SY 2022-2023

School Mental Health:

SCHOOL PSYCHOLOGY PROGRAM GUIDEBOOK

A Manual of Policy, Practice and Procedure

Version 12

Updated August 2022

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SECTION I

INTRODUCTION AND GUIDING PRINCIPALS

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 guarantees 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 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

The Student Supports Division ensures that schools have the resources to provide a safe and supportive learning environment where all students are able to thrive academically and socially. The division further ensures that schools have the necessary supports to address the needs of the whole child and create conditions where all students are in school every day and ready to learn.

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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Section II

GENERAL GUIDELINES AND PROCEDURES

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.

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 student's 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:

Work with team to develop ani ntervention plan based upon data in Panorama and other databases

Progress monitor plan with fidelity and make changes based upon the student's response to intervention

Conduct exentensive classroom observations, clinical interviews and record review

Complete Comprehensive Pscyhological Evaluations

Participate in MDT/IEP/SST/504/Manifestation Meetings and share salient data with the team to support educational planning

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 support trainings to staff (and families) on various topics that will assist 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. Certification & Licensure

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 http://osse.dc.gov/service/teacher-and-service-provider-license-renewal for additional information regarding licensure renewal.

C. Time and Attendance

School psychologists are mandated to sign-in/out every time they arrive to, or depart from, a school. At the beginning of each school year, providers must ascertain from the principal where the sign-in/out book is located. When taking leave or adjusting their school schedule, providers are required to notify their principal and special education coordinator. Central Office staff is required to report their time to their Program Manager.

Signing In and Out of Building
Immediately upon entering a school, service providers shall record the time of their arrival in the sign-in/out book and they shall report to their place of duty at least thirty-five (35) minutes before the start of the official school day for students.

Itinerant service providers shall, upon their arrival at each school assigned, immediately record in the school business office their time of arrival. Providers should also sign when entering another school location for the purposes of meetings, conferences, or trainings.

Providers must sign all sign-in/out sheets at schools and at trainings.

Tour of Duty
ET-15 WTU (10-month employee)
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)
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

Please refer to your specific union contract regarding leave policies.

Central Office School Psychologists

- All leave requests must be submitted to, and approved by, the appropriate Program Manager (e.g., annual, sick, compensatory time, overtime, administrative) via Outlook calendar.
- All annual leave must be approved prior to the leave period via Outlook calendar.
- All administrative leave requests for seminars, conferences and official travel must be accompanied by appropriate documentation (e.g., registration, receipt).
- All requests for leave greater than one weeks must be approved by your Program Manager and the Director.
- Leave without pay must be approved by the Program Manager.
- Staff should not plan to request leave during Pre-Service week. Exceptions will require approval by the Senior Director of School Mental Health.
- Sick leave may be used for emergencies on Professional Development/Staff Meeting and Case Conference dates and will require documentation for it to be considered excused.
- All compensatory time or overtime must be approved by the Office Chief prior to the work being performed.
- All timesheets must be submitted weekly via PeopleSoft. Additional notification should be given to your Program Manager via email.

If you have any questions or require additional clarification, please contact your Program Manager.

D. Weather Options

- Option 1: All schools and district administrative offices are closed. Only essential personnel report to work.
- Option 2: Schools are closed. District administrative offices are open.
- Option 3: Schools open for students and teachers two hours late. District administrative offices open on time.
- Option 4: Schools and district administrative offices open two hours late.

Notification Options:

When poor weather requires changing school schedules, DCPS works closely with radio, TV and other news outlets to notify the community. Additionally, most updates can be found on their social media outlets. During these situations, it is important that related service providers monitor one of the stations listed below or check this page. Look for updates (i.e. delayed openings or complete closures) on the radio and TV stations below. DCPS aims to work with stations to post closings by approximately 5:30 am.

Websites:
dc.gov/closures
dcps.dc.gov

Social Media:
https://www.facebook.com/dcpublicschools
https://twitter.com/dcpublicschools
https://www.instagram.com/dcpublicschools/

AM Radio:
WMAL (630), WOL (1450), Radio America, Spanish (1540), WTOP (1500)
FM Radio:
WAMU (88.5), WTOP (103.5), WHUR (96.3)

Television:
Channels 4, 5, 7, and 9 and Cable Channels 8, 16 and 28

E. Communications

E-mail. E-mail communication is maintained by the District of Columbia's Office of the Chief of Technology Officer. Each service provider has a DCPS e-mail address. Messages should be checked daily and returned promptly. Failure to receive notification of job-related information due to a lack of timely checking of one's e-mail is not an acceptable excuse for non-compliance with work responsibilities. Related service providers are required to use their k12.dc.gov e-mail address – no other e-mail address should be used when performing a job-related function. Please be sure to include a signature on all DCPS email communications identifying name, position, school and contact information.

Email communication is maintained by the District of Columbia's Office of the Chief Technology Officer. If you have any difficulty or questions in reference to using your dc.gov email, contact the ServUs Help Desk.

- (202)-671-1566 / (202)-442-5715 (DCPS)

- email: start.dc.gov>RemedyForce

Signature- All email communications should have an automated signature that includes your name, your title, a contact number, email address and your school.

Out of Office Messages
When the service provider is out of the office for a day or more, an "out of office" reply should be utilized. The message should include a greeting, the dates the provider will be out of the office, information about whom to contact during his/her absence, and the provider's signature.

Follow these steps to set up your out of the office message:

- Go to Microsoft Outlook.
- Click on File at the top-left of the page.
- Click on the Automatic Replies button next to Automatic Replies (Out of Office)
- In the pop-up window, click the circle next to Send automatic replies.
- Select I am currently out of the office.
- Click the check box next to Only send during this time range.
- Enter the start time and end time of when you will be out of the office.
- Customize the following message and add it into the box under Inside My Organization:

Communication Board- School Psychology Program Managers (PMs) will post all communications through the Microsoft TEAMS School Psychology Communication Board https://dck12.sharepoint.com/sites/SchoolMentalHealth2 . School Psychologists should check the Communication Board daily and respond to the notifications as indicated.

Mailbox. School Psychologists are encouraged to check with school staff regarding mailed correspondences.

Route-Mail Service. A DCPS mail service is available for sending documents to DCPS work locations. Special envelopes may be available at your school's main office. Items can also be sent in regular envelopes. An area for all outgoing route mail is designated at each school and work location.

Frontline- Related Service Providers **(**RSPs) will receive notifications regarding assessment timeliness, and crisis response from Frontline. The Frontline dashboard will house a calendar that school psychologists will be expected to update. All RSPs are required to attend trainings and to utilize the system.

Microsoft Teams- Microsoft Teams is the DCPS primary communication platform used for meetings, calls and chats.

F. Weekly Schedules

Service providers must complete and submit a copy of their weekly schedule to school principals and program managers. If in the rare instance a provider changes work location from what is recorded on the schedule, you must inform the school principal, special education coordinator and appropriate school personnel. The provider should be able to be located at any time during the tour of duty.

Please refer to the following link for the DCPS calendar of annual events
https://dcps.dc.gov/page/dcps-calendars

G. Equipment

Test Kits that are used routinely (e.g., WISC-V, KABC-II, WJ-IV) are assigned to each psychologist on a permanent basis. Other instruments may be shared between two or more psychologists. Infrequently used tests are available on a temporary loan basis. It is important to return loaned items promptly since other psychologists may be waiting for them. Additionally, psychologists are asked to inform their program manager of any problems found with these tests (e.g., missing or broken items).

Laptop Computers are assigned to all service providers for the purpose of scoring tests, writing reports, and maintaining log data. Laptops are the responsibility of each service provider and should be appropriately maintained and secured at all times.

Sign-Out: Providers will sign-out all DCPS materials. Information will be catalogued, and the provider assumes all responsibility for the equipment. If the equipment is loaned out between providers, some written verification should be obtained that the materials were loaned and that the materials have been returned. If materials are stolen, it is the provider's responsibility to file and submit a police report verification.

Laptop or Computer Repairs
All computer technology issues should be directly referred to the DCPS IT Support department using one of the following options:
- Phone: 202-442-5715
- E-mail: octo@dc.gov
- https://itremote.dc.gov
- http://dcforms.dc.gov/webform/it-servus-request-form

The DCPS IT support department will provide a ticket number for your technology request. Please retain of copy of this ticket number for your records. In the event your laptop or computer becomes inoperable, this information will be required.

PLEASE NOTE: *Testing equipment & testing materials are on loan for work purposes only. Therefore, upon your resignation, your materials must be returned in good condition to the program managers prior to your final day. Failure to return property will result in the garnishing of wages.*

Stolen Computer / Laptop

In the event your laptop or computer is stolen, please inform your school security officer and the Metropolitan Police Department (MPD). You are required to file a report with the MPD and present to OCTO upon request.

H. Dress Expectations

It is the provider's responsibility to find out the dress code requirements for their assigned school site and to wear the appropriate attire. Providers must be in compliance with the dress code for the school. Cleanliness, professionalism, good judgment, and safety are the primary considerations.

I. National Provider Identifier/Random Moment in Time Study

NPI

As a result of the Affordable Care Act, the Centers for Medicare and Medicaid (CMS) issued a final rule (42 CFR Parts 424 and 431) on April 12, 2012 requiring all providers of medical services to obtain a National Provider Identifier (NPI). The NPI acts as a unique provider identifier for Medicaid claims submitted to the Medicaid Agency. In order to properly conduct Medicaid claiming, all providers rendering services on behalf of the District of Columbia Public Schools must obtain their NPI number.

Providers may verify their existing NPI or obtain an NPI for the first time online at https://nppes.cms.hhs.gov/NPPES. Please submit your NPI number to your Program Manager upon receipt.

RMTS

The Random Moment in Time Study is a mandatory study required by the federal Centers for Medicare & Medicaid Services (CMS) to evaluate how school-based staff spends their time providing special education services. These snapshots are required to support claims for Medicaid reimbursement of school-based health services, which ultimately generates revenue for DCPS for products and services for special education programs. Related services provider participation in this study is crucial to securing these funds; if the response rate drops below an average of 85% for all providers, DCPS is subject to financial penalties with regard to Medicaid reimbursement.

Service Providers will be randomly assigned a "moment" five days in advance via email from dcps@pcgus.com. Providers will also receive four additional reminder emails (1 day before, 1 hour before, 1 day after and 2 days after) that the RMTS Coordinator will receive as well. It is essential

that the dc.gov email is regularly checked to ensure that providers are aware that a moment is coming up. After a moment has arrived, log on to the website (https://easyrmts.pcgus.com/rmtsv2/) and candidly answer six simple questions. It should take no longer than five minutes to complete and providers have a total of three business days to respond. If there are any questions about the Random Moment in Time Study please contact OSE's RMTS Coordinator at 202.442.4487.

J. Performance Evaluations

IMPACT -The District of Columbia Public Schools Effectiveness Assessment System School-Based Personnel- Group 11 A/ Group 12

IMPACT is the district's performance evaluation tool used to help Related Service Providers (RSP) become more effective in their work. IMPACT is implemented twice a year. IMPACT supports RSP growth by:

- Clarifying Expectations — IMPACT outlines performance expectations for all school-based employees that are clearer and more aligned to RSPs' specific responsibilities.

- Providing Feedback — Quality feedback is a key element of the improvement process. During each assessment cycle, there will be a conference to discuss strengths as well growth areas. Written comments can also be viewed by logging into an assigned IMPACT account at http://impactdcps.dc.gov

- Facilitating Collaboration — By providing a common language to discuss performance, IMPACT helps support the collaborative process. This is essential since communication and teamwork create the foundation for student success.

- Driving Professional Development — The information provided by IMPACT helps DCPS make strategic decisions about how to use resources to best support the RSP. This information can also be used to differentiate our support programs by cluster, school, grade, job type, or any other category.

- Retaining Great People — Having highly effective teachers and staff members at DCPS helps everyone improve. By mentoring and by serving as informal role models, these individuals provide a concrete picture of excellence that motivates and inspires everyone. IMPACT helps retain these individuals by providing significant recognition for outstanding performance.

Group 11 A consists of all school-based psychologists. There are five IMPACT components for members of Group 11a. Each is explained in greater detail in the following sections of this guidebook.

School-Based Psychologist Standards – Administrator Assessed (PSY-A) — These standards define excellence for school- based psychologists in DCPS.

School-Based Psychologist Standards – Office of Special Education Assessed (PSY-OSE) — These standards define excellence for school-based psychologists in DCPS.

Assessment timeliness (AT) —This is a measure of the extent to which you complete required assessments for the students assigned to you within the timeframe, and in accordance with the rules, established by the DCPS Office of Special Education.

Commitment to the school community (CSC) —This is a measure of the extent to which you support and collaborate with your school community. This component makes up 10% of your IMPACT score.

Core Professionalism (CP) — This is a measure of four basic professional requirements for all school-based personnel. This component is scored differently from the others. For more information, please see the Core Professionalism section of this guidebook.

Group 12 consists of all central office related service providers and adaptive physical education teachers. There are three IMPACT components for members of Group 12.

Related Service Provider Standards (RSP) — These standards define clinical excellence for related service providers in DCPS.

Commitment to School Community (CSC) – These standards measure the involvement of the provider in the overall goals of the school.

Assessment Timeliness (AT) — This is a measure of the extent to which you complete the related service assessments for the students on your caseload within the timeframe, and in accordance with the rules, established by the DCPS Office of Special Education.

Core Professionalism (CP) — This is a measure of four basic professional requirements for all school-based personnel and all itinerant instructional personnel. This component is scored differently from the others. For more information, please see the Core Professionalism section of this guidebook. Please note that only reports uploaded timely will be pulled for IMPACT review.

For more information please refer to the IMPACT guidebook:
http://dcps.dc.gov/DCPS/In+the+Classroom/Ensuring+Teacher+Success/IMPACT+(Performance+Assessment)

Or contact the IMPACT team at 202-719-6553 or impactdcps@dc.gov

K. Sexual Harassment Prevention and Reporting

What Is Sexual Harassment?
Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates

an intimidating, hostile, or offensive work environment. Sexual harassment can be categorized as 1) Quid pro Quo or 2) Hostile Work Environment

Reporting Sexual Harassment
Go to the Sexual Harassment Officer (SHO):
Aimee Peoples
(e) aimee.d.peoples@dc.gov (p)202.442.5373

Secondary SHO:
Labor Management & Employee Relations
(e) dcps.eeo-ada@dc.gov (p) 202.442.5373

L. Central Office Specialty Teams

Specific psychologists are assigned from Central Office to provide support to DCPS and Non-Public schools that require specific needs. The providers assigned to these schools are not assigned to local schools due to the high assessment volume. Duties assigned to these specialty teams may vary slightly from those assigned to local schools.

Tour of Duty/Assignments: The Central Office Team tour of duty is 12-month from 8:00 am -4:30 pm. Assignments will be based on the needs of the district at the discretion of the Program Manager. Managers should be notified and approved in advance of leave request and submission via Outlook should be completed.

Technology: All Central office providers have been issued a DCPS computer and phone. Please ensure that your voicemail is setup and that you have the DCPS signature in place. You are expected to be available via email or phone throughout your tour of duty. Please have your notifications set so that you aware of incoming communications throughout the day. If devices are not functioning properly it is the providers responsibility to put in a work order with OCTO immediately. If you are not accessible, via multiple mediums over an extended period of time during the work day, then you will be considered absent without official leave. Multiple incidents will be reflected in the IMPACT evaluation.

Weekly Check-in: Providers are required to participate in a weekly check-in with their PM. Please be prepared to participate at the identified time. If there is a conflict, then please notify your PM in advance. If you do not call or report for check in you will be considered on leave. Please update the identified case review spreadsheet prior to check-in.

Assignments: Providers will be assigned to various schools. It is required that a day (preferably the school's meeting day) be identified and that provider reports to the school on the identified day. Meetings should be scheduled on this day, via the Outlook (and Accelify) calendar invitation. Any assessments or trainings should also be scheduled on the identified day and entered into the outlook calendar (by the provider). All calendars should be shared with Program Manager.

Sign-In: Itinerate providers are required to sign-in to the school sign-in book once entering the building. School sign-in sheets will be pulled and audited at random.

Evaluation Timeline: Provider timeliness will be measured 45 days from date of consent. If the provider has more than 6 cases assigned, then assessments will be moved to the que until caseload opens. Though each provider will ideally have 45 days from consent to complete an evaluation, on these teams the goal is to complete the evaluations as expeditiously as possible. Based on the number of evaluations that you have assigned to you, it may be requested that an assessment be expedited.

In the event the event that you were not invited to participate in the AED/consent meeting, immediately follow up with the LEA rep and the PM. If follow up does not occur, you will be held to the 45 days from consent timeline.

For Triennial evaluations all LEA representatives have been given the guidance to schedule AED meetings 90 days prior to the eligibility date. The assessments (Psych/PTR/Etc.) should be ordered at this time. The provider will have 45 days to complete the evaluation. At the NP schools the Progress Monitors have been directed to check the status of the reports at 30 days. If the reports are not uploaded by day 45, the Progress Monitor will notify the PM in writing.

Additional Assignments- Itinerate providers will be asked to support with various programmatic needs, dependent on their current caseload assignments.

M. Required Databases

DCPS uses multiple web-based data systems, including Panorama and Frontline (formerly Accelify) and EasyIEP (also referred to as Special Education Database {SEDS}) 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 users to maintain an intervention calendar and have visibility into their workload and productivity, a useful tool when negotiating workload with administrators.

Providers will have the ability to create a 504, MTSS and IEP service calendar items in your Frontline Calendar. Providers will be able to add time blocks/appointment for assessments, observations, lunch duty and consultations on the schedule. Though Accelify cannot push data into Outlook or SEDS there is an option to download Outlook into Accelify. It will require brief, weekly updates to keep it current (please schedule accordingly).

<u>Student Activity Screen</u>
This section includes documentation of all services and contacts for general education students (observations, home visit, consultation, conflict resolution, crisis intervention, etc.).

<u>School Crisis Intervention Response and Recovery</u>
The on-call schedule and deployment schedule and deployment alerts will now be managed in a separate module in the new system.

<u>Technical Support</u>
Technical support for navigation of the system and access issues will be managed by Frontline and the tech support contact will be provided in the Frontline user guide. All policy related questions should be sent to the Program Managers. Providers should not contact Program Managers for Frontline technical support.

EasyIEP (also referred to as Special Education Database [SEDS])

EasyIEP is the system of record for specialized instruction. All reasonable and due diligence efforts should be documented in EasyIEP. All assessments should be uploaded timely in EasyIEP. Each school psychologist must participate in EasyIEP 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.

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 No Child Left Behind Act of 2001 (NCLB)].

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 should be reviewed at 📄 SY22-23 MTSS@DCPS Guidance Document.pdf
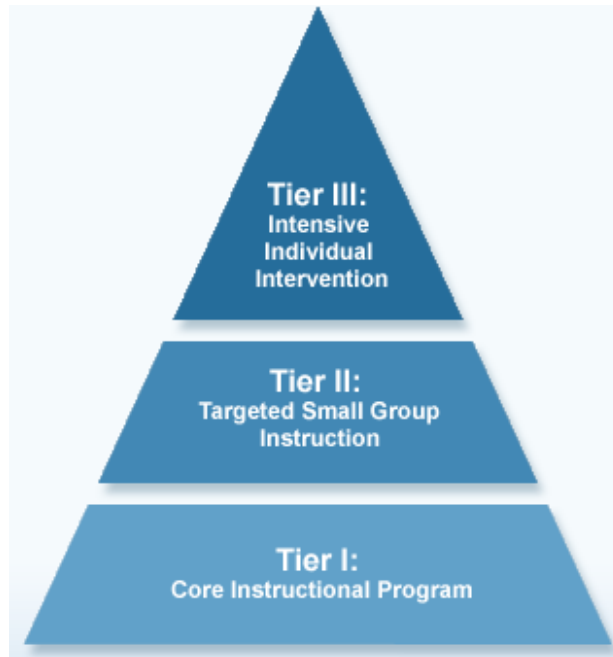
Multi-Tiered Model of Supports

Tier 1 – Universal Screening (all students)
- Schools use universal screening assessments to determine students' level of reading proficiency; e.g., *DIBELS, TRC.*
- Teachers deliver Common Core State Standards for ELA and Math
- Teachers differentiate instruction within the core to meet a broad range of student needs (content, process, and product)
- Teachers use evidence based instructional strategies
- Teachers use behavior screeners to determine early identification of potential behavior problems
- Teachers develop and teach behavior expectations in conjunction with a school-wide behavior system; e.g., *PBIS, Responsive Classroom*

Tier 2 – Targeted interventions (small group or individuals)
- Supplemental instruction is provided to students not meeting benchmark expectations.
- Students receive academic or behavioral interventions matched to their skill deficits as identified by progress monitoring data
- Academic interventions are provided in addition to the core instruction; e.g., *Burst, Double Dose Foundations, Read 180*
- Behavioral interventions are provided in addition to teaching school-wide and class positive behavior expectations; e.g*., Check In, Check Out (CICO), social skills groups, etc.*
- Student Support Teams (SST) are used at the Tier 2 level to help develop, implement, and monitor targeted interventions

Tier 3 – Intensive interventions (individual students)
- Individualized academic interventions are provided in addition to Tier 1 and Tier 2 academic supports; screenings, formative, and summative data are used to determine specific area(s) of skill deficits
- Individual behavioral interventions are provided in addition to Tier 1 and Tier 2 behavior supports; diagnostic assessments such as Functional Behavior Assessments (FBAs) are conducted to determine goals of misbehavior in order to develop behavior contracts or a Behavioral Intervention Plan (BIP)
- Student Support Teams are used at the Tier 3 level to help develop, implement, and monitor intensive, individualized interventions

Notes of Importance:
Tier 3 is not special education

School Personnel
School personnel play various important roles in /MTSS – these roles will require new strategies and creative collaborative efforts focused on student data analysis to determine strengths and needs. Parents are essential to this process as well. Personnel needed to support /MTSS include, but are not limited to, administrators, teachers, coaches, psychologists, and related services providers.

School Psychologists
School Psychologists are uniquely qualified members of school teams that support students' ability to learn and teachers' ability to teach. School psychologists are highly trained in both psychology and education. They apply expertise in mental health, learning, and behavior, to help children and youth succeed academically, socially, behaviorally, and emotionally. School psychologists' partner with families, teachers, school administrators, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community (adapted from NASP). Full-time school psychologists are recommended support as the MTSS leads.

Process: Trends (taken from **MTSS@DCPS Launch Guide**)

MTSS Leads should utilize the Panorama Student Success platform to analyze schoolwide progress monitoring trends. Progress monitoring analysis should take place at least twice per term and should reference the metrics below; results and reflections should be shared with school leaders and the MTSS Leadership Team. Analysis should be conducted at the whole-school school level, as well as by subgroups (e.g. student demographics, grade level, content areas, intervention level, Champion) to promote a whole child, anti-racist perspective.

- Track student progress on Student Success Plans
  - % On Track
  - % Progressing
  - % Off Track
  - % of students who met their Student Success Plan goal
- Determine progress monitoring fidelity tracking

- % Up-to-date
- % Past Due
- Cross reference progress monitoring trends to determine possible correlations with other data sources. For example, is student progress on Success Plan goals reflected in academic achievement, SEL, behavior, and/or attendance data?

Panorama Student Success: Progress Monitoring Tips

All Tier 2 and Tier 3 supports and interventions must be tracked in Panorama Student Success. Progress monitoring analysis should take place at least twice per term and should reference the metrics below; results and reflections should be shared with school leaders and the MTSS Leadership Team. Analysis should be conducted at the whole-school school level, as well as by subgroups

This supports trend level analysis (as noted above) and also helps teams better understand progress of individual students. Some tips for maximizing the Panorama Student Success platform include:

- Review resources from Panorama as needed, including:
  - Using the School Dashboard
  - Using the Student Dashboard
  - Creating Custom Reports
  - Creating Individual and Group Interventions
  - Progress Monitoring Interventions
- *When multiple students are receiving the same intervention*, leverage the "Group Interventions" feature. Directions for how to do this are included here. Sample groups could include: "SYAA – 3rd grade math," "HIT – Literacy Lab," etc. to allow for easy analysis.
- *Always designate plans with the appropriate Tier of support (Tier 2 or Tier 3)*
  - There is a button to indicate the Tier of support when you create the plan
  - Success Plans should be marked in alignment with the plan level (Tier 2 or Tier 3)
  - In general, SYAAs and other small group supports will be a Tier 2 support
  - In general, HIT and other individualized supports will be a Tier 3 support
- *When establishing any plan, ensure the "monitoring frequency"* reflects the frequency with which you want updates to be entered into Panorama. Options include weekly, bi-weekly, or monthly. Plans will be flagged as "overdue" if data is not entered at the established cadence.

Responsibilities

Role	Responsibilities
Success Plan Champion, InterventionPOC	- Capture progress monitoring plan within Success Plan (if relevant) and PanoramaStudent Success platform - Collect progress monitoring data (collaboration with other school staff as necessary) - Share progress monitoring data with team prior to data review - Analyze progress and develop potential next steps for student(s) - Update progress monitoring progress within MTSS Platform (on track, progressing,behind)
MTSS Lead	- Support development of progress monitoring plan and analysis of progress - Track schoolwide progress monitoring implementation and ensure Panorama Student Success platform

Successful progress monitoring is grounded in the work of several key team members:

The mission for DCPS School Psychologists is to provide the necessary support and services to improve students' learning, behavior, and mental health through:

- Consulting with teachers to provide support in their implementation of quality instruction on a school-wide, universal level.
- Collaborating with school staff and school administration to implement school-wide preventive programs and approaches to foster positive school climates and social and emotional well-being of students and staff.
- Collaborating with teachers and other school staff to identify and implement evidence-based academic and social emotional interventions for students identified for targeted or more intensive support.
- Conducting comprehensive psychological evaluations to determine students' strengths and weaknesses in relation to their learning, behavior and environment.

SCHOOL PSYCHOLOGISTS' ROLE IN MTSS/SEL

School Psychology practices provide an ideal opportunity to address the prevention needs of all students. All DCPS schools are strongly encouraged to have a **Multi-tiered Systems of Support (MTS)** Team. At the core, the MTSS Team supports and promotes a multi-tiered system of support (MTSS), inclusive of **Social Emotional Learning (SEL)**, that ensures school-wide quality instruction and effective social-emotional supports for all students, identify students in need of additional support, provide evidence-based interventions, monitor student progress, and adjust the intensity of interventions based on the student's level of responsiveness. **School Psychologists** integrate this tiered approach to address students' academic support needs in the following ways:

Tier I: Universal, Whole-school Approaches Focused on Promotion/Prevention

At the universal Tier 1 of MTSS, school psychologists should:

- Conduct classroom ecological observations to inform the focus of SEL skills instruction and classroom management consultation with teachers and administrators for individual classroom and school-wide application
- Consult with teachers on using teaching practices to create classroom environments that foster increased student engagement
- Conduct training for school-staff on MTSS, inclusive of PBIS and SEL integration
- Collaborate with members of the MTSS teams to facilitate implementation of schoolwide-PBIS structures
- Work with MTSS, SEL, and School Culture/Climate teams as well as administrators to coordinate existing school-wide programs currently being implemented (e.g., anti-bullying committee, social skills group)
- Collaborate with members of MTSS and SEL teams to collect treatment integrity data for programs that do not include that component, to monitor the fidelity of program implementation
- Provide parent/family SEL introduction presentations for facilitation at the school level
- Make recommendations to school administrators regarding SEL implementation needs, including scheduling, personnel, and assessment tools
- Assist with identifying students who are struggling with age or grade level academic expectations
- Assist or facilitate student focused data-based discussions
- Consult with teachers and parents regarding early intervention strategies in the classroom and at home
- Consult with district personnel to identify appropriate evidence-based intervention strategies
- Determine useful and appropriate procedures for concerns and needs of students

Tier II: Targeted Strategies and Interventions Focused on Students at Risk

At the targeted Tier 2 of MTSS, school psychologists should:

- Utilizing interviews, student background information and screening tools to identify student resilience and risk factors (e.g., related to social skills, trauma, chronic stress, ADHD characteristics) associated with observed levels of SEL skills
- Integrate content of SEL program being implemented with selected evidence-based Tier II intervention strategies/programs to be utilized with students who are socially and emotionally at risk
- Provide small group SEL skills training structured around specific risk factors relative to levels of SEL competencies demonstrated by students identified for Tier II support.
- Provide student-specific teacher consultation relative to SEL skills instruction and classroom management strategies
- Observe students in the instructional environment to help identify appropriate learning interventions or barriers to interventions

- Demonstrate, model, and train intervention strategies
- Develop, model, and train staff on data collection strategies to monitor fidelity of interventions
- Attend and/or facilitate MTSS team meetings and contribute to the decision-making process
- Participate in the MTSS intervention plan development
- Serve as liaison to parents by helping them understand the intervention plan
- Engage in ongoing consultation regarding implementation
- Review data and documentation to assess intervention fidelity, integrity, and intensity
- Conduct social skills groups

Tier III: Intensive Interventions and Support

At the intensive Tier 3 of MTSS, school psychologists should:
- Integrate content of SEL program being implemented with other evidence-based/manualized programs to address individualized intervention for students at the Tier III level of risk in MTSS
- Provide individual SEL skills training structured around specific risk factors relative to levels of SEL competencies demonstrated by students identified for Tier III support
- Coordinate intervention services between school and community agencies to address SEL support for students at the Tier III level of risk
- Incorporate a focus on SEL competencies in psychological report recommendations
- Progress Monitor the data submitted by members of the team regarding the student's response to the academic interventions implemented
- Review data and Tier 2 interventions to determine if student progress has been actualized or if interventions need to be more intensive

Considerations for All Data (Normative Group Comparisons: National and District/School Peers)

When analyzing universal screening, progress monitoring, and curricular assessment data, student performance should be compared to both national norms and to local peer performance (in district/school). In some cases, there may not be much difference in local, district, or national norms. However, if a school's grade-level data indicates that their local norms for a measure or assessment may be different from national norm data, it is important to carefully consider the question of whether the student has received adequate instruction. For example, if a student's score is at the 8th percentile when compared to national norms but at the 41st percentile when compared to other students in his or her grade/class, that student should be compared against other students who have received similar instruction to determine whether there is inadequate achievement.

Rate of Improvement

The school data team must document the student's rate of improvement throughout the implementation of increasingly intensive interventions. The team must:
- identify the specific area(s) of concern—oral expression; listening comprehension; written expression; basic reading skill; reading fluency; reading comprehension; mathematical calculation; and/or mathematical reasoning;
- identify the rate of growth necessary and set intervention goals/aim to meet grade-level expectations (norms or benchmarks based on age- or grade-level state standards; i.e., close

the gap with typical peers), with such analysis being based on research based norms or criterion- referenced benchmarks (see note below); and

- compare the student's actual growth against rate of growth expected or required.

Determining the rate of progress in relation to Tier 3/intensive intervention is a responsibility of the data team. The weekly progress monitoring data is used for the analysis of insufficient progress and should include a minimum of 8–10 data points for a reliable trend line (rate at which the student is improving). Insufficient progress criteria is based on the student's rate of improvement (ROI) in comparison to the ROI goals with emphasis on closing the achievement gap. ROI can be determined using rate of improvement normative data on charts by hand or is provided by commercial data systems such as DIBELS Next or aimsweb. The criteria for goal determination must be stated when reporting data for insufficient progress. ROI goals must be selected using evidence-based strategies using ambitious but achievable goals. Considerations for Student Data Analysis Teams must give consideration to the multiple variables relevant to each individual student when analyzing adequate progress. This requires problem solving and careful consideration of all the data gathered. The primary question to answer is: "Is the student making adequate progress to close the gap?" A psychometrically valid and reliable methodology is used to analyze the progress-monitoring data. This means progress-monitoring scores need to accurately represent the student's growth.

School teams should be particularly cautious about making interpretations when there is a significant amount of scatter among the individual data points. If there is reason to believe the trend line does not accurately represent the student's growth, they need to consider the factors contributing to possible inaccuracies, such as:

- Whether the measures are being administered with fidelity
- Whether a sufficient number of measures have been administered to achieve technical adequacy of the slope
- Whether factors such as distractibility, time of day, or motivation are interfering with obtaining valid scores
- Whether the weekly measures represent such significant scatter that the trend line is too imprecise to accurately represent the growth Consideration for Progress-Monitoring Score Variability

When a student demonstrates considerable variability in his or her scores, the data team may need to investigate further to determine the cause of the variability. For instance, does a pattern exist related to the time of day or week during which the measure was administered? Might this be correlated with the variability of any of the scores? Or was it necessary to extend the intervention period because of a high number of student absences? In such cases, the team must proceed cautiously because a greater variability in scores increases the possibility of inaccurate interpretation. The use of a trend line when graphing student data may be necessary to analyze the student's rate of improvement. If the team finds the data to be unreliable, it may consider whether it has sufficient data to make an eligibility determination. Analysis of Student's Response to Intervention Once the data is assured to be accurate, the team considers the student's response to intervention. The response may be identified as positive, questionable, and poor.

Positive response to intervention is evidenced when the rate of student learning is such that the gap between expected student performance and current student performance is closing and the point at which the student's performance will "come in range" of the target can be extrapolated. Questionable response is indicated when the student's rate of progress has plateaued compared to intervention-group peers and eventual closure of the gap to expected student performance is not predicted. Poor response to intervention occurs when there is little to no change in rate of student growth after implementation of intervention, compared to intervention-group peers, and after assuring fidelity of implementation and increasing intensity of the intervention. When there is a questionable or poor response, the team determines what adjustments could be made to maximize progress. This is a reiterative process in tweaking intervention and determining progress. When there is evidence of multiple attempts to intensify intervention without sufficient progress then the MTSS team may recommend that the student be considered for specialized instruction.

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 No Child Left Behind Act (NCLB, 2001) and the Individuals with Disabilities Education Improvement Act (IDEA, 2004) support the implementation of MTSS in an effort to improving students' outcomes through evidence-based practice. However, although there is a great push nation-wide to fulfill the role of effective MTSS there is still the need to address the imperatives of Child Find, which leaves the "educational world" in a state of dissonance as the pendulum shifts to the intervention paradigm.

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 for the evaluation. 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 SEDS 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.

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 Social Emotional Learning lead. Students who are identified as at risk should be given the identified behavioral screener and if necessary advanced to Tier II.

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 faxed into SEDS under Miscellaneous Cover Sheet. The referral date on the form should be entered as the referral date in SEDS. ***This date starts the eligibility timeline.***
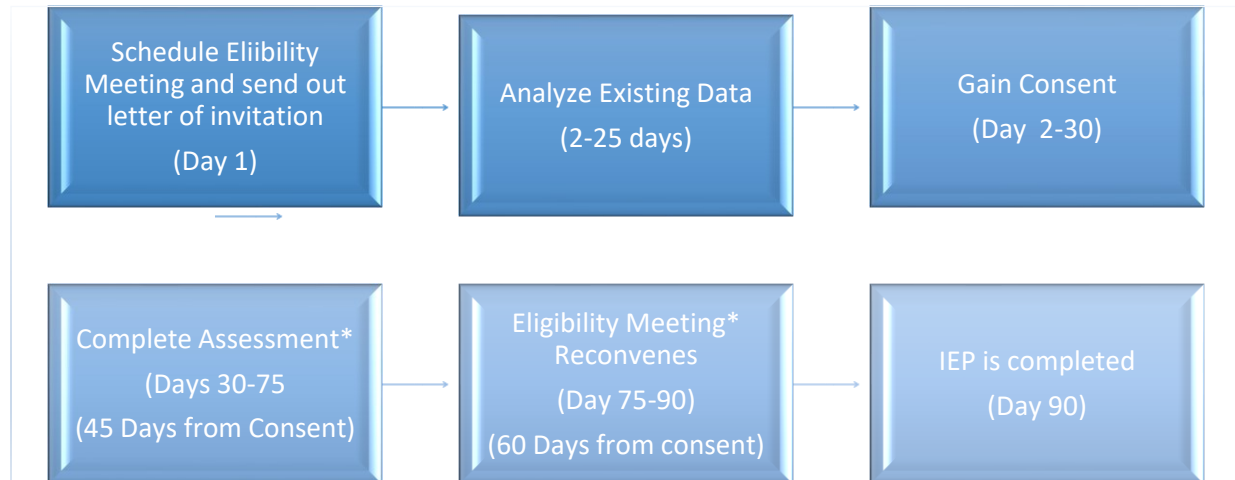
Once a referral for evaluation is made, the LEA now has 30 days to hold the AED meeting and obtain consent (please contact your PM is you were not invited to the AED or consent meeting). Specific

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

ELIGIBILITY TIMELINE

Schedule Eliibility Meeting and send out letter of invitation (Day 1)	Analyze Existing Data (2-25 days)	Gain Consent (Day 2-30)
Complete Assessment* (Days 30-75 (45 Days from Consent)	Eligibility Meeting* Reconvenes (Day 75-90) (60 Days from consent)	IEP is completed (Day 90)

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 SEDS 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.

Analyzing Existing Data
The analyzing existing data step of the evaluation 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. 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:
  - 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

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 SEDS/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.

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 SEDS 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.

For more information, consult the DSI reference guide at https://sites.google.com/a/dc.gov/office-of-special-education-reference-guide/part-ii---special-education-procedures-and-guidelines/iep-procedures-the-seven-steps/step-2---engagement-of-services-1/parental-consent-to-evaluate

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.

No single procedure may be the sole criterion and a legally constituted team per IDEA must make the decision.

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, educational, adaptive, etc.). A psychological assessment should be ordered for initial and triennial reevaluations.

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.

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Six Principles of IDEA

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Principle of IDEA	Requirement
Zero Reject	Locate, identify, & provide services to all eligible students with disabilities
Protection in Evaluation	Conduct an assessment to determine if a student has an IDEA related disability and if he/she needs special education services

Free Appropriate Public Education	Develop and deliver an individualized education program of special education services that confers meaningful educational benefit.
Least Restrictive Environment	Educate students with disabilities with nondisabled students to the maximum extent appropriate.
Procedural Safeguards	Comply with the procedural requirements of the IDEA.
Parental Participation	Collaborate with parents in the development and delivery of their child's special education program.

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 SEDS using a Psychological Assessment Report SEDS 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.

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 not available for the assessment, then the Due diligence guidance (and accompanying report) should be followed.

If you are experiencing issues with uploading your document, please contact the SEDS 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.).

Triennial Reevaluation Policy Procedures

A reevaluation is understood to be a comprehensive evaluation analogous to an initial evaluation under 34 CFR 300.301, 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 rarely necessary at a re-evaluation, as standardized assessments utilized in Psychological Assessments are typically more appropriate in determining initial eligibility and classification. Psychological Triennial Evaluations are typically generated for Triennials.
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 provider determines that the previous assessment(s) is (are) inaccurate.
- HOD requires it.

The AED meeting should be held **90 days** prior to the Triennial 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 SEDS 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 id 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 complete the DCPS Review of Independent Assessment checklist form and indicate if the assessment meets the requirements to determine eligibility 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 checklist is completed then a written review of the IEE should be completed and uploaded. Please refer to the templates for the required components.

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 SEDS 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.

If additional assessments are required, consent should be obtained, and the appropriate evaluation should be ordered in SEDS by the SEC within 2 days of receiving the checklist. The provider has the allotted **45** from the date of the checklist (45 days from upload date) to upload written report.

Please review further guidelines at:
https://sites.google.com/a/dc.gov/office-of-special-education-reference-guide/part-ii---special-education-procedures-and-guidelines/iep-procedures-the-seven-steps/step-3---student-evaluations/independent-educational-evaluations

Early Childhood Referrals (students age 3 to 5)

The Child Find Assessment Team (E-CAT), is a team that has been recruited to work "citywide" to implement procedures to identify, locate and evaluate all children with disabilities residing in the District who are in need of special education and related services, regardless of the nature or severity of their disability."   The team will consist of five Psychologists, one Social Worker, seven Speech Pathologists, four Occupational Therapists and 1 Physical Therapist. This team will ensure that comprehensive strategies are utilized to ensure that the identification of Pre-K (ages 2 years, 8 months to 5 years, 10 months) children, attending DCPS schools with delays are connected to services as soon as possible.

The team approach will consist of working in collaboration with school-based providers, administrators, and classroom teachers to obtain information regarding the student's needs as they relate to their ability to access their educational program. The ECAT will use evidence based practices, knowledge of developmental milestones/normative data, and Early Childhood Standards to determine the effects of the student's impairment on his/her ability to access the general education curriculum.

Evaluations for students aged 2 years, 8 months to 5 years, 10 months located outside of the local school will continue to be completed at Early Stages. Initial evaluations for students 5 years, 10 months, 1 day old and Reevaluations for all students are to be completed by the RSP at the student's local school. If a student is currently enrolled in a DCPS local school, classroom observation data should be collected by the local school psychologist dependent upon his or her capacity to submit them in a timely fashion. Observation data should be forwarded to the Early Stages school psychologist for inclusion in the evaluation process.

Additionally, MTSS data collected for any student in the local school should be forward to the Early Stages evaluation center upon referral. For behavior only referrals, which are considering disability classifications of Other Health Impairment (OHI) or Emotional disability (ED), please complete the Early Stages behavioral referral questionnaire form (APPENDIX O). Submission of this form, as well as other relevant behavioral data (e.g., discipline referrals, anecdotal notes, progress monitoring data, functional behavioral assessment, behavior intervention plan, etc.), will initiate the referral process. In the case where no Tier II interventions have been implemented, targeted strategies should be put into place immediately by the DCPS local school team while evaluation data are compiled.

(Please refer to ECAT guidebook for specific guidance)

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 (e.g., articulation, stuttering, voice, apraxia, and dysarthria), then no psychological evaluation is warranted.

If the suspected disability is a SLI (e.g. expressive disorder, receptive disorder, etc.) and the team suspects global cognitive deficits, then an abbreviated cognitive evaluation can be completed, and the results provided to the SLP prior to the assessment. If the results suggest that there are cognitive deficits, then a Comprehensive Psychological should also be ordered.

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.

For additional information please refer to the to the information on the educator portal-
https://www.educatorportalplus.com/web/edportal/login

End of Year Close-out for Open 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 SEDS assigned provider. Evaluations that are referred after the *identified date* require the AED to be completed and the meeting to be scheduled for the beginning the next school year.

For the rare cases in which assessments are consented to after the *identified date*, 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.

This information should be compiled and submitted in the form of the ***written report*** (see Appendix I). Please notify your Program Manager of any assessments assigned to you after the *identified date*. If you do not notify your Program Manager of the open assessments, it will be your responsibility to complete the assessment in a timely manner. Failure to comply with the identified guidelines will result in an IMPACT penalty.

Case Managers should closely monitor cases assigned to your caseload in accordance with these timelines. LEA representatives are to ensure timely escalation to the assigned School Support Liaison (SSL) for open eligibility and assessments assigned to providers after *identified date*.

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.

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.

F. 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.

G. Closing Out an Assessment in SEDS/Assessment Timeliness

UPLOADING REPORTS into SEDS

Upon completing an assessment report, the report must be **uploaded** (not faxed) and closed out in SEDS https://osse.pcgeducation.com/dcdcps/. It is expected that all providers input their reports into the system via the *UPLOAD* link. **When uploading your document, be sure to insert your signature and save your document as a PDF**. Completed reports should be uploaded into SEDS 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 SEDS. All reports that are late or are incomplete will be considered untimely. Please be sure to verify that the complete report was uploaded. Contact your Program Manager 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 SEDS 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*.

IEEs submitted by the parent (but not ordered by the LEA) should be given to the provider immediately and the review of the IEE should be completed within 14-30 days.

For parent submitted IEE reports, the completed IEE review should be faxed in under the cover sheet for "Information reviewed Cover Page" in the *Analyze Existing Data* section under *Areas to Consider*. This same process should be used for faxing in a Triennial Psychological Evaluation.
 Please refer to your SEDS manual for additional information located at the following website:

https://sites.google.com/a/dc.gov/seds-help-resources/help/SEDS-manual

**Changing the Labels of Documents Uploaded Into EasyIEP**
Providers are required to upload into EasyIEP/SEDS the (1) Comprehensive Psychological Evaluation, (2) Triennial Psychological Evaluation, and (3) Independent Assessment Review/IEE checklist/and IEE report. Providers must also rename documents once they are uploaded into the system. To do so:
- Select *Student* in EasyIEP/SEDS

- Go to *Documents*
- Select *Miscellaneous Cover Sheet*
- Click on *Create Final Document (will be saved)*
- Fax document to 1.866.610.8030, and wait for approximately 10 minutes for the document to show as received
- Scroll down to click on *Change Fax Labels*
- Rename the document as indicated below
- Click on *Update the Database*

Inserting Signature and Saving as PDF

- Write your signature on a piece of paper.
- Scan the page and save it on your computer in a common file format: .bmp, .gif, .jpg, or .png. You can also take a picture of the signature on your phone and then email the picture to yourself.
- Open the image file.
- To crop the image, click it to open the Picture Tools **Format** tab, click **Crop**, and then crop the image.
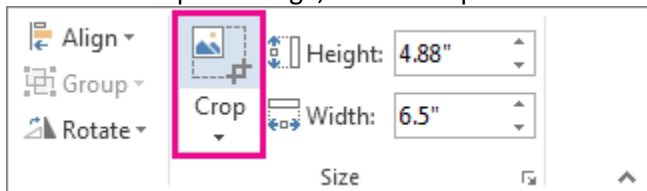
- Right-click the image, and then click **Save as Picture** to save the picture as a separate file. Save as DCPS signature
- To add the signature to a document, click **Insert** > **Pictures**.
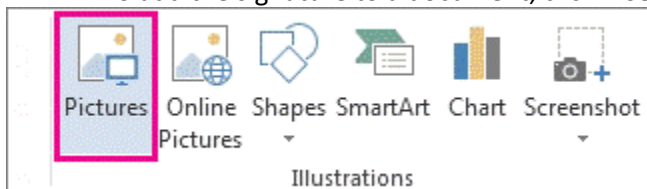
Once your signature is inserted save the document. Then "Save as" a pdf document. This is what you will upload into SEDS.

H. 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 SEDS 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

I. Bilingual Referrals

If it has been determined by the Multidisciplinary Team (MDT) that a student requires additional assessments and it has been concluded based on the results of the WIDA ACCESS or other English proficiency test that the student will be assessed in a language other than English, the Local Education Agency (LEA) Representative will forward the referral to the Bilingual Coordinator.

All of the pre-referral steps, including interventions, must be completed prior to the referral package being forwarded to the Bilingual Coordinator. Additionally, **WIDA ACCESS** scores must be obtained prior to referring to the Bilingual Coordinator. If the WIDA scores are not secured prior to signing consent, the assessment will be the responsibility of the local school psychologist and an interpreter will assist with completing the assessment.

The current DCPS bilingual providers consist of Spanish speaking social workers, school psychologists, and speech pathologists. IDEA 2004 requires that assessments and other evaluation materials be administered in the "language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer."
If the school, parent, or any significant stakeholder suspects that a student is having difficulty working to their potential (ruling out external factors) and there is documented impact on the student's educational performance, the MTSS team can refer the student for further investigation.

The DCPS local schools conduct Multidisciplinary Team (MDT) meetings to analyze existing data which assists in determining if additional evaluations are needed and whether the student will require a bilingual assessment.

The determination will include but is not limited to the results on the WIDA ACCESS or other English proficiency test, which are used to determine if the student is an English Language Learner (ELL) and in need of a bilingual assessment. English Language Learner students are given the WIDA ACCESS test every spring to determine their current English proficiency levels.

If the WIDA ACCESS or other English proficiency tests results are not available, the student can be referred to the Language Acquisition Division (LAD), which is currently housed at MacFarland Middle

School, 4400 Iowa Ave NW, (202) 671-0750 to have the assessments completed. The English proficiency scores, along with the various other data points indicated below, will assist in determining the student's dominant language to be spoken during the evaluation.

When determining if a student is to be assessed in English or another language, consider the number of years of academic instruction in English and the native language of the student. Students who have lived in the United States for 7 years or fewer, receive ESL services, and are non-native speakers of English should be considered for a bilingual assessment.

Related Service Providers or specialists working with the student may recommend a bilingual assessment based on quantitative and qualitative data. Parents or parent advocates may also request a bilingual assessment with supporting documentation.

Once it is determined that the referred student requires a bilingual assessment, the local school is to complete a Request for Bilingual Assessment Packet, with attachments, and fax it to the bilingual coordinator. Referral Packets will be reviewed to establish the completion of all stipulated documentation.

Once the bilingual referral is received and determined appropriate, it will be assigned within 72 hours to the designated provider(s) by the bilingual coordinator. The local school representatives are responsible for scheduling all required meetings with the parents.

Note: If the school does not have bilingual support available to set up any required meetings, they can use the Language Line available through the District of Columbia Office of Human Rights to help coordinate meeting times.
Call the Language Line at 1-800-367-9559
- Agency Client ID **511049**
- Access Code **701001**

REQUESTING AN INTERPRETER FOR ASSESSMENTS

In-Person Interpreter Request Process for RSP Assessments
The Interpreter Request process allows Related Services providers (RSPs) to formally request interpreter services. Interpreter services may be requested to support RSPs while conducting student evaluations when the student's primary language is not covered by the DCPS Bilingual Team or the bilingual team does not have capacity. All requests for interpreter/translation services require the RSP to submit the request by completing a google form.

The google form link is:
https://docs.google.com/a/dc.gov/forms/d/e/1FAIpQLSfrK4PWymBSKfq_IjrthJKroe4LVbou44OjRcVq B8PBPTSQ3g/viewform

- All requests should be submitted within a minimum of seven (7) business days, prior to the date services are needed. Any incomplete request forms will not be processed.

- The following languages are currently under contract. Note: Requests for other languages will take longer.
    - Spanish
    - Vietnamese
    - Chinese
    - Amharic
    - French

- A vendor will be assigned to complete the interpreter services and provide a confirmation email of interpreter/translation services at least two days prior to the date of services to the school-based RSP.

- The interpreter will provide an evaluation form to be given to the related service provider at the time of service.

- Upon completion of interpreter services, the provider sends a follow-up email to SPED Translations (spedtranslations.dcps@k12.dc.gov) confirming the services requested were rendered with the evaluation form attached. All information should be submitted within 2 days of completed interpreter services.

- If there are any inquiries or questions regarding the Interpreter Request process, please contact the Division of Specialized Instruction (DSI) POC, SPED Translations (spedtranslations.dcps@k12.dc.gov).

For more information regarding the bilingual assessment referral guidelines, please access the Bilingual Assessment Referral Guidelines Bilingual Guidelines SY 2022-23.pdf

J. **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.

- 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 review all open school social work and school psychology assessments to ensure that (1) a provider has been formally assigned the assessment in SEDS, (2) the consent date is current, and (3) collaboration occurs and information is shared as necessary. For example, the team may discuss a Behavior Intervention Plan (BIP) that is being developed for a student with complex challenges.
- 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.

- The team should review new referrals and determine which team member has the capacity and is most appropriate to provide support.

Section IV

TRAINING AND SUPPORT

TRAINING OPPORTUNITIES

To increase competency in the field and improve best practice in School Psychology in DCPS, the Psychology Department offers several opportunities to obtain professional development and training opportunities.

The Psychology Program implements trainings that promote high-standards and best practices that support continuous quality improvement efforts and ensure compliance with court mandates, federal and local regulations, and discipline-specific national organizations. The training programs are evidence-based, empirically driven, and results-focused. These initiatives are implemented through strategic planning aimed at identifying effective strategies for improving the performance of the related service provider in ways that enhance the quality of service delivery, mastery of students' goals for exiting services, quality assessments, appropriate educational planning, academic achievement, secondary transition outcomes, as well as functional skills that improve educational outcomes of students with disabilities. All trainings are geared towards increasing providers' capacity to promote and support student-centered academic and mental health programs within a Multi-Tiered System of Support (MTSS).

A. Professional Development

The Psychology Program is committed to providing exemplary professional development to continually strengthen the knowledge, technical skills, and quality of services and supports delivered to all service providers; to ensure that all professional development opportunities are culturally and linguistically responsive, performance-based, scientifically researched and presented in a data-driven learning environment; and to identify effective strategies for improving the performance of Related Service Providers in ways that are linked to student outcomes. PDs will:

- Support the advancement of school psychologists' professional practice in partnership with schools citywide, to assist in implementing the key components within the Response to Intervention (MTSS/) framework.

- Assist psychologists in supporting classroom teachers to improve student achievement using research-based interventions matched to student instructional needs and level and to collaborate on appropriate instruction that targets the specific learning needs of the student.

- Adhere to assessment format, incorporate all data elements (qualitative/quantitative), and utilize procedural reference guides, ethical standards, and the District Regulations when developing psychological assessments to support the educational planning for students.

B. Case Conference

Case Conference provides an opportunity for psychologists to interact with fellow colleagues to review and discuss cases and special related topics on a monthly basis. The premise of this approach is to improve professional practices and providers' knowledge base within the school setting. To

further enhance the support of providers, Case Conference groups are separated into Learning Communities, where providers are clustered into groups that service similar populations.

School psychologists select cases that present interesting profiles, issues, challenges, or other concerns that would benefit from input and discussion from their colleagues. It is expected that colleagues share constructive input to assist others in improving their professional practices. Colleagues will not provide formal supervision or formal evaluation of work products.

Appropriate cases to present are those that have been reviewed and/or assessed by the DCPS psychologist, as well as those written up in a psychological evaluation report. This report is to be disseminated via email to team members a minimum of 72 hours prior to your case conference meeting.

Teams also review strategies and interventions that providers find effectively enhance academic success and provide instructional support. This assists the providers at large in supporting their schools in various stages of intervention. Additionally, teams will present on and discuss relevant professional topics of interest. This allows for additional training opportunities for the school psychologists to broaden their scope of knowledge.

Team members should come to case conference prepared by having read through their colleague's report, as well as with comments and questions to offer to an enlightening discussion. All psychologists will participate in their assigned case conference throughout the school year. Psychology program managers will facilitate case conferences and psychologists' participation will be included in annual performance reviews.

C. Brown Bag Series

The Brown Bag Series is a voluntary professional development opportunity presented by DCPS psychologists on various current school psychology related topics. The Brown Bag Series is held monthly during the lunch period prior to the staff meetings and provides school psychologists with an opportunity to receive additional CE's. Please let your PM know if you are interested in presenting a topic to your colleagues.

D. Internship/Externship

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. We believe in facilitating a hands-on learning environment conducive to educating future school psychologists for DCPS and the society at-large.
DCPS currently offers unremunerated school psychology internships/externships to school psychology students completing a master's, specialists', or doctoral degree in School Psychology or a doctoral degree in Clinical Psychology at an accredited college or university. Prospective interns and externs are offered an opportunity for an excellent learning experience facilitated by certified, highly skilled, on-site school psychologists.

School Assignments

Local colleges and universities with School Psychology programs are invited to inform school psychology students interested in interning with DCPS to submit an online DCPS Graduate Internship Application via the following link: https://octo.quickbase.com/db/bf2ix82ez

Upon acceptance, internship/externship applicants will be invited to submit for an interview to be conducted by a prospective field supervisor. Final acceptance and placement decisions will be made by the Psychology Program Manager/Internship-Externship Coordinator based on applicants' qualifications, as well as availability and suitability of prospective school sites.

All prospective interns and practicum students must formally apply to the program. **All field** supervisors are appointed by the Psychology PM and each internship/practicum site must have the School Principal's approval. DCPS does not authorize the placement of interns and practicum students in DCPS schools without the approval of the Internship Program Manager and based on terms outlined in the MOA between DCPS and the fielding university.

Prior to beginning their internship/externship, accepted interns/externs will be required to be fingerprinted and to submit a negative TB test to DCPS Human Resources.

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 case 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.

Field Supervisor Qualification.

To meet general Internship/Externship standards, on-site supervision will be provided by a 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 typically 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 interns learning agreement, and facilitate an appropriate learning environment.

School Psychology Program Manager

Students will be assigned to a Psychology Program Manager supporting the internship program. The PM will oversee the field experience, sign off on learning agreements, and collaborate with Field Instructors to complete midterm and final evaluations.

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.

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.

Section VI

ELIGIBILITY AND DISMISSAL

GUIDELINES FOR ASSESSING AUTISM SPECTRUM DISORDERS (ASD)

Definition:

Is defined as a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three; that adversely affects a student's educational performance. Other characteristics often associated with Autism Spectrum Disorders are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. A student who manifests the characteristics of ASD after age three could be identified as having ASD if the other criteria are satisfied. Autism does **not** apply if a student's educational performance is adversely affected primarily because the student has an emotional disability.

Eligibility Criteria:

1. The student displays difficulties or differences or both in interacting with people and events, including an inability to establish and maintain reciprocal relationships with people or demonstrate a rigidity in routines.

2. The student displays problems, which extend beyond speech or language to other aspects of social communication, both receptively and expressively. The student's verbal language may be absent or lacking the usual communicative form that may involve deviance or delay or both.

3. The student exhibits delays, arrests, or regressions in motor, sensory, social or learning skills. The student may exhibit precocious or advanced skill development, while other skills may develop at normal or extremely depressed rates. The student may not follow normal developmental patterns in the acquisition of skills.

4. The student exhibits abnormalities in the thinking process and in generalizing. The student exhibits strengths in concrete thinking while difficulties are demonstrated in abstract thinking, awareness and judgment. Perseverant thinking and impaired ability to process symbolic information may be present.

5. The student exhibits unusual, inconsistent, repetitive or unconventional responses to sounds, sights, smells, tastes, touch or movement.

6. The student displays marked distress over changes, insistence on following routines, and a persistent preoccupation with or attachment to objects. (The student's capacity to use objects in an age—appropriate or functional manner may be absent, arrested or delayed. The student may have difficulty displaying a range of interests or imaginative activities or both. The student may exhibit stereotyped body movements.)

7. *It is confirmed that the student-level data demonstrates that the student's educational performance is adversely affected by the suspected disability.*

8. The IEP Team **may not** determine that the student is a student with a disability if the determinant factor for that eligibility determination is:
    (a) Lack of appropriate instruction in reading, including the essential components of reading instruction;
    (b) Lack of appropriate instruction in math; or
    (c) Limited English proficiency.

GUIDELINES FOR ASSESSING DEVELOPMENTAL DELAY (DD)

Definition:
Developmental Delay (DD) is defined by the Office of the State Superintendent of Education (OSSE) as a student aged three through seven with a disability who is experiencing severe developmental delays in one or more of the following areas: Physical development, cognitive development, language and communication development, social or emotional development, or functional or adaptive development

Eligibility Criteria:
For a student to be identified as having a Developmental Delay and deemed eligible to receive special education services under IDEA, the following criteria must be met.

1. The student is three (3.0) through 7.11 years of age.

2. The student must experience severe developmental delays of at least two years below his/her chronological age **and/or** at least two standard deviations below the mean, as measured by appropriate standardized diagnostic instruments and procedures. The areas of delay should be in: *Physical development,* **cognitive development,** *Language and communication development,* ***social or emotional development, or adaptive development. (Bolded areas are the areas in which we assess)***

3. DD does not apply to children with the following disabilities:
   - Autism
   - Traumatic Brain Injury
   - Intellectual Disability
   - Emotional disability
   - Other Health Impairment
   - Visual Impairment
   - Hearing Impairment; **or**
   - Speech/Language Impairment

4. No student may be classified as having DD based solely on deficits in social and/or emotional development.

5. *It is confirmed that the student-level data demonstrates that the student's educational performance is adversely affected by the suspected disability.*

6. The IEP Team **may not** determine that the student is a student with a disability if the determinant factor for that eligibility determination is:
   (a) Lack of appropriate instruction in reading, including the essential components of reading instruction;
   (b) Lack of appropriate instruction in math; or
   (c) Limited English proficiency.

GUIDELINES FOR IDENTIFYING EMOTIONAL DISABILITY (ED)

Definition:
Emotional disability (ED) is a condition exhibiting one or more of the characteristics described in the eligibility criteria below that exits over an extended period of time **and** to a marked degree that adversely affects a student's educational performance.

Identification of an Emotional disability and Determining Eligibility for Special Education:

For a student to be identified as having an emotional disability and be eligible for special education under IDEA, the following criteria must be met:

Eligibility Criteria:
The student must exhibit **one** of the following criteria over a long period of time (minimum of three months) **and** with a degree of severity:

1. An inability to make educational progress that cannot be explained by intellectual, sensory, or health factors;

2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

3. Inappropriate types of behavior or feelings under normal circumstances;

4. A general pervasive mood or unhappiness or depression; or

5. A tendency to develop physical symptoms or fears associated with personal or school problems.

    and

6. It is confirmed that the student-level data demonstrates that the student's educational performance is adversely affected by the suspected disability.

7. A student shall not be identified as having an emotional disability solely because:
    (1) The student is socially maladjusted;
    (2) The student's behavior repeatedly violates the LEA's code of student conduct; or
    (3) The student is involved with a court or social service agency;

8. The IEP Team **may not** determine that the student is a student with a disability if the determinant factor for that eligibility determination is:
    (a) Lack of appropriate instruction in reading, including the essential components of reading instruction;
    (b) Lack of appropriate instruction in math; or
    (c) Limited English proficiency.

GUIDELINES FOR IDENTIFYING INTELLECTUAL DISABILITY (ID)

Definition:

Intellectual Disability means significantly below average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a student's educational performance. Intellectual disability does not include conditions primarily due to a sensory or physical impairment, traumatic brain injury, autism spectrum disorders, severe multiple impairments, cultural influences or a history of inconsistent or inadequate educational programming.

Eligibility Criteria:

For a student to be identified as having an intellectual disability and be eligible for special education under IDEA, the following criteria must be met:

1. The age of onset comes before age 18.

2. The student demonstrates significantly sub-average general intellectual functioning demonstrated by comprehensive measures of verbal and nonverbal reasoning competencies at or below IQ/standard scores of 70 and below, or two or more standard deviations below the mean based on individual test manual requirements in multiple measures of verbal and nonverbal reasoning.

3. Adaptive behavior is at or below two standard deviations below the mean in one or more domain; or one and one-half standard deviations below the mean in two or more domains in the following areas: communication, health and safety, self-care, functional academics, home living, leisure, social skills, work, and community use.

4. The above-described deficits adversely affect the student's educational performance.

5. Impact on developmental or academic functioning is not primarily the result of behavior.

6. It is confirmed that the student-level data demonstrates that the student's educational performance is adversely affected by the suspected disability.

7. The IEP Team **may not** determine that the student is a student with a disability if the determinant factor for that eligibility determination is:
   (a) Lack of appropriate instruction in reading, including the essential components of reading instruction;
   (b) Lack of appropriate instruction in math; or
   (c) Limited English proficiency.

Subcategories of Intellectual Disability include:

- **Mild** Intellectual Disability (IQ/standard score range is between 55 and 70; measured intelligence and adaptive behavior falls between 2 and 3 standard deviations below the mean)

- **Moderate** Intellectual Disability (IQ/standard scores range is between 40 and 55; measured intelligence and adaptive behavior falls between 3 and 4 standard deviations below the mean)

- **Severe** Intellectual Disability (IQ/standard score range is below 40; measured intelligence and adaptive behavior is at least 4 standard deviations below the mean)

- **Profound** Intellectual Disability (IQ/standard score range is below 20; measured intelligence is at least 5 standard deviations below the mean)

"The essential features of intellectual disability (intellectual developmental disorder) are deficits in general mental abilities (Criterion A) and impairments in everyday adaptive functioning, in comparison to an individual's age, gender, and socio-culturally matched peers (Criterion B). Onset is during the developmental period (Criterion C). The diagnosis of intellectual disability is based on both clinical assessment and standardized testing of intellectual and adaptive functions. Criterion A refers to intellectual functions that involve reasoning, problem solving, planning, abstract thinking, judgement, learning from instruction and experience, and practical understanding. Critical components include verbal comprehension, working memory, perceptual reasoning, quantitative reasoning, abstract thought, and cognitive efficacy. Intellectual functioning is typically measured with individually administered and psychometrically valid, comprehensive, culturally appropriate, psychometrically sound tests of intelligence. Individuals with intellectual disability have scores of approximately two standard deviations or more below the population mean, including a margin for measurement error (generally +5 points). On tests with a standard deviation of 15 and a mean of 100 this involves a score of 65-75 (70 ± 5). Clinical training and judgement are required to interpret test results and assess intellectual performance…IQ test scores are approximations of conceptual functioning but may be insufficient to assess reasoning in real-life situations and mastery of practical tasks. For example, a person with an IQ score above 70 may have such severe adaptive behavior problems in social judgement, social understanding, and other areas of adaptive functioning that the person's actual functioning is comparable to that of individuals with a lower IQ score. Thus, clinical judgement is needed in interpreting the results of IQ test…Criterion B is met when at least one domain of adaptive functioning – conceptual, social, or practical – is sufficiently impaired that ongoing support is needed in order for the person to perform adequately in one or more life settings at school, at work, at home or in the community. To meet diagnostic criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the intellectual impairments described in Criterion A. Criterion C, onset during the developmental period, refers to recognition that intellectual and adaptive deficits are present during childhood or adolescence." (Diagnostic and Statistical Manual of the American Psychiatric Association-Fifth Edition [DSM-5]).

GUIDELINES FOR IDENTIFYING OTHER HEALTH IMPAIRED (OHI)

Definition:
Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli that result in limited alertness with respect to the educational environment that adversely affects a student's educational performance, due to chronic or acute health problems.

Eligibility Criteria:
To be eligible a student must meet both criterion 1 **and** 2 **and** the disability must have an adverse effect on educational performance.

1. Is due to chronic or acute health problems such as, but not limited to asthma, attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia.

2. The impairment adversely affects a student's educational performance.

3. The IEP Team **may not** determine that the student is a student with a disability if the determinant factor for that eligibility determination is:
   (a) Lack of appropriate instruction in reading, including the essential components of reading instruction;
   (b) Lack of appropriate instruction in math; or
   (c) Limited English proficiency.

Additional Eligibility Consideration for Attention Deficit Hyperactivity Disorder (AD/HD):

ADHD show a persistent pattern of inattention and/or hyperactivity–impulsivity that interferes with functioning or development:

1. **Inattention: Six or more symptoms of inattention for children up to age 16 years, or five or more for adolescents aged 17 years and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:**

   ☐ Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
   ☐ Often has trouble holding attention on tasks or play activities.
   ☐ Often does not seem to listen when spoken to directly.
   ☐ Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
   ☐ Often has trouble organizing tasks and activities.
   ☐ Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).

☐ Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
☐ Is often easily distracted
☐ Is often forgetful in daily activities.

2. **Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16 years, or five or more for adolescents aged 17 years and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:**

☐ Often fidgets with or taps hands or feet, or squirms in seat.
☐ Often leaves seat in situations when remaining seated is expected.
☐ Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
☐ Often unable to play or take part in leisure activities quietly.
☐ Is often "on the go" acting as if "driven by a motor".
☐ Often talks excessively.
☐ Often blurts out an answer before a question has been completed.
☐ Often has trouble waiting their turn.
☐ Often interrupts or intrudes on others (e.g., butts into conversations or games)

In addition, the following conditions must be met:

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.
- The symptoms are not better explained by another mental disorder (such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder). The symptoms do not happen only during the course of schizophrenia or another psychotic disorder.

Based on the types of symptoms, three kinds (presentations) of ADHD can occur:

- *Combined Presentation*: if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months
- *Predominantly Inattentive Presentation*: if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past six months
- *Predominantly Hyperactive-Impulsive Presentation*: if enough symptoms of hyperactivity-impulsivity, but not inattention, were present for the past six months.
-

Because symptoms can change over time, the presentation may change over time as well.

GUIDELINES FOR IDENTIFYING SPECIFIC LEARNING DISABILITY (SLD)

Definition:
Specific Learning Disability (SLD) is 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 an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. SLD may not include learning problems that are primarily the result of: visual, hearing or motor disabilities; intellectual disability; emotional disability; cultural factors; environmental or economic disadvantage; emotional disability; cultural factors; environmental or economic disadvantage; or limited English proficiency.

Eligibility Criteria:
For a student to be identified as having a learning disability and deemed eligible for special education under IDEA, the following criteria must be met:

To ensure underachievement in a student suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the IEP Team shall review:

> (1) Data that demonstrate that prior to, or as a part of, the referral process, the student was provided appropriate instruction in general education settings, delivered by qualified personnel; and

> (2) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents;

> (3) The IEP Team **may not** determine that the student is a student with a disability if the determinant factor for that eligibility determination is:
> (a) Lack of appropriate instruction in reading, including the essential components of reading instruction;
> (b) Lack of appropriate instruction in math; or
> (c) Limited English proficiency.

The IEP Team shall also determine eligibility for specific learning disability using one (1) of the following methods:

Eligibility Using Discrepancy Model
To determine eligibility using the discrepancy model, all of the following three criteria must be met. It is necessary for the team to consider and document all aspects of the three criteria for the evaluation to be considered comprehensive, as required by IDEA. A student's need for academic support alone is never sufficient for an SLD eligibility determination. Observation in the student's learning environment (including the general education classroom) and

> 1. The student is not achieving adequately for the student's age or meets State-approved grade-level standards in one or more of the following areas when provided with learning

experiences and instruction appropriate for the student's age or state-approved grade-level standards:

- Oral expressions;
- Listening comprehension;
- Written expression;
- Basic reading skill;
- Reading fluency skills;
- Reading comprehension;
- Mathematical calculation;
- Mathematics problem solving

2. A discrepancy is demonstrated between achievement (as measured by the educational evaluation) and measured ability (as measured by the intellectual evaluation) of two years below a student's chronological age **and/or** at least one and half (1.5) standard deviations below the student's cognitive ability as measured by appropriate standardized diagnostic instruments and procedures.

3. The IEP team confirms that the student-level data demonstrates that the student's educational performance has been adversely affected by a specific learning disability and its findings noted above are NOT primarily the result of any of the following:
   - Limited English proficiency;
   - A visual, hearing or motor disability;
   - An intellectual disability;
   - Emotional disability;
   - Cultural factors, or
   - Environmental or economic disadvantage

Eligibility Using Scientific Research-Based Interventions

To determine eligibility using Scientific Research-Based Intervention Model (SRBI), observation in the student's learning environment (including regular classroom setting) and both criteria 1 and 2 must be met. A student's need for academic support alone is never sufficient for an SLD eligibility determination.

1. The student is not achieving adequately for the student's age or meets State-approved grade-level standards in one or more of the following areas when provided with learning experiences and instruction appropriate for the student's age or state-approved grade-level standards:
   - Oral expressions;
   - Listening comprehension;
   - Written expression;
   - Basic reading skill;
   - Reading fluency skills;
   - Reading comprehension;
   - Mathematical calculation;

- Mathematics problem solving

2. The student's response to scientific, research-based interventions must indicate the student has not made sufficient progress to meet age **or** grade-level standards in one or more of the following areas:
    - Oral expressions;
    - Listening comprehension;
    - Written expression;
    - Basic reading skill;
    - Reading fluency skills;
    - Reading comprehension;
    - Mathematical calculation;
    - Mathematics problem solving;

3. The student exhibits a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state-approved grade-level standards, or intellectual development that is determined by the Multidisciplinary Team (IEP) to be relevant to the identification of a specific learning disability (as defined above) when using appropriate assessments,

(*If sufficient MTSS has not been implemented with fidelity, and inadequate data has been collected, then the RTI model of determination should not be used. Extensive Progress Monitoring should be collected and reviewed in report. Student progress should be determined by student's initial functioning/base lines and the student's expected growth. Alternative interventions should be given across tiers.*)

4. The IEP team confirms that the student-level data demonstrates that the student's educational performance has been adversely affected by a specific learning disability and its findings noted above are NOT primarily the result of any of the following:
    - Limited English proficiency;
    - A visual, hearing or motor disability;
    - An intellectual disability;
    - Emotional disability;
    - Cultural factors, or
    - Environmental or economic disadvantage

GUIDELINES FOR ASSESSING TRAUMATIC BRAIN INJURY

Definition:

Traumatic Brain Injury (TBI) means an *acquired* injury to the brain caused by a sudden, 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; 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 prenatal or birth trauma. The term also does not apply to brain injuries that result from internal occurrences such as strokes, tumors, infections, illness, anoxia, or from exposure to toxic substances such as lead, poisons, or drugs. While these causes may have significant educational implications, such children <u>should not</u> be considered as having a traumatic brain injury. Eligibility in other categories could be considered by the MDT team depending on the presenting problems, severity, and educational impacts.

Eligibility Criteria:

A student may be determined to exhibit Traumatic Brain Injury when each of the four conditions below is evident:

1. **There is documentation by a physician of a medically verified traumatic brain injury.** The MDT must determine that there is sufficient medical documentation to substantiate that an 'external physical force' has injured the student's brain.

2. **As a result of the injury, the child exhibits a partial or total disability or functional impairment in one or more of the following areas**:
    A. Physical
        - Speech, vision, hearing, and other sensory impairments
        - Fatigue
        - Lack of coordination
        - Spasticity of muscles
        - Paralysis of one or both sides
        - Seizure disorder

    B. Cognitive
        - Attention or concentration
        - Ability to initiate, organize, or complete tasks
        - Ability to sequence, generalize, or plan
        - Flexibility in thinking, reasoning or problem solving

- Abstract thinking
- Judgment or perception
- Long-term or short-term memory including confabulation
- Ability to acquire or retain new information
- Ability to process information/processing speed

C. Psychosocial
- Impaired ability to perceive, evaluate, or use social cues or context appropriately that affect peer or adult relationships
- Impaired ability to cope with over-stimulating environments and low frustration tolerance
- Mood swings
- Lack of awareness of deficits affecting performance
- Difficulty in relating to others
- Impaired ability to demonstrate age-appropriate behavior
- Impaired physical and emotional control
- Inappropriate sexual behavior or disinhibition
- Restlessness, limited motivation and initiation

3. **As a result of the injury, the child exhibits a functional impairment that adversely affects the student's educational performance.** This evidence is determined through the evaluation process and involves but is not limited to consideration of one or more of the following:
   - Standardized test scores
   - Report card grades
   - Daily work samples
   - Curriculum based assessments
   - Participation in new learning activities
   - Participation or functioning in other social and school-related activities

4. The IEP Team shall confirm that the student-level data demonstrates that the student's educational performance has been adversely affected by traumatic brain injury and is not primarily due to previously existing conditions.

5. The IEP Team **may not** determine that the student is a student with a disability if the determinant factor for that eligibility determination is:
   (a) Lack of appropriate instruction in reading, including the essential components of reading instruction;
   (b) Lack of appropriate instruction in math; or
   (c) Limited English proficiency.

Guidelines for Untimely Assessments and Due Diligence Procedures

The purpose of these Guidelines is to provide guidance when assessments are not conducted in a timely manner due to the student's absence, truancy, or refusal to participate or attend, lack of or withdrawal of parental consent for evaluation/reevaluation, or incomplete assessment.

A. Student Unavailable

1. Parent/Guardian consent is granted but the student is frequently absent, truant, and/or refuses to participate or attend:

When 2-3 attempts to assess are unsuccessful because the student is absent, truant and/or refuses to participate or attend:

    a) The Related Service Provider (RSP) assigned to complete the assessment must:

- Contact the teacher, attendance coordinator, and parent/guardian to determine the reason for the student's absence;

- Document the reason for the student's absence for each time a scheduled assessment is missed;

- Reschedule the assessment with the parent/guardian and document the agreed upon session in the SEDS communication log; and

- Document contacts, attempted contacts, and outcomes in the SEDS communication log;

- Inform the LEA designee (LEA designee) via email that the student was absent or refused to participate and that the information has been documented.

- Collect as much data as possible and completed and uploaded the **Due Diligence Report.**

    b) The LEA designee must:

- Contact the parent/guardian at least three times using multiple modalities (e.g., written communication via letter, phone call, and email message when available). One contact must be written correspondence sent by certified mail with a return receipt;

- Notify the related service provider via email when the attempts to contact the parent are made; and

- Document contacts with parent/guardian, attempted contacts, and outcomes in the SEDS communication log.

    c) The IEP Team must convene within 15 school days of the second failed attempt to assess. The Team will:

- Review the student's attendance history since consent was obtained;

- Consider the reason(s) for the student's absence, truancy, and/or refusal to participate or attend; and

- Determine if an alternate assessment or schedule for the assessment may be warranted. Refer to discipline program guidebooks for the required elements of the alternative assessment report.

The parent/guardian and DCPS can agree in writing that the attendance of certain IEP Team members is not necessary for this meeting depending on the member's area of curriculum or related services; allowing a partial team to meet to address this particular situation. **However, the related service provider assigned to that assessment MUST be in attendance.** If the parent/guardian cannot physically attend the IEP meeting, an alternative means of participation may be used such as teleconference or virtual communication tools such as Skype.

The LEA designee will send a letter by certified mail with a return receipt to the parent/guardian within five business days of the IEP meeting if the parent/guardian does not want to attend the IEP meeting or fails to respond to the *IEP Meeting Invitation/Notice*.

Parent/Guardian and/or Student Unavailable for Assessment
When attempting to reach the parent for data collection (interview, rating scale, etc.), the provider should attempt to contact the parent a minimum of three times. Attempts should be made over an extended period and should be documented in the Communication Log in SEDS. If the school records have incorrect information, efforts to reach the parent through the teacher or student should be attempted and documented. Attempts to reach the parent should be summarized in the appropriate sections of the Psychological Evaluation report. Lack of parent (or teacher response) should not delay the evaluation

The provider should attempt to assess, observe and/or interview the student a minimum of three times. Unsuccessful attempts should be reported to the parent/guardian and that communication should be documented in the Communication Log in SEDS. If the student is unavailable for assessment after three attempts, then the Due Diligence Evaluation should be completed and uploaded into SEDS by the assessment due date.

Once the parent and/or student becomes available, information should be included in an addendum and the updated report should be uploaded into SEDS. A follow-up should occur within a reasonable time period.

Exit Criteria Checklist for Specific Learning Disability

Student Name:	Student ID:
Date of Birth:	Date of MDT:
Attending School:	Neighborhood School:

Specific Learning Disability (SLD) Dismissal Criteria Checklist
(All must be checked in either section to determine dismissal)

☐ The student was given at least one Comprehensive individual test of intellectual functioning and significant deficits were not identified.

☐ An educational assessment was administered in the areas of reading, math, writing and comprehension and the student functioning is commensurate with same age peers.

☐ Documentation supports that there is **no educational impact** that adversely affects the student academically.

-AND-

☐ The IEP team has determined through documentation that the student is not benefitting from special education services, after a continuum of appropriate alternatives have been implemented.

-OR-

☐ Parent/legal guardian requests dismissal.

Exit Criteria Checklist for Intellectual Disability

Student Name:	Student ID:
Date of Birth:	Date of MDT:
Attending School:	Neighborhood School:

Intellectual Disability (ID) Dismissal Criteria Checklist
(All must be checked in either section to determine dismissal)

☐ The student was given at least one Comprehensive individual test of intellectual functioning and significant deficits were not identified. If the psychologist suspects that the intelligence test results are questionable, or an under-representation of the student's potential in relation to achievement test scores, a second intelligence test must be administered.

☐ The student **no longer** demonstrates significantly sub-average general intelligence functioning demonstrated by verbal and nonverbal reasoning competencies at or below IQ/standard scores of 70 and below, or two or more standard deviations below the mean based on the individual test manual requirements in multiple measures of verbal and nonverbal reasoning.

☐ An adaptive assessment was administered to a minimum of two informants (e.g. parent, teacher) to gain behavior in at least two settings.

☐ The student **no longer** exhibits concurrent deficits in adaptive behavior that falls below age and culture expectations on measures of motor development, self-help skills, language development, and social/affective and vocational skills.

☐ An educational assessment was administered in the areas of reading, math, writing and comprehension.

-AND-

☐ Documentation supports that there is **no educational impact** that adversely affects the student academically.

Exit Criteria Checklist for Developmental Delay

Student Name:	Student ID:
Date of Birth:	Date of MDT:
Attending School:	Neighborhood School:

(All must be checked in either section to determine dismissal)

☐ An adaptive measure was administered to a minimum of two informants (e.g. parent, teacher) to gain behavior in at least two settings.

☐ The student no longer demonstrates developmental delays measured in one or more of the following areas: physical development, cognitive development, communication, development, social or emotional development.

☐ An educational assessment was administered in the areas of reading, math, and writing.

☐ The deficits **must not** adversely affect the student's educational attainment.

-OR-

☐ The student has been diagnosed with: autism, traumatic brain- injury, intellectual disability (mental retardation), emotional disability, other health impaired, orthopedic impairment, visual impairment including blindness, hearing impairment including deafness, speech/language impairment.

-OR-

☐ The student is no longer between the ages of 3.0 through 7.11.

Exit Criteria Checklist for Emotional disability

Student Name:	Student ID:
Date of Birth:	Date of MDT:
Attending School:	Neighborhood School:

Emotional disability (ED) Dismissal Criteria Checklist
(All must be checked in each section to determine dismissal)

☐ At least two behavioral assessments were administered, and severe behavioral/emotional skill deficiencies *were not* evident in at least two settings (i.e. school, home) and over a long period of time.

☐ Documentation from teachers or school personnel indicates that the student has made measurable behavioral progress.

☐ The student has successfully completed the social emotional goals and objectives on the IEP.

☐ An educational assessment was administered in the areas of reading, math, writing and comprehension.

-AND-

☐ The student does not demonstrate the inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

☐ The student does not demonstrate inappropriate types of behavior or feelings during normal circumstances.

☐ The student does not demonstrate a general pervasive mood of unhappiness or depression

☐ The student does not demonstrate a tendency to develop physical symptoms or fears associated with personal or school problems.

-AND/OR-

☐ There is no adverse impact or student no longer demonstrates an inability to make educational progress based on behavioral or emotional reasons.

APPENDICES

APPENDIX A

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Psychology Program Material Guidelines

Overview:

A standard battery of materials is provided to all psychology service providers for use for the tenure of their employment with DCPS. OTL will also provide protocols for the standard assessments utilized. Outside of this standard battery and protocols, additional material requests should be made to the principal at the hired school.

There are limited materials that may be checked out on a case-by-case basis. When additional materials are needed please submit, via email, your request to your Program Manager a week in advance. As all psychology materials (manuals, kits) are assigned a DCPS bar code, upon checkout of materials, bar codes will be documented for inventory control and accountability for the checked-out items.

Each provider will be assigned an individual form documenting all materials known to be in the provider's possession. This form will need to be signed, as this will designate responsibility of materials to the user/provider over the determined checkout period.

Overall Guidelines

1. Primarily, the testing materials that are used by psychology service providers to perform core student service delivery needs for DCPS students are available to the provider for their full duration and tenure with DCPS. These standard testing materials (i.e. cognitive assessment materials, achievement assessment materials, adaptive behavior assessment materials, behavior rating scales, executive functioning, ADHD, autism, etc. will only need to be checked out once, and need to be returned at the conclusion of one's service to DCPS. However, the list of materials in one's possession needs to be verified at the conclusion of each school year. This verification process is to take place during the final week of case conferences. Providers will receive an updated, signed copy of the list of materials in their possession which must be included in one's portfolio for the final IMPACT review, or otherwise be brought to the final IMPACT conference.

2. Other assessment materials are available to be checked out on a case-by-case basis. (See the list of DCPS Approved Tests in the appendix.) Psychology service providers who are in possession of these additional testing materials must adhere to a 30-day lending policy. If a longer loan period is needed, the designated Program Manager will determine if the item(s) may be renewed at the time of the scheduled return. Failure to abide by the designated loan period or process will result in a suspension of one's library privileges for a 3-month period of time. Three infractions within a school year will result in a suspension of one's loan privileges for the remainder of that school year. The Program Manager will contact providers via email to

offer reminders and relevant information regarding the return of borrowed materials.

3.   Periodically, an occasion may arise wherein providers will choose to borrow a test or assessment item from his or her colleague. In order to track and maintain appropriate accountability for testing materials, it is recommended that the provider-to-provider transfer of all assessment materials be documented via an email to which the Program Manager and the borrower (or loaner, depending on whom is generating the communication) are to be addressed. The email should clearly delineate the lender, the borrower, and the materials to be loaned. Furthermore, confirmation of receipt of the email, as well as the veracity of its content, should be made. The return of the item(s) should be similarly documented, as well. At the end of the school year, the item(s) in question will be ascribed to the list of materials in the appropriate provider's possession, based on the email documentation. As such, it is strongly recommended that the above process be followed in order to maintain proper accountability.

It is fully expected that all psychology providers have a completed and signed inventory form on file in the Psychology Program Manager's office. Providers who have no such form on file will be prohibited from receiving additional materials until a completed and signed inventory form is received. Additionally, the PM may need to contact providers on an as-needed basis regarding issues pertinent to the ongoing use and accessibility of loaned materials.

Return of Assessment Materials:

Materials are expected to be promptly returned at the end of the designated loan period (for specific borrowed items, only), or at the end of one's tenure with DCPS via retirement, resignation, or separation. At the time of return, the condition of materials will be reviewed and documented, as it is expected that providers handle materials with care and return them in the same condition under which they were given. Additionally, the items returned will be checked against the provider's inventory form for accuracy and completeness. The only items that needn't be returned are those that are outdated.

Failure to return all valid assessment materials loaned will result in a financial penalty. The only exemption from penalty is when items have been stolen and a police report has been submitted.

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

APPENDIX B

Symptoms Checklist of Traumatic Brain Injury

A combination of the following symptoms is typical following a traumatic brain injury. Most individuals will experience several of the symptoms in each of the categories. It is the combination of three to six manifestations in each of the three categories which assists in identifying problems related to concussive injuries. Positive identification of these symptoms should indicate that there is a change from pre-injury function.

Physical	Cognitive	Affective
Somatic __ Nausea __ Vomiting __ Headache __ Sleep disturbances __ Fatigue __ Lethargy *Sensory* __ Dizziness __ Uncoordinated __ Balance difficulties __ Changes in smell __ Taste alterations __ Blurred vision __ Double vision __ Tinnitus __ Hypersensitivity to light/noise "environmental intolerance" __ Hearing problems	*Problems with:* __ Sustained, alternating, and/or divided attention __ Memory for prospective events and new learning __ Speed of information processing __ Capacity for information processing __ Word finding __ Organization of thoughts __ Organization of expression __ Mental flexibility __ Mental control __ Initiation __ Integrative thinking __ Problem solving/judgment Cognitive changes reflected by reports of: __ Longer time for task completion __ Slower to respond to questions __ Decreased ability to concentrate __ Feeling overly distracted __ Unable to pay attention in noisy environments __ Forgetting what one was about to say or do __ Becoming tired more easily __ Feeling that hard tasks require extra effort __ Unable to do several tasks at once __ Forgetting where items were placed or the location of familiar places __ Forgetting the faces and names of new acquaintances __ Unable to organize oneself as reflected by order of work and personal appearance	*Behavioral* __ Agitation __ Irritability __ Impatience __ Egocentricity __ Social withdrawal __ Apathetic __ Mood swings __ Disinhibit ion __ Defensiveness __ Confrontational attitude *Emotional* __ Anger __ Depression __ Frustration __ Anxiety __ Irrational fears __ Insecurity __ Guilt __ Feeling helpless

APPENDIX C

STAFF DEVELOPMENT TRAINING SIGN-IN FORM

PRESENTER: _____

DATE: _____

TOPIC: _____

ATTENDEES:

Print Name	Signature	Discipline / Subject

_____   _____

PRINCIPAL'S SIGNATURE   DATE

APPENDIX D

STAFF DEVELOPMENT EVALUATION QUESTIONNAIRE

PRESENTER: _____

DATE: _____

SCHOOL: _____

TOPIC: _____

Please take a few minutes to complete this form and submit at the end of the session.

Please rate the following by circling the corresponding number below.
        (5 excellent; 4 very good; 3 good; 2 fair; 1 poor)

Presentation Delivery   5   4   3   2   1

Content   5   4   3   2   1

Presenter's Knowledge   5   4   3   2   1

Quality of Handouts   5   4   3   2   1

Comments:

_____

_____

_____

Please rate the following by circling the corresponding number: (4-very helpful; 3-helpful; 2-somewhat helpful; 1-not helpful)

How helpful will this information be to your area of practice?   4   3   2   1
Comments:

_____

_____

_____

What topics or speakers do you suggest for future programs?

_____

_____

_____

APPENDIX E

Student/Classroom Observation Checklist

Student_____   Start/End Time:_____   Student/Teacher Ratio_____

Teacher _____   Date _____   Prd/Class _____

ENVIRONMENT

Layout		Visual		Student work displayed	
• flexible, moveable		• graphic organizers		• current	
• attractive, inviting, clean		• flowcharts		• varied	
• safe and orderly		• samples of proficient work		• respects confidentiality	
• other		• essential questions posted		• other	
		• other			

Print rich environment		Variety of instructional materials		Classroom management	
• variety of books		• manipulatives		• rules/procedures posted	
• content specific print		• models		• evidence of daily procedures	
• other print media		• audio, video tapes		• reinforces rules/procedures	
• books & media are current		• computer		• other	
• multi-cultural materials		• other			
• other					

STUDENT ENGAGEMENT

Active engagement

• discussions	
• students on task	
• minimum of teacher lecture	
• student movement	
• manipulatives	
• directed by teacher	
• interest/excitement	
• other	

Student talk

• student initiated	
• balance of teacher/student talk	
• student/student talk	
• other	

Positive reinforcement

• genuine praise	
• respect for student	
• high expectations	
• other	

Student grouping

• whole class	
• groups of 4 or more	
• duo/trio	
• individual	
• other	

Group activity

• discussion	
• problem-solving	
• peer editing	
• study groups	
• writing/sharing	
• other	

Comments:

VARIED INSTRUCTIONAL STRATEGIES

Teacher activity

• lecture	
• discussion leader	
• modeling	
• monitoring/adjusting	
• formal assessment	
• informal assessment	
• other	

Authentic problems & questions

• problem solving activities	
• reflect core content/curriculum guide	
• real life connections	
• student self-assessment	
• experimental/hand-on learning	
• other	

Instruction/Orientation

• direct instruction	
• independent work	
• cooperative learning	
• other	

Choice

• teacher-initiated	
• student-initiated	
• other	

Learning Strategies

• addressing MI (verbal, logical-mathematical spatial, kinesthetic, musical, interpersonal, intrapersonal)	
• use of Marzano Strategies (Identifying Similarities & Differences; Summarizing & Note Taking; Reinforcing Effort & Providing Recognition; Homework & Practice; Nonlinguistic Representations; Cooperative Learning; Setting Goals & Providing Feedback; Generating & Testing Hypothesis; Activating Prior Knowledge; and Teaching Specific Types of Knowledge)	
• project-based learning	
• higher level questioning strategies	
• teacher acting as coach/facilitator	
• independent inquiry/research	
• sustained writing/reading	
• other	

APPENDIX F
National Provider Identification Number Memorandums

Welcome to the District of Columbia Public Schools' (DCPS). Your commitment and dedication to helping our students reach their maximum potential is much appreciated.

The purpose of this memo is to inform you of an important step in ensuring your good standing as a Related Services Provider (RSP). A mandated service provider regulation passed on April 12, 2012, through the Affordable Care Act (rule 42 CFR Parts 424 and 431), requires all providers of medical services to obtain a National Provider Identifier (NPI) within one week of their employment start date. The NPI acts as a unique provider identifier for Medicaid claims submitted to the Medicaid Agency and is necessary to the operations of both Medicaid and Related Services.

In order to properly conduct Medicaid claiming and to remain a provider employed in any capacity, all providers rendering services on behalf of DCPS must obtain their NPI number. Providers may verify their existing NPI number or obtain an NPI number online at https://nppes.cms.hhs.gov/NPPES. After securing an NPI within seven days of employment, please provide the number to your assigned Program Manager or Clinical Specialist.

Please review the attached National Provider Identifier FAQs and directions. For any other questions concerning your NPI number or any difficulties experienced while attempting to obtain your NPI number, please notify your assigned Program Manager or Clinical Specialist and contact the NPI Enumerator.

Directions to Apply for a National Provider Identifier

All providers rendering services on behalf of DCPS must obtain a National Provider Identifier (NPI). Individuals are eligible to receive one NPI regardless of the number of specialties practiced. Please follow the steps below if you never received an Entity Type 1 NPI.

Contact the NPI Enumerator (helpdesk) at 1-800-465-3203 or customerservice@npienumerator.com for questions about the application.

Open the hyperlink https://nppes.cms.hhs.gov/NPPES
Section 1:
- Select Entity Type 1: "An individual who renders health care"
- Is the individual a sole proprietor? Select No

Section 2:
Complete 1-19.

Section 3:
3-A and B: Input DCPS address for *Business Address* and *Business Practice Location*.

1200 First St NE, 9th Floor
Washington, DC 20002

3-C. Fill out if applicable

   3-D. Provider Taxonomy Code
    1. Click **Add Taxonomy**
    2. Select **Provider Type Code**, click **Next**
    3. Select **Taxonomy Code Area**, **Highlight** the appropriate code
    4. Click **Save** and then click **Next**

The table below provides some Taxonomy Codes. For a complete list, please visit http://www.wpc-edi.com/reference/ **and click on** *Health Care Provider Taxonomy Code***.**

Classification	Provider Type Code	Taxonomy Code
School Psychologist	10	103TS0200X

Section 4: Certification Statement.
Section 5: Provide your contact information.

**NPI information can be updated online. **
  National Provider Identifier Requirement for Providers Employed or Contracted with DCPS

As a result of the Affordable Care Act, the Centers for Medicare and Medicaid (CMS) issued a final rule (42 CFR Parts 424 and 431) on April 12, 2012 requiring all providers of medical services to obtain a National Provider Identifier (NPI). The NPI acts as a unique provider identifier for Medicaid claims submitted to the Medicaid Agency. In order to properly conduct Medicaid claiming, all providers rendering services on behalf of the District of Columbia Public Schools must obtain their NPI number.

Providers may verify their existing NPI or obtain an NPI for the first time online at
https://nppes.cms.hhs.gov/NPPES

Frequently Asked Questions (FAQ's):

1. What is an NPI?
An NPI is a 10-digit number used by Medicaid to uniquely identify providers.
2. Why is the NPI required?
In order to properly submit Medicaid claims for special education services rendered, individual provider NPI's must be included in claims.

3. Why is this required now and not in past?
The Affordable Care Act (ACA) reinforced the 1996 HIPAA requirement that certain providers obtain an NPI, making the NPI requirement universal. The Centers for Medicare and Medicaid

Services issued a final rule (42 CFR Parts 424 and 431) requiring all providers of medical services to obtain an NPI. As a result, states must provide the individual NPI when claiming.

4. If I'm providing services as part of my private practice, will this affect my ability to collect Medicaid?
As long as a provider is not submitting claims for services rendered on behalf of DCPS, then there should be no effect on a provider's ability to claim outside of these services.

5. Who is liable if DCPS is the Medicaid claimant?
Liability will be shifted away from providers, because DCPS conducts Medicaid claiming on behalf of providers and providers have no part in claiming themselves.

6. Will this be an annual requirement or just one time?
Obtaining an NPI is a one-time requirement.

7. When do I need to obtain an NPI/enroll with DC Medicaid?
DCPS requires providers to obtain an NPI within 7 days of employment. Please provide your NPI number to your discipline Program Manager.

8. What's the process to obtain an NPI?

Providers must access the National Plan and Provider Enumeration System (NPPES) at
https://nppes.cms.hhs.gov/NPPES
Time to complete is an estimated 20 minutes. Required credentialing and identifying information is listed on the website.

9. Does it cost anything?
There is no cost to obtaining an NPI.

Any questions or concerns?

Contact:

Medicaid Analyst, OTL Eligibility and Enrollment Specialist, OTL
Desk: (202) 442-4487 Desk: (202) 7276196

APPENDIX G

RESPONDING TO CRISIS IN SCHOOLS

Quick Reference – Guidelines for School Crisis

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) • A student absconds from the school
BEHAVIORAL HEALTH	• The student exhibits symptoms of emotional disability relative to his/her mental health status (suicidal Ideation, homicidal ideation, psychosis) • Death of a current or former student or staff member • Critical threat or event
CRIMINAL ACTS	• The student exhibits behavior that is not mental health related such as assault, theft or willful destruction of property.

CRISIS PROTOCOLS		
All crisis response protocols are under the direction of the School Principal		
SAFETY	**BEHAVIORAL HEALTH**	**CRIMINAL ACTS**
CFSA (202-671-7233) must be contacted. All school personnel are mandated reporters. Abscondence requires that the school contact the parent(s), Office of School Security and MPD.	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 is placed to: • ChAMPS ((202) 481-1440) for students ages 3 to 18 •DBH Access Helpline (1-888-793-4397) for students ages 19 and older.	When schools determine that actions meet criteria for criminal behavior, the school administration contacts the Office of School Security and MPD.

APPENDIX H

CHECKLIST FOR MTSS TIER ADVANCEMENT
Attach MTSS/ report card summary and BIP (if behavioral referral)

Tier 1 ⟶ Tier 2

☐ Received consistent, and appropriate instruction and/or generalized interventions in the area of concern

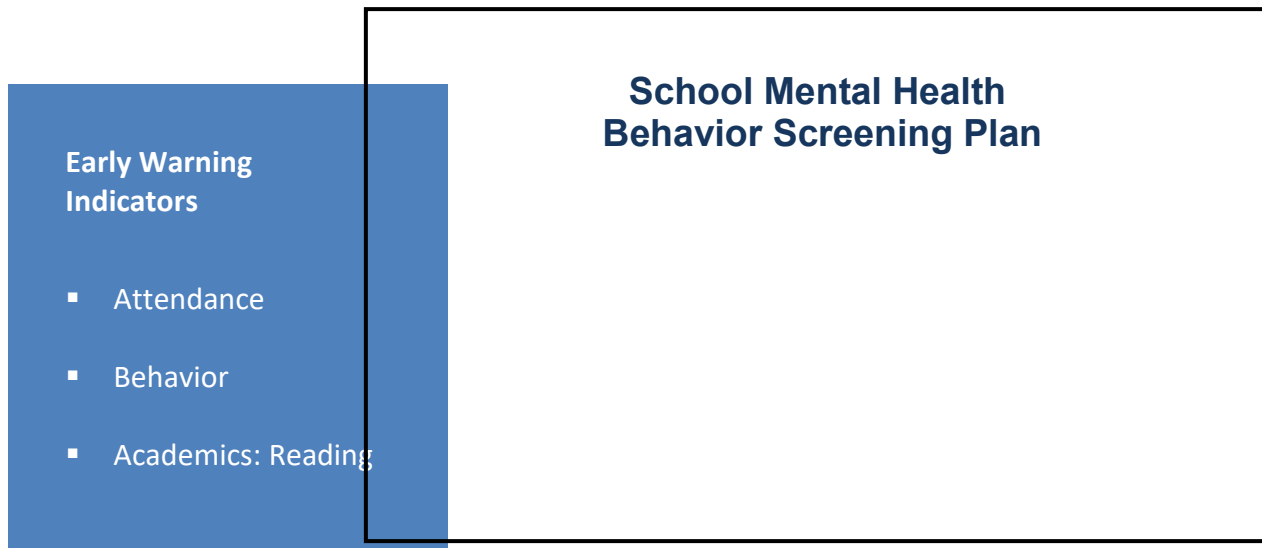☐ Summary Information Form Completed

☐ Vision and hearing screenings passed

Tier 2 ⟶ Tier 3

☐ SDQ screening (behavioral interventions)

☐ FBA/BIP (1) completed for behavioral/attendance concerns

☐ Received research-based interventions specific to targeted deficit

☐ Data monitored and charted (weekly or biweekly)

☐ Interventions implemented and monitored over a minimum of a 6-week period

☐ No sufficient progress seen (expected gains are defined and measured by the intervention program. If there are no internal measurements, then measurements need to be identified per interventions by the MTSS/ team).

☐ If no gains were seen, an alternate intervention implemented (following above guidance)

Tier 3 ⟶ Eligibility Referral

☐ Received Individual, research-based interventions specific to targeted deficit

☐ Data charted (weekly or biweekly)

☐ Interventions implemented and monitored over a 6-week period

☐ No sufficient progress seen (expected gains defined and measured by the intervention)

☐ If no gains were seen, an alternate intervention implemented

APPENDIX I

**School Mental Health
Behavior Screening Plan**

Early Warning Indicators

- Attendance

- Behavior

- Academics: Reading

Screening Process

- ◆ Schools will utilize the Response to Intervention (MTSS/) process to identify students in need of further Social Emotional screening based on Early Warning Indicators and the **MTSS/ Referral Form**.
- ◆ School Psychologists will conduct screening using the Strengths and Difficulties Questionnaire (SDQ) for students ages 3-17.
- ◆ School Psychologists will conduct screening using the Global Appraisal of Individual Needs (GAIN) for students 18 older and/or students with reported concerns related to substance abuse and/or anti-social behavior.
- ◆ If trauma was reported on the MTSS/ Referral Form, then the Trauma History and the Child PTSD Symptom Scale (CPSS) **MUST be administered.**
- ◆ MTSS/ Teams, which will include psychologists, social workers, teachers and all other relevant stakeholders will make recommendations and develop intervention plans and referrals (as needed) based on screening results and all other relevant data.

Screening Roles

- ◆ **Administrator**: Make Early Warning Indicator Data available to MTSS/ Team. Hold staff accountable for capturing accurate progress monitoring data.
- ◆ **MTSS/ Team Members:** Conduct Review of Data to identify at risk students based on Early Warning Indicators. Plot student percentages on 3-tier system.
- ◆ **School Psychologist**: Assess students in Tier 2 using screening tools (SDQ or GAIN). Track data to monitor progress during intervention.
- ◆ **School Social Worker**: As members of the MTSS/ Team, review screening data, conduct FBA 1 as needed. Support team in creating intervention plan, which may include referral to community agency or school partner, when appropriate. Provide evidence-based intervention and support progress monitoring.

◆ **School Psychologist**: Responsible for capturing all initial screening data, SDQ & CPSS Scale in the PMA and the GAIN in the identified database, as well as progress monitoring beyond the initial

◆ **School Social Worker**: Responsible for all subsequent administrations of the SDQ, CPSS and GAIN (and entering in the appropriate databases) for students referred to an evidence-based intervention or receiving ongoing, direct behavioral support services.

Overall Expected Deliverables

1. All of the students that have been screened for SY 16-17 can be identified by their Name, student ID number, grade, and school.
2. **Each school should be able to report the exact number of students that have been screened.
3. ***As a result of the screening, for each individual student, the tailored intervention(s) and/ or recommended services should be identified and included in the MTSS/ plan.
4. If your school administrators have pre-grouped/assigned students into the various tiers based on academic data, the expectation will be that you utilize the EWI report, supplied by your program manager, to identify students to be screened based on the EWI matrix (Figure 1). The assumption is that screening data will allow the MTSS/ team to develop more targeted interventions before elevating to a referral for special education.

** It is expected that all students that have been screened this year (SY 16-17) using the **SDQ** or the **GAIN** be captured and logged accordingly; this ensures the appropriate aggregated data for the entire school year.
***If the interventions and/or recommendations had to be rebase lined or intensified it should be noted as well.

Data Compliance Measures

In an effort to ensure that the screening tools are being administered with consistency and fidelity to the screening plan, a frequency correlation will be conducted between the SDQ/GAIN utilization (Total # of SDQ/GAIN administrations) and the Early Warning Indicator data reported by the central MTSS/ team (Total # of students at Tier II for behavior).
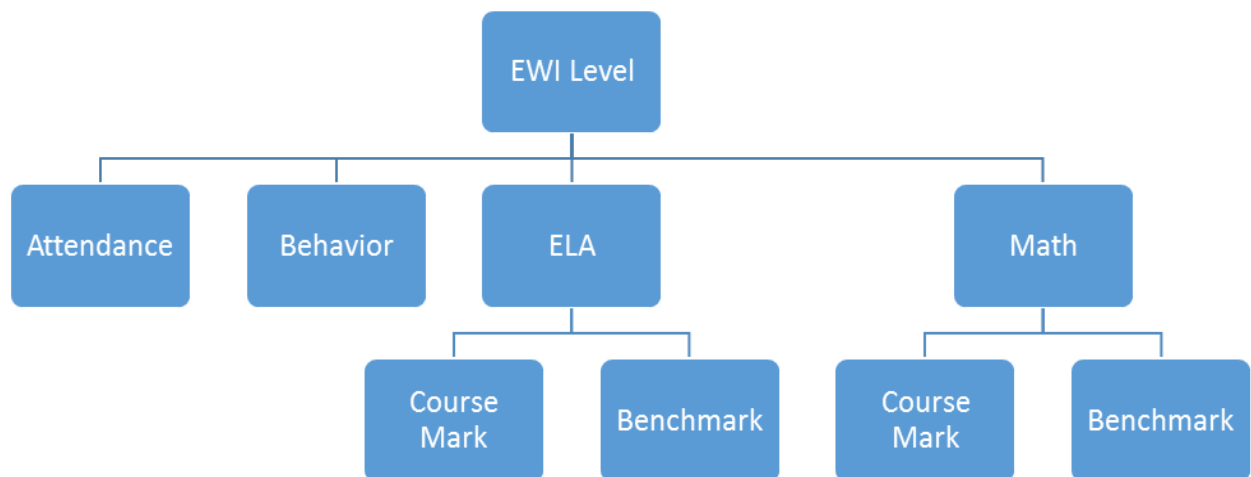
APPENDIX J

MTSS Data System

The MTSS Data System (Panorama Student Success Dashboard) is a dynamic platform that gives educators immediate access to the data that is most important for them to support students. The MTSS Data System syncs with Aspen and other data systems to send nightly updates of grades, attendance, assessments, SEL, and behavior data. With this data, the platform calculates "On Track" and "At Risk" indicators for each student automatically so that you can support students with relevant and timely information. Schools can view dashboards to see school-wide trends across different subject areas or demographic groups to make sure that students are having an equitable experience at school.

The MTSS Data System:

- Gives a complete picture of each student's academics, attendance, behavior, and social-emotional learning (SEL) progress in school every day.
- Allows educators to create, update, and progress monitor interventions to ensure students are thriving.
- Serves as an Early Warning System and MTSS and Intervention tracker for districts.
- Helps measure Social Emotional Learning through research-backed surveys and displays that data alongside other indicators to give a full picture of the whole child.

Overview of the MTSS Data System Components

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Attendance	Assessments	Interventions
•Data Source: Aspen	•TRC	•"How does this work?"
Academics	•HMH Reading Inventory	•More specific champion list for interventions
•Data Source: Aspen	•NWEA MAP	•Additional SEL & Behavior interventions available
	•DIBELS	•*Coming Up:*
	•i-Ready	• *School-scoped interventions*
	•ANet Reading	• *Additional Academic & Attendance Interventions*
	•ANet Math	
	•*Coming Up*	
Behavior	• *RCTs (currently being discussed)*	**Alerts**
•Data Source: Student Behavior Tracker		•Email alerts for users when interventions are assigned to them, or they are added to a team
SEL		**Student Profile**
•Data Source: Fall 2020 Survey (*live now*)		•Upload documents

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MTSS Data System Early Warning Indicators

Early Warning Indicators (EWIs) are tools that help educators identify at-risk students and provide necessary supports. Early warning systems were originally developed using the "ABCs" of student data: attendance, behavior, and coursework. Research shows that these data points can accurately predict which students are at-risk of dropping out and can help reduce chronic absenteeism and course failures.

MTSS Data System Early Warning Indicators

	Academics: Elementary	Academics: Secondary	Attendance	Behavior	SEL
	The Academics indicator will be powered by Grades				
On Track	Students with all 4's in courses	Students with A's or B's in all of their coursework	Students who have attended more than 95% of school days	Students with no behavior incidents	Reported strengths in all 5 LCPI topics
Progressing	Students with a 3 in courses	Students with a C in their coursework	Students who have attended between 91-95% of school days	Students who have behavior incidents on 1-2% of school days	Reported strengths in 3 or 4 LCPI topics
Approaching on-Track	Students with a 2 in course	Students with a D in their coursework	Students who have attended between 81-90% of school days	Students who have behavior incidents on 3-5% of school days	Reported strengths in 1 or 2 LCPI topics
Critical	Students with a 1 in course	Students with an F in their coursework	Student who have attended 80% or fewer of school days	Students who have behavior incidents on more than 5% of school days	Reports strengths in no LCPI topics

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High-quality data that provides information about the context and progress of the whole child is critical to a successful MTSS System. An overview of the most commonly used data sources is below. Your school may have additional information as well.

	Data	Frequency	Location
Contextual	Classroom observations	Formal – 2x per year Informal – Daily, Weekly, Monthly	IMPACT Dashboard
	Panorama Family Survey	2x per school year	Panorama – Surveys
	Panorama Staff Survey	2x per school year	Panorama – Surveys
	CLASS (PK only)	Annually	CLASS Reports
	Insight Staff Survey	2x per school year	Insight Reports Dashboard

Social Emotional	Panorama Student Survey (Student Satisfaction, SEL Competencies, LCP Index)	2x per school year	Panorama – Surveys
	Ages and Stages Questionnaire (ASQ; PK only)	Within 45 days of the start of the school year	Quickbase
	Strengths & Difficulties Questionnaire (SDQ)	3x per year (BOY/MOY/EOY)	Frontline
Behavior	Suspensions	Daily	SBT DDAC – CIF Dashboard
	Referrals/Incidents	Daily	Panorama – Student Success SBT
Attendance	ISA, chronic absenteeism	Daily	Aspen Panorama – Student Success (ISA)
Academic	Anecdotal notes, exit tickets	Daily	Teacher records
	Required Curricular Tasks (RCT)	Varies by course	Mastery Connect
	Diagnostic Assessments *e.g., DIBELS, RI, i-Ready Diagnostic, MAP Science, STAMP/ALIRA*	3x per year (BOY/MOY/EOY)	Panorama – Student Success DDAC – Assessments & Academics Dashboard *Assessment platforms*
	Curriculum Based Assessments *e.g., ANet ELA, ANet Math, ECE GOLD*	3x per year (ES, MS) 2x per year (HS)	Panorama – Student Success DDAC – Assessments & Academics Dashboard *Assessment platforms*
	Summative *e.g., PARCC, MSAA, DLM, DC Science, ACCESS*	Annually	

	Course grades & GPA	Term grades – 4x per year Progress report grades (HS) – 4x per year Running Grade Avg – Daily	Panorama – Student Success DDAC – Secondary Academics Dashboard ASPEN

Screening Process

- Schools will utilize the MTSS process to identify students in need of screening based on Early Warning Indicators.
- School Psychologists will conduct screening using the Strengths and Difficulties Questionnaire (SDQ).
- If trauma is expected or reported, then the Trauma History Questionnaire and the Child PTSD Symptom Scale V (CPSS V) **MUST be administered.** Social Workers will administer these assessments more often than not.
- MTS Teams will make recommendations and develop intervention plans and referrals (as needed) based on screening results and all other relevant data.