

## CLINICAL SERVICES

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Turtle Mountain School Division provides clinical services for the purposes of assessment intervention, and support to students of the school division. These services may be provided by employees of the division, by employees of divisions with which we have a Shared Services Agreement, or on a fee for service or contract basis.

Clinicians are an integral part of the educational school team and provide programming recommendation and information for funding applications. Clinicians also assist with classroom based support plans, Individual Education Plans and Behaviour Intervention Plans for students on their caseload.

Clinicians are under the immediate supervision of the Assistant Superintendent of Student Services, in addition to the principal of the school in which the clinician is working.

### CLINICAL/SUPPORT SERVICES

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For some students, further specialized assessment is indicated to assist in determining the reasons underlying the student's difficulties in reaching curricular outcomes, persistent challenging behaviour or, to assist in programming for students with identified high needs (i.e., L2, L3 funded students). Members of the Division Support Personnel include: Psychology, Speech/Language Pathology, Social Work, Behaviour Intervention Teacher, Occupational Therapy and Physiotherapy. Services are accessed by way of the following process, within the context of the meetings of the School-Based Team which would/may include the School Administrator, Resource Teacher, Counsellor, Classroom Teacher, Clinicians:

#### **In-School Process**

- i. Identification of the concerns via the teacher, student and parent, and/or information obtained regarding a student transferring in from outside the Division.
- ii. School-based intervention – assessments, intervention strategies, (e.g., before requesting an intellectual assessment, academic testing at the school level should be completed as well as school-based interventions such as program adaptations) with parental contact and involvement within this team process.
- iii. Problem-remediated ---STOP/problem not remediated go to II.

#### **Consultation with Student Services**

- i. Teacher and/or other members of school team meet with a representative of Student Services and discuss the details of the concerns surrounding the student (i.e. who is involved? What has been done (testing, medications)? What have been the outcomes? What is the goal of intervention?
- ii. Student Services representative provides some suggestions of other strategies to try at the school level.
- iii. Strategies are implemented, problem remediated---if yes STOP; if not, go to III.
- iv. At this time, the Pre-referral may be completed.

#### **Formal Referral**

- i. Teacher and/or other members of the school team meet with a representative of Student Services and discuss the details of the concerns regarding the student, i.e. who involved? What has been done (testing, modifications)? What have been the outcomes? What is the goal of intervention?

- ii. Student Services representative deems referral appropriate (this may need to be discussed among clinicians at team meetings), and advises school to discuss and fill out the referral form as well as the pre-referral form (if this has yet to be done) with as much detail as possible with the **legal guardian** who must sign the form.

**A referral is a legal document and must be filled out in one colour of ink, and initialled and dated wherever and whenever changes are made after the signature is received. A parent must be “informed” when consenting to the referral, i.e. do not have the parent sign a blank referral.**

- iii. The referral form is sent to the Student Services office to be discussed at the team meeting, and followed-up by the appropriate clinician, if accepted.
- iv. Clinician assessment (may include observation, informal and formal standardized testing, interviewing, rating scales, cumulative file review, etc.)
- v. Team meeting (school team, parent and clinician) to present results and collaborative program planning as applicable.

### **TMSD Form: Student Services: Request for Clinician Services**

#### CIRCUMSTANCES REQUIRING A NEW REFERRAL

1. The case has been closed.
2. Services are required for a sibling of a child who has already been referred, e.g. this could be a relation to a counselling situation where it is determined that a sibling(s) would also be in need of services.

#### CIRCUMSTANCES REQUIRING RENEWED CONTACT OR CONSENT WITH PARENTS/GUARDIANS

1. There is change in clinician, within the same discipline.
2. There is change in status of the case, i.e. from monitor to active, requiring renewed student contact and/or reassessment.
3. There is a significant change from the initial intent of the referral (e.g. following consultation with the school team, it is deemed that in addition to an intellectual assessment, the child would benefit from a psycho-emotional assessment and the initial request on the referral only indicated an intellectual assessment). Any new information/request needs to be documented to the referral form and these changes need to be initiated by the parent/legal guardian.

#### REFERRAL TO AN OUTSIDE AGENCY

This step is to be undertaken only after all other steps have been exhausted and/or in consultation with the appropriate clinician and the Assistant Superintendent of Student Services.

## OUTSIDE AGENCIES

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A number of agencies outside the school division can be accessed for additional support of students with exceptional needs. Access to these services, and the type of services, will vary depending on the region within the Turtle Mountain School Division.

Referring students to these agencies requires a school-based student services support team meeting, involving a member of student services clinical team, as well as a letter informing the Assistant Superintendent of Student Services regarding the decision to pursue services outside the division.

Outside agencies:

- Manitoba Education Citizenship & Youth
  - Vision
  - Hearing
  - Autism
  - Behaviour
- Public Health Nurse
- Audiology
- Autism Outreach Program
- Manitoba Adolescent Treatment Centre (MATC)
- Children's Special Services (CSS)
- Rehabilitation Centre for Children (RCC)
- Open Access Resource Centre (OARC)
- Society for Manitobans with Disabilities (SMD)
- Child Development Clinic (CDC)
- Clinic for Alcohol and Drug Effected Children (CADEC)
- Anxiety Disorders Clinic

## CLINICIAN REFERRALS

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### **Pre-Referrals**

Prior to making a referral, the specific situation is discussed informally with the appropriate clinician. If there is uncertainty as to who is the appropriate clinician, the Assistant Superintendent of Student Services decides which clinician(s) will be involved.

1. Referrals for clinical services should be done jointly by the classroom teacher, student services resource teacher, and the principal. The process is to involve collaboration and can be initiated by any of the three.
2. Referrals can be requested by parents. Referrals shall be processed through the school in the usual manner.
3. Referral forms, available from a student services resource teacher, shall include all pertinent information, and shall be signed by the parent, student services teacher, principal, and Assistant Superintendent of Student Services.
4. The student services resource teacher shall coordinate the referral process in each school and shall forward all copies of the completed form to the Assistant Superintendent of Student Services. Signed copies will be distributed from the division office.

5. The Assistant Superintendent of Student Services will review the referral, sign the form, and forward the original copy to the appropriate clinician. The remaining copy of kept on file by Assistant Superintendent of Student Services.

### **Assessment and Reporting**

1. Following the assessment, the clinician will record results and make recommendation regarding appropriate programming within 4 weeks.
2. Copies of the assessment reports go to the clinical file, pupil support file, and parents/guardians. In certain cases where other professionals such as doctors or agencies are involved, copies are also supplied to them under written parental consent. Consultative reports may be provided by clinicians as needed. Reports will be updated, at minimum, once per year.
3. The clinician will maintain appropriate communication with parents regarding assessment and reports.
4. One copy of the report will go to the school pupil support file. The student services teacher is responsible for sharing this report with appropriate school team members. It is suggested that all reports be kept "active", with reviews recommended from time to time. Recommendations should be carefully noted and implemented.
5. The reports can be stored in the pupil support file.
6. Clinical reports should never be duplicated without the consent of the clinician.
7. Reports are not available to unauthorized personnel: e.g., educational assistants, secretaries, and non-professional personnel except when directed by the clinician.



