

### 4.3.1 SBT Referrals for Psychoeducational Testing

A psychological-educational assessment or “psych-ed” is a series of assessments conducted by or under the supervision of a registered psychologist that help identify a student’s strengths and needs. Psychoeducational testing can be requested for a variety of reasons but is primarily used to identify learning or intellectual disabilities. Each district determines its process for testing of this type using provincial guidelines. According to BC Inclusive Education A Manual Of Policies, Procedures And Guidelines 2024:

- *Early identification is an essential element of successful program planning for students with disabilities or diverse abilities, and the school-based team should respond promptly to a teacher’s request for a determination of the need for assessment, planning and intervention.*
- *For most students, the identification/assessment phase begins in the classroom . . . including an **in-depth, systematic classroom observation and evaluation and parent consultation**, including discussing with the parent the appropriateness of a referral to a physician to exclude the possibility of a medical basis for the concerns.*
- *If these efforts prove insufficient to meet the student’s educational needs the teacher should embark on a process of consultation and collaboration with the IST and/or school-based team*

- *When the school-based team decides it is necessary to gather additional information in order to provide appropriate instruction, a referral for psycho-educational assessment may be in order. This step is taken only after there has been considerable pre-referral assessment and pre-referral intervention. Emphasis on school-based problem solving should lessen the number of referrals for testing.*

## Psych-ed Testing Referral Process:

- School-Based Teams should ensure they have followed Ministry guidelines described above and have documented in-depth, systematic classroom interventions in collaboration with the classroom teacher and in consultation with the parent
- ***Note that stand alone Level B testing is no longer provided and is not required to refer for psychoeducational testing.***
- Testing will be provided based on the following prioritized need:

Priority 1	<i>Students in grade 11 and 12 needing updated assessments for CLBC applications</i>
Priority 2	<i>Students in the year prior to transitioning from elementary school to middle school or middle school to high school</i>
Not prioritized	<i>Students in K-3 and/or students who have arrived at SD8 within the last year</i>

- All requests/referrals for Psychoeducational testing can be submitted using the [DBT FORM](#).
- All requests for psychoeducational testing have requirements for supporting documentation. Please see below for this

required documentation. **Note that the school psychologist will make the final determination re: what testing, if any, is appropriate, and may request additional documentation prior to testing.**

## **Required Documentation for Referrals for Psych-ed Testing:**

Please carefully review the information below and ensure all required documentation is emailed to [clerical.inc@sd8.bc.ca](mailto:clerical.inc@sd8.bc.ca) within one week of the DBT form being submitted.

Please submit all documentation in one attachment with the subject line: School Name DBT referral: (Student Initials).

Reminder to send any confidential professional reports password protected with the password sent in a separate email.

If DBT approves the referral for psychoeducational testing, the file will be sent to the school psychologist for review. Prior to reviewing the file, a signed release of information will be sent to the school. *This document must be signed by both parents/guardians to provide permission for the school psychologist to review the student's confidential information and discuss it with the school team and any additional professionals, i.e. counselor, doctor, or pediatrician.* Note that the form can only be signed by one parent if a copy of the legal documentation (i.e. court order) is submitted along with the release of information that demonstrates the signing parent has sole decision-making responsibility.

*Note that the school psychologist will make the final determination re: what testing, if any, is appropriate, and may request additional documentation prior to testing.*

**SUPPORTING DOCUMENTATION FOR UPDATED ASSESSMENT FOR CLBC:**

*Grade 11 or 12 students who fit the [CLBC profile](#) and need an updated assessment to apply for CLBC supports. Note that students applying for updated CLBC assessments should be currently receiving support from CYSN.*

- ☐ Any medical or professional assessments/reports not stored in district Laserfiche (i.e. any reports obtained since the binder was last approved/reviewed at district)
- ☐ Information on post-secondary plans/programs
- ☐ Any other notes or documentation that support the referral (i.e. documentation from CYSN)

**SUPPORTING DOCUMENTATION FOR PSYCHOEDUCATIONAL ASSESSMENT:**

*Students for whom the school team has provided and documented in-depth, systematic supports and interventions and are seeking additional information in order to provide appropriate instruction.*

Please include any of the following supporting documentation that apply:

- ☐ SBT notes documenting need, supports in place, and response to intervention
- ☐ Learning updates documenting academic level and supports in place
- ☐ Attendance data documenting that attendance not likely cause of learning challenges
- ☐ IEP or Student Learning Plan documenting need for assessment and supports in place
- ☐ Classroom work samples documenting need
- ☐ Other standardized literacy assessments(i.e. DRA, DIBELS) documenting



need for assessment and response to intervention

- ☐ Meeting notes/correspondence documenting need and/or supports in place
- ☐ ELP data documenting need
- ☐ ENP data documenting need
- ☐ Prior professional/psych reports documenting need
- ☐ Prior Level B assessments (i.e., WJ IV) documenting need
- ☐ Behavior data/plans documenting need, supports in place, and response to intervention