

Psychological Counseling as a Related Service

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Pennsylvania Training and Technical Assistance Network

PaTTAN's Mission

The mission of the Pennsylvania Training and Technical Assistance Network (PaTTAN) is to support the efforts and initiatives of the Bureau of Special Education, and to build the capacity of local educational agencies to serve students who receive special education services.

PDE's Commitment to Least Restrictive Environment (LRE)

Our goal for each child is to ensure
Individualized Education Program (IEP)
teams begin with the general
education setting with the use of
Supplementary Aids and Services
before considering a
more restrictive environment.

I. Psychological Counseling as a Related Service (PCRS)

New PCRS guidance document available

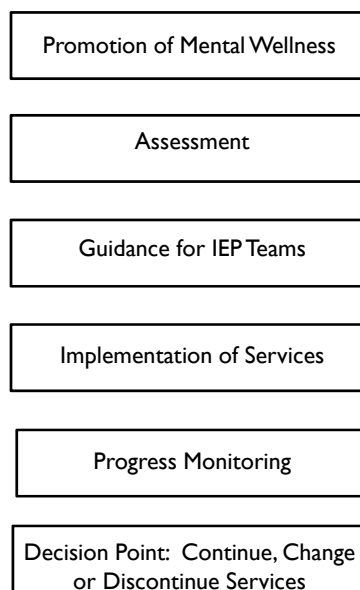
- Replaced PDE-BSE guidance document of 2003
- Provides guidance for LEAs – use individual sections or for implementation as a whole
- Writing team:

– Judith Bookhamer	– Richard Hall	– Jennifer Jennings
– Timothy Runge	– Shirley Woika	– Marie Abbazio
– Nikole Hollins	– Mike Minor	– Amy Smith
- Training on PCRS through PaTTAN will be ongoing

I. Psychological Counseling as a Related Service

- Guidance document to provide LEAs with information on how to best meet the needs of students and their families
- Topics covered in document and presentation
 - I. Psychological Counseling as a Related Service
 - II. Promoting Mental Wellness
 - III. Legal Basis
 - IV. Assessment Process
 - V. Guidance for IEP teams
 - VI. Implementation in Schools
 - VII. Determining Effectiveness of Services – Progress Monitoring
 - VIII. Fidelity of Service Delivery
 - IX. Monitoring Need for Services
 - X. Partnering with Community Providers

Structure of Guidance Document



II. Promotion of Mental Wellness

- An Ounce of Prevention is worth a Pound of Cure
- Mental Wellness is more than the absence of Mental Illness
- Promote and provide supportive environments
 - Minimize the number of students that need emotional support
 - Maximize the number of students that maintain mental wellness
- Academic supports are available
- Nonacademic barriers are reduced or eliminated

Is promoting mental health
any less important than promoting physical health?

II. Promotion of Mental Wellness

Academic Support

- Strong connection between academic demands and student behavior
- Ensure appropriate instructional match
- Academic supports include
 - Universal Screening
 - Use of research-based curricular materials and interventions
 - Systemic use of progress monitoring
 - Align student needs, instruction and intervention

<http://www.pattan.net/category/Educational%20Initiatives/Multi-Tiered%20Systems%20of%20Support%20%28MTSS-RtII%29>

II. Promotion of Mental Wellness

Behavioral Support

- School-wide support explicitly teaches and reinforces prosocial behavior
- Adults are consistent, proactive and responsive to appropriate behavior as well as inappropriate behavior
- Use of data for decision-making
- Continuum of behavioral supports available

<http://www.pattan.net/category/Educational%20Initiatives/Behavior>

II. Promotion of Mental Wellness

Data-Based Decision Making

- Collecting and interpreting data from multiple sources
 - Evaluate prevention efforts
 - Determine needs
- Use data as foundation of instruction and intervention decisions
- Carefully design data collection and review procedures

II. Promotion of Mental Wellness

Family-School Collaboration

- Include family perspectives in provision of academic and behavioral supports
- Promote shared ownership
- Foster mental wellness by promoting consistency across areas of student's life

II. Promotion of Mental Wellness

Culturally Responsive Practices

- Consideration of differences in design, implementation and evaluation of supports
- Create effective learning environments for all students
- Promote cultural consistency across home, school and community
- Provide fair and equitable supports

Turn and Talk

1. Is there an area within this structure that you feel your school is doing well? An area that could be strengthened?
2. Is “Mental Wellness” a term or concept that is considered by administration/staff in your school?



III. Legal Basis

- New guidance document not prompted by changes in law, regulation or requirements
 - This presentation follows the new PCRS publication
 - This information is intended to provide guidance
 - The contents of this professional development is not a substitute for legal counsel
- PCRS included in School District/Charter School Compliance Monitoring System
 - Reference material at end of handout

III. Legal Basis

- Related services –
 - Included in the IEP to ensure students benefit from their educational program
 - Intended to provide additional support to students
- Examples of related services may include, but are not limited to:
 - Speech and language services
 - Interpreting services
 - Orientation and mobility services
 - Social work services
 - Physical and occupational therapy
- Included in the list of related services found in IDEA are Counseling Services and Psychological Services.

III. Legal Basis

Counseling Services Definition

Counseling services:

Services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

[§300.34(c)(2)]

Psychological Services Definition

Psychological services include:

- (i) Administering psychological and educational tests, and other assessment procedures;
- (ii) Interpreting assessment results;
- (iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning;
- (iv) Consulting with other staff members in planning school programs to meet the special educational needs of children as indicated by psychological tests, interviews, direct observation, and behavioral evaluations;
- (v) Planning and managing a program of psychological services, including psychological counseling for children and parents; and
- (vi) Assisting in developing positive behavioral intervention strategies

[§300.34(c)(10)]

III. Legal Basis

- Psychological Counseling as a Related Service includes psychological services as defined by IDEA:
 - Administered by the qualified personnel listed and designed to allow students to benefit from their education
 - If, through assessment or annual review, the team finds that a student would benefit from receiving Psychological Counseling as a Related Service, it must be documented, included in the IEP, and delivered until it is demonstrated that the student no longer has the need

III. Legal Basis

- As defined in IDEA
 - Related services can be provided for both students and parents
 - If the IEP team concludes that providing the student's parents with services would allow the student to benefit from his/her education, those services should be included in the student's IEP

III. Legal Basis

- Parent counseling and training, as defined in IDEA, includes:
 - Parent counseling and training means assisting parents in understanding the special needs of their child;
 - Providing parent with information about child development; and
 - Helping parents to acquire the necessary skills that will allow them to support the implementation of the child's IEP or IFSP [§300.34(c)(8)]
- As a member of the IEP team, parents will be involved in the discussion and decision making regarding the need for such services

IV. Assessment Process

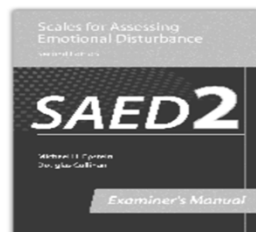
- Determining need for PCRS begins with assessment.
- Comprehensive Assessments (Include, but are not limited to):
 - Record Review
 - Behavior Rating Scales
 - Direct Observations
 - Interview (Clinical/Diagnostic)
 - Functional Behavioral Assessment
- Parental consent required for evaluation and for reevaluation when there is a need for additional data



IV. Assessment Process-Examples ONLY



Learn more about the
EDDT



IV. Assessment Process – Across Settings and Respondents

Potential Settings

- Classroom
- School
- Home
- Community



Potential Respondents

- Student
- Parent/Caregiver
- Teacher
- School Counselor
- School Nurse
- Community Provider
- Outside Agency Support

IV. Assessment Process – Behavior Rating Scales

- Behavior Rating Scales are empirically-based assessments, which provide:
 - Range of Scores
 - Severity Indicators
 - Information about either observable behaviors or internalizing behaviors
 - Examples of Observable Behaviors: Aggression, Crying Spells, Impulsivity
 - Examples of Internalizing Behaviors: Depression, Anxiety

IV. Assessment Process – Direct Observations

- Observations may take place during:
 - Classroom instructional time
 - Recess
 - Lunch
 - Arrivals/Dismissals
- Observations may occur over multiple settings and multiple days.
- Provides quantifiable information to support hypothesis development.
- Recorded behaviors will either support or refute potential functions of behavior.

IV. Assessment Process – Interviews

- Structured interviews are typically recommended to ensure that the information obtained is specific to the nature of the assessment process.
- Various structured interview measures are available to describe:
 - Student's behaviors
 - Social communication
 - Social interactions
 - Student strengths
- Interviews, used with behavior checklists and direct observations may be used to support the need for PCRS.

IV. Assessment Process – Functional Behavioral Assessment (FBA)

- FBA allows data collection to determine: (I) Antecedents & (II) Consequences over a specified period.
- Hypotheses are developed based upon the data collection, to determine function of behavior.
- Possible functions:
 - Gaining something (attention, object)
 - Getting away from something (academic task, undesirable activity)
- Parental consent required

IV. Assessment Process – Functional Behavioral Assessment

- The FBA process consists of three steps:
 1. Interview
 2. Direct Observation
 3. Summary



<http://www.pattan.net/category/Resources/PaTTAN%20Publications/Browse/Single/?id=4dc09560cd69f9ac7f140000>

IV. Assessment Process – Determination of Need for PCRS

- Record Review (independent evaluation information, clinical diagnoses, past academic/behavioral history, disciplinary records, and medical documentation)
- Behavior Rating Scales
- Direct Observations
- Interviews & FBA's
- Academic Assessments (to determine eligibility in any other category)
 - Assess verbal communication to indicate usefulness of therapies that involve dialogue and discussion.

IV. Assessment Process – Determination of Need for PCRS

- After consideration of the comprehensive assessments provided and subsequently entered into the evaluation/reevaluation report, the MDE team determines eligibility for special education services.
- Parent must receive copy of ER/RR at least 10 school days before IEP team meeting, unless waived in writing
- Upon completion of ER/RR (Date of Report), IEP team must meet within 30 calendar days to develop IEP
- IEP implemented as soon as possible, but no later than 10 school days after its completion

Turn and Talk

- Think about the assessments provided in your schools. What's in your toolkits? Checklists, structured interviews, etc.?
- What type of cases do you see these described checklists and other assessments in action?



V. Guidance for IEP Teams

Psychological Counseling as a Related Service vs. Psychotherapy

- PCRS is typically LESS intrusive than psychotherapy.
- PCRS is primarily focused on school-related issues.
 - Appropriate classroom behavior
 - Coping Skills and/or Social Functioning
- School-Based services are behavior-based.
 - Emphasis on practical application of skills rather than development of insight.

V. Guidance for IEP Teams

- The ER/RR should be carefully reviewed by the IEP team when determining need for PCRS.
- Consideration of the student's present levels (outlined in IEP) to determine if PCRS will assist a student to benefit from special education services.

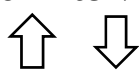
V. Guidance for IEP Teams

- Considered factors for PCRS
 - Student who is distressed about his/her situation and desires change is most likely to benefit from PCRS.
 - Student should have adequate cognitive ability and language skills to learn alternative problem-solving and/or social skills.
 - A supportive family (although not a prerequisite) may also be considered for a student to most likely benefit from PCRS.

V. Guidance for IEP Teams

- PCRS is viewed as a continuum of services.

School-Wide Positive Behavior Interventions & Supports (SW-PBIS)



Individual Psychological Counseling
- Supports may be documented in a number of ways in an IEP.
 - SW-PBIS and Classroom Management Plans might be noted as Specially Designed Instruction (SDI).
 - Individualized behavior support plans (SDI) as well as a part of the IEP itself.
 - Behavioral consultation might be documented under “Supports for School Personnel”.

V. Guidance for IEP Teams

- The IEP team determines if the student's level of need requires a goal(s) in the IEP or whether the need can be appropriately addressed through providing PCRS.
- If PCRS is appropriate, location, frequency, beginning date and duration of the related service is required.
- Documentation of frequency using vague terms such as "as needed" is not appropriate.

V. Guidance for IEP Teams

- Psychological Counseling goals:
 - Increase positive behaviors
 - Decrease negative or counterproductive behaviors
- IEP goals are developed to meet student specific education needs, and should describe what the student is projected to achieve within one year.
- Goals also define the data collection system to measure the student's progress.
- Counseling goals may be similar or the same as those in the student's behavior support plan.

V. Guidance for IEP Teams

- Goals & Objectives
 - Progress toward annual goals must be reported to parents (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards)
 - Direct service providers of PCRS document their involvement in implementation of the IEP:
 - A record of dates and times of service provision
 - Cancellations and absences
 - A record of specific goals/objectives worked on during the session and any session notes

V. Guidance for IEP Teams

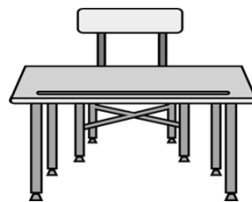
- | | |
|---|--|
| <ul style="list-style-type: none"> • Service providers should be present at IEP meetings to report progress and to revise the IEP if counseling continues. • IEP team members may be excused from an IEP team meeting when this is agreed to in advance of the meeting and information is submitted to the team in writing. | <ul style="list-style-type: none"> • Dismissal <ul style="list-style-type: none"> – If dismissal from counseling is recommended, documentation should be presented to the team. – A reevaluation could be performed but it is not required for dismissal from a related service. – The decision to exit a student from a related service is determined by the IEP team and documented in the IEP. |
|---|--|

V. Guidance for IEP Teams

- IEP teams also must be aware that PCRS must be provided to the families of eligible students when this is determined necessary by the IEP team.
- If deemed necessary, these services must be delineated in the student's IEP.

VI. PCRS Implementation in Schools

- Where?
 - May include conference rooms, professional office space (e.g. the offices of the school counselor, school psychologist, or school social worker), and classrooms that are not in use.
 - Areas should be quiet, free from distraction, where confidentiality can be maintained, and students feel safe and comfortable.



VI. PCRS Implementation in Schools

- When?
 - Examine student's schedule to determine best times for the service delivery.
 - During the school day & minimally disruptive to the student's academic program.
 - Elementary: Can be built into student's daily schedule.
 - Secondary: May be provided during study hall or during elective courses.
- Who?
 - Providers contracted or employed by the LEA
 - School Social Workers, School Nurses, School Psychologists, School Counselors, Certified Behavior Analysts
 - Licensed clinicians in private practice or employed by an agency.
 - Community providers contracted to provide the service.

VI. PCRS Implementation in Schools

- National Association of School Psychologists (NASP) Practice Model
 - Implementation Guide
 - Direct & Indirect Services for Children, Families & Schools
 - Student-Level Services
 - Interventions & Mental Health Services to Develop Social and Life Skills
 - Ex. Individual Counseling, Group Counseling, PBIS, Social Skills

www.nasponline.org

- American School Counselor Association (ASCA) National Model
 - Personal/Social Development
 - Standard A: Students will acquire the knowledge, attitudes and personal skills to help them understand and respect self and others.
 - Standard B: Students will make decisions, set goals and take necessary action to achieve goals.
 - Standard C: Students will understand safety and survival skills.

www.schoolcounselor.org

VI. PCRS Implementation in Schools

- Every Student Succeeds Act - 2015 (ESSA)
 - Acknowledges the critical role of student services personnel in the design and implementation of school improvement efforts.
 - Acknowledges the importance of continuous collaboration between families, schools, and communities to improve student outcomes.

Turn and Talk

Elevator Speech:

- Role play with a partner the IEP team's elevator speech in explaining the use of Psychological Counseling as a Related Service to a parent or family.



VII. Determining Counseling Effectiveness and Continuing Need for Services

- We must determine if it is working by use of frequent assessment to provide critical information and feedback
 - What is most effective?
 - What is least effective?
 - Is there a need for intensification?
 - Is there a need to change these services?
 - Has the student benefitted and there is no longer a need?

VII. Determining Counseling Effectiveness and Continuing Need for Services

- Specifying the anticipated counseling results
 - Identify the student's unique psychological counseling needs
 - Identify the family's unique psychological counseling needs if appropriate
 - Determine what psychological counseling services will be used to address needs
 - Identify what the student will be able to do as a result of the provision of the counseling
- The purpose of counseling must be stated in measurable terms
 - Articulate specific mastery criteria to allow for appropriate examination of treatment effectiveness and continuing need for services

VII. Determining Counseling Effectiveness and Continuing Need for Services

- Treatment effectiveness
 - Analysis of the effectiveness allows for continuous and dynamic adjustment of implemented strategies
 - Make student progress more visible to the student to increase student motivation for positive change
 - Provide accurate information to IEP team members to effectively reinforce the generalization of skills learned in counseling to natural environments

VII. Determining Counseling Effectiveness and Continuing Need for Services

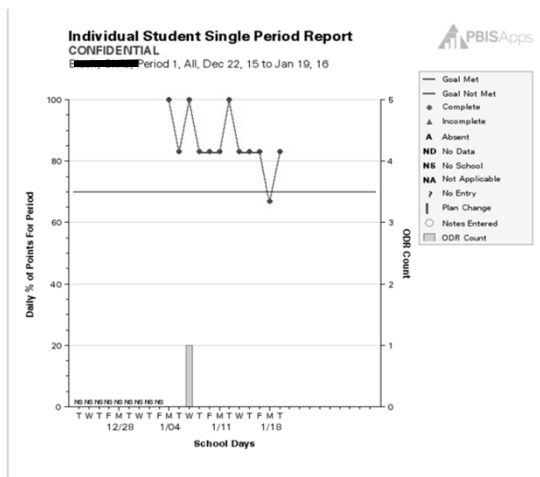
- Strategies analyzing treatment effectiveness
 - Collect baseline data around the student's need
 - Summative assessments – standardized rating scales to assess the overall mental wellness of the student
 - Can be used as a pre/post
 - Established reliability and validity
 - Take a long time to complete
 - Cannot be administered more frequently than every few months
 - Formative assessments – brief ratings of a target behavior or group of behaviors following a specified observation period (e.g., class period, school day, week)
 - Flexible, easily individualized for variety of purposes and behaviors, efficient and easy to complete, completed by those most likely to observe the positive effects of counseling, and can be collected in brief periods of time

VII. Determining Counseling Effectiveness and Continuing Need for Services

- Graph the data! Provide a visual representation of performance.
 - Clear visual of student gains in response to counseling
 - Helps guide team decision making to increase/decrease intensity
 - Enhance communication among stakeholders
 - Provide immediate and consistent feedback
 - Foster shared responsibility for the student's welfare
 - Increase student's opportunities for positive feedback

Example of Graphing Data

PBISApps



www.pbisapps.org

Intervention Central: ChartDog

Featured Tools

- Academic Intervention Planner for Struggling Students
- Behavior Intervention Planner
- Behavior Rating Scales Report Card Maker
- ChartDog Graph Maker

www.interventioncentral.org

VIII. Fidelity of Service Delivery

- Fidelity of implementation is described as the accurate and consistent delivery of a service as agreed upon by the IEP team
- Three components to see if checks and balances are in place:
 - Reaffirm the related service is implemented at the frequency and duration intended by the IEP team
 - Reaffirm the student is accessing and engaged in the service on a consistent basis
 - IEP team receives reliable information to evaluate the effectiveness of the service
- Without these components, it can be difficult to determine if the student's progress or lack of progress is attributed to the service implemented

VIII. Fidelity of Service Delivery

- An evidence based intervention tells us what works but not how, when, where, and why to implement the intervention
- The goal of treatment integrity is to implement interventions with methodology as specified in the research
- When implemented with integrity, the results of evidence based interventions yield better student outcomes than those same interventions implemented in an inconsistent manner

Shaw, S. R., Boulanger, M., & Gomes, P. 2016. NASP Communique, Vol 44 (4). Enhancing treatment integrity: A proposed model for improving implementation and supporting teachers.

VIII. Fidelity of Service Delivery

- PCRS is an educational intervention designed in response to a problem to enhance a student's ability to access the general education curriculum and to benefit from daily instruction
- Use session logs, progress notes, observational data, and team input to verify intervention is delivered according to design
- Allows the IEP team to be confident the service was implemented as stated in the IEP

Examples of Progress Notes

These notes become part of the student's educational record.

PROGRESS NOTE ON COUNSELING SESSION

Counselor's Name _____

Client's First Name _____

Date _____

Session No. _____

Progress client has made from previous session: goals, action steps, evidence of change in thinking, feeling or behavior:

Focus of session:

Future direction:

<http://img.docstoccdn.com/thumb/orig/53223934.png>

Counseling Case Notes

Student's Name: _____ Date: ____/____/____

Counselor's Name: _____ Session ____ of ____

Reason for session:

Notes from session:

Assessment:

Future Counseling Plan:

<https://datax.teacherspayteachers.com/thumbitem/Counseling-Case-Notes-Template-024249100-1375756083/original-811865-1.jpg>

IX. Monitoring Continued Need for Service

- Continued need for the service is contingent upon demonstration that the identified need of the student has been resolved or manifestation of the expected skill has not occurred
- Role of data based decision making is a critical component to assess the effectiveness of the service
- Progress monitoring informs the need to increase the level of support or fade the level of support for the student

Turn and Talk

1. What type of fidelity check would you put in place?
2. Who will monitor that the fidelity checks are performed?
3. Data collection -- data analysis -- data decision making: How do we reinforce with colleagues the role of data?



Case Study

- Elizabeth*, Age 10, 5th grade
- Assessment Results (In Brief)
- Eligibility – Specific Learning Disability
 - Math (Numerical Operations & Math Reasoning)
- Would she benefit from PCRS in her IEP?
- What may be a potential way to provide PCRS, if necessary?

Stanford Binet-V/ WIAT-III	ADHD-SRS
Full Scale IQ - 105 Nonverbal IQ – 98 Verbal IQ – 101 Fluid Reasoning - 103 Knowledge - 97 Quantitative Reasoning - 89 Visual Spatial - 92 Working Memory – 87 Numerical Operations – 75 Math Reasoning - 88	Hyperactive-Impulsive 58 Within Normal Limits Inattentive 76 High
Elizabeth was referred for an evaluation due to low math skills and lack of attention in class. She has difficulty completing assignments and is sometimes caught “staring into space” during instructional time.	

Turn and Talk - Elizabeth

1. Do you know everything you need to make a decision?
2. What additional information would you like to have?
3. What information would we want from the family?
4. What might be a focus/goal for PCRS?



Case Study

- Mike*, Age 16, 10th grade
- Assessment Results (In Brief)
- Eligibility – SLD in Written Expression (Initial ER) ; Re-Evaluation added ED as the primary disability category.
- Would he benefit from PCRS in his IEP?
- What may be a potential way to provide PCRS?

SAED-II (Example Respondent – Learning Support Teacher)	FBA
Inability to Learn (SS = 14) Likely Relationship Problems (SS = 17) Very Likely Inappropriate Behavior (SS = 20) Very Likely Unhappiness or Depression (SS = 12) Unlikely Physical Symptoms or Fears (SS = 14) Likely Socially Maladjusted (SS = 11) Non-Significant SAED-II Quotient = 133 (Significant)	Function: Escape Major Behaviors: -Inappropriate Language -Physical Aggression -Takes a long time to calm down Antecedent(s): Assignment given by teacher; Instruction in major subject areas

Turn and Talk - Mike

1. Do you know everything you need to make a decision?
2. What additional information would you like to have?
3. What information would we want from the family?
4. What might be a focus/goal for PCRS?



X. Partnering with Community Providers

Interface with Community Mental Health Providers to Create a Cohesive/Coordinated System

- I. Promoting Mental Wellness
- II. Providing and Managing Behavioral Supports or Interventions
- III. Managing Crisis or Intensive MH Treatment Aftercare

X. Partnering with Community Providers

I. Promoting Mental Wellness

- Strong PBIS system in place
- Promote school/program and family partnerships
- Awareness of available community providers – internal system to access information
 - Mental Health Providers
 - Base Service Units/Child and Adolescent Service System Program (CASSP)
 - Behavioral Health and Rehabilitation Services
 - Funding Sources

X. Partnering with Community Providers

II. Providing and Managing Behavioral Supports or Interventions

Creating systems to address:

Offering Behavioral Supports or Interventions

- What supports are offered by school/programs
- Are there needs that aren't currently being met
- Is there a cohesive system to access these supports
- Has the staff been provided necessary information

Interfacing with Community Agencies that are Providing Supports or Interventions

- Communication between school/program and community agency
- Building protocol(s)
- Training community agency staff on PBIS
- Clearances/timing/space/sharing information
- Agency roles and responsibilities

X. Partnering with Community Providers

III. Managing Crisis or Intensive MH Treatment Aftercare

- Reacting to on-site student, building or community crisis
 - Interacting with appropriate community agencies
 - Staff awareness level of appropriate response
- Coordination of child/student that returns from inpatient or partial hospitalizations
 - Sharing appropriate information
 - Liaison between community provider and program/school
 - Others?

X. Partnering with Community Providers

Creating an Inclusive Community of Practice

Questions to consider:

1. Who cares and why?
2. What work is already underway?
3. What shared work could unite us?
4. How can we deepen our connections?

Psychological Counseling as a Related Service

Questions???

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School District/Charter School Compliance Monitoring System

13. PROVISION OF RELATED SERVICE INCLUDING PSYCHOLOGICAL COUNSELING

STANDARD – PROVISION OF RELATED SERVICE INCLUDING PSYCHOLOGICAL COUNSELING

REGULATORY BASE

Related Services – 34 CFR 300.34(10)(i)(ii)(iii)(iv)(v)(vi)

(10) Psychological services includes—(i) Administering psychological and educational tests, and other assessment procedures; (ii) Interpreting assessment results; (iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning; (iv) Consulting with other staff members in planning school programs to meet the special educational needs of children as indicated by psychological tests, interviews, direct observation, and behavioral evaluations; (v) Planning and managing a program of psychological services, including psychological counseling for children and parents; and (vi) Assisting in developing positive behavioral intervention strategies.

School District/Charter School Compliance Monitoring System

PROVISION OF RELATED SERVICE INCLUDING PSYCHOLOGICAL COUNSELING	
13.	<p>STANDARDS TO BE MET PROCEDURES TO FOLLOW</p> <p>LEA PROCEDURE LEA will describe the provision of psychological counseling services to students within the LEA, specifically how it plans and manages a program of psychological services, including psychological counseling for those students whose IEPs require this service as a provision of FAPE. LEA will provide, in this FSA, a brief listing of what services are available both within the school setting and for school-funded services obtained from outside agencies. During the onsite review, the LEA must provide to the Chairperson specific written assurance or other documentation that parents are not charged for psychological counseling services that students require if the service is a necessary related service.</p> <p>SPECIAL CONSIDERATIONS</p> <p>BSE PROCEDURE Chairperson will review the description in the FSA and assurance or other documentation provided onsite to assess compliance with requirements.</p>

School District/Charter School Compliance Monitoring System

PROVISION OF RELATED SERVICE INCLUDING PSYCHOLOGICAL COUNSELING	
DATA COLLECTION WORKSHEET	
	LEA Team Discussion Points
	<p>LEA Team Discussion Points have been developed to begin and sustain discussion among members of the team. These points should be reflected in the Data Collection Summary.</p> <ul style="list-style-type: none"> ➤ Are there sufficient psychological counseling services available to meet the needs of students in the LEA? ➤ Is there a continuum of services available to address students who need varying types and levels of support? ➤ Are psychological counseling services, when included in a student's IEP, provided at no cost to parents? ➤ Does the LEA have effective arrangements with outside service providers? ➤ If students require psychological counseling as a related service, and it is provided outside of the school setting, is transportation provided where necessary and at no cost to the parent?
13.	<p>TO BE COMPLETED BY CHAIRPERSON: CONCLUSION <input type="checkbox"/> Yes, In Compliance <input type="checkbox"/> No, Not in Compliance</p>

Case Study

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- What may be a potential way to provide PCRS?

SAED-II (Example Respondent – Learning Support Teacher)	FBA
Inability to Learn (SS = 14) Likely Relationship Problems (SS = 17) Very Likely Inappropriate Behavior (SS = 20) Very Likely Unhappiness or Depression (SS = 12) Unlikely Physical Symptoms or Fears (SS = 14) Likely Socially Maladjusted (SS = 11) Non-Significant SAED-II Quotient = 133 (Significant)	Function: Escape Major Behaviors: -Inappropriate Language -Physical Aggression -Takes a long time to calm down Antecedent(s): Assignment given by teacher; Instruction in major subject areas