

Red River Valley School Division
ADMINISTRATIVE PROCEDURE F5 - SPECIALIZED ASSESSMENT



The Red River Valley School Division Board of Trustees supports the use of Specialized Assessment.

Teachers use assessment to determine how students are progressing and to guide and improve instruction for all students. Student assessment may take the form of teacher observation, portfolios, outcome rubrics, classroom testing and provincial assessments. For some students, where differentiated instruction and adaptations prove unsuccessful, specialized assessments may be needed as soon as reasonably practicable.

Specialized assessments are conducted by qualified professionals on an individual basis to determine what factors are affecting the student's learning and what approaches would assist the student to meet the learning outcomes in the classroom.

Specialized Assessment shall be conducted in accordance with the following legislation and regulations:

- Public Schools Act – Appropriate Educational Programming Regulation 155-2005
- Education Administration Act – Miscellaneous Provisions Regulations Amendment 156-2005
- “Appropriate Education Programming in Manitoba: Standards for Student Services”
- “Appropriate Educational Programming in Manitoba: A Formal Dispute Resolution Process”
- “Bridging to Adulthood: A Protocol for Transitioning Students with Exceptional Needs from School to Community”

1.0 Classroom Teacher's Roles

- 1.1 In the course of regular classroom instruction, the classroom teacher notes that a student is consistently unable to meet the expected learning outcomes – academic and/or behavioural.
- 1.2 In the course of classroom instruction, the classroom teacher makes some specific instructional adaptations to assist a student in meeting the expected learning outcomes. (Please see the Department of Education document: *Success for all Learners – Differentiated Instruction.*)
- 1.3 If difficulties persist, the classroom teacher documents the student's difficulties and administers a more structured assessment (recorded) within the context of regular classroom activities, e.g., one-to-one investigation.

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- 1.4 If the structured classroom assessment demonstrates that a student is still unable to meet the expected learning outcomes, the parents are advised of the perceived difficulties and adaptations.
- 1.5 A referral for resource services is completed by the classroom teacher. Resource support may be provided even in the absence of parental consent.

2.0 Resource Teacher's Roles

- 2.1 The resource teacher initiates ongoing communication with the parent(s)/legal guardian(s).
- 2.2 The resource teacher conducts an assessment and completes a Resource Report Summary.
- 2.3 Based on results of the resource assessment and earlier classroom information, the resource teacher assists the classroom teacher with implementing additional or alternate strategies and evaluates the effectiveness.
- 2.4 If determined adaptations are insufficient to assist the student in meeting curricular learning expectations, the resource teacher organizes a pre-referral consultation with the appropriate clinician for approval to begin the referral process.
- 2.5 With parental/legal guardianship support the resource teacher completes and submits a Request for Referral for Clinical Services form with original signatures from parent/legal guardian, principal and referring teacher(s).
- 2.6 If parent/legal guardian does not support a referral to the clinical support team, student support is limited to instructional staff assigned to the school. Parent/legal guardian will be requested to sign divisional form indicating refusal of assessment or specialized programming.

3.0 Student Services Department's Roles

- 3.1 The student services (SS) administrative assistant receives and date stamps the referral for clinical services from the school.
- 3.2 The SS administrative assistant creates a master **Pupil Support File**, if required, to house the referral form as well as any subsequent documentation.

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- 3.3 The referral for clinical services is attached to this file and passed to the student services administrator.
- 3.4 The SS administrator reviews the referral for completeness and clarity.
- 3.5 The referral is returned to the appropriate clinician.
- 3.6 The SS administrative assistant sends the letter of approval to parent(s)/legal guardian(s).
- 3.7 The Clinician prioritizes the referral based on needs or requirements and completes assessment and/or other related activities. Assessment must comply with expectations outlined in the standards and guidelines set by professional organizations for their members.
- 3.8 A log is kept of significant clinical activity and contacts.
- 3.9 Assessment results are written in plain language for parents/legal guardians. The page indicating “recommendations”, in the written report, is on a page by itself. Only the “recommendations” page will be left with the teacher or included in the CUM file.
- 3.10 The appropriate clinician interprets the assessment report to the parent/legal guardian and school in a way that is clearly understood keeping in mind the parents’/legal guardians’ language and literacy needs. Assessment reports are distributed only during or after this interpretation.
- 3.11 The original signed assessment report is sent to the SS department for colour coding as follows:
- Psychology - **Pink**
 - Speech-Language - **Yellow**
 - Social Work - **Blue**
 - Occupational Therapy/Physical Therapy - **Purple**
- 3.12 The original and colour coded assessment reports are distributed as follows:
- original (white) copy - in appropriate clinician’s report file
 - colour coded copy - one each to school for School Pupil Support File, parent/legal guardian (as directed by clinician), and Master Pupil Support File

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- 3.13 If the parent/legal guardian or clinician requests a cessation of clinical services during the school year, this decision will be confirmed and documented at the next clinical intake conference. If the parent/legal guardian refuses suggested clinical services they will be required to complete the Refusal of Clinical Services form.

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