Section F:

Educational and Other Assessments

We value your feedback! Please click this feedback link to leave your comments on the Special Education Plan. All feedback must be received by February 28, 2027.

Purpose of the Standard

To provide details of the board's assessment policies and procedures to the ministry and to make parents aware of the types of assessment tools used by the school board, the ways in which assessments are obtained by IPRCs, and the ways in which assessments are used

The primary purpose of student assessment and evaluation is to improve learning. Assessment has the greatest potential to improve student learning when it is an integral part of all classroom activities and when it is used to identify students' strengths and needs to determine the next steps for learning. The Ontario Ministry of Education policy documents Growing Success: Assessment Evaluation and Reporting in Ontario Schools (2010) and Growing Success – The Kindergarten Addendum provide guidance to schools on policies and procedures for assessment, evaluation, and reporting for Kindergarten and Grades 1 to 12. The policies outlined in Growing Success, described below, reflect the current state of continuously evolving knowledge about learning.

When a teacher observes a student who has some areas of need at school (e.g., academic, social/emotional, behavioural), the teacher will seek support through the Special Education Resource Teacher/Methods and Resource Teacher (MART) or Assistant Curriculum Leader of Special Education, the principal/vice-principal and the Special Education and Inclusion Consultant. Collaboratively, they will ensure that instructional intervention strategies focus on the student's identity, lived experiences, strengths and areas of need. Strategies need to include the following:

- Evidence of Culturally Relevant and Responsive Pedagogy, Cultural Safety and Trauma-Informed practices and assessment that reflects the student's identity and lived experiences
- Evidence of Tier 1 and Tier 2 Strategies, Universal Design for Learning, Differentiated Instruction, Trauma-informed and Culturally Relevant and Responsive Pedagogy

- Evidence of an Individual Learning Plan (ILP) that records and tracks any strategies implemented by the teacher(s)
- Evidence of implemented strategies recommended by the Special Education and Inclusion Consultant

Most student needs can be met in the regular classroom with Tier 1 and Tier 2 interventions that consider the student's identity, lived experiences, strengths and areas of need. If this is not possible, after careful consideration of the above and communication with parents, the teacher may refer the student to IST and/or SST.

Assessments by Teachers

Assessment findings provide information relevant for classroom programming, Individual Education Plans, the Provincial Report Card and Identification Placement and Review Committees. Teachers collect assessment information in a variety of ways: formal and informal observations, discussions/conversations/questioning during the learning process, student-teacher conferences, homework, group work, demonstrations/ performances, projects, portfolios, developmental checklists/continua, peer and self-assessments/reflections, essays and tests. Assessment is planned at the same time as instruction, to determine what needs to be taught, guide next steps and help both teachers and students monitor and evaluate progress towards achieving learning goals.

Types of Assessments

Teachers carry out educational assessment as part of their on-going work with all students and for students with special education needs and disabilities, throughout the development, implementation and review of Individual Education Plans (IEP). Teachers use terms such as *diagnostic*, *formative* and *summative* to describe the kinds of educational assessment that can be used for different purposes: *assessment FOR learning*, *assessment OF learning*, and *assessment AS learning*.

Assessment *FOR* learning is the process of collecting information to decide where learners are in their learning, where they need to go and how best to get there. It is integral to the IEP process and can be diagnostic and/or formative in its use:

- ***Diagnostic assessment*** occurs before instruction begins so teachers can determine students' readiness to learn new knowledge/skills and identify their instructional needs. Teachers use the information to determine what students already know and can do with respect to the knowledge and skills outlined in the curriculum expectations. Teachers then work with students to set appropriate learning goals and plan differentiated and personalized instruction/assessment.

- ***Formative assessment*** is frequent and ongoing, carried out while students are gaining knowledge and practising skills. Teachers use the information to monitor students' progress towards achieving expectations, to provide students with descriptive feedback and coaching for improvement, to plan next steps and to differentiate instruction and assessment in response to student needs.

Assessment *OF* learning is the process by which teachers record and report on student learning. This assessment is summative, occurring at or near the end of a period of learning. The information gathered is used by teachers to evaluate and communicate achievement at a given point in time, on the basis of pre-set criteria. It may also be used to plan further instruction.

For most students in Grades 1 to 12, this kind of assessment looks at achievement of the provincial curriculum expectations against Ministry established rubrics.

- For students with special education needs and disabilities, and for English language learners who require accommodations but do not need to have grade expectations modified, evaluation of achievement is based on the Ministry grade/course expectations and achievement levels.
- When students require modified or alternative expectations, evaluation of achievement is based on the expectations outlined in their IEPs. For this reason, it is important that IEP goals be expressed as specific and measurable outcomes.

Assessment *AS* learning is the process by which teachers help students learn how to be their own best assessors, to become independent learners. This assessment is ***formative,*** requiring teacher support, modelling and guiding structured opportunities for students to assess themselves. Students learn how to monitor their own progress, recognize when they need help, advocate for themselves, adjust their approaches to learning and set new goals. These are increasingly important skills for students with special education needs and disabilities as they progress through the grades.

Diagnostic Assessment Tools for Teachers

The Ministry of Education released Policy Program Memorandum No. 155 Diagnostic Assessment in Support of Student Learning to outline how diagnostic assessment tools may be used in support of student achievement. It specifies the shared and individual responsibilities of teachers, principals, and school board staff and their collective accountability for student achievement. PPM 155 guidelines are focused on the effective use of diagnostic assessment tools to inform teaching and learning practices in the classroom. The guidelines direct that teachers must use diagnostic assessment during the school year, selecting tools from the Board's approved list and that they are

to use their professional judgment when selecting and using diagnostic assessment tools.

PPM 155 guidelines do not apply to:

- Individual educational and/or professional assessments conducted to determine the special education programs and/or services required by students with special education needs and disabilities
- Large Scale Assessments like EQAO (Grade 3, 6, 9 and OSSLT), Program for International Student Assessment (PISA), Trends in International Mathematics and Science Study (TIMSS), Progress in International Reading Literacy Study (PIRL), Pan-Canadian Assessment Program (PCAP) and other Ministry mandated assessments.

Universal Screening

Further information regarding Universal Screening is available in Section J: Special Education Placements Provided by the Board.

TDSB Approved List of Diagnostic Assessment Tools

Literacy			
Assessment Tool	**Grades/ Division**	**Purpose**	**Recommended Timelines**
TDSB Literacy Success Diagnostic Kit (Grades 7-10)	7 - 10	The TDSB Literacy Success Diagnostic Kit (Grades 7-10) is designed to help teachers identify students' strengths in relation to literacy expectations outlined by the Ontario Ministry of Education for all subjects. The kit is a diagnostic tool to assess students' reading and writing skills, aiding teachers in developing individual and class profiles of students' literacy skills. With these profiles, teachers can differentiate instruction to meet individual needs with explicit teaching of the reading and writing skills and strategies that will make students successful.	To be administered 3-6 weeks into the course/term.

Literacy			
Assessment Tool	**Grades/ Division**	**Purpose**	**Recommended Timelines**
TDSB Phonological Awareness Inventory	K-12	The Phonological and Phonemic Awareness Inventory is a student response tracking booklet that includes information and scripts about how to administer the inventory and score student responses. Phonological awareness and phonemic awareness are speaking and listening tasks.	Beginning of the year for all students and repeated at the middle of the year and/or at the end of the year based on student needs.
TDSB Phonics and Decoding Inventory	K-12	The Phonics and Decoding Inventory is designed to provide educators with information about their students' current level of knowledge on the letter-sound continuum and the word structure hierarchy. It will provide information about students' discrete skill sets in the area of alphabetic principles. It helps teachers know where students are on the skill development trajectories and use this information to guide intentional literacy instruction.	Beginning of the year for all students and repeated at the middle of the year and/or at the end of the year based on student needs.

French			
Assessment Tool	**Grades/ Division**	**Purpose**	**Recommended Timelines**
ÉCLAIR	French Immersion K-8	ÉCLAIR focuses on phonological awareness, phonics, and word reading skills. Aligned to CEFR levels (PreA1 to A1) as opposed to grades to be responsive to the needs of each learner, honouring their diverse social, cultural, and linguistic identities and entry points. To be used by classroom educators to provide meaningful insight into	Early French Immersion K-2: Beginning of year for all students and repeated at middle of year and/or at end of year based on student need. Early French Immersion Gr 3

French			
Assessment Tool	**Grades/ Division**	**Purpose**	**Recommended Timelines**
		the next steps for teaching and learning phonological awareness, phonics, and word reading skills.	and up: Choose the measures and the frequency of use based on student need.
			Middle French Immersion 4-8: Choose the measures and the frequency of use based on student needs.
TDSB Phonological Awareness Inventory for French Immersion (Primary Division)	Early French Immersion K-3	TDSB Phonological Awareness Inventory for French Immersion (Primary Division) is designed specifically for French Immersion. This resource focuses on phonological and phonemic awareness skills. Aligned to the continuum of skill development as opposed to grade.	Early French Immersion K-3: Choose the measures and the frequency of use based on student needs.
TDSB French Immersion Phonics & Decoding Inventory (Primary Division)	Early French Immersion K-3	TDSB French Immersion Phonics & Decoding Inventory (Primary Division) is designed specifically for French Immersion. This resource focuses on phonics and decoding skills. It is aligned to the continuum of skill development as opposed to grade.	Early French Immersion K-3: Choose the measures and the frequency of use based on student needs.
TDSB French Immersion Phonics & Decoding	French Immersion 4-8	TDSB French Immersion Phonics & Decoding Inventory (Junior/Intermediate Division) is designed specifically for French	Early & Middle French Immersion 4-8: Choose the measures and the

French			
Assessment Tool	**Grades/ Division**	**Purpose**	**Recommended Timelines**
Inventory (Junior/ Intermediate Division)		Immersion. This resource focuses on phonics and decoding skills. It is aligned to the continuum of skill development as opposed to grade.	frequency of use based on student needs.
À pas de géant (version française de Leaps and Bounds)	Early French Immersion Gr 1 – 8 & Middle French Immersion Gr 4-8	À pas de géant (version française de Leaps and Bounds) identifies significant gaps in understanding to enable teachers to build on what students know, to close critical gaps. The resources help teachers make informed instructional decisions and offer strategies to address learning gaps.	Early & Middle French Immersion: Choose the measures and the frequency of use based on student needs.
Portrait Mathématiques (Ontario) (version française de Nelson Math Pre-Assessment)	Early French Immersion Gr 1 – 8 & Middle French Immersion Gr 4-8	Portrait Mathématiques (Ontario) (version française de Nelson Math Pre- Assessment) is designed to support pre-assessment in procedural knowledge and conceptual understandings for the grade-specific curriculum. The resource offers activities for the next steps for instruction, gap closing, or intervention.	Early & Middle French Immersion: Choose the measures and the frequency of use based on student needs.

Mathematics			
Assessment/ Tool	**Grades/ Division**	**Purpose**	**Recommended Timelines**
What To Look For: Understanding and Developing Student Thinking in Early Numeracy	K-3	What to Look For: Understanding and Developing Student Thinking in Early Numeracy is a professional learning resource with a developmental continuum for early numeracy and sample tasks that can be used to gauge students' numeracy skills and plan effective next steps. What to Look For contains: ● Research-based	Use at the beginning of the school year and as needed.

Mathematics			
Assessment/ Tool	**Grades/ Division**	**Purpose**	**Recommended Timelines**
		developmental continua for addition and subtraction in early numeracy • Descriptions of strategies, along with access to videos of students displaying those strategies Games to push student thinking forward. Additional professional learning resources, activities, and assessment details are available on the internal TDSB Math for Educators website.	
What to Look For 2: Understanding and Developing Student Thinking in Multiplicative Reasoning	3-5	What to Look For 2: Understanding and Developing Student Thinking in Multiplicative Reasoning is a professional learning resource with a developmental continuum for multiplication and division, as well as lessons and tasks that can be used to gauge students' multiplicative reasoning skills and plan effective next steps. What to Look For contains: • Research-based developmental continua for multiplication and division for junior-grade students • Descriptions of strategies, along with access to videos of students displaying those strategies • Games to push student thinking forward • Additional lessons and assessments	Use at the beginning of the school year and as needed.

Mathematics			
Assessment/ Tool	**Grades/ Division**	**Purpose**	**Recommended Timelines**
Rethinking Fractions: 8 Core Concepts to Support Assessment and Learning	1-12	Rethinking Fractions provides teachers with assessments to uncover students' understanding and possible misconceptions of fractions understanding via the use of targeted, field-tested questions and recommended next steps that reveal student understanding and respond to student needs through precise and differentiated tasks and instruction. Additional professional learning resources, activities, and assessment details are available on the internal TDSB Math for Educators website.	Use at the beginning of a unit or block of learning.
Math Pre-Assessment (Nelson)	1-8	Math Pre-Assessment provides short, whole-class diagnostic assessments to determine the procedural knowledge and conceptual understanding of students ahead of specific grade-level learning units. Math Pre-Assessment contains: • Developmental trajectories that provide a picture of math development • Diagnostic assessments help to identify where a student is on the developmental trajectory • Analysis charts to score pre-assessments and next steps for instruction, remediation, and intervention	Use at the beginning of a unit or block of learning.

Mathematics			
Assessment/ Tool	**Grades/ Division**	**Purpose**	**Recommended Timelines**
Mathology (Pearson)	K-9	Mathology is an instructional program that provides ongoing assessment opportunities within games, books, and other learning activities, driven by the big ideas in mathematics. Mathology contains: ● Diagnostic activities that begin with an initial lesson or readiness tasks, based on the previous year's expectations, to support instructional decisions ● Mathology "Little Books," activity kits, and math mats to support mathematics learning in different modes French: Mathologie currently supports K- Grade 8 students	Use at the beginning of a unit or block of learning.
MathUP Classroom (Rubicon)	K- 9	MathUP Classroom is a comprehensive, online, K–8 instructional solution that helps build teachers' knowledge and understanding of mathematics. MathUP Classroom contains: ● Diagnostic assessments using open and closed tasks for each topic ● Activities, online games, lessons, and ongoing assessments for learning French: K-Grade 6 materials are currently available	Use at the beginning of a unit or block of learning.

Mathematics			
Assessment/ Tool	**Grades/ Division**	**Purpose**	**Recommended Timelines**
Core Mathematics Resources	K-12	Trillium-listed core mathematics resources include materials to assess students' prerequisite skills, concepts, and vocabulary. Core resources contain: • Diagnostic assessments for every chapter or unit (e.g. Getting Ready sections). • Additional practice resources French: Core mathematics resources are available	Use at the beginning of a unit or block of learning.
Knowledgehook	K-10	Knowledgehook is an instructional guidance system that leverages formative assessment in a game-based environment to provide insights into student mathematical learning and intervention materials to support enhanced understanding of math concepts. Knowledgehook contains: "Warm-Ups," diagnostic assessments that cover expectations from the previous grade and provide teachers with information to determine the readiness of students for particular concepts Differentiated activities to assess students' understanding using visual prompts and virtual manipulatives. Teacher supports, including, a background document to build teachers' math content knowledge for teaching, a misconception chart to support addressing specific errors, and intervention questions to consolidate new learning. French: Grades 3-10 activities and	Use at the beginning of a unit or block of learning.

Mathematics			
Assessment/ Tool	**Grades/ Division**	**Purpose**	**Recommended Timelines**
		materials are available Knowledgehook is a district-provided tool. Click here to access Knowledgehook.	

ESL/ELD			
Assessment/ Tool	**Grades/ Division**	**Purpose**	**Recommended Timelines**
TDSB Initial Assessment	ESL/ ELD – Elementary and Secondary	The TDSB's Initial Assessment enables teachers to provide the appropriate programming, resources, modifications and/or adaptations for English Language Learners (ELL) based on a STEP level. The TDSB Initial Assessment secondary is aligned with ESL courses of study. It supports secondary schools with ESL programming and placement decisions.	The assessment is used once upon enrollment of newcomer students (Ideally completed within 6 weeks of arrival).
STEPS to English Language Proficiency	ESL/ELD Elementary and Secondary	STEPS to English Language Proficiency is a framework for assessing and monitoring English language learners' language acquisition and literacy development across the Ontario curriculum (oral, reading, writing).	Grade 1 to 12 initial diagnostics and ongoing assessments at reporting intervals.

Assessments by Professional Support Services (PSS)

All recommendations for an individual assessment by PSS staff (Psychological Services, Physiotherapy/Occupational Therapy Speech Language Pathologists) comes through the School Support Team (SST). The SST also considers requests for assessments from parents, qualifying students (of age and with the cognitive capacity to understand), or outside agencies.

A recommendation for individual assessment requires the agreement of parents or qualifying students. PSS staff will contact parents or qualifying students to seek informed consent before beginning the assessment. This ensures shared understanding of the reasons for the assessment, the nature of the assessment, the risks, benefits and possible outcomes of the assessment, as well as how information from the assessment will be managed and shared.

Throughout the PSS assessment process, parents or qualifying students are involved and at the conclusion are offered verbal and/or written feedback about the assessment findings. The services of interpreter/translation services will be offered where necessary. Written reports are provided to parents or qualifying students at, or close to the time of, verbal feedback.

Discussion at the SST, or assessment by PSS staff may lead to a student being referred to a school-based community agency. In accordance with **Policy/Program Memorandum 81 (PPM 81)**, the school board works in partnership with community agencies for the provision of student health support services in school settings. These services may be delivered in-person or remotely.

- **School-Based Rehabilitation Services (SBRS):** Speech Therapy, Occupational Therapy (OT), and Physiotherapy (PT) are provided by regional Community Treatment Centres, such as the **Children's Treatment Network** or **Grandview Kids**.
- **Nursing Services:** For students with specific medical eligibility criteria, nursing support is determined and provided through **Ontario Health at Home (OHaH)**.

School-based community services staff follow the safety procedures and protocols of TDSB and may access a safe, private space in schools to provide services.

Child and Youth Services

Child and Youth Workers (CYWs) and Child and Youth Counsellors (CYCs) are members of PSS working in the school/program community. They collaborate with teachers, special education staff and other school community members to identify

strengths and needs and offer professional support for students and families. They participate in In-School Team (IST) and School Support Team (SST) meetings by contributing specialized knowledge. Services are provided through a referral process or through the Identification Placement and Review Committee (IPRC) decision for placement in a classroom with CYW support. A signed referral and the informed consent of the parents of students under the age of 18 is required. In consultation with a manager of Child and Youth Services a student may be able to provide consent.

CYWs and CYCs provide specialized support to students. Their work is culturally responsive, strength-based and collaborative. Services may include counselling and interventions on matters of mental health and well-being, crisis de-escalation, social and life skill development, behavioural support, and school avoidance. An assessment informed by developmental, culturally relevant, ecological, and strength-based perspectives is completed to identify areas for programming. CYWs and CYCs build therapeutic relationships and set clear goals to ensure all students find their own path to success.

Team members are supervised by a principal for operational/day-to-day matters and their managers on professional matters. All Child and Youth Services staff are expected to adhere to the Code of Ethics of the Ontario Association of Child and Youth Care and the TDSB Child and Youth Services Standards of Practice. The required qualification for CYWs is a Child and Youth Care Diploma, while CYCs are required to have a Degree in Child and Youth Care or Social Work.

Child and Youth Services may include:

- Use of daily life events to develop skills, understanding, and goals through genuine co-created relationships
- Assessment of strengths and areas of need
- Provision of social and life skill building programming
- Discussions with students to establish relationships, identify strengths and areas of need and encourage student voice
- A review of the student's school records [with parent or student consent (if older than 12 years)]
- Classroom observations
- Discussion with family to obtain relevant history and information about current strengths and areas of need at home
- Collaboration with school personnel and other professional support services colleagues
- Contact with external agencies and service providers

- Group and individual short-term counselling
- Self-regulation supports

Management of Records

Records of identified strengths and needs, goals, interventions, programming and supports are maintained in a confidential file of Child and Youth Services as per the TDSB Child and Youth Services Standards of Practice. Rather than an assessment report, Child and Youth Services staff develop student goals, proactive strategies, and programming to meet student needs and enhance student success based on assessment outcomes.

CYCs complete a summary report at the conclusion of support. This is maintained in the confidential Child and Youth Services file and in the Ontario Student Record (OSR), with consent. CYWs on the Autism Regional Services also complete reports. These reports are maintained in the Special Education File, the confidential Child and Youth Services file and with consent in the OSR.

Occupational Therapy and Physiotherapy (OT/PT) Services

Occupational Therapists/Physiotherapists collaborate with educators to provide tiered consultative, culturally relevant and responsive therapeutic programming and identity-affirming, anti-ableist accommodation strategies for students with physical and/or developmental disabilities and/or special education needs. Occupational Therapists/Physiotherapists provide timely tiered services, build capacity and provide professional learning for educators, in addition to conducting individualized assessments providing relevant neurodiverse and identity-affirming recommendations, where necessary. In the TDSB, OT/PT Services' staff work interchangeably to support students providing consultation in a non-protected scope of work that supports holistic student well-being and achievement. OT/PT Services' staff recommendations may include, but are not limited to, providing strategies to support students' skill development with adaptive/daily living, socialization and play, executive function, behavioural function, self-regulation, pre-vocational and community living, transitions, and gross motor, fine motor and sensory modulation. They can also assist schools with supporting medical recommendations from Ontario Health at Home (OHaH), as needed.

Referrals for OT/PT Services' Assessments

If concerns cannot be addressed through tier 1 or 2 OT/PT supports or the IST, schools may proceed to the SST for consideration of tier 3, individualized, OT/PT Services. Assessments from OT/PT Services are accessed through the SST, where OT/PT

Services' staff may attend. Alternatively, assessments may also arise through consultation with the attending Special Education and Inclusion Consultant after the SST meeting to address urgent safety concerns.

The referral and assessment processes require the informed consent of the parents and/or students 18 years of age or older who possess the cognitive capacity for decision making. This ensures shared understanding of the reasons for the assessment, the nature of the assessment, the risks, benefits and possible outcomes of the assessment, as well as how information from the assessment will be managed, implemented, and shared.

Assessments are conducted under the Regulated Health Professions Act by either Occupational Therapists or Physiotherapists registered in the College of Occupational Therapists of Ontario and College of Physiotherapists of Ontario, respectively.

OT/PT Services' assessments may include, but are not limited to:

- A review of the student's school records
- Classroom observations
- An interview with parents and relevant caregivers to obtain developmental and culturally relevant and responsive family and medical history
- An interview with school personnel, the student, and support service colleagues
- Contact with hospitals, rehabilitation centres, and community agencies
- Provision of specific school-based identity-affirming recommendations pertaining to gross/fine motor function, mobility (school/community), sensory motor/behaviour, mental health and well-being, visual motor integration and perception skills, social and play skills, executive function skills, posture/alignment and positioning, and pre- vocational and community living skills
- Assessment and recommendations to promote safety and culturally responsive independence with activities of daily living skills (e.g., feeding, dressing, personal care), where applicable
- Assessment for equipment needs such as Special Equipment Amount (SEA) and/or supporting community access to the Assistive Devices Program (ADP)

Management of OT/PT Assessment Results

The results of assessments from OT/PT Services are communicated with parents through a written report with an offer to meet and discuss further, as desired with translational and/or communication facilitators where required. Written reports are provided to the parents and/or students 18 years of age or older who demonstrate the cognitive capacity to comprehend at the time of verbal/written feedback. Reports may

include, but are not limited to, recommendations to support the development of any requisite skills mentioned above. As outlined during the informed consent process, the results are discussed and shared with relevant school staff and professional support staff for educational planning and programming purposes.

Records from OT/PT Services' assessments are kept in confidential files, which are maintained in accordance with the regulations and provisions of the Professional Colleges and the Regulated Health Professions Act. Locations of copies of the report are discussed with parents and/or students 18 years of age or older. The consent of parents and/or students 18 years of age or older is required for referral to community services for which the student may be eligible (e.g., Local Hospital Authority, School-Based Rehabilitation Services) or for a student's TDSB OT/PT Services' report to be released to an outside agency (Guide to Occupational Therapy and Physiotherapy Services).

Community Resources

For any in-school nursing support, the school team refers to the Ontario Health at Home - School Health Support Services (formerly known as the Home and Community Care Support Services and the LHIN).

For any in-home support required, families may self-refer to the Ontario Health at Home - Home Care. Students with significant medical needs may also access Holland Bloorview Kids' Rehabilitation Hospital for clinical services within the community; a referral must be generated by a family physician or dentist to access the medical or dental services at this site.

The Ontario Health at Home Community Services also offers Mental Health and Addictions Nursing support; these referrals are generated by school staff.

Psychological Services

Psychological Services staff includes Psychologists, Psychological Associates and Psychoeducational Consultants, who consult with teachers and School Support Teams (SST) about effective classroom programming to address socio-emotional, behavioural and/or learning needs. After going through the Board's referral process, and with informed consent, they conduct a comprehensive individual Psychological Assessment of students' learning, social-emotional, and behavioural functioning to diagnose disorders, identify students' learning strengths and areas of need, and recommend effective intervention strategies. They also have a role on Identification Placement and Review Committees (IPRCs) in identifying exceptionalities and recommending program placement.

Referrals for Psychological Assessments

The purpose of a psychological assessment is to better understand the learning, socio-emotional and/or behavioural strengths and areas of growth of a student, in order to help in the delivery of the most appropriate programming.

When a student demonstrates difficulties in the classroom, an In-School Support team meeting is held with classroom teachers to provide strategies in the classroom that may be effective. If these strategies are not effective, the School Support Team meeting, including the professional supports available, convene to discuss the current strengths and areas of need for the student.

Psychological assessments are accessed through the School Support Team (SST) (which includes a Psychological Services professional) using a referral process that requires the informed consent of the parents of a student under the age of 18, or of a student who is 18 years or older and has the appropriate level of cognitive ability to understand to what they are consenting. The informed consent process ensures a shared understanding of the reasons for the assessment, the nature of the assessment, the risks, benefits and possible outcomes of the assessment, as well as how information from the assessment will be managed and shared.

The staff conducting the assessment is either a member of the College of Psychologists and Behaviour Analysts of Ontario (CPBAO) or works under the direct supervision of a member of the CPBAO. Psychological Services staff are governed by the Psychology Act, the Regulated Health Professions Act, the Health Care Consent Act, the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and the Education Act when working in a school board.

A psychological assessment may include the following:

- A review of the student's school records
- Interviews with the parents and student to obtain background information, including developmental, family, and medical history, previous assessments and diagnoses, interventions, etc.
- Interviews with school staff to gather information about student performance and functioning at school.
- Observations in structured and unstructured settings.
- Administration of appropriate standardized and informal measures of the student's cognitive/intellectual abilities, academic skills, processing skills, adaptive behaviours, and social/emotional/behavioural functioning to assess learning strengths and areas of need. Other tests as needed to determine sources of learning difficulties and to identify strengths may be necessary.

Wait times for a psychological assessment can range from several months to up to a calendar year. Assessments are provided for students according to prioritized needs within each school.

Management of Psychological Assessment Results

As outlined during the informed consent process, the results and recommendations of a psychological assessment are discussed at a feedback meeting with the parents or student (where appropriate) and with staff of the TDSB who are directly involved with the student. An interpreter will be offered and arranged, if necessary. A copy of any written report is provided to the parents and/or student, at or close to the time of verbal feedback meeting. A copy is also given to the school, to be placed in the student's Ontario Student Record (OSR).

The original written report, assessment measures, notes, and other information obtained during the assessment are maintained in the confidential files of Psychological Services in accordance with the Psychology Act and the Regulated Health Professions Act. An electronic copy of the report is uploaded to a confidential records management system within the TDSB.

Psychological Services will not release any information to persons or facilities outside of the TDSB without written consent, except as may be required by law. Information may also be released for the CPBAO Quality Assurance.

The TDSB Policy PR 677 Recorded Information Management, requires that Psychological Services files be retained for a minimum of ten years after a student reaches graduation age. As students may remain in Ontario schools until age 21, this results in a retention period up to age 31.

Reviews of External Reports

TDSB psychology staff review all relevant psychological and/or medical reports completed externally that have been provided to the school by parents. Following the review, psychology staff summarizes the findings in a Consultation Note. The purpose of this process is to document that psychology staff have read the external report so as to inform next steps for school staff.

Once a parent provides the school team with a copy of an external assessment report, the school administrator will generate a permission form to be signed by the parent, giving permission for the principal to share the report with the TDSB psychology staff, and to allow the psychology staff to review the report and provide written and verbal consultation to the school team.

A decision will be made by the school administrator as to whether the team will need to convene the School Support Team (SST) to discuss the assessment report and

recommendations, and any appropriate next steps, such as whether to proceed to an IPRC.

A copy of the Consultation Note will be provided to the parent, and a copy is placed in the student's OSR. The Consultation Note and a copy of the external report are maintained in the confidential files of Psychological Services in accordance with the Psychology Act and the Regulated Health Professions Act.

Social Work & Attendance Services

School Social Workers are members of Professional Support Services (PSS) and are closely affiliated with schools to provide mental health assessment and intervention support to students, families and school staff. School Social Workers participate in School Support Team (SST) meetings, contributing specialized knowledge, culturally responsive and relevant practices and resources, and mental health and wellness strategies to support student well-being. Social work assessments and interventions help to support and identify mental health, psychosocial and emotional factors that may impact student well-being.

Referrals for Social Work Assessments

A referral to Social Work Services can be initiated through the SST or, in consultation with the social worker for crisis or other imminent need. Social work assessments require the informed consent of the parents of students under the age of 18. In consultation with a Social Work Manager, a student may be able to consent to the social work referral.

The informed consent process ensures a shared understanding of the reasons for the assessment, the nature of the assessment, the risks, benefits and possible outcomes of the assessment and the types of service that may be provided with recommendations.

TDSB School Social Workers possess a Master of Social Work degree, with a minimum of three years' experience working with children, youth and families. All Ontario Social Workers are registered with the Ontario College of Social Workers and Social Service Workers and adhere to a set of professional ethics and standards of practice.

There is typically no wait time for social work support, since service is initiated shortly following receipt of a referral for service.

Management of Social Work Assessment Results

As outlined during the informed consent process, recommendations and reports are discussed with the parents and/or students (dependent on the nature of the referral, the age of the student or where professionally determined as appropriate by the social worker). With permission, relevant information is shared with school personnel and, where applicable, professional staff from community agencies.

Standards of Practice of the Ontario College of Social Workers and Social Service Workers regulating Social Work records are adhered to. Registered Social Workers ensure that records are current, accurate, contain relevant information about students/families, and are managed in a manner that protects the student/family privacy. All Social Work records are stored in confidential Social Work files in secure locations.

Speech Language Pathology Services

Speech Language Pathologists (SLPs) offer specialized knowledge and resources to aid deeper understanding of the connections between oral language, early literacy, speech and social communication development to educators, students and parents within the TDSB community. SLP Services provide a collaborative, tiered service delivery approach to best serve the observed speech, language, early literacy and social communication needs across the system. This evidence-based approach to service delivery allows SLPs to maximize impact by providing both prevention and individualized support for students with special education needs and disabilities. Tier 1 (School-Wide Support) includes professional learning opportunities targeted at building capacity in both educators and parents related to school or system wide related needs. Tier 2 (Group Support) includes in-class support, whether whole class or small group co-instruction. School principals, in consultation with their school assigned SLP, may request generalized tier 1 or 2 supports without having to identify individual student concerns and/or proceed through the In-School Support Team (IST) and School Support Team (SST) processes.

Referrals for Speech and Language Assessments

If concerns cannot be addressed through tier 1 or 2 SLP supports or the IST, schools may proceed to the SST for consideration of tier 3, individualized, SLP services. A referral for tier 3 SLP support is initiated at the SST, with a process involving the informed consent of the parents, or of the student 18 years of age or older. The informed consent process ensures everyone has a clear understanding of the purpose and nature of the SLP assessment, as well as any potential risks, benefits, and outcomes. It also outlines the types of services that may be provided to the student and explains how assessment information will be managed and shared.

Assessments are conducted by SLPs, registered in Ontario with the College of Audiologist and Speech Language Pathologist of Ontario (CASLPO) and under the Regulated Health Professions Act. SLP assessments evaluate a student's communication skills in the areas of oral language (e.g., comprehension, expression, vocabulary, phonological awareness), speech (e.g., articulation, stuttering, voice/resonance), Augmentative and Alternative Communication (AAC) as well as early literacy development and functional social communication. Assessments may also

include differentiating typical English language learning (ELL, ELD) from language disorders and distinguishing second-language issues (e.g., ELL, ELD) from language disorders.

SLP assessment procedures may include the following:

- A review of the student's school records
- Interviews with parents to obtain developmental, family, and medical history
- Interviews with school personnel and the student
- Classroom observation
- Administration of standardized and/or non-standardized assessments in order to gain an in depth understanding of a student's receptive and expressive language skills, use of augmentative and alternative communication tools, articulation, fluency, voice skills and reading and writing skills and what strategies or tools best support achievement in the above mentioned areas
- Focused collaboration with educators and parents to design language, literacy, social communication and Augmentative and Alternative Communication (AAC) programming to meet the individual student's needs
- Written and/or verbal feedback with educator, parent and, if necessary, the SST
- Referrals to external agencies/services including:
    - School Based Rehabilitation Services (Children's Treatment Network/Grandview) for consideration of speech therapy
    - Surrey Place's Augmentative and Communication Writing Aids Clinic
    - Holland Bloorview Kids Rehabilitation Hospital's Communication and Writing Aids Service

SLPs are prioritized to support Tier 3 services for students Kindergarten through Grade 3 who have oral language delays as well as delays or disorders that may affect speech, language, literacy, and social communication development. Average wait times for an assessment vary anywhere from a few months to a year, although the majority of students are seen within six months. Assessments are provided for students according to prioritized needs. The SST determines the priority in which students will be seen relative to the nature and complexity of student need and all referral requests received.

Management of Speech Language Pathology Assessment Results

As outlined during the informed consent process, the results and recommendations of an SLP assessment are discussed at a feedback meeting with the parents and with staff of the TDSB who are directly involved with the student. An interpreter will be offered and

arranged, if necessary. A copy of any written report is provided to the parents, at or close to the time of verbal feedback meeting. A copy is also given to the school, to be placed in the student's Ontario Student Record (OSR).

The original written report, assessment measures, notes, and other information obtained during the assessment are maintained in the confidential files of SLP Services in accordance with CASLPO's Records Regulation and the Regulated Health Professions Act. An electronic copy of the report is uploaded to a confidential records management system within the TDSB.

SLP Services will not release any information to persons or facilities outside of the TDSB without written consent, except as may be required by law.

Sharing of Professional Assessment Information and Privacy

The Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) requires that Professional Support Services (PSS) staff receive explicit written or verbal consent from parents or the student (when of age and with the cognitive capacity to understand), to share information that they collect with school staff (e.g., educational assistants, teachers, principals). This permission is discussed during the informed consent process.

The sharing of assessment findings or information with persons outside of the TDSB will only occur with the expressed written permission of the parents, or qualifying student, except as required by law (as per the Personal Health Information Protection Act). Further information about the privacy rights of parents is detailed in a PHIPA Privacy Statement, posted on the Board's public website under Professional Support Services.

The TDSB Policy PR 677 Recorded Information Management requires that PSS files are retained for a minimum of ten years after graduation age (which in most cases are either 18 or 21). This requirement is in accordance with professional guidelines.

Students who are referred for an assessment are often seen within the school year in which the request is made. Referrals not seen by the conclusion of the school year will be prioritized on a waitlist for assessment in the following school year. A variety of factors, such as length of time on the waitlist, nature of the referral question, age of the student and urgency for assessment results, will be used to prioritize referrals on a waitlist.

Regional Support Services

The TDSB provides a variety of regional support services to assist staff in need of specific strategies and skills when working with students who have special education needs and disabilities. The supports offered vary, and may target needs of the whole school, individual classrooms, individual staff members and/or individual students. If the support for the teacher is student-specific, signed parental permission is required.

Regional Support Services include:

- Autism Regional Services (ARS)
- Blind and Low Vision (BLV) Services
- Deaf and Hard of Hearing (DHH) Services

Autism Regional Services

The Special Education and Inclusion Department works to provide comprehensive service for students with Autism Spectrum Disorder (ASD). This is delivered by a coordinated, multi-disciplinary team, whose function is to assist staff in supporting students diagnosed with ASD. The mission of the ARS Team is partnering with schools to empower school staff to provide effective and appropriate programming for students with ASD.

Requesting Autism Regional Services Support

Requests for the Autism Regional Services are decided by the School Support Team (SST) and are generally made to address Tier 3 student needs, once all available Tier 1 and 2 strategies have been exhausted at the school level. When the support being sought is specific to a student, parental permission is required and the school will be provided with the Autism Regional Services Referral Form for parent signatures. The completed referral form is submitted to the appropriate Team Consultant and assigned to the team for follow up.

The Autism Regional Services offers a range of consultative services, which may include:

- Modeling of strategies based on Applied Behaviour Analysis (ABA) principles, as per PPM 140
- Program support to the classroom teacher to promote well-being, equity and achievement
- Individual Education Plan (IEP) and Safety Plan support
- Transition planning as per PPM 156
- Professional development in partnership with Special Education and Inclusion staff (i.e., consultants, coordinators)
- Liaison with community partners
- Parent engagement
- Support with behaviour assessment
- Consultation with Professional Support Services (PSS)

Blind and Low Vision (BLV) Services

Some students with a visual impairment require the support of a specialist teacher to access the curriculum, referred to as BLV (Blind Low Vision) Itinerant Teachers in TDSB. BLV Itinerant Teachers have specialized qualifications with the expertise to provide curriculum accommodations and disability-specific educational programming for students in K-12.

Students with a visual impairment are all fully integrated into inclusive classrooms that best meet all of their needs. The BLV team works to provide curriculum materials in a variety of alternative formats including large-print, braille, e-text, and audio files to increase accessibility for students in their classrooms.

Referral Criteria

Students who qualify for support from BLV Itinerant Teachers must provide a medical eye report from either an optometrist or ophthalmologist outlining a visual acuity no better than 20/70 or a visual field of 20 degrees or less. Schools may reach out to the team to have a report interpreted before moving forward with a referral.

School staff may make a direct referral for Blind and Low Vision services for students who may require blind/low vision support through the In-school Team (IST) and/or School Support Team (SST). Requests are typically initiated by the recommendation of the IST/SST which involves the completion of an online Individual Student Referral Access Form. The access form is an information-gathering tool that outlines the school's concerns about a student in the context of the services and supports provided to date. Once the access form is submitted, it is reviewed by central special education and inclusion teams.

An access form does not need to be completed to consult with the Blind/Low Vision Program Coordinator should a student require BLV services upon entry to school. In addition, an access form should not be viewed as a barrier to access support for students who may require immediate BLV support and/or programming. Staff must reach out to the BLV Coordinator as soon as an issue with vision is identified.

Referral Process

When a student is referred to the TDSB Blind/Low Vision Team through a school request, parental request, Early Childhood Vision Consultants (Pre-School), Bloorview School Authority or Sick Kids Hospital, a referral package is generated and sent to the school at which the student is currently registered.

Once the consent forms and medical eye report have been shared with Blind/Low Vision Services, a Functional Vision/Tactile Assessment will be scheduled. The assessment will take place in the school where the student is currently registered, in a

separate space. An assessment report will follow, outlining supports if required and what those supports will look like. This report will be shared with the school and family.

Preschool Referral Process

The TDSB Blind/Low Vision team works with all Early Childhood Vision Consultants (ECVC), supporting preschool students in Toronto, through the Ontario Blind/Low Vision Early Intervention Program in the spring of every school year.

Once a student who has been receiving ECVC support is registered at their home school, a preschool referral package will be shared with the student's ECVC. When the package is returned and the ECVC report has been reviewed, a Functional Vision/Tactile Assessment will be scheduled at the school where the preschooler is registered, in the spring before the student is expected to start school. An assessment report will follow, outlining supports if required and what those supports will look like.

Deaf and Hard of Hearing (DHH) Services

Some students in the TDSB who have hearing levels falling outside the typical range receive support from Specialist Teachers of Students who are Deaf or Hard of Hearing (To DHHs), referred to as DHH Itinerant Teachers in TDSB. DHH Itinerant Teachers have specialized qualifications that enable them to provide expertise to assist in the educational program planning and implementation for Deaf and Hard of Hearing students attending school (JK to Grade 12), and for preschoolers (for the year before JK) and their families. In addition to supporting students with differing hearing levels, the DHH team also supports trials with Remote Microphone (RM/FM) systems with students who have an identified auditory processing disorder when recommended by the school team.

Referral Criteria

Students who qualify for support from the DHH Team must have either a recent audiogram indicating a permanent hearing loss, at least three audiograms indicating an on-going fluctuating hearing loss over time, or a report from an audiologist indicating an auditory processing disorder with a recommendation for a RM/FM trial.

For students who arrive at TDSB schools with hearing aids, cochlear implants or using sign language to communicate but are not able to provide a hearing report, the Deaf and Hard of Hearing Program Coordinator is contacted to discuss next steps. Schools may reach out to the team at any time for assistance to interpret a report before moving forward with a referral.

For students with an auditory processing disorder, the school should implement all school-based accommodations outlined on the assessment report from the clinical audiologist. If, after implementing the recommendations suggested by the clinical

audiologist, the IST feels that there is an issue with the student's ability to process information in large group settings, the school can submit a referral.

Referral Process

While the majority of referrals to the DHH team are a result of audiology appointments, schools may also receive reports from parents. In these cases, the school will initiate the referral using the Regional Access Form.

Please note, an Access Form is not needed to consult with DHH program coordinator, should a student require DHH services upon entry to school. In addition, an Access Form should not be seen as a barrier to access support for students who may require immediate support and/or programming.

Intake Assessment

DHH itinerant teachers will conduct an initial intake assessment at the school once the forms have been completed and returned as indicated in the referral package. The itinerant teacher will collaborate with the school team and the family to gather information to implement necessary accommodations and to suggest recommendations for the appropriate level of support (Tier 1, Tier 2, Tier 3).

Recommendations will be discussed with the parent and will be reflected on the student's ILP or IEP, as appropriate.

DHH Intensive Support Program (ISP) placements may be considered for students who have been assessed as having considerable expressive and receptive language delays due to significant hearing levels which, in addition to accommodations, necessitate modifications, curriculum instruction by a specialist teacher of the deaf and a smaller student teacher ratio.

When determining the need to change a student's placement, teachers use a variety of educational assessment strategies and tools including, but not limited to, direct observation, portfolios, journals, rubrics, standardized and diagnostic tests, projects, and self-and peer-assessment.