

SCHOOL PSYCHOLOGY SERVICE DOCUMENTATION GUIDANCE – AUGUST 2019

This document is intended to support documentation of school psychological services in alignment with standards of practice, professional ethics & compliance with:

- Licensure rules
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Additional information and resources:

[Medicaid in Education website](#) NC Department of Public Instruction, Exceptional Children Division

	NC Professional School Psychology Standards	NC Policies Governing Services for Children with Disabilities	NC Medicaid LEA Policy 10C	NASP Principles for Professional Ethics
EVALUATION SERVICES/ REPORTING	<p><u>STANDARD 2:</u> <i>School Psychologists Promote A Respectful Environment For Diverse Populations</i> School Psychologists provide services that benefit students with unique needs.</p> <p>SCHOOL PSYCHOLOGISTS ARE KNOWLEDGEABLE ABOUT AND SKILLFUL IN USING A PROBLEM-SOLVING PROCESS TO IDENTIFY VARIOUS ASSESSMENT MEASURES REGARDING ACADEMIC ACHIEVEMENT, COGNITIVE, BEHAVIORAL, AFFECTIVE, SOCIAL, AND ADAPTIVE FUNCTIONING.</p> <p><u>STANDARD 4:</u> <i>School Psychologists Support Student Learning Through the Use of a Systematic Problem-Solving Approach</i> School Psychologists possess effective</p>	<p>NC 1500-2.11 Evaluation (a) General</p> <p>Evaluation means procedures used in accordance with NC 1503-2 through NC 1503-3 to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. A full and individualized evaluation of a child's needs must be conducted before any action is taken with respect to the initial placement of a student with a disability in a special education program. Eligibility of children must be determined by using multiple sources of data and must not be dependent upon single test scores. Evaluation procedures may include, but are not limited to, observations, interviews, progress monitoring data, behavior checklists, structured interactions, play assessment, adaptive and developmental scales, criterion-referenced and norm-referenced instruments, clinical judgment, and tests of basic concepts or other techniques and procedures as deemed appropriate by the professional(s) conducting the evaluations. When eligibility for specific learning disability is being determined, evaluation data must</p>	<p>3.8 Psychological and Counseling Services</p> <p>This service may consist of psychological testing, clinical observation and counseling services as appropriate for chronological or developmental age for one or more of the following areas of functioning: a. Cognitive b. Emotional and personality; c. Adaptive behavior; d. Behavior; and/or e. Perceptual or visual motor.</p> <p>The service must be provided by one of the following:</p> <p>a. Licensed Psychologist (LP); b. Licensed Psychological Associate (LPA); c. Licensed Professional Counselor (LPC); d. Licensed Professional Counselor Associate (LPCA); e. Licensed Clinical Social Worker (LCSW); f. Licensed Clinical Social Worker Associate (LCSWA); or g. School Psychologist (SP).</p>	<p>Principle II.3. Standard II.3.2 School psychologists use assessment techniques and practices that the profession considers to be responsible, research-based practice.</p> <ul style="list-style-type: none"> • School psychologists select assessment instruments and strategies that are reliable and valid for the child and the purpose of the assessment. When using standardized measures, school psychologists adhere to the procedures for administration of the instrument that are provided by the author or publisher or the instrument. If modifications are made in the administration procedures for standardized tests or other instruments, such modifications are identified and discussed in the interpretation of the results. • If using norm-referenced measures, school psychologists choose instruments with up-to-date normative data.

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	<p>communication skills. SCHOOL PSYCHOLOGISTS WRITE EFFECTIVE AND PRACTICAL ASSESSMENT REPORTS OF STUDENT EVALUATIONS THAT ADEQUATELY ADDRESS REFERRAL QUESTION(S) AND PROVIDE USEFUL RECOMMENDATIONS FOR TEACHERS.</p>	<p>include progress monitoring data. Note: The determination of needed screenings and evaluations is based upon the unique needs of the student and not solely on the requirements for the suspected disability category.</p> <p>(b) Definitions of evaluations and screenings. Evaluations and screenings for determining eligibility for special educational services are defined as follows: (1) Adaptive Behavior Evaluation The adaptive behavior evaluation refers primarily to the effectiveness with which the individual generally meets the standards of personal independence and social responsibility expected of his/her age and cultural group. It has two major facets: (i) the extent to which the individual is able to function independently; and (ii) the extent to which he/she satisfactorily meets the culturally imposed demands of personal and social responsibility. Evaluations of adaptive behavior look at the total environment of the child. Adaptive behavior information shall be obtained from two sources, one of which must be the child’s parent, as defined by NC 1500-2.24, unless attempts to gather parental input are not successful. Unsuccessful attempts to obtain adaptive behavior input from the parent must be documented. In that event, another person who knows the child must be sought. An adaptive behavior evaluation may be</p>	<p>3.9.3 Evaluation Services are the administration of an evaluation protocol, involving testing and clinical observation as appropriate for chronological or developmental age, which results in the generation of a written evaluation report. This protocol can consist of interviews with parent(s), legal guardian(s), other family member(s), other service providers, and teachers to collect assessment data from inventories, surveys, and questionnaires.</p>	<ul style="list-style-type: none"> • When using computer-administered assessments, computer-assisted scoring, and/or interpretation programs, school psychologists choose programs that meet professional standards for accuracy and validity. School psychologists use professional judgment in evaluating the accuracy of computer-assisted assessment findings for the examinee. <p>Standard II.3.8 School psychologists adequately interpret findings and present results in clear, understandable terms so that the recipient can make informed choices.</p>
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		<p>included as part of the psychological evaluation, and for preschool children, it also may be part of the educational evaluation. It must be conducted by professional personnel who are trained in the assessment of adaptive behavior and in the interpretation of the assessment results.</p> <p>(8) Motor Screening Motor screening includes reviewing written and verbal information, observing the child in a variety of settings and/or administering screening instruments to determine adequacy of motoric functioning and need for further evaluation. Persons who may screen motor skills are psychologists, specially trained teachers of children with disabilities including adapted physical education teachers, occupational therapists, physical therapists, and other health professionals.</p> <p>(10) Observation Observations of school aged children usually occur in the regular classroom and/or settings related to the area(s) of concern and must document areas of strength as well as areas of need. Observations of school aged children shall assess academic skills and functional skills, which includes behavior. Observations of preschool children should occur in the natural environment; that is, the setting within the community where preschool children without disabilities usually are found (home, child care, preschool classes,</p>		
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		<p>Head Start, etc.) and must document areas of strength and areas which are the focus of concern. Observational data on preschool children may include interactions with persons and objects, and compliance with structure, taking into consideration age-appropriate expectations. Observations may be conducted by a teacher (who is not the teacher of the child), social worker, program coordinator, school psychologist, related services provider or other involved professional. Observations cannot be limited to assessment observations and must include a third-party observation.</p> <p>(14) Psychological Evaluation A psychological evaluation is an assessment of cognitive functioning and may also include, but not be limited to, assessments of educational performance, social/emotional/behavioral functioning, and adaptive behavior. Procedures used by the psychologist may include formal and informal assessment measures, observations, interviews, and other techniques as deemed appropriate by the psychologist. The assessment of cognition may include intelligence, memory, reasoning, problem solving, attending, and processing. Where these instruments are clearly inappropriate as standardized, the psychologist should use his/her professional judgment about the selection of instruments for assessing the intellectual functioning of children. Psychological evaluations shall be performed by DPI- or</p>		
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		<p>Board- licensed psychologists. School psychologists employed by the public schools must be licensed by the State Department of Public Instruction. Psychologists contracting with schools on a private basis must be licensed as psychological associates or practicing psychologists by the North Carolina Psychology Board. When contracting with state agencies for psychological services, the local education agency’s contract must be with the agency and not with the individual psychologist.</p> <p>(15) Social/Developmental History A social history documents normal and abnormal developmental and/or medical events and includes a review of information gathered during the screening process. For preschool children, a social history must include an assessment of family composition, support systems, stressors, and environment as they correlate with the child's need or special services. The history also must include the family's or caregiver's perspective about the child and the need for special services. The history may be obtained by a licensed social worker, special educator, school psychologist, counselor, nurse, teacher or other appropriate persons.</p>		
INTERVENTION PLAN Plan of Care (PoC)	NO RELEVANT REFERENCE	NO RELEVANT REFERENCE	3.10 Treatment Plan (Plan of Care) The Treatment Plan must be established once an evaluation has been administered and prior to the beginning of treatment	Standard II.3.9 School psychologists use intervention, counseling and therapy procedures, consultation techniques, and other direct and indirect service methods that the profession considers to be

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<p style="text-align: center;">Psychological/ Counseling Services SAMPLE PoC TEMPLATE</p>			<p>services. The Treatment Plan is developed in conjunction with the beneficiary, parent(s) or legal guardian(s), teacher and medical professional. The Treatment Plan must consider performance in both clinical and natural environments. Treatment must be culturally appropriate. Short- and Long-Term functional goals and specific objectives must be determined from the evaluation. Goals and objectives must be reviewed at least annually and must target functional and measurable outcomes. The Treatment Plan must be a specific document. Each treatment plan in combination with the evaluation or re-evaluation written report must contain ALL the following:</p> <ol style="list-style-type: none"> a. duration of the treatment plan consisting of the start and end date (no more than 12 calendar months); b. discipline specific treatment diagnosis and any related medical diagnoses; c. Rehabilitative or habilitative potential; d. defined goals (specific and measurable goals that have 	<p>responsible, research-based practice:</p> <ul style="list-style-type: none"> • School psychologists use a problem-solving process to develop interventions appropriate to the presenting problems and that are consistent with data collected. • Preference is given to interventions described in the peer-reviewed professional research literature and found to be efficacious. <p>Standard II.3.10 School psychologists encourage and promote parental participation in designing interventions for their children. When appropriate, this includes linking interventions between the school and the home, tailoring parental involvement to the skills of the family, and helping parents gain the skills needed to help their children.</p> <ul style="list-style-type: none"> • School psychologists discuss with parents the recommendations and plans for assisting their children. This discussion takes into account the ethnic/cultural values of the family and includes alternatives that may be available. Subsequent recommendations for program changes or additional services are discussed
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			<p>reasonable expectation to be achieved within the duration of the treatment plan) for each therapeutic discipline;</p> <p>e. skilled interventions, methodology, procedures, modalities and specific programs to be utilized;</p> <p>f. frequency of services;</p> <p>g. length of each treatment visit in minutes;</p> <p>h. name, credentials and signature of professional completing Treatment Plan dated on or prior to the start date of the treatment plan; and</p> <p>i. treatment plan date, beneficiary’s name and date of birth or Medicaid identification number.</p>	<p>with parents, including any alternatives that may be available.</p> <ul style="list-style-type: none"> • Parents are informed of sources of support available at school and in the community. <p>Standard II.3.11 School psychologists discuss with students the recommendations and plans for assisting them. To the maximum extent appropriate, students are invited to participate in selecting and planning interventions.</p>
INTERVENTION or TREATMENT NOTE	NO RELEVANT REFERENCE	NO RELEVANT REFERENCE	<p>3.11 Treatment Services a. Treatment services are the medically necessary:</p> <ol style="list-style-type: none"> 1. therapeutic PT, OT, ST, and audiology procedures, modalities, methods and interventions, that occur after the initial evaluation has been completed; 2. Nursing services directly related to a written plan of care (POC) based on an order from a licensed MD, DPM, DO, PA, NP or CNM; and 	NO RELEVANT REFERENCE

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			<p>3. Psychological and counseling services.</p> <p>7.2 Documenting Services Description of services (skilled intervention and outcome or beneficiary response) performed and dates of service must be present in a note for each billed date of service; f. The duration of service (length of evaluation and treatment session in minutes) must be present in a note for each billed date of service; g. The signature and credentials of the person providing each service. Each billed date of service must be individually documented and signed by the person providing the service;</p> <p>If group therapy is provided, this must be noted in the provider’s documentation for each beneficiary receiving services in the group. For providers who provide services to several children simultaneously in a classroom setting, the documentation must reflect this and the duration of services noted in the chart must accurately reflect how much time the</p>	
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			<p>provider spent with the beneficiary during the day.</p> <p>Practitioners and clinicians shall keep their own records of each encounter, documenting the date of treatment, time spent, treatment or therapy methods used, progress achieved, and any additional notes required by the needs of the beneficiary. These notes must be signed by the clinician and retained for future review by state or federal Medicaid reviewers.</p>	
<p align="center">PROGRESS REPORT</p>	<p>Standard 3: <i>School Psychologists Use Their Knowledge of the School Environment, Child Development, and Curriculum and Instruction to Improve Student Achievement</i> School psychologists assist school staff in the collection of universal screening data and progress monitoring data. This data is then used to adjust academic instruction and interventions.</p>	<p>NC 1503-4.1 (a)(3) A description of—</p> <p>(i) How the child’s progress toward meeting the annual goals described in paragraph (2) of this section will be measured; and</p> <p>(ii) That periodic reports on the progress the child is making toward meeting the annual goals will be provided concurrent with the issuance of report cards;</p>	<p>3.11 (b)(6) The IEP, IFSP, IHP, BIP or 504 Plan requirement of parent notification must occur at regular intervals throughout the year as stipulated by NC Department of Public Instruction. Such notification must detail how progress is sufficient to enable the child to achieve the IEP, IFSP, IHP, BIP or 504 Plan goals by the end of the school year;</p>	<p>Principle II.2. Standard II.2.2 School psychologists actively monitor the impact of their recommendations and intervention plans. They revise a recommendation, or modify or terminate an intervention plan, when data indicate the desired outcomes are not being attained. School psychologists seek the assistance of others in supervisory, consultative, or referral roles when progress monitoring indicates that their recommendations and interventions are not effective in assisting a client.</p>