

*Guidebook:*  
SCHOOL  
MENTAL HEALTH



2022-2023

Published August 2022

1st Edition

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*This plan is under review and applicable practices and procedures will be monitored, updated, and communicated as needed.*

# Section I: Introduction

## I: Arkansas Department of Education

### ADE Vision

The Arkansas Department of Education is transforming Arkansas to lead the nation in student-focused education.

### ADE Mission

The Arkansas Department of Education provides leadership, support, and service to schools, districts, and communities so every student graduates prepared for college, career, and community engagement.

### ADE Values

#### Leadership

- Striving to be a model of excellence that is dedicated to professional and ethical standards, the whole child, and effective results.
- Driving action toward excellence through informed risk-taking.
- Protecting the public trust by ensuring quality and accountability

#### Support

- Collaborating with others through mutual respect, trust, and professionalism.
- Communicating in an open, honest, and transparent manner.
- Fostering new ideas and promoting effective practices.

#### Service

- Providing quality service in a respectful, effective, and professional manner.
- Administering agency programs and services with integrity, honesty, and transparency.
- Leveraging state resources in a wise, efficient, and productive manner.

### ADE Goals

#### Goal 1: Prepared Graduates

Each student will meet or exceed educational milestones along pathways to graduate prepared for college, career, and community engagement.

#### Goal 2: Student Growth

Each student will meet or exceed his/her expected individual growth annually.

#### Goal 3: Personal Competencies

Each student will develop and apply personal competencies that promote learning and success in life.

#### Goal 4: Student Success

Each student will be actively engaged in college, career preparation, military service, and/or competitive employment one year after graduation.

#### Goal 5: Customer Service

The Arkansas Department of Education will build the capacity of each team member to provide efficient and effective customer service that benefits students, respects taxpayers, and serves all stakeholders.

## II: Arkansas School for the Deaf

### ASD Vision

Arkansas School for the Deaf counselors and Social Worker are committed to providing a standard of excellence in all areas of counseling. We are committed to the whole child in nurturing their social, emotional, academic and career goals.

### ASD Mission

The Arkansas School for the Deaf counselors articulates the functions served by each component of a counseling program. This plan is developed and implemented for providing comprehensive counseling services to all students in a public residential school system, including area public schools. This plan is based upon the needs identified by the parents, teachers, principals, students, and other agencies with which the school district works. We focus on relationships, communication access for all, collaboration, and excellence for all students. We welcome all students into a caring and safe environment that is stimulating educationally as well as filled with rich opportunities for activities and growth. It is our goal that students are equipped with the necessary skills needed to achieve success in academics, college/career readiness and social/emotional development.

### ASD Values

Arkansas School for the Deaf believes that all students can be successful. Through our interactions with our students, staff, teachers, parents, and stakeholders around the state, we implement programs that ensure all students benefit from the school counseling program based on student needs and abilities.

### ASD Mental Health Goals

#### Goal 1:

The school counseling program will support the creation of a positive environment resulting in a 20% increase in overall student attendance by the end of the school year.

# III: Purpose and Structure of Guidebook

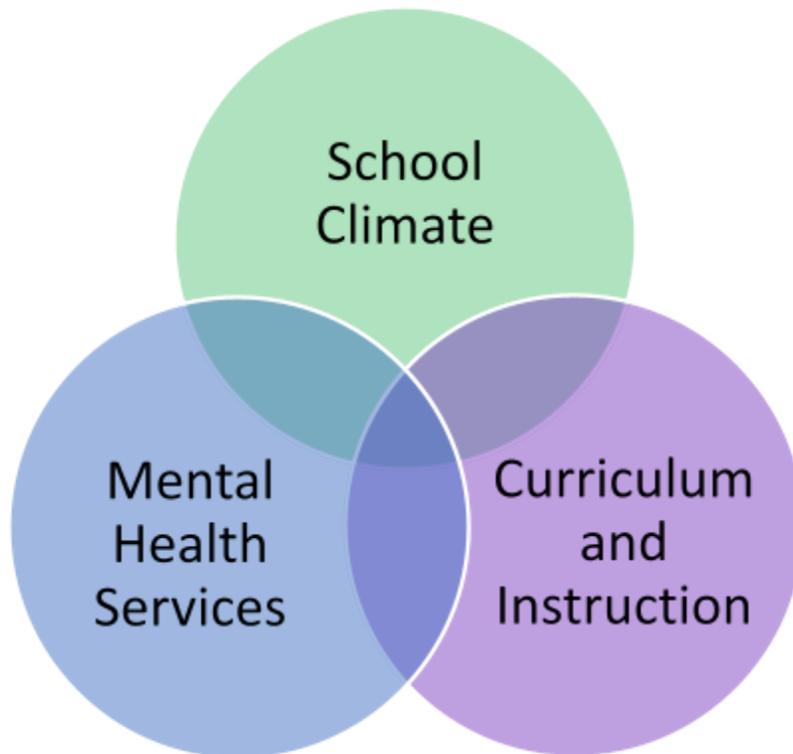
## Structure

The structure of the guidebook is detailed in the Table of Contents. Appendixes are attached with additional resources to help the mental health team apply important policies and procedures reviewed throughout this document.

## Purpose

This guidebook was developed to ensure that all mental health employees are able to deliver interventions and services that align with Arkansas School for the Deaf's core beliefs, objectives, and school improvement goals. It is intended to be the primary reference tool for school mental health employees when addressing issues related to student engagement and social emotional development in the academic environment.

ASD utilizes a comprehensive approach to school mental health services. In the model (demonstrated below in Figure 1), mental health services, school climate, curriculum and instruction work in sync to support the academic achievement of all students. This comprehensive approach goes beyond single intervention strategies to address the social and emotional needs of students. This approach engages students, teachers, and parents in a cooperative effort to promote emotional intelligence and pro-social skill development. Several interventions within the school are coordinated to meet the needs of students where they are. The comprehensive approach encourages school administrators to coordinate mental health programs that align with overall school initiatives designed to address curriculum and instruction as well as school climate strategies.



## IV: School Mental Health Team: Contact Information

### School-Based Mental Health Coordination

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# Section II: School Mental Health Guidelines and Procedures

## I: 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). Please review the guidance below to develop your school’s mental health team meeting composition and structure. We will be reviewing for compliance with mandated school mental health meetings throughout the year.

### School Mental Health Team Meeting Guidance

This document provides clarity on each section of the sample School Mental Health Team Meeting Agenda.

Section	Guidance
Team Composition	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 meetings days and times, invited when necessary.
Upcoming RTI and IEP Meetings	The team should discuss upcoming RTI 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.
Assessment Check-In	The team should review all open school social work and school psychology assessments to ensure that (1) the consent data is current, and (2) 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.
Individual Student Crisis Check-In	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 to disseminate them to all necessary staff members. The team should also review completed plans to see if updates are warranted.
School Nurse Report	The school nurse should share information with the team and elicit feedback about student- specific concerns and/or large initiatives.
Community-Based Partners (s) Report	The community- based partner(s) should give updates on the 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).
Case Management Updates/Needs/Transition	The team should share updates on (1) families who may have expressed a need, (2) resources available and (3) discuss students transitioning out of school-based services and connect to community mental health, i.e., students graduating.
New Referrals and Consent for Social Emotional Service Forms	The team should review new referrals and Consent for Social Emotional Services Form (s) to determine which team member has the capacity and is most appropriate to provide support.

## Consent for Social Emotional Services Form

The Consent for Social Emotional Services Form was designed to give parents and families a method of communicating with the school mental health team about their child's social emotional needs upon enrollment. It is meant to proactively support students who may be experiencing stress and other symptoms that could affect their time at school. It is also intended to begin a positive relationship between families and social emotional support professionals at their child's school.

Students experiencing stress, sadness, anger, or other emotions that can impact their school lives, can be referred for support by parents and school staff or students may self- refer. This form will provide consent for support to occur and will authorize ASD school professionals (school social workers and/or school psychologists), to begin the process of working with a student. Social Workers should notify and include parents in any plan for services, consistent with best practices.

The Consent for Social Emotional Services Form will be collected by school registrars and given to the school mental health team for follow- up. It is recommended that each school mental health team designate a point of contact to ensure all forms are collected from the school registrar with regularity. The information on the Consent for Social Emotional Services Form should be reviewed during School Mental Health Team Meetings and treated per confidentiality guideline. The Arkansas School for the Deaf adheres to the standards and obligations set forth under the Family Educational Right and Of Privacy Act (FERPA) protecting the privacy of student information. This form is voluntary.

## II: Certification and Licensure

### Minimum Qualification Standards for Social Work

- A master's degree in Social Work (MSW)
- 3 years of related experience
- Licensed to provide in the state of Arkansas or have provisional licensure

### Minimum Qualification Standards for Educational Counselor

- A master's degree in School Counseling
- Required to pass Praxis Test- Professional School Counselor

## Resources

### National Association of Social Workers Code of Ethics

Social workers are advised to review all updates and affirm their commitment to abide by the Code of Ethics. The revised Code of Ethics in its entirety can be found at:

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

### American School Counselor Association (ASCA) Code of Ethics

School counselors follow the ASCA Ethical Standards to identify the principles of ethical behavior necessary to maintain a high standard of integrity, leadership, and professionalism.

<https://www.schoolcounselor.org/getmedia/44f30280-ffe8-4b41-9ad8-f15909c3d164/EthicalStandards.pdf>

### ASCA Mindsets and Behaviors for Student Success: College and Career Readiness Standards for Every Student (2014)

<https://www.schoolcounselor.org/getmedia/7428a787-a452-4abb-afec-d78ec77870cd/Mindsets-Behaviors.pdf>

### G.U.I.D.E for Life

<https://dese.ade.arkansas.gov/Offices/learning-services/guide-for-life>

## III: Duties and Responsibilities

### Mandated Report Policy

<https://dese.ade.arkansas.gov/Offices/communications/safety/mandated-reporters>

### The Role of the Social Worker

ASD has developed a comprehensive position description for social workers that reflect the many responsibilities and competencies of the field. The school social worker serves primarily as a clinician, an advocate for all students, and a consultant to school staff and parents/guardians on a variety of issues. If utilized appropriately, social workers can prove to be an invaluable member of the school community.

As part of ASD staff, social workers should abide by the duties and responsibilities of the ASD handbook. It is recommended that social workers meet with their building administrator at the start of the school year to outline expectations, needs, priorities and ASD initiatives. The following is a chart highlighting social work priorities.



School social workers have in (3) primary roles:

**Social Workers are involved in preventive work with students, staff and families that promotes positive school climate and social/emotional well-being:**

- Provide consultation to school staff and parents to facilitate student educational, social and emotional growth
- Provide individual and group counseling and psycho-education
- Obtain information concerning the effects of environment, including familial, cultural and economic disadvantage that may be adversely affecting student progress (i.e. Social History Analysis)

- Work collaboratively with the **Response to Intervention Team** to develop intervention plans for student at risk of academic and/or behavioral difficulty
- Serve as the home-school-community liaison
- Make appropriate referrals for community resources

### **Social Workers are involved in Special Education and Section 504:**

- Serve as a member of the multidisciplinary team
- Conduct social work evaluations and other related assessments for initial evaluations and follow up
- Provide related services as prescribed by the IEP/504 plan and include social-emotional, life and transitional skills that can be transferred from school to community
- Complete student progress reports and document all behavior support service sessions
- Participate in multi-disciplinary team, IEP, manifestation determination and other related meetings
- Work collaboratively within the classroom setting to implement student IEPs/504 plans
- Collect data for the purpose of monitoring social-emotional progress and evaluating effectiveness of services
- Provide technical assistance on strategies that improve outcomes for students
- Coordinate the design and implementation of behavior intervention plans and functional behavior assessments at levels I and II.

### **Social Workers are involved in program development to meet the unique needs of the school:**

- Conduct needs assessments and plan for support services both within and outside the school
- Facilitate special support groups (e.g students with incarcerated parents, grief and loss, divorce, teen parents, conflict resolution, etc.) as needed
- Manage family resource centers, where parents/guardians can access needed information and participate in opportunities to learn how to support their student(s)
- Work with administrators to implement effective policies and programs to address school safety, school attendance, substance abuse, teen pregnancy, child abuse and neglect, as needed
- Participate in school mental health team meetings along with school psychologists, school nurses, community mental health partners, administrators, and other staff.

*While no one social worker can do everything described in the roles above, it is critical that school administrators and their social work staff identify **priority areas**, which will define the school social worker's role in his or her school building. We have found that their investment in collaborative planning often sets the tone for a productive year.*

### **In addition, the School Culture Division requires that school social workers:**

- Attend monthly clinical case conferences.
- Attend all scheduled social work professional development;
- Complete and use the appropriate progress monitoring tools (e.g., Strengths and Difficulties Questionnaire, DSM-V Level 1 Cross Cutting Measure) to monitor treatment progress;
- Utilize evidence-based interventions as standard practice.

### **The Role of a School Counselor:**

ASD designed and delivered a school counseling program that improved student outcomes. They lead, advocate, and collaborate to promote equity and access for all students by connecting their school counseling program to the school's academic mission and school improvement plan. They uphold the ethical and professional standards of ASCA and promote the development of the school counseling program based on the following areas of the ASCA National Model: define, deliver, manage, and assess.

## IV: Communications

### E-mail

Each service provider has an [asd.k12.ar.us](mailto:asd.k12.ar.us) and [leopards.org](mailto:leopards.org) e-mail address. This is our primary means of communication. **Messages should be checked daily and returned promptly (within 24 hours).** 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 to work responsibilities. School Mental Health Team are required to use their assigned work e-mail address- no other email address should be used.

Special education coordinators (LEA), principals, teachers, and parents often send email messages to the mental health team. Please confirm your students' team have your correct email address to ensure proper communication.

### Out of the Office Messages

When the provider is out of the office and unable to respond to his/her email, the provider is required to set-up an auto-reply message for incoming emails that notifies senders of his/her plan for responding to their emails. Your message should include a greeting, dates you will be out of the office, scheduled return date and contact information during your absence.

## Section III: Evaluations and Referral Procedures

### I: Referral Procedures

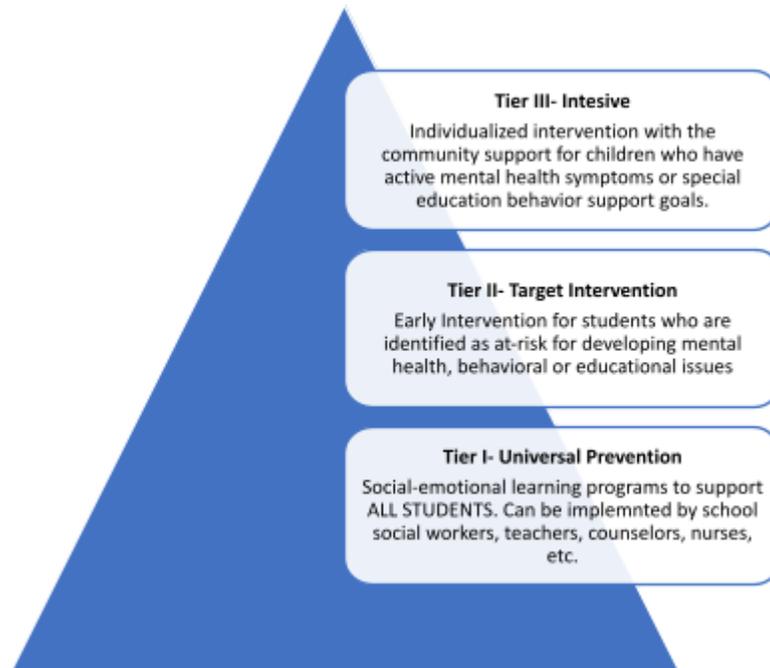
#### Multi-Tier System of Supports

Multi-Tier System of Supports (MTSS) is a framework that helps schools improve the performance of all students by identifying needs early and modifying instruction quickly. **Response to Intervention (RTI)** is an integral component of a thriving MTSS.

#### *Response to Intervention*

The School Mental Health Team has adopted a public health model as the best framework for organizing mental health programming to students. "The public health approach to mental health is characterized by concern for the health of an entire population, extending beyond diagnosis and treatment for individuals to include population-based approaches that promote well-being, facilitate access to treatment, and ensure delivery of quality care" ([healthinschools.org](http://healthinschools.org)). This approach recognizes that mental health is essential to the well-being of all students and that early intervention yields more positive outcomes and improves learning. This model folds easily into the standard

Response to Intervention protocols in education. ASD uses a three- tiered model wherein students in the first tier receive universal prevention and promotion, tier two students receive target or early intervention, and students at tier three receive intensive intervention. This model ensures student's receive mental health services across the continuum. (Refer to Figure 1 below).



**Figure 1: Public Health Model**

The School Mental Health Team recommends that ASD has a RTI Team. At the core, the RTI Team will identify students in need of additional support, monitor student progress, provide evidence-based interventions, and adjust the intensity of those interventions based on the student's level of responsiveness.

The RTI team includes three to five members, including but not limited to, an administrator, a counselor, a general education teacher, a special education teacher, a school social worker, a school psychologist, a parent, specialists, or other central office persons, as appropriate. In many schools, the social worker may be asked to lead the team regarding behavior concerns. The RTI process should be implemented over approximately six weeks to determine if the recommendations are successful. This process may include observation, data collection, check-in meetings with teachers, etc. After full implementation of the plan is attempted and the strategies are not successful, the team can meet again to modify the strategies. Modification of the plan should be based on new data collected during the previous six weeks of progress monitoring. Students should be referred to Team Ready if two important decision criteria are met:

- Reasonable classroom interventions of sufficient duration have been carefully attempted, without success.
- The cause of the problem is suspected to be a disability that cannot be resolved without special education services.

Exceptions to the process include those students for whom the RTI process would delay obviously needed special education services. In these cases, the RTI process may occur concurrently during the special education referral/assessment process.

As a social worker, you may be asked to lead or consult on the RTI team regarding behavior concerns for identified students. As a member of the RTI team, you should provide strategies to teacher(s) and parent(s) to address the identified behavior concerns. You may also need to work with teachers to model interventions and provide mental health consolation for them to best support the child in the classroom. In addition, Tier 2 or Tier 3 RTI interventions, strategies and techniques may be delivered by the social worker. If the RTI process is not successful in addressing the social/emotional/behavioral concerns, the student should be referred for a special education evaluation.

Once you have been required to participate in the RTI meeting, you will:

- Ask the person requesting your participation to complete an initial check off list as it applies to social/emotion/behavioral concerns
- Observe the student and/or review screening data to verify the problems/difficulties identified by the person requesting your participation. Please make sure the problems/ difficulties identified are operationally defined and that the team is in agreement (i.e., child tantrums versus child removes self from seat, falls to other floor, screams and kicks feet).
- Work with team to devise a RTI plan to address problems/difficulties
- Offer support (i.e., coaching/modeling of the recommended intervention)
- Deliver intervention
- Follow up on the plan as determined by the RTI Team

### **Tier I: Universal Prevention/Consultation and Mental Health Promotion:**

School mental health services at this tier are available to the entire student body, school staff, or parents/guardians. These services aim to prevent the development of serious mental health problems and to promote pro-social skill development and mental wellness among children and youth.

Examples of interventions at tier 1 include:

- Staff professional development (e.g., mental health awareness, classroom management, the impact of trauma on learning and how to develop trauma-informed classroom)
- Educational workshops for parents/guardians or students on mental wellness
- School-wide or classroom-based programs including substance abuse and violence; prevention programs (e.g., bullying prevention; peer mediation; conflict resolution)
- Universal social/ emotional learning (SEL) programming
- Efforts that focus on positive behavioral supports (e.g., PBIS)
- Mental Health Consultation

Within Tier One, consultation is focused on increasing the general knowledge base of general education teachers regarding social-emotional development, impairments and the relationship to the curriculum and function in age-appropriate activities.

Activities may include:

- Providing in services incorporating skill-building activities to provide general guidelines for typical and atypical social emotional development and its implications in education
- Assisting the teachers with identifying students who are struggling with behavior and/or social-emotional development- what red flags to pay attention to and next steps if they have a concern
- Conducting a thorough review of student documentation
- Assisting or facilitating student focused data-based discussions
- Consulting with teachers regarding early interventions strategies to promote participation in classroom and in the school community
- Consulting with district personnel to identify appropriate evidence-based intervention strategies
- Conducting classroom observations and conferring with the students' teacher and school staff
- Determining useful and appropriate procedures for concerns and needs of students
- Assisting with environmental accommodations for students to access the curriculum

## **Tier II: Targeted or Early Intervention/Prevention:**

Students who are at elevated risks for developing a mental health problem and are offered various early intervention services to target specific risk factors. These interventions are delivered to children and youth who have social-emotional challenges, behavioral symptoms and/or mental health needs that may not be severe enough to meet diagnostic criteria or eligibility for special education services but require more than universal support to be successful in the school setting.

Example of these interventions tier 2 include:

- Support group (e.g., grief and loss, children of divorce, etc)
- Focused skills training groups (e.g., social skills, anger management)
- Crisis management
- Interventions that target specific behaviors, such as aggression, withdrawal, sadness, etc.
- Attendance interventions, dropout prevention programs, and training or consultation for families and teachers who work with identified children.
- Peer mediation and/or conflict resolution
- Mental Health consultation

Activities may include:

- Observing the student in classrooms or other school environment to identify triggers to behaviors of concern
- Consulting with parents, teachers and other school staff regarding concern about the student
- Reviewing teacher data regarding the outcomes of classroom accommodations from Tier One
- Reviewing educational records
- Follow- up screening, as appropriate

### **Tier III: Intensive Intervention:**

Students who have active mental health symptoms that meet diagnostic criteria are offered intensive interventions to improve functioning in school and decrease negative or prohibitive impact on academic achievement. Intervention at this level is appropriate for meeting the needs of students who have specific mental health needs that are impacting their functioning in the school, home and/or community.

Interventions at III tier may include any combination of the following:

- Behavior Support Services on an IEP or 504 Plan
- Individual counseling
- Group counseling
- Psycho-education
- Crisis intervention
- Service coordination with community mental health providers

Activities may also include:

- Consulting with the classroom teacher and/or parents on a regular basis to monitor the recommended supports and accommodations and to adjust these, as needed (the classroom teacher implements and documents progress for the recommended targeted interventions)
- Providing follow-up consultation to the classroom teacher, staff and parents, if during the RTI meeting, targeted intervention strategies and accommodation are deemed necessary based on identified goals

Throughout all of these phases, progress is continuously monitored. If the student fails to demonstrate growth, or growth becomes stagnant, consider why and how you may be able to assist:

- RTI members unclear of role, or roles have not been assigned
- Accountability
- Time
- Knowledge of what to do and how
- Lack of motivation/buy-in

If a student continues to struggle after targeted interventions and accommodations are in place and documented for a reasonable amount of time (as determined by the RTI team), a referral for a special education evaluation should be made by the team.

# Section IV: Assessment and Procedures

## I: Assessment Guidance

### Initial Assessments

A variety of assessment tools and strategies are used to gather relevant functional, academic, and developmental information about a student, including information provided by school staff, parents, and/or caregivers. A multi-disciplinary team (MDT) will use data from these assessments to determine whether a student has a disability, as well as the student/s present levels of academic achievements and functional performance. If eligible for special education and related services, the MDT will then use this information to develop a student's IEP. The information will also be used to determine whether modifications are needed to enable the student to achieve his or her annual IEP goals, and to participate in the general education curriculum. For preschool students, this information is used to help them participate in age-appropriate activities.

The responsibility for determining the need for a social-emotional assessment rests with the multidisciplinary team while the choice of assessment methods, as well as intervention strategies, are competencies of the social work provider.

#### **The purpose of conducting a social emotional assessment is to:**

- Gather specific information to determine the impact of a student's behavior on academic functioning and to assist the MDT in determining whether a student has a disability and is eligible for special education.
- Determine the nature and extent of the special education and related services that the student needs.

All assessment procedures are provided at no expense to the parent.

#### **Initial Assessment**

Before a student may be assessed, ASD must notify the parents in writing. This notice must describe any assessment procedure that ASD proposes to use. Parents must give their informed consent in writing before their student may be evaluated/assessed. THE SEC/Special Education case manager generates these consent forms in SEDS.

#### **Analyzing Existing Data**

As part of an initial assessment, the social worker must examine assessment data already available on the student. Examples of data that may be examined included, but are not limited to:

- Information and assessments provided by the student's parents, legal representatives/agencies and/or ASD or non-ASD schools.
- Current classroom-based assessments, local or state assessments, interventions, and classroom-based observations
- Teacher and/or other related service providers' observations
- Classroom work samples
- Behavioral observations and assessments
- Attendance records
- Visual and auditory screenings.

## Timeline Changes

Once a referral for evaluation is made, the LEA now has 30 days to hold the ASD meetings and obtain consent. 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. Assessment should be sent to the parents 10 days prior to the IEP meeting.



## Discipline Specific Assessments

- Social Work Assessment-Initial and Triennial
- Functional Behavioral Assessment (FBA I & II)
- Behavior Intervention Plan (BIP I & II)

## Standards For Quality Assessment

When writing assessment reports, service providers should include all the components **necessary to support the MDT in its mission to determine eligibility for special education and related services**, and adhere to the following criteria:

- The report should be devoid of educational/medical jargon and written with language that is understandable for all stakeholders involved.
- The language in the report should be sensitive in nature as it reflects the identified classification.
- The report should refrain from using absolute statements.
- The report should be gender specific throughout its entirety.
- The report should be grammatically correct, and all data points should be sensitized in a way that answers the referral question(s) and incorporates all measures used via qualitative and/or quantitative methods.
- The report should consistently contain scores, a description of all the tools used and their results, and a statement describing any concerns about validity.
- The report should be problem- and/or issue-focused and should clearly state and substantiate the impact of the student's behavior on his/her ability to access grade- level material, academic goals, and the overall educational experience.
- The report should include the strengths of the student.
- Raw evaluation data or completed questionnaires are not considered reports and should not include. In all cases, merely collecting data without analyzing and reporting what the data means is of little benefits.
- The report should consistently make student-specific and detailed recommendations as appropriate and always be written in the proper format.
- Finally, the report should include, in accessible language, practical strategies that school staff and families can use to help improve the student's academic achievement.

## Triennial Assessment/Re-Evaluations

Students placed in special education must have their individualized educational programs (IEPs) re-evaluated every three years. The purpose of the triennial assessment is to:

- Determine if the student is still eligible for services under IDEA.
- Determine the student's present levels of academic achievement and functional needs.
- Determine if additions or modifications are needed to the special education and related services to meet annual goals and to progress in the general curriculum.

After a thorough review of the information available regarding a student's present level of performance, the IEP team (including the parent) is responsible for making a decision as to if new assessments are needed to address the student's individualized educational program (IEP). If the decision is not to conduct new assessment(s), the parent must be informed of such decision, reasons for it and their right to request new assessments.

- Informed parental consent must be sought by the school division before any new assessment can take place. The school division may proceed with a new assessment if the school division takes the parent through Due Process and can show that it has taken reasonable measures to obtain this consent and the parents have failed to respond.
- A triennial assessment must include new assessments if the parent requests it.
- Functional behavior assessments (FBA-II) must be conducted in full, every three years.
- A triennial assessment should include new assessments, if:
  - Additional information is needed for continued placement and/or delivery of services.
  - The IEP committee is considering a change of placement, disability or eligibility.
  - The evaluator determines that the previous assessment(s) is outdated, erroneous or inconsistent.

Other provisions related to issues of assessment for students already eligible for special education services include:

- A referral for assessment that addresses specific eligibility criteria for related services may take place at any time after the student has been found eligible for special education services. Timelines that apply to initial assessment also apply to referrals for related services.

The need for re-assessments should be reviewed, discussed, and documented by the IEP team. Examples of when a triennial or re-assessment is not warranted are:

- Standardized testing would not provide any additional relevant information
- Sufficient anecdotal and/or informal assessment information to provide an accurate assessment of a student's needs and current levels of performance (checklist, monthly service trackers, quarterly IEP progress reports, work samples, interviews of other stakeholders, etc.)
- No change in eligibility or placement
- The assessment report must be faxed into SEDS using a Psychological Assessment Report SEDS fax cover sheet (not a miscellaneous cover sheet).
- All Providers will receive a weekly 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
    - Open

## Reviewing Independent Evaluations (IEEs):

There are times when an outside assessment is submitted to ASD for consideration in determining the eligibility of a student with a suspected disability with the purpose of seeking placement in education programs or accessing services. It should be understood by parents and private services providers alike that determining student eligibility for an exceptional education program is more than administering a battery of tests. ASD require a multidisciplinary assessment team (MDT) to review all relevant documentation and decide if data is sufficient and/or additional information (e.g., parent conferences notes, student observations, current educational functioning, and interviewing-including the student's educational staff, parents, and other service providers) is needed before eligibility can be determined.

All available information, including independent evaluation are used by the team in the decision-making process to determine special education eligibility and related services provision. Information obtained from independent evaluation has no greater weight than any other team evaluation. A strong independent evaluation (IEE) addresses the student's performance in the educational setting considering the least restrictive environment (LRE) mandate. A credible evaluation includes, at minimum, observation of the child at school, interview of relevant team members and consideration of past and current services.

## Social Work Assessment

### Social Work Assessment (Social History)

Referrals for a social history assessment are based on. A collaborative discussion among members of the Individualized Education Program (IEP) team during the eligibility process, which must include a social worker.

A social work assessment serves two very important purposes: (1) it is a method of including the parent as a historian, and valued member of the multi-disciplinary team during the assessment process and (2) it provides critical details about a child's life that may not be present in formalized testing.

When considering a referral for a social work assessment, two of the following five criteria should be answered in the affirmative:

- Is there documented evidence of an inability to regulate emotions or behavior that is withdrawn or distant?
- Is there documented evidence of behavioral infractions or suspensions?
- Is there documented evidence of medical condition(s), including physical or mental illness that impact educational performance?
- Is there a known traumatic experience that has been verbally communicated or documented in the student's record?
- Are there potential or suspected stressors that may be negatively impacting the student's performance?

Social work assessments are useful in helping school staff understand students in a more holistic way, as information and analysis of early development, family and home life, and social constructs are reviewed. They provide information on the student's development, physical and psychological health background, the dynamics of the family, trends in behavior, and school history. The assessment should also incorporate community connections, examine the support system of the student/family, and identify strengths that might prove beneficial in academic planning.

A thorough social work assessment is extremely valuable to the special education assessment process. It provides the data needed for the MDT to give special consideration to students with unique backgrounds or concerns that impact school performance and increases the ability to accurately determine eligibility for special education services or the need for other types of student support. The summary should review all that is known about the student and his/her present situation, make appropriate recommendations based on what is known and identify referral sources as needed.

## Functional Behavioral Assessment & Behavior Intervention Plans

The process of conducting a Functional Behavioral Assessment (FBA) seeks to determine the “why” in understanding challenging student behaviors. This assessment process identifies patterns and frequencies of problem behaviors. It also examines what variable might be associated with the troubling behavior.

The FBA and its counterpart, the Behavior Intervention Plan (BIP), are recognized ways for parents, teachers, and other school professionals to work collaboratively to determine the best way to help a student improve his or her behavior in academia. The FBA identifies the function of maladaptive behaviors and the BIP teaches students replacement behaviors that serve the same function. Students with behavior challenges that are unsuccessful with traditional interventions, or the school-wide discipline plan may need additional support. For example, a student who is disruptive, consistently off task, aggressive, or exhibiting any number of behavioral problems may benefit from a BIP. BIPs can be used with all students in general and special education to improve academic outcomes.

Once every effort has been made to address the student’s behavior at the Tier I, Universal level, it is recommended that an FBA be conducted in tandem with the RTI process. When a student’s behavior is interfering with his or her educational progress or environment and/or the education of the student’s peers, the school should determine whether the student needs additional support to thrive in the academic setting. This is true for both General and Special Education students.

## Untimely Assessments Guidelines

Per the ASD guidelines, initial assessments and assessments must be completed within 45 days of parental consent. Timelines will be determined from the initial fax/upload date, which should correspond with the date entered. All reports that are late or are incomplete will be considered untimely.

## Special Circumstances:

### **1. Parent/Guardian Consent is Granted but 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 refuse to participate or attend:

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 schedule assessment is missed;
- Reschedule the assessment with the parent/guardian and document the agreed upon session in the SEDS communication log
- Document contacts, attempted contacts, and outcomes in the in the SEDS communication log;
- Inform the Special Education Coordinator (SEC) via email that the student was absent or refused to participate and that the information has been documented.

The LEA 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 SEAS log.

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 ASD can agree in writing that the attendance of certain IEP Team member 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 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 Zoom.

The SEC 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.

### **2. No Parent/Guardian Consent for Initial Evaluation**

If the parent/guardian fails to response to the Parent/Guardian Consent to Initial Evaluation/Reevaluation within 15 school days, the LEA must:

- Contact the parent/guardian at least three times using multiple modalities (e.g., letter, phone email when information is available). Importantly, RSP shall not if contact information is wrong or unavailable in the communication log after each attempt to access parent/guardian contact

information. One contact must be written correspondence sent by certified mail with a return receipt;

- Document contacts, attempted contacts, and outcome in the SEDS communication log;
- Send a Prior Written Notice (PWN) by certified mail with a return receipt to the parent/guardian indicating that the special education process has stopped. At this point, ASD is no longer obligated to pursue consent or conduct assessment; and
- Contact the cluster supervisor via email if he/she feels it is necessary to pursue the consent to evaluate. ASD may elect to proceed to mediation and/or a due process hearing in order to override the lack of consent for assessment.

### **3. No Parent/Guardian Consent for Follow Up**

If the parent/guardian refuses to consent to a re-evaluation or fails to respond to the Parent/Guardian Consent to Initial Evaluation/Re-evaluation within the 15 school days the SEC must:

- Contact the parent/guardian at least three times using multiple modalities (e.g., letter, phone email when information is available). Importantly, RSP shall not if contact information is wrong or unavailable in the communication log after each attempt to access parent/guardian contact information. One contact must be written correspondence sent by certified mail with a return receipt;
- Document contacts, attempted contacts, and outcome in the SEDS communication log;
- Send a Prior Written Notice (PWN) by certified mail with a return receipt to the parent/guardian indicating that the special education process has stopped. At this point, ASD is no longer obligated to pursue consent or conduct assessment; and
- Contact the SEDS via email if he/she feels it is necessary to pursue the consent to reevaluate. ASD may elect to proceed to mediation and/or a due process hearing to override the lack of consent for assessment.

### **4. Parent/Guardian Consent Provided but Assessment Not completed in Timely Manner (Exception: student absent, truant and/or refuse to participate or attend)**

If the parent/guardian has provided consent to evaluate/re-evaluate but the assessment may not be completed within the required timeline the LEA must:

- Contact the social work program manager of the specific discipline via email immediately (e.g., if the SEC suspects the SW assessment will not be completed within the required timeline); and
- Mail written correspondence to the parent/guardian identifying the incomplete assessment (s) and requesting agreement on a new timeline for completion. This correspondence should be sent by certified mail with a return receipt on the same day as the social work program manager is contacted.

### **5. Parent/Guardian Withdraws Consent to Evaluate/Re-evaluate**

If the parent/guardian verbally withdraws consent to evaluate /re-evaluate the case manager must:

- Document the conversation in the Special Education Automation Software (SEAS) communication log; and
- Send a PWN by certified mail with a return receipt to the parent/guardian documenting that the consent to evaluate/ re-evaluate has been withdrawn.

## Manifestation Determination Process

IDEA indicates that within 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 parents 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- If the conduct in question was caused by, or had a direct and substantial relationship to, the child's disability; or If the conduct in question was the direct result of the local educational agency's failure to implement the IEP.

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

An MDR is an evaluation of the student's disability and the act of misconduct when a district proposes to remove the student or enact specific disciplinary actions. The district, the parent, and relevant members of the IEP conduct the MDR. If a school social worker 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 10<sup>th</sup> accumulated or 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.

ASD is committed to monitoring disciplinary action and school removal without consideration of disability. By conducting FBAs and implementing response to intervention, including the implementation of behavior plans for students with disabilities, managers of the School Mental Health Team will be focused on ensuring that local schools and social workers are following the law.

## Service Delivery: Direct Service v. Consultation

### Behavioral Support Services (BSS) Direct Service vs Consultation FAQ

1. What is the difference between direct services and consultation?

In direct service, a related service provider work directly with a student on IEP objectives. The service provider can do this in a group or individually. He or she can work with the student in the community, in a classroom, in the lunchroom or in a therapy room. A variety of activities such as developing coping skills, improving classroom behavior, reading, eating, riding a bike or walking down the hall, can be the focus. Direct service is best for a student who has needs that only a professional can meet efficiently and appropriately. For example, a school social worker or counselor may work on developing behavioral self-regulation, a speech therapist may work on developing swallowing skills and an orientation and mobility expert is the professional who would establish use of a cane. Notice that what direct service does best is establishing a skill that the student may go on to use in a variety of different environments and activities.

Consultation, also known as indirect service, is how a related service provider can help other professionals meet a student's IEP goals and objectives. The recipient of the consultation is not the student but another professional. Consultation is a type of service delivery that is best used to ensure that a student has multiple opportunities in a day to use a skill. For example, a school social worker or counselor may consult with a classroom teacher about behavioral strategies that are appropriate for a student and share tips for implementing a behavior plan and introducing/supporting replacement behaviors. Using these strategies, the classroom teacher can have the student work on the behavior skills during all classroom activities, not just when the school social worker is present.

2. What must be completed in SEAS when adding consultation to an IEP?

As with direct service, a provider needs to determine eligibility for BSS consultation; therefore, the Analyzing Existing Data (AED) section in SEAS should be completed. In addition, consultative services require that the Present Levels of Achievement and Functional Performance (PLAAFP) section be completed and S.M.A.R.T. goals included.

3. Do I document consultation in the service tracker as I would direct service, even though consultation is with the teacher?

Yes, since consultation addresses specific goals, these services should be documented in the service tracker in GARP format.

### IEP Mandated Services- Minutes/Month Services

Per a student's IEP, Behavior Support services must be provided in/out of the general education setting based on the clinical's review of relevant data and the setting designated on the IEP. In order to be compliant with the IEP, ensure you are delivering services in the correct setting, and that this is reflected when you enter your GARP notes in SEAS.

All IEPs for related services must include a frequency of monthly, not weekly, service delivery. The social worker must ensure he/she makes the Monthly Selection in SEAS.

Benefits of monthly services:

- Flexibility in providing services
- Accommodating student and classroom needs
- Increased opportunities to integrate services in the classroom or during school events
- Allows rescheduling of sessions to accommodate provider or student unavailability
- Scheduling options that can change to meet the student's needs.

It is important that students with IEPs receive the services prescribed and that we document those services. The Office of School Improvement and Support documentation goals for SY 22-23 are 95-100% documentation services and 80-100% of services delivered. Related service providers are strongly advised to avoid accumulation of services, as it will prevent them from completing all assigned intervention/therapy time for the month in a timely manner. It is recommended that documentation be completed as soon as possible following service delivery and that providers manage their time to ensure completion of this task. ASD policy is that documentation from the previous week is due every Monday by noon.

Elementary		Secondary	
<b>August</b>	<input type="checkbox"/> Student Registration <input type="checkbox"/> Meet SFSS Staffs <input type="checkbox"/> Inform staff about Act 1029 (Bullying Act) what to look for and how to identify. <input type="checkbox"/> Update Staff on Brief Counseling procedures through newsletter <input type="checkbox"/> Consult with Site Based Mental Health Professional <input type="checkbox"/> Attendance Review Data <input type="checkbox"/> Counselor Corner's Newsletter	<b>August</b>	<input type="checkbox"/> Finalize Schedules <input type="checkbox"/> Inform staff about ACT 1029 <input type="checkbox"/> Update Staff on Counseling Procedures <input type="checkbox"/> Consult with Site Based Mental Health Professional <input type="checkbox"/> Identify at Risk students <input type="checkbox"/> Attendance Review Data <input type="checkbox"/> Counselor Corner's Newsletter <input type="checkbox"/>
<b>September</b>	<input type="checkbox"/> Begin Classroom Guidance <input type="checkbox"/> Introduction to ROAR Store <input type="checkbox"/> Food bags <input type="checkbox"/> Attendance Review Data	<b>September</b>	<input type="checkbox"/> Register Students for ACT <input type="checkbox"/> Student Success Plans <input type="checkbox"/> ROAR Store <input type="checkbox"/> Food bags <input type="checkbox"/> Attendance Review Data
<b>October</b>	<input type="checkbox"/> Red Ribbon Activities <input type="checkbox"/> Bullying Prevention Week <input type="checkbox"/> ROAR Store <input type="checkbox"/> Food bags <input type="checkbox"/> Attendance Review Data	<b>October</b>	<input type="checkbox"/> College Application Month <input type="checkbox"/> Post-Secondary/Voc Tours <input type="checkbox"/> Identify first quarter failures and hold conferences <input type="checkbox"/> ROAR Store <input type="checkbox"/> Financial Aid Information <input type="checkbox"/> Review Report Cards <input type="checkbox"/> Food bags <input type="checkbox"/> Attendance Review Data
<b>November</b>	<input type="checkbox"/> Hygiene Awareness <input type="checkbox"/> ROAR Store <input type="checkbox"/> Food bags <input type="checkbox"/> Attendance Review Data <input type="checkbox"/> Counselor Corner's Newsletter	<b>November</b>	<input type="checkbox"/> Failing Grade Conferences <input type="checkbox"/> SWIS Data Review <input type="checkbox"/> ROAR Store <input type="checkbox"/> Food bags <input type="checkbox"/> Attendance Review Data <input type="checkbox"/> Counselor Corner's Newsletter
<b>December</b>	<input type="checkbox"/> ROAR Store <input type="checkbox"/> Food bags <input type="checkbox"/> Attendance Review Data	<b>December</b>	<input type="checkbox"/> Schedule Changes for January <input type="checkbox"/> ROAR Store <input type="checkbox"/> Food bags <input type="checkbox"/> Attendance Review Data

*Spring Semester*

<b>January</b>	<input type="checkbox"/> 1 <sup>st</sup> Semester Awards Assembly <input type="checkbox"/> ROAR Store <input type="checkbox"/> Small group counseling <input type="checkbox"/> Attendance Review Data	<b>January</b>	<input type="checkbox"/> 1 <sup>st</sup> Semester Awards Assembly <input type="checkbox"/> Schedule changes <input type="checkbox"/> Student Success Plans <input type="checkbox"/> Attendance Review Data
<b>February</b>	<input type="checkbox"/> ROAR Store <input type="checkbox"/> Attendance Review Data <input type="checkbox"/> Counselor Corner's Newsletter	<b>February</b>	<input type="checkbox"/> Boys/Girls State Applications <input type="checkbox"/> ROAR Store <input type="checkbox"/> Attendance Review Data <input type="checkbox"/> Counselor Corner's Newsletter
<b>March</b>	<input type="checkbox"/> PT Conferences <input type="checkbox"/> Attendance Review Data	<b>March</b>	<input type="checkbox"/> PT Conferences <input type="checkbox"/> Attendance Review Data
<b>April</b>	<input type="checkbox"/> ACT Aspire <input type="checkbox"/> ROAR Store <input type="checkbox"/> Attendance Review Data	<b>April</b>	<input type="checkbox"/> ACT Aspire <input type="checkbox"/> ROAR Store <input type="checkbox"/> Attendance Review Data
<b>May</b>	<input type="checkbox"/> End of Year Awards Assembly <input type="checkbox"/> Attendance Review Data <input type="checkbox"/> Counselor Corner Newsletter	<b>May</b>	<input type="checkbox"/> Graduation <input type="checkbox"/> End of Year Awards Assembly <input type="checkbox"/> Attendance Review Data <input type="checkbox"/> Counselor Corner's Newsletter
<b>June/July</b>	<input type="checkbox"/> Review Data <input type="checkbox"/> CSCP Review	<b>June/July</b>	<input type="checkbox"/> Review Data <input type="checkbox"/> Student Schedules <input type="checkbox"/> CSCP Review <input type="checkbox"/>

## **Delivery of Services**

Act 190, The School Counseling Improvement Act, states that school counselors shall spend at least 90% of his/her time each month, during student contact days, providing direct and indirect counseling services to students.

Act 190, The School Counseling Improvement Act, states that school counselors shall devote no more than ten percent (10%) of her/her time each, on student contact days, engaging in administrative activities. Examples can be found on the chart below.

The following Direct, Indirect, and Administrative Service activities are performed by Arkansas School for the Deaf Professional School Counselors and Educational Counselors.