss the tests that will be used, the type of information that is gleaned, and with whom and how this information will be shared so that informed written consent may be appropriately (and legally) obtained. School Psychologists will be responsible for the completion of assessments deemed necessary to determine educational impact in the areas of Autism, Specific Learning Disability (SLD), Emotional Disability (ED), Developmental Delay (DD), Other Health Impaired (OHI) (as it relates to ADHD), Intellectual Disability, Traumatic Brain Injury (TBI) and Multiply Disabled (MD). The School Psychologist is also responsible for meeting with the team to determine if the student continues to be in need of Special Education services every three years or if new concerns warrant assessment.

Role in developing the IEP: The School Psychologist is responsible for collaborating with educators and related service providers to complete the Present Level of Academic and Functional Performance (PLAFPs) for the areas in which they have assessed or reviewed an assessment. They are also responsible for collaborating with social workers to complete the Needs and Impact Statements of an IEP with the Behavior Support Services (BSS) goals.

Role in 504- The School Psychologists will be core members of the 504 team and will be responsible for reviewing outside evaluations. Additionally, if any further screenings are warranted, the School Psychologists will be responsible for completing those (i.e., administering a Conner's or a BASC for ADHD concerns).

Role in manifestation determination meetings: As a member of the MDT, the School Psychologist reviews the nature of the infraction and assists in determining if the behavior is a manifestation of the student's disability.

Collaboration with educators and related service providers: As core members of school MTSS teams, School Psychologists are expected to provide expert consultation on evidence-based methods of supporting students in the general education setting. They are also expected to provide trainings to staff (and families) on various topics that will assist them in working with the students.

Crisis response: School Psychologists will respond to emergencies in their schools that impact the student body. School Psychologists are also members of the Central Services Crisis Response Team. DCPS will utilize all School Mental Health Providers and school counselors to support school communities in crisis. Each week, a team of 15 providers are "on call. Each person will be on rotation no more than 3 weeks each school year. You will receive notification from Frontline one week prior to your rotation, and again three days prior to your rotation. Please notify your principal when you receive this notification, as they are not notified directly via Frontline.

B. Job Requirements

Licensure and Certification

School psychologists' employment with DCPS is contingent upon the satisfactory completion of, and maintenance of, an OSSE certification/license.

The minimum requirements for qualification/certification as a school psychologist include:

- A master's degree in School Psychology, Educational Psychology, or Clinical Psychology from an accredited institution to include forty-two (42) semester hours of graduate level coursework and five hundred (500) clock hours of satisfactory field experience in a school setting under the supervision of a certified school psychologist (DCMR 1659.1).
- The maintenance of required continuing education units (CEUs).
- Adherence to DCPS' certification requirements.

Providers are responsible for keeping their certification updated. Failure to renew certification in a timely manner can result in separation from DCPS.

Please visit https://osse.dc.gov/page/credential-renewal for additional information regarding licensure requirements and renewal.

Time and Attendance

ET-15 WTU (10-month employee) Elementary and Middle School

WTU School psychologists are to report to their schools for a seven and one-half (7.5) hour workday inclusive of a 45-minute duty-free lunch period. School psychologists should arrive at their assigned schools no later than the time of arrival expected for all school staff.

Arrival Time – 8:00am
Departure Time – 3:30pm

ET-11 CSO (12-month employee) High school positions

CSO School psychologists are to report to their schools for an eight and one-half (8.5) hour workday inclusive of a duty-free lunch period. School psychologists should arrive at their assigned schools no later than the time of arrival expected for all school staff.

Arrival Time – 8:00am
Departure Time – 4:30pm

Extended Leave

Action Item	Due Date	Responsible Person
School Psychologists (SP) provides notification of resignation or extended leave to program manager	Immediately	Principal or school psychologist
Principal reaches out to central office for next steps	Immediately	Principal

The school psychology program manager will collaborate with the school to designate an appropriate staff person for assessment	Within 1 week of notification	School psychology program manager and principal

Emergency Administrative Premium Compensation- Beginning in the 2023-2024 School year, in accordance with DCPS policy and with school leader authorization, any school based WTU or CSO member who, in the event of a student emergency, accompanies a student to or from a hospital emergency room to ensure their health, welfare, and safety may be compensated two hours of administrative premium.

Concerns

If there are concerns at the school level, the matter should be brought to the attention of the school administrator or the provider first. If the issue cannot be resolved at the school level, please reach out directly to the Program Manager who will facilitate and collaborate with provider and administrator to achieve a resolution.

If there are concerns at the program level, the matter should first be brought to the attention of the Program Manager. If the matter cannot be resolved with the PM, please follow up with the School Psychology Director, who will work with the provider and manager to resolve the matter.

Please document all efforts that are made to address the issues raised. There may be situations where the concerns will be elevated.

Required Databases

DCPS uses multiple web-based data systems, including Panorama and Frontline (formerly Accelify) and PowerSchool (also referred to as Special Education Database {PowerSchool}) to manage data. Following are the expectations for each data system.

Panorama

Data systems and structures are a critical component of MTSS@DCPS. The Panorama Student Success Dashboard is the MTSS Data System. More detailed information about Panorama can be found in Appendix I.

Frontline (former Accelify):

Unified Calendar

All school psychologists will be required to manage a unified calendar in Accelify that is inclusive of student service delivery and school-based activities, and time spent on documentation and assessments. This will allow admin to maintain an intervention calendar and have visibility into their workload and productivity, a useful tool when negotiating workload with administrators.

PowerSchool (also referred to as Special Education Database [PowerSchool])

PowerSchool is the system of record for specialized instruction. All reasonable and due diligence efforts should be documented in PowerSchool. All assessments should be uploaded in a timely manner in PowerSchool. Each school psychologist must participate in PowerSchool training to learn

more about using the system to document interactions with students who have or are being considered for specialized instruction and/or related services, educators and caregivers.

Assessment Rotation

School Psychologists who have 3 or fewer assessments assigned in PowerSchool at any given time may be assigned to complete assessments at other schools. The maximum number of assessments assigned to be completed within a 45-day period will not exceed 2. This will ensure that the needs of all students across the district are fairly met in an equitable way.

Section III

EVALUATION REFERRAL PROCEDURES & OTHER PROTOCOL

A. Multi-Tiered Systems of Support (MTSS) Overview

MTSS is the practice of providing high-quality instruction and interventions matched to student needs, progress monitoring frequently to determine learning rates and level of performance over time and using student level data to make educational decisions.

MTSS design and implementation occurs across general, remedial, gifted, and special education. A multi-tiered system of intervention and support allows for academic and/or behavior integration and problem-solving across educational levels consistent with federal legislation [e.g., The Individuals with Disabilities Education Improvement Act (IDEA 2004) and the Every Student Succeeds Act (ESSA) of 2015].

MTSS Teams develop a shared understanding of the student's strengths, needs, interests, and preferences and a shared plan of interventions and supports. Any member of the team, including a parent, may propose modifications to the plan.

CORE PRINCIPLES OF MTSS

- We can effectively teach all children
- Intervene early
- Use a multi-tiered model of service delivery
- Use a problem-solving method to make decisions within a multi-tiered model



THREE ESSENTIAL COMPONENTS OF MTSS

1. Multiple tiers of interventions and supports (a three-tiered model is used in DCPS)
2. A problem -solving method
3. An integrated data collection/assessment system to inform decisions at each tier of service delivery

MTSS will provide a coherent structure through which educators will be able to reflect upon the:

- Mindsets they hold about students and their families
- Relationships they have with students and their families,
- Quality of the learning experiences they are providing to students, and
- Level of physical and emotional safety they are providing to students.

Specific guidance as it relates to the MTSS @ DCPS can be found at DCPS Way

MTSS and Early Learners

According to research compiled by Charles Greenwood Ph.D., there are a variety of reasons why young children entering preschool may not have had an opportunity within the home setting or early childcare to learn language, early literacy, and the social-emotional skills at an age-appropriate level. Nonetheless, preschool MTSS establishes a means of preventing identified early delays from becoming learning disabilities. As such, early intervention via MTSS is essential for prevention for young children who face developmental learning challenges.

The Individuals with Disabilities Education Improvement Act (IDEA, 2004) and The Every Student Succeeds Act (ESSA, 2015) and the Individuals with Disabilities Education Act (IDEA) support the implementation of MTSS through evidence-based practices, data-based decision making, early intervention, and equitable access to educational opportunities.

B. Vision/Hearing Screening

All of the medical information in the student's file should be reviewed prior to an assessment being ordered. Vision and hearing screenings are completed by the school nurse or the child's doctor. The student should have a vision and hearing screening completed within one year of the start of psychologist's assessment. If either screening is failed, appropriate measures must be taken (parent notified, audiological assessment obtained, glasses prescribed, acclimation time, etc.) in an attempt to address the problem before the team refers the student for an initial psychological assessment. If it is ascertained that a vision or hearing impairment cannot be corrected or has been corrected to the extent that it can be, this information should be recorded within the Analyzing Existing Data section of PowerSchool during the evaluation process. If the team decides to move forward without the appropriate screenings in place, then they should be informed that the lack of this critical data may impact the eligibility determination.

Health Screening Request Guidance

To ensure timely completion of health screenings and coordination with Health Services staff, schools should submit requests as early as possible.

Request Submission Process

1. The school should email the Health Suite staff member assigned to their cluster.
2. The email should copy:
    a. The Nurse Manager
    b. The DCPS Cluster Point of Contact (POC)
3. Requests should clearly include:
    a. The student(s) involved, as applicable
    b. The specific type of screening being requested
    c. The reason or purpose of the screening
    d. The date by which the screening is needed

Recommended Timeline

Schools are strongly encouraged to provide at least 2-3 weeks advance notice whenever possible. Advance planning helps ensure staffing availability and timely completion of the screening request.

Health Suite Staff Assignments by Cluster

- Sophie Murphy: Clusters 1, 5, and 7
- Gina Chieffo: Clusters 2, 4, and 9
- HealthServices.DCPS@k12.dc.gov: Clusters 3, 6, and 8

If a screening request has already been submitted and the school is experiencing challenges, delays, or difficulty obtaining the requested screening, the school should add Whitney.Carrington@k12.dc.gov to the existing email thread to facilitate additional support and coordination.

When submitting requests, provide as much detail as possible regarding the purpose of the screening and any relevant timelines. Complete and specific information helps Health Services prioritize and respond appropriately to school needs.

C. Behavior Screening Process

Universal screening for behavioral concerns will begin with a general classroom ecological observation (EO), completed by the school psychologist. The ecological observations are a part of the Tier 1 process. They are not an evaluative tool for instruction. Instead, they are to be used as a form of collaboration to assist with identifying classroom climate and correlating interventions to support students' overall performance and assist in identifying evidenced based interventions. Collaboration with the administration regarding the observations should begin at the beginning of the school year. Principals and/or APs may have some criteria in place to identify the classes in which a classroom observation is most useful. It is recommended that classes with a high number of MTSS referrals receive EO.

If a student receives an initial flag, a follow up questionnaire should be given to the teachers and School Behavioral Health Coordinator's (SBHCs). Students who are identified as at risk should be given the identified behavioral screener and if necessary advanced to Tier II.

If a parent or legal guardian requests an evaluation for a suspected disability at any time, DCPS will consider the request in accordance with applicable Special Education and Section 504 requirements. The MTSS process continues, and information generated through MTSS may be considered as part of the Analyze Existing Data (AED) process during referral and eligibility determination.

If the MTSS team suspects that a student may have a disability, the team should initiate a referral for Special Education or Section 504 evaluation. The MTSS process may continue during the evaluation process and may provide additional information for consideration during the AED and eligibility determination process.'

For additional information on MTSS, refer to 2026-2027 MTSS@DCPS Handbook.docx

D. Evaluation to Determine Eligibility

The MTSS team may determine to refer a student who has not responded favorably to evidenced based interventions at Tiers I -III for evaluation to determine if the student meets the eligibility criteria for a disability. The referral form should be submitted with data collected on the student's response to intervention, which is completed by the school-level MTSS members, inclusive of information collected from a variety of sources. It is extremely important that the referral form is completed correctly. When bilingual students are referred for evaluation, for example, the Request for Bilingual Assessment Form must be completed before the psychologist signs the referral form. It is important to note that exact dates (month, date, and year) must be included for each conference, observation, and intervention listed on the referral.

E. Eligibility Process: Overview

Referral

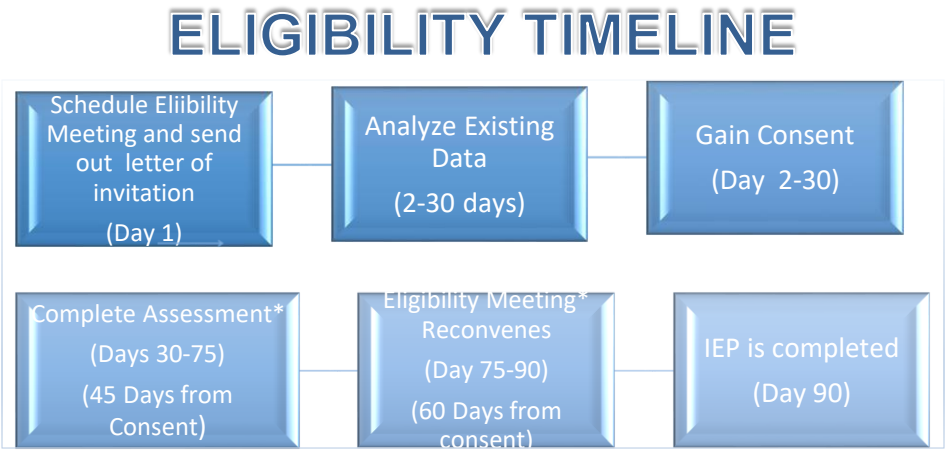
When a parent requests a referral, the LEA should complete the "STANDARD INITIAL REFERRAL FORM".

*This form is to be completed only by a **DCPS LEA/Case Manager**, who collects information from the person making the referral.*

Information entered on the form should reflect data gathered from the stakeholder making the referral. The completed form should be uploaded into PowerSchool. The referral date on the form should be entered as the referral date in PowerSchool. ***This date starts the eligibility timeline.***

Once a referral for evaluation is made, the LEA now has 30 days to hold the AED meeting and obtain consent (please contact your PM if you were not invited to the AED or consent meeting). Specific evaluation information should be captured in a prior written notice and sent to parents after the meeting. The LEA has 60 days from consent to complete an Eligibility Determination.

Once consent is obtained, the provider is given 45 days to complete the evaluation. Assessments should be sent to the parents 10 days prior to the IEP meeting.



Exception to Timeline

The 90-day timeframe does not apply to an LEA if:

- The parent of a child repeatedly fails or refuses to produce the child for the evaluation;
- The parent fails or refuses to respond to a request for consent for the evaluation or
- A child enrolls in a school of another LEA after the 90-day timeline has begun, and prior to the determination by the child's previous LEA as to whether the child is a child with a disability under this policy. This only applies if the subsequent LEA is making sufficient progress to ensure prompt completion of the evaluation, and the parent and subsequent LEA agree to a specific time when the evaluation will be completed.

The LEA and/or RSP must document in PowerSchool all reasonable efforts made to contact the parent regarding evaluation appointments, requests for consent, or progress on completing the evaluation as outlined above. Reasonable efforts are defined as a minimum of three attempts and multiple modalities as outlined in the OSSE reevaluation policy (e.g., phone and mailed correspondence) by the LEA.

Addressing Disproportionality

We understand that implicit bias contributes to the significant and disproportionate identification of Black and Brown children with the ED disability classification. This year, we have added guidance to address this systemic concern. At the initial referral, AED, and eligibility determination stages we will consider the following:

Implicit Bias Guiding Questions

1. What assumptions have been made about the student?
2. What assumptions have been made about the family of the student?
3. Is the reviewing team racially and culturally diverse?

Whole Child Guiding Questions

1. What is the quality of the relationship between teacher and student? Student and peers?
2. Does the student feel physically and emotionally safe in the learning environment?
3. Does the student feel comfortable taking learning (Social, Emotional, and Academic) risks in the classroom?

Trauma Responsive Guiding Questions

1. Is the student from a family who has immigrated to the United States?
2. Is attendance a barrier?
3. Has there been a change in caregivers?
4. Does the learning environment provide equitable opportunities to incorporate student voice and choice?
5. Are you aware of any Adverse Childhood Experiences (ACEs)?

If flags result as an outcome of team discussion about implicit bias, whole child factors, or trauma exposure the team should:

a. Determine whether MTSS is a next best step for the student; OR
b. If consent has already been obtained, the appropriate factors should be addressed in the eligibility meeting and reports.

Special Education Referral Process

- Any student who is referred for special education should have a completed referral form.
- Among other things, the form asks if the student is a member of an overrepresented population and asks the team to identify the steps they have taken to address any implicit biases
- The form and all attachments must be uploaded into PowerSchool within 72 hours.
- A consent decision must be made within 30 days of the referral
- Assessments must be conducted within 60 days of consent.

During AED meetings, School Psychologists will review the new AED checklist with school teams to determine if the student is being referred for ED due to reasons exacerbated by factors that disproportionately affect Black students.

If the team identifies implicit bias, institutional bias, lack of resources, complex trauma, et cetera, the School Psychologist will encourage school teams to support students at Tiers II or III of MTSS to ensure the student receives accommodations and supports before a disability is considered.

When determining eligibility, the in addition to the OSSE worksheets, the teams will be required to complete and upload eligibility checklists in the areas in which disproportionality has been found. The use of the revised checklist will assist in ensuring that school teams arrive at disability determinations based upon data.

Analyzing Existing Data

The analyzing existing data is the apart of the Evaluation of the student. This first step of the process should be completed to determine whether or not there is sufficient information to make an eligibility determination or if formal assessments are needed to make a determination. If there is sufficient data provided that addressed the eligibility criteria, eligibility determination can be made at during this meeting. This review must be conducted by a group of individuals that includes required members of an IEP Team and:

- Review existing evaluation data
    - Information provided by parent
    - Classroom-based observations
    - Response to Intervention in the General Education setting
    - Information provided by the teachers
    - Formal and informal assessments
- The IEP team should begin their review of the referral by analyzing as many of the following types of existing data as are available:

- Attendance
- Behavior or Incident Reports
- Classroom observations
- Class work samples
- Current grades
- Discipline Reports
- Documentation of academic and behavior interventions
- Evaluations and information provided by parents
- Health Records and Medical Reports
- Report cards
- Standardized Test Scores

- Identify the data that is needed to determine:
  - Category of disability
  - Present levels of performance
  - Special education & related services
  - Modifications to allow child to meet IEP goals & participate in general education
  - The student's progress

- Documentation of this review must include:
  - Intervention Data provided in the general education setting
  - The team conclusions/decisions
  - The date the conclusions/decisions are finalized
  - The names of individuals participating in the review
  - Conclusion if additional assessments are needed

The AED sections in PowerSchool should be completed prior to the AED meeting. For reevaluations the AED Meeting should be scheduled at least 60 days prior to the expiration of the eligibility. A copy of the AED MUST go home to the parent at least 5 days prior to the meeting.

See AED Documentation Form for AED documentation that should be uploaded prior to the scheduled AED meeting.

Prior Written Notice

If the team determines that there is enough information to determine eligibility and no additional assessments are required, the parents should be informed via written notice, in the parent's native language, detailing the specifics of why further evaluation is being refused. All information should be completed under the Prior Written Notice (Do Not Proceed with Evaluation after IEP Team Analyzes Existing Data) section in PowerSchool/EasyIEP. Once completed, the document should be printed and mailed to the parent.

Additionally, if the team determines that assessments are warranted then the LEA should inform the parent via written notice, in the parent's native language, detailing the specifics of which assessments will be administered and what areas of concerns are being assessed.

Parental Consent for Assessment

DCPS must obtain informed parental consent prior to evaluating or providing special education services to a student and must make reasonable attempts to get consent of parents of children who are wards of the state. The expert in the area of assessment should always be present at the time informed consent is obtained.

Per professional ethical guidance, school psychologists obtain informed consent for assessments, evaluations, or diagnostic services. *Informed consent stems from the legal and ethical right the parent has to decide what is done to his or her child, and from the provider's ethical duty to ensure that the parent is involved in decisions. The process of ensuring informed consent includes information exchange between the school and parent and is a part of parent education. In words the parent can understand, the provider must convey the details of the procedure, the purpose of the procedure, and any associated assessments. The parent should be presented with information on the most likely outcomes of treatment.*

LEAs must order all assessments in PowerSchool within three days of procuring the parental consent.

The LEA is not required to obtain parental consent for the initial evaluation when the child is a ward of the State and is not residing with the child's parent and the conditions under 34 C.F.R. 300.300(a)(2) are met.

Ordering Assessments
Based on the analysis of existing data, the team determines if additional formal assessments are required to make an eligibility determination. If they are required, case managers are required to order those assessments within ***3 business days of obtaining consent.***

- If a parent refuses consent:
    - For evaluation: the agency may use due process to obtain authority for evaluation.
    - For services: the agency may NOT use due process in seeking to provide services; there is no fault to the public agency, and no IEP meeting is required.

To address the specific areas of concern, a variety of assessment tools & strategies must be used to collect functional and developmental information that may assist in determining:

- Whether the child has a disability
- The content of the IEP

To accomplish this, assessment materials must be:

- Nondiscriminatory
- Given in the child's native language or mode of communication
- Administered by trained personnel in conformity with instructions
- Conducted to reflect the student's aptitude or achievement
- Used to assess all areas related to the suspected disability and areas of concern
- Technically and culturally sound instruments to assess
    - Cognitive & behavioral factors
    - Physical & developmental factors

Please note that **only one assessment** should be ordered if assigned to the psychologist (i.e., psychological, etc.). A psychological assessment should be ordered for initial and triennial reevaluation. Educational evaluations should be assigned in PowerSchool to the case managers.

Non-Discriminatory Assessments

Assessment is defined in DCMR as a data collection procedure to examine a particular area of need in accordance with the rules in IDEA and DCMR. This procedure must be used by a group of qualified professionals to determine a child's educational needs and eligibility for special education and related services.

- Tests selected & administered must not be racially or culturally discriminatory.
- Ensure that the test used is valid with your population by reading the data provided in the manual.

Interpreting Evaluation Data

- Draw on information from a variety of sources
- Decisions must be documented and carefully considered
- Decisions must be made by the MDT/IEP team
- Placement decisions must be in accordance with LRE requirements

Assessment Request

Prior to any student being identified and receiving services, the school shall conduct a full and individual evaluation (IDEA, 20 U.S.C. 1414(a)(1)). The assessment tools should assist the team in determining both eligibility and specific educational programming.

Requesting an Evaluation

- Any interested person (a parent, the SEA, another state agency, or school district personnel) may initiate a request for an initial evaluation (IDEA, 1414 (a)(1)(B).

- The IEP and qualified professionals analyze existing data, determine if additional tests are required, interpret all evaluation data, and determine eligibility based on the data.

- The updated Special Education Referral form must be completed for all students referred for special education.

Procedures for Initial Evaluation

There is a 45-day timeframe from receipt of parental consent for initial assessment until the initial evaluation is conducted unless the state establishes its own timeframe within which an evaluation must be conducted.

- The timeframe does not apply if:
    - The child attends a new school district after consent is given but before the evaluation is conducted; or
    - The parent fails to, or repeatedly refuses to, produce the child for evaluation.

Ensure that all assessments are completed ***within 45 days of securing parental consent*** (though the maximum time allotted is 45 days the providers are strongly encouraged to complete the assessment reports as soon as possible):

- The assessment report must be faxed into PowerSchool using a Psychological Assessment Report PowerSchool cover sheet (**not** a miscellaneous cover sheet).
- All Providers will receive an automatic email notification including a report with the following information:
    - A list of all psychological assessments ordered at their respective schools
    - Student information
    - Parent Consent Date, Assessment Order Date, Assessment Due Date
    - Details indicating which assessments are
        - ***OVERDUE***
        - **Coming Due in 10 Days**
        - **Open**

If you were not present at the meeting in which consent was obtained, please contact your Program Manager, via email, for next steps.

It is important that all documentation of contact (i.e. emails, phone calls, etc.) is captured in the Communication Log. It is recommended that the LEA-RD and/or Case Manager is copied on email communication. If OGC is involved, they should also be copied.

If parent or teacher is unavailable then the provider should move forward with completing the report, identifying the attempts to contact individuals in the appropriate section. If data from the individual is required, then the report should indicate that there is insufficient data to make eligibility and that an addendum will be done when information is provided. Lack of response should not delay the report being upload on time.

If the student is unavailable for assessment after three attempts, then the Due Diligence guidance should be followed, and a Due Diligence report should be uploaded into SEDS. An updated addendum should be completed and uploaded within 14 calendar days following the due diligence report. In the event that the student is absent with an illness or unavailable for a prolonged period of time that will impact the eligibility timeliness, the LEARD should be informed and a PWN should be considered, identifying the circumstances that would justify an eligibility delay. The communication log should be updated consistently. Please refer to the Due Diligence Guidance for additional information.

If you are experiencing issues with uploading your document, please contact the PowerSchool office and send a copy of the report to your PM via email prior to it becoming overdue.

Special Case Assessment Request (i.e., Neuropsychological/Psychiatric)
Neuropsychological and Psychiatric evaluations are generally considered for medical purposes and are usually not required for the consideration of eligibility for Special Education services. If a request is made for either assessment, the team should inquire what the intent and purpose of the assessment is. Generally, the areas of concern can be addressed by a comprehensive psychological. If

there is not a current evaluation on file, a new one should be recommended and completed by DCPS. Medical evaluations not required for eligibility consideration and academic planning are not completed by DCPS, however we will review all information submitted by the parent.

Eligibility Determination Policy

An eligibility "determination is premised upon whether the child has one of the designated disabilities under the IDEA and the DCMR and, as a result of that disability, requires special education and related services. To make this determination, a team consisting of a group of qualified professionals and the parent must consider all reports of assessments procedures, including a review of informal and formal assessments, parent information, health records, and other independent evaluations".

The team must consider two questions to make an eligibility determination:

1) Does the team have enough data to make an eligibility determination?
2) Does the student qualify for special education and related services under IDEA?

Special Rules for Determining Eligibility in IDEA 2004

A child will *not* be determined to be a child with a disability if the basis of the child's concern is lack of **scientifically based instruction** in reading, lack of appropriate teaching in math, or LEP (limited English proficiency).

Multidisciplinary Team

The MDT consists of the following:

- Parents
- Special education teacher
- Local Education Agency (LEA) representative
- Student (of appropriate age);
- Evaluator (school psychologist, speech pathologist, occupational therapist, physical therapist, adaptive physical education teacher, etc.)
- General education teacher
- Related service provider(s) (where appropriate)
- Others involved with providing services to the student (where appropriate) in or outside of the school setting (e.g., community mental health service provider, court-appointed social services worker, etc.).

Considerations for a Change of Disability Request

The team should review the following questions to determine if a new or added suspected disability category is required:

- Is there data that supports that the student no longer meets the current disability?
- Is it possible that the current disability is impacting the student in other areas than currently identified? (i.e. a student with autism may difficulties attending or a student with receptive delays may have difficulty with math reasoning)

- Has the student been referred to and receiving MTSS interventions in the new areas of concern, and is there sufficient progress monitoring data to support a new disability classification?
- Is there a reason that the goals to address the identified concerns can't be added to the student's current Individualized Educational Program?
- Is a new or separate program required for the student to receive needed services?
- In what ways would the change of disability classification benefit the student?

Based on the data provided during the AED time period the team can determine if it is appropriate to continue under the student's current disability classification or if a new disability classification is needed.

Triennial Reevaluation Policy Procedures
A reevaluation is conducted for students who have already undergone evaluations and been found eligible for services.

A three-year re-evaluation should answer the questions:

- Is the student still eligible for services under IDEA?
- What is the student's present level of academic achievement and functional needs?
- What additions or modifications to the special education services are needed?
- Is there a change to the student's eligibility classification?

When a student's academic and functional needs warrant it, a reevaluation should be performed more frequently than three years.

****A new Cognitive Assessment is often not necessary at a re-evaluation, as standardized cognitive assessments utilized in Comprehensive Psychological Assessments are typically more appropriate in determining initial eligibility and classification.**

The following outlines the procedural steps that the school psychologist should follow in supporting the triennial re-evaluation process, including the use of the Triennial Revaluation Form:

1. Prior to the AED meeting for a student due for a triennial evaluation, the school psychologist should collaborate with appropriate staff members to review the academic and functional data that are available for the student.

    A. Based on the school psychologist's determination of the level of sufficiency of the available academic performance/achievement data, a standardized achievement measure (e.g. WJ-IV A), can be administered by the school's case manager. Note that this updated "educational assessment" is considered as part of the "existing data" and as such, parental consent is not required.

    B. The school psychologist should conduct a classroom observation of the student or obtain (a) classroom observation report(s) conducted by (an)other staff

member(s). A summary statement of the educational implications of the observed performance and behavior of the student in the classroom should be included on the Triennial Re-evaluation Form.

C. The school psychologist should conduct interviews with relevant staff member(s) and parent(s) to gather information relevant to the student's eligibility status and educational needs. A summary of relevant staff and parent feedback information should be included in the Triennial Re-evaluation Form.

D. Academic achievement scores and educational implications of the student's levels of achievement should be included in the form in specified areas if applicable.

E. A summary of student functional performance data (qualitative and quantitative) should be included in specified areas of the form.

2. The Triennial Re-evaluation Form should be uploaded in Special Programs as an attachment under the AED section.

3. If sufficient data is not available prior to the AED meeting or more data is needed a Psychological Evaluation should be ordered.

*Note that the team can determine that a comprehensive psychological reevaluation is necessary either prior to or during the AED meeting based on: a) changes in the student's levels of academic and/or functional performance that suggest that the student might no longer need to be supported by an IEP, or b) consideration that the student's current disability category might need to be changed.

Circumstances in which a Comprehensive Psychological Reevaluation should be conducted, include:

- Existing data does not provide the key information needed to determine eligibility or disability classification (e.g., the team believes the student was inappropriately classified as ED and requires adaptive testing to determine if ID is more appropriate).
- The school psychologist determines that the previous assessment(s) is (are) inaccurate or that an updated assessment is warranted (i.e., student was age six when last assessed six years ago).
- HOD requires it.

The AED meeting should be held **90 days** prior to the Triennial Eligibility Due Date (or expiration date). At this time the team should review the data and the Psychological Evaluation should be ordered. The Comprehensive Psychological Reevaluation and Triennial Psychological Evaluation should be ordered in PowerSchool under the category of Psychological Evaluation, and the school psychologist will determine which report type is most appropriate.

Independent Education Evaluations (IEE)

There are times when an outside assessment is submitted to the public schools for consideration for the eligibility of a student with a suspected disability for the purpose of seeking placement in education programs or accessing services. An IEE can also be requested by a parent if the parent disagrees with a DCPS evaluation. Other sources for IEEs include the following:

- Ordered by Hearing Officer Decision (HOD)
- Agreed to in a Settlement Agreement (SA)
- Ordered by a judge in a Child and Family Service Agency (CFSA) or juvenile proceeding

A multidisciplinary (MDT) assessment team is required to review all relevant documentation and decide if data is sufficient and/or additional information is needed. Once it is determined that eligibility is being considered the LEA is expected to upload the IEE and email the relevant provider to notify them that the report is uploaded for their review. Once the RSP receives notification of the IEE, they must first identify if the assessment was completed by a qualified examiner and meets the requirements to determine eligibility (based on the identified suspected disability) or if additional assessments are required. If the evaluation is missing essential components and was completed due to an HOD or SA, then the parent, attorneys and assessor should be contacted and notified of the missing data. Once the IEE is confirmed then a written review of the IEE should be completed and uploaded.

IEE Timeline

When completing the DCPS Review of Independent Assessment Checklist form, the provider must indicate if the IEE will be accepted and meets the requirements for a DCPS Comprehensive Assessment. The IEE Checklist must be uploaded into PowerSchool within 5 days of receiving the IEE from the Case Manager/LEA RD.

When an IEE is submitted to the school for eligibility consideration, the provider has **5** days to complete the IEE checklist (from the initial upload date). If no additional assessment is required, the school provider has **20** days (from the date of receipt) to upload a written review of the report.

For IEEs that require additional testing, the AED section will need to be completed by the Multi-Disciplinary Team. The AED meeting should be scheduled within two days of receiving the IEE Checklist. At the AED meeting, previous data is reviewed, and parental consent should be obtained by the LEA RD/Case Manager and the appropriate evaluation should be ordered in PowerSchool by the LEA RD or Case Manager within **2** days of signed parental consent. Once parental consent is obtained, the provider has **45** days to complete the additional testing, write the report and upload the written report into PowerSchool.

New Suspected Disability

The team should review the following questions to determine if there a new or added suspected disability category is required:

- Is there data that supports that the student no longer meets the current disability?

- Is it possible that the current disability is impacting the student in other areas than currently identified? (i.e. a student with autism may difficulties attending or a student with receptive delays may have difficulty with math reasoning)
- Has the student been referred to and receiving MTSS interventions in the new areas of concern; and is there sufficient progress monitoring data to support a new disability classification?
- Is there a reason that the goals to address the identified concerns can't be added to the student's current Individualized Educational Program?
- Is a new or separate program required for the student to receive needed services?
- In what ways would the change of disability classification benefit the student?

Based on the data provided during the AED time period the team can determine if it is appropriate to continue under the student's current disability classification or if a new disability classification is needed.

Speech and Language Impairment and Speech Only Referrals

The process for determining the appropriateness of psychological assessments for initial and reevaluations for students considered or already classified for eligibility under the Speech and Language Impairment (SLI) and Speech Only IEP is outlined below:

Initial Evaluations:

A psychological evaluation should be considered for students who have been referred for areas of concern that align with a disability category that the school psychologist assesses. If the area of concern is speech (e.g., articulation, stuttering, voice, apraxia, and dysarthria), then no psychological evaluation is warranted.

Speech and Language Impairment Reevaluations:

If a student currently has a classification of SLI (or any other disability classification) and the team suspects a new area of concern, then the student should be referred through the MTSS process. Determination of needed assessments should be made after interventions for the new area of concern have been implemented with fidelity. Please note that students under the classification of SLI should already be receiving academic goals. These goals can be modified as warranted.

Speech Only Reevaluations:

1. SLPs will compile all necessary data to complete Analyzing Existing Data review.
2. If the IEP team believes the disability classification may be inappropriate and that cognitive testing is needed to make a determination, a referral to the MTSS team should be made.

A psychological assessment will only be completed under conditions outlined in #2; it will not be completed for the sole rationale that a cognitive assessment was not completed during the initial evaluation. Additionally, deficits that are associated with a speech and/or language impairment are usually most appropriately captured under the SLI classification. In these instances, the team should discuss how the deficit may impact the student academically and if goal modification may be required. In most instances they should not be referred for SLD without going through the MTSS process.

Please note that if a speech issue is attributed to a traumatic life event, the student should be referred to the MTSS team.

Section 504 Referrals

The Section 504 regulations require a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met.

If a student has a disability that impacts their ability to access their education, the 504 process can begin without referring to Special Education. However, sometimes a student will be evaluated for Special Education and found to have a disability but not require Special Education. A student may need accommodations to access his or her education. In this case, the student will be referred to the Section 504 process. In either case, the school psychologist may be called upon to complete the necessary evaluations, which may be used to determine if there is a disability that impedes the student's ability to access their education.

End of Year Close-out for Open Psychological Assessments

All assessments where consent is obtained on or before an *identified date* are to be completed before the end of the school year by the PowerSchool assigned provider.

For the rare cases in which assessments are consented to after the *identified date but before the school year ends*, the following items should be completed and submitted to your Program Manager before the close of school:

- Reason for the assessment
- Multiple student observations
- Teacher interview(s)
- Records review
- Work samples
- Anecdotal notes, etc.

Evaluations that are referred after the *school year ends* should begin the process. However, it should be acknowledged that a classroom observation is required to determine eligibility. Without specific information from all stakeholders, eligibility may not be able to be determined. It should be identified in the meeting what procedures the team can move forward with and what others will be needed and when dates projected to obtained when the student returns to their regular classroom schedule and the teachers are available to provide the required information. All information should be documented and shared via the PWN.

Crisis Protocol

The focus of crisis response is to address distress in students and in the school community. The three categories of crisis are:

Safety- The student has been victimized by abuse or neglect (self-report, injury, abandonment at school) or a student absconds from school. CFSA (202-671-723) must be contacted. All school personnel are mandated reporters.

Behavioral Health- The student exhibits symptoms of emotional disability relative to his/her mental health status (suicidal ideation, homicidal ideation, psychosis), a current or former student or staff member dies, or there is a critical threat or event.

School based mental health providers assess, de-escalate and develop a crisis plan. For school-wide crises, the Principal should consult with the School Crisis Team in addition to the Central Crisis Team Coordinator and the Central Office Security Coordinator. If the initial interventions are insufficient due to the severity of the symptoms a call should be placed to: ChAMPS (202-481-1450) for students ages 5 to 18 or the DBH Access Helpline (1-888-793-4397) for students ages 19 and older. The mental health team

When a student experiences a mental health crisis, exhibits significant behavioral concerns, or otherwise demonstrates indicators of a potential disability, school staff should consider whether there is reason to suspect the student may have a mental or physical impairment that substantially limits one or more major life activities or may require special education and related services. Once sufficient evidence exists to suggest a possible disability, the student should be referred promptly to the Section 504 team and/or IEP team for consideration of an evaluation and determination of eligibility for supports and services.

Criminal- The student exhibits behavior that is not mental health related such as assault, theft or willful destruction of property.

When schools determine that actions meet criteria for criminal behavior, the school administration contacts the Office of School Security and MPD.

Each provider will be assigned dates that they will be expected to report if a crisis occurs. The assigned provider will be notified via email in the event of the crisis and expected to report to the school in crisis at the beginning of their tour of duty. Please check email prior to reporting to school on the assigned dates. Crisis response is mandatory. All crisis response protocols are under the direction of the School Principal. Please refer to the Emergency Response Plan and Management Guide located in each school's administrative office for comprehensive instruction. Contact the Central Crisis Team at crisis.cct@dc.gov with additional questions or concerns.

Manifestation Determination Review

IDEA defines manifestation determination as: Within ten (10) school days of any decision to change the placement of a child with a disability because of a violation of a code of student conduct, the local educational agency, the parent, and relevant members of the IEP Team (as determined by the parent and the local educational agency) shall review all relevant information in the student's file,

including the child's IEP, any teacher observations, and any relevant information provided by the parents to determine:

(I) If the conduct in question was caused by, or had a direct and substantial relationship to, the child's disability; or
(II) If the conduct in question was the direct result of the local educational agency's failure to implement the IEP.

If the local educational agency, the parent, and relevant members of the IEP Team determine that either sub-clause (I) or (II) is applicable for the child, the conduct shall be determined to be a manifestation of the child's disability.

A MDR is an evaluation of the student's disability and the act of misconduct when a district proposes to remove the student or enact specified disciplinary actions. The district, the parent and relevant members of the IEP conduct the MDR. If a school psychologist was a member of the student's IEP team, it is strongly recommended that they participate in the MDR. Teams are required to meet after the 10th consecutive day and every suspension or removal thereafter. Disciplinary actions can be made only if the district concludes after the evaluation that there was no relationship between the student's disability and the actions of misconduct.

Closing Out An Assessment in PowerSchool Assessment Timeliness

Uploading Final Reports

Upon completing an assessment report, the provider must **upload** and then close out in the PowerSchool Special Programs https://osse-uat.specialprograms.powerschool.com/. It is expected that all providers upload and title their reports appropriately in the system. All reports should include a **signature and be uploaded as a PDF**. Completed reports should be uploaded into PowerSchool within 45 days from the date of consent. Note that copying and pasting into the summary section is not an acceptable format for submission. Timeliness will be determined from the initial upload date, which should correspond with the date entered as the *Date of Completion*. Also, please note that *Date Assessment Completed* is equivalent to the date the report is completed, and this should correspond with the date the report is uploaded into PowerSchool. All reports that are late or are incomplete will be considered untimely. Please be sure to verify that the complete report was uploaded. The Program Manager should be identified if there are any barriers to completing assessments in a timely fashion. Instances in which reports are identified as completed and not uploaded according to protocol will affect various areas of IMPACT evaluations as well as progressive discipline.

IEEs ordered through Settlement Agreements and HODs should be ordered by the LEA in PowerSchool upon receipt of the report. Once the IEE report has been ordered/uploaded under the HOD/SA/IEE Documentation Cover Sheet, the LEA should order the review of the IEE. Once the review of IEE report is completed, the psychologist should upload it in under *Psychological Assessment*.

For parent submitted IEE reports, the completed IEE review should be uploaded in the *Analyze Existing Data* section under *Areas to Consider*. This same process should be used for uploading a Triennial Psychological Evaluation.

Providing Documents to Guardians Before/After Eligibility/IEP Meetings

Changes to DCMR Special Education Legislation

D.C. Acts 20-486, 20-487, and 20-488) were signed into law as of March 10, 2015, amending certain parts of the DC Municipal Regulations (DCMR) and introducing new pieces of legislation that have direct implications on how we provide special education in the District.

***Process for Providing Documents before Meetings*:**

1. At least **ten (10) business days** before a scheduled meeting, **all documents** that will be discussed during that meeting **must be sent home to parents.**
2. The Pre-Meeting Packet letter that explains the information should be sent with the packet.
3. After all documents have been provided to parents, the Pre-Meeting Checklist must be completed and faxed into PowerSchool by the LEA
4. A **communications log entry** must be completed after providing parents with documents.

Documents to Provide Before an <u>Eligibility</u> Meeting

Before Eligibility meetings, the following materials must be provided to parents by the LEA:

- Analyzing Existing Data Report
- Copies/results of any formal or informal assessments and/or evaluations (e.g., educational, FBA, speech, psychological, etc.)
- Any other additional relevant documents that will be discussed at the meeting.
- If any of the IDEA required IEP team members will be unable to attend or participate by phone, a Mandatory IEP Meeting Excusal Form is also required.

Bilingual Referrals

Due to the ongoing shortage of school psychologists during the 2026–2027 school year, the Bilingual Assessment Team will participate in AED meetings and conduct evaluations for the following cases:

1. Initial referrals that meet established eligibility criteria.
2. Spanish-English bilingual students attending schools with vacant school psychologist positions.
3. All cases involving Spanish-speaking newcomer students (please refer to the *Newcomer Guide* for additional guidance).
4. Spanish-English bilingual students aging out of Developmental Delay (DD) eligibility when a new suspected disability is identified and the referral meets the established criteria.

Please ensure that all applicable MTSS documentation and data are entered into Panorama at least one week prior to the scheduled AED meeting. For students who are chronically absent (missing 10% or more of enrolled school days) or who have a documented history of chronic truancy (10 or more unexcused absences within a school year), evidence of attendance interventions must be included in the referral documentation.

Please note that the Bilingual Assessment Team provides services **exclusively for Spanish-English bilingual students**. For students who speak a language other than Spanish and require a bilingual assessment, please refer to page 10 of the *Bilingual Guidelines Manual* for procedures related to requesting an in-person interpreter.
For additional information regarding referral criteria and procedures for requesting a Spanish bilingual assessment provider, please consult the Bilingual Assessment Referral Guidelines.

Setting Up a School Mental Health Team

A comprehensive school mental health program involves a multitude of professionals working in collaboration for the betterment of students and each school community. In order to fully implement a multi-tiered system of support, each school must have a functioning School Mental Health Team that meets regularly (weekly or biweekly).

School Mental Health Team Guidance

At minimum, the School Mental Health Team should be comprised of the school social worker, school psychologist, school counselor and school nurse. In addition, utilize your School Health and Wellness Team Directory to ensure that the appropriate staff members are aware of meeting days and times, and invited when necessary. Collaboration between tema members is very important and highly ecouraged.

- The team should discuss upcoming MTSS and IEP meetings to ensure that (1) the appropriate team members who should attend those meetings are aware and available, (2) all mental health-related data have been collected and are ready to review, and (3) all necessary assessments have been completed timely and are ready to review. Any outstanding needs should be discussed and assigned to a team member.

- The team should discuss students who experienced an individual student crisis in the previous week and determine if an Individual Student Crisis Plan is necessary. The team can also use this time to collaborate on the development of those plans and plans to disseminate to all necessary staff members. The team should also review completed plans to see if updates are warranted.

- The school nurse should share information with the team and elicit feedback about student-specific concerns and/or larger initiatives.

- The Community-Based Partner(s) should give updates on students they are working with and update the team on caseload (i.e., if they are at capacity or if they have capacity to support additional students).

- The team should share updates on (1) families who may have expressed a need and (2) resources available.

Section IV

TRAINING AND SUPPORT

TRAINING OPPORTUNITIES

To support ongoing growth and excellence in school psychology across DCPS, the Psychology Department is proud to offer a comprehensive suite of professional learning opportunities throughout the 2025–2026 school year. These learning experiences are aligned with our Arc of Learning theme:
Centering SEL: Supporting Student Well-Being Through Equity, Collaboration, and Whole-Child Practices

Training offerings are designed to ensure that all school psychologists are equipped with the tools, strategies, and knowledge necessary to meet the evolving needs of students, families, and schools within a Multi-Tiered System of Support (MTSS). These opportunities reflect national best practices, court mandates, federal/local guidelines, and emerging trends in the field.

A. Professional Development Series

The Psychology Program provides data-informed, culturally responsive, and evidence-based professional development that strengthens the skills and effectiveness of school psychologists citywide. These trainings:

- Highlight best practices that promote student well-being and center equity
- Build provider capacity to lead within the MTSS framework using trauma-informed and relationship-based approaches
- Address current needs in assessment practices, academic and behavioral intervention, and crisis response
- Emphasize collaborative problem-solving, continuous quality improvement, and support for neurodiverse learners

Training formats include district-wide in-person PDs, virtual learning sessions, and interactive forums that promote deep application of knowledge and collective growth.

B. Case Conferences

Case Conferences offer a structured space for psychologists to engage in peer collaboration and case-based learning. Grouped into learning communities that reflect shared school contexts, these monthly sessions allow participants to:

- Present and analyze complex or notable cases
- Discuss effective interventions and evidence-informed strategies
- Share innovative practices and explore current challenges

Case Conferences are designed to strengthen assessment quality, deepen interpretation skills, and encourage reflection on practices that impact student outcomes. Participation is required and tracked as part of the annual evaluation process. Facilitated by program managers, these sessions build a strong professional network rooted in trust, expertise, and shared accountability.

C. The Provider Table Series

The Provider Table is a fresh take on midday learning and collaboration. Held biweekly during the lunch hour, these voluntary sessions create space for providers to gather around key topics that shape their daily practice.

Designed as informal but impactful touchpoints, *The Provider Table* fosters authentic connection across the school psychology community. Each session is rooted in the Arc of Learning quarterly themes and offers opportunities to:

- Dive into focused, practitioner-led discussions
- Share tools, insights, and lived experiences
- Build cross-campus collaboration in service of student-centered outcomes

All school psychologists are invited to attend and present throughout the year. CEUs may be available depending on topic, presenter, and format.

D. NextUp: Early Career Meet-Up

To ensure a strong, confident start for new team members, "NextUp" is a dedicated monthly space designed for early-career and newly hired school psychologists. This collaborative forum provides opportunities to:

- Ask questions in a safe, supportive environment
- Gain clarity around district procedures, systems, and expectations
- Build relationships and learn alongside peers navigating similar transitions
- Engage in scenario-based learning and real-time problem-solving

Each participant will also be paired with a mentor who is a seasoned school psychologist that will provide guidance, serve as a thought partner, and offer support throughout the year.

The "NextUp" is designed to empower new psychologists with the tools, knowledge, and community needed to thrive in their roles while strengthening the overall continuity and excellence of service across DCPS.

E. Internship/Externship/Practicum

DCPS Internship (practicum/externship) Program was created to centralize the internship process for students interested in completing their field experience within a DC public school. This initiative reflects the district's commitment to preparing future school psychologists through immersive, hands-on learning opportunities grounded in real-world educational settings. The program emphasizes the importance of direct supervision, reflective practice, and meaningful engagement with students, families, and school staff. By working alongside experienced school psychologists, interns and practicum students are afforded the opportunity to develop their professional identities, apply theoretical knowledge in authentic contexts, and contribute to the academic and social-emotional development of DC's diverse student population.

In alignment with the National Association of School Psychologists (NASP) professional standards and training guidelines, the DCPS School Psychology Internship and Externship Program is intentionally designed to provide comprehensive exposure to the full scope of practice outlined in the NASP Practice Model. This includes domains such as data-based decision making, consultation and collaboration, academic and mental health interventions, diversity in development and learning, school-wide practices to support student outcomes, and adherence to ethical and legal standards. The program ensures that interns receive training and experience across these domains, thereby fostering well-rounded and competent school psychologists prepared to meet the complex needs of today's schools.

DCPS offers unremunerated practicum and internship opportunities to graduate students enrolled in specialist-level, doctoral, or combined master's programs in School Psychology, as well as to doctoral students in Clinical Psychology who demonstrate a focus on school-based practice. Eligible students must be enrolled in accredited institutions and meet all placement requirements. Each intern is supervised by a credentialed and experienced school psychologist who provides consistent, individualized supervision with no less than two hours per week as outlined by NASP.

Through its structured approach, the DCPS Internship Program offers a rigorous, developmentally appropriate, and supportive training environment. Interns and externs are challenged to expand their skills while receiving the mentorship and feedback necessary for continuous growth. The program is designed to equip emerging school psychologists with the competencies, cultural responsiveness, and professional integrity essential for effective practice within DCPS and the broader educational landscape.

School Assignments and Placement Process

Colleges and universities with approved School Psychology programs are encouraged to inform eligible students interested in completing their internship or practicum within the District of Columbia Public Schools (DCPS) of the opportunity to apply to the DCPS School Psychology Internship and Externship Program. Students must complete the official DCPS Graduate Internship Application, which can be accessed through the following link: DCPS Graduate Internship Application. The application serves as the formal entry point into the internship placement process.

Following submission and review of the application, selected candidates will be invited to participate in an interview conducted by a prospective field supervisor. Final placement decisions will be made by the DCPS Psychology Program Manager or the Director of Internships These decisions are based on a combination of the applicant's qualifications, the availability of qualified field supervisors, and the suitability of identified school sites. **All field** supervisors must be officially appointed by the Psychology Program Manager, and all placements must be approved by the principal of the host school. DCPS does not permit interns or practicum students to be placed in schools without prior approval from the Internship Program Manager and in accordance with the terms outlined in the Memorandum of Agreement (MOA) between DCPS and the intern's academic institution.

Prior to beginning their placement, all accepted interns and externs must complete the DCPS onboarding process. This includes fingerprinting and clearance through DCPS Human Resources, as well as submission of a recent negative tuberculosis (TB) test result.

School Psychology intern/externs will be placed at school sites that will provide opportunities for exposure to a variety of school psychological services. Interns/externs will be involved in collaborating with teachers to identify appropriate instructional strategies and interventions and in implementing behavioral intervention programs and strategies in schools. They will conduct assessments and provide preventative services to students referred for Special Education. In addition, interns/externs will be encouraged to participate in all areas of practice that are engaged in by their on-site supervisor(s). These activities include, but are not limited to, school meetings, regular professional development opportunities, and conferences. Intern/extern will have the opportunity to work with children across a wide range of grade levels and ages, as well as specialized educational programs. They will provide assessments and preventative services to students referred for Special Education. Each intern/extern will receive a minimum of two hours per week of individual, face-to-face supervision with the field supervisor. All field placements are designed to align with the goals of comprehensive school psychology training and meet the standards of the National Association of School Psychologists (NASP).

Field Supervisor Qualification.
To meet general Internship/Externship standards, on-site supervision will be provided by an Office of the State Superintendent (OSSE) certified school psychologist who has completed at least three years of highly effective service in a DCPS school. School psychologists who hold a Ph.D., Ed.D. or Psy.D. degree in Psychology will supervise doctoral level school psychology interns. Interns will be appointed by the Program Manager.

Interns
All DCPS interns are expected to carry a caseload and assist with MTSS/, assessment completion, and individual/group support as well as co-facilitate staff advisory presentations and complete other assignments as appropriate.

Internship Duration and Hours
School Psychology interns begin the DCPS Program in the Fall. An internship experience will consist of a minimum of 20 hours per week in the field. The beginning and end of the internship day will depend on the assigned school and the field instructor's availability. The duration of the internship period as well as the length of the internship day will be agreed upon before a placement is made and will be specified in the internship offer letter.

Practicum Students
DCPS accepts practicum students from partner universities based on the terms outlined in the Memorandum of Agreement (MOA) between the two entities. Practicum students are placed at schools with qualified school psychologists who serve as field supervisors for the duration of the practicum experience. The practicum student's primary task is observation and documentation. However, practicum training can also involve assisting with various aspects of the school psychologist's duties including supporting the MTSS process and completing components of psychological assessments under the supervision of the field supervisor. The practicum experience does not exceed 20 hours per week. The duration of the practicum assignment is determined by the requirements of the university program.

Prospective practicum students are required to submit their application via the School Psychology Internship Application Portal.

ROLES AND RESPONSIBILITIES

Field instructors

School psychologists will be responsible for the direct service of field instruction required by their assigned intern. He or she will assist the intern with creating a schedule to meet the requirements for the intern's field hours, review and provide feedback for process recordings, provide guidance for the intern's learning agreement, and facilitate an appropriate learning environment.

School Psychology Program Manager

Each intern or extern will be assigned to a designated Psychology Program Manager (PM) who supports the overall internship program. The Program Manager will provide oversight of the field experience, ensure alignment with training objectives, and serve as a liaison between the university and the school site. Responsibilities of the PM include reviewing and approving learning agreements, facilitating communication with Field Instructors, and coordinating the completion of midterm and final evaluations to monitor intern progress and ensure the quality of supervision and field-based learning.

Memorandum of Agreement (MOA)

All universities and colleges fielding interns/externs in DCPS schools will be required to sign an MOA with DCPS. Concurrent with the Internship/Externship application process, a MOA template will be forwarded to the fielding university/college for review and completion. The MOA must be finalized and signed by DCPS Chancellor and the designated official of the fielding institution prior to the prospective intern/extern's placement in a DCPS school.

Section V

SPECIAL EDUCATION DISABILITY CATEGORIES

Special Education Disability Categories Under IDEA

Special Education: instruction that is specially designed in content, methodology or delivery of instruction to assist students in accessing the general education curriculum.

School psychologists assess in the following highlighted areas:

Autism: a developmental disability significantly affecting verbal and nonverbal communication and social interaction. It is generally evident before age three and adversely affects a child's educational performance. Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term autism does not apply if the child's educational performance is adversely affected primarily because the child has an emotional disability, as defined below. A child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied.

Deaf-Blindness: concomitant [simultaneous] hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that children cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Deafness: a hearing impairment so severe that a child is unable to process linguistic information through hearing, with or without amplification, to such an extent that it adversely affects a child's educational performance.

Developmental Delay: for children from birth to age three (under IDEA Part C) and children from ages three through eight, the term developmental delay means a delay in one or more of the following areas: physical development, cognitive development, communication, social or emotional development, or adaptive [behavioral] development.

Emotional disability: a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(a) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
(b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
(c) Inappropriate types of behavior or feelings under normal circumstances.
(d) A general pervasive mood of unhappiness or depression.
(e) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disability.

Hearing Impairment: an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of "deafness."

Intellectual Disability: significantly sub-average general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

(Editor's Note, February 2011: "Intellectual Disability" is a new term in IDEA. Until October 2010, the law used the term "mental retardation." In October 2010, Rosa's Law was signed into law by President Obama. Rosa's

Law changed the term to be used in the future to "intellectual disability." The definition of the term itself did not change and is what has just been shown above.)

Multiple Disabilities: concomitant [simultaneous] impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they **cannot** be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.

Orthopedic Impairment: a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Other Health Impairment: having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that-

(a) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette's syndrome; and
(b) adversely affects a child's educational performance.

Specific Learning Disability: a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; mental retardation; emotional disability; or environmental, cultural, or economic disadvantage.

Speech or Language Impairment: a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.

Traumatic Brain Injury: an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

Visual Impairment Including Blindness: an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.