ASSESSMENT REPORT FOR **TRIENNIAL/ADDITIONAL ASSESSMENT** FOR EDUCATIONALLY RELATED SOCIAL/EMOTIONAL SERVICES (ERSES)

Assessment Plan Required

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| Student Name: DOB: AGE:  School: Grade: Sex: Male Female Nonbinary  Case Manager:  ERSES Clinician: School Psychologist:  Parent(s) Name:  Address:  Email: Home Phone: Cell: |

LANGUAGE FOR STAND-ALONE TRIENNIAL ERSES ASSESSMENTS

The following report was developed to assist the IEP Team in determining the need for continued educationally related social/emotional services. The IEP team, including assessors, shall determine if, based on assessment results, the degree of the student’s impairment requires educationally related social/emotional services. The IEP team shall take into account all relevant information available on the student. The student was assessed in all areas of suspected disability related to the referral concern.

* All tests and materials include those tailored to assess specific areas of educational need.
* All assessments were selected and administered so as not to be discriminatory on racial, cultural, or sexual bias.
* Each assessment was used for the purpose for which it was designed and is valid and reliable.
* Each instrument was administered by trained and knowledgeable personnel.
* Each assessment was given in accordance with the test instructions provided by the producer of the assessments.
* All tests were selected and administered to best ensure that they produce results that accurately reflect the student’s abilities, not the student’s impairments, including impaired sensory, manual, or speaking skills.
* No single measure was used as the sole criterion for determining if the student requires educationally related social-emotional services; rather, a variety of tools and strategies were used to gather information regarding the student’s social and emotional development.
* Materials and procedures were provided in the student’s native language/mode of communication in a form most likely to yield accurate information on what the student knows and can do academically, developmentally, and functionally.

*Explanation for any of the above that are not applicable*

English Level: English Only Initially Fluent English Proficient Reclassified Fully English Proficient English Learner (check box below):

Beginning Early Intermediate/Intermediate Early Advanced/ Advanced

Assessment(s) administered in:

**REASON FOR REFERRAL:** Student was referred for an assessment to determine the need for intensive educationally related social emotional services due to:

**RELEVANT BACKGROUND INFORMATION**

Educationally relevant environmental, cultural, and economic information:

Health, developmental and medical information: (Describe any diagnoses, medications, psychiatry, or non-educational counseling or therapy received in the past)

Educational history:

Attendance history:

Other relevant educational history: Describe any non-intensive social/emotional services received.

REVIEW OF PRIOR ASSESSMENT REPORTS

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| --- | --- | --- |
| **Date** | **Type of Assessment (include purpose, major findings)** | **Assessing Agency** |
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PRIOR IEP

**REVIEW OF PRIOR IEPS (minimum last three years)**

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| --- | --- | --- |
| **Date** | **Type of Meeting (include whether Annual, Triennial, Other Review, etc and any major determinations/changes)** | **District** |
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**ERSES CLINICIAN INPUT INTO MULTIDISCIPLINARY REPORT**

**(to be completed by ERSES Clinician)**

ERSES Clinician: Date(s) of ERSES Assessment:

Title:

## Summary of initial ERSES assessment including reason for ERSES referral, notable findings and initial diagnoses:

ERSES service history: (date that services initiated, attendance to sessions, participation in services, etc. including individual counseling, social work services and group counseling)

Private diagnosis(es) and current medication (including symptoms the medication is designed to address if such information is available):

Private mental health services student has participated in since the initial ERSES referral including any residential treatment programs, partial hospitalization programs, group counseling, individual counseling and/or psychiatric services:

Any barriers to service delivery (attendance, refusal, behavior, etc.)

Focus of services (i.e. strategies):

Progress toward prior social-emotional goals addressed by ERSES:

Observations in classroom and other appropriate settings, including relationship of behavior to student’s academic and social functioning:

Behavior during testing, including relationship of behavior to the reliability of the current assessment results if applicable:

Input from student (including input from both parents if separated):

Input from parents:

Input from teacher(s):

Input from private providers (if appropriate):

NEW MEASURES ADMINISTERED BY ERSES CLINICIAN:

Results of measures administered by ERSES Clinician: *(Provide/explain results of VCBH measures administered by Intensive School-Based Therapist including CANS, PSC35, other related scales; compare current scores on current measures to prior measures if applicable, and compare to any results obtained by other team members including school psychologist, school-based counselor, behavior specialist)*

**Diagnosis(es):**

**Factors Impacting on educational performance:**

**Student’s ability (both cognitive and motivation) to benefit from social emotional services provided in the educational setting:**

**Areas of need to be addressed by social emotional goals if applicable:**

**School and/or home based social emotional services the student may require to be involved in and progress in the general education curriculum if applicable:**

Person completing this report:

Name

Title

Signature