



**COUNTY OF HENRICO
DEPARTMENT OF FINANCE
PURCHASING DIVISION
CONTRACT EXTRACT
NOTICE OF RENEWAL**

| | |
|---|---|
| DATE: | October 12, 2025 |
| CONTRACT COMMODITY/SERVICE: <i>(include contracting entity if cooperative)</i> | In Person Psychological Services PK-12 |
| CONTRACT NUMBER: | 2541A |
| COMMODITY CODE: | 948.76 |
| CONTRACT PERIOD: | October 13, 2025 – October 12, 2026 |
| RENEWAL OPTIONS: | Two one-year renewal options through 2028 |
| USER DEPARTMENT: | Schools |
| Contact Name: | Kennedy Venaglia |
| Phone Number: | 804-642-3640 |
| | Kwvenaglia@henrico.k12.va.us |
| HENRICO COOPERATIVE TERMS INCLUDED: | Yes |
| SUPPLIER: Name: | The Stepping Stones Group LLC |
| Address: | 123 N. Wacker Drive, Suite 1150 |
| City, State: | Chicago, IL 60606 |
| Contact Name: | Jessica Little |
| Phone Number: | 678-426-2571 |
| Email address: | Jessica.Little@ssg-healthcare.com |
| ORACLE SUPPLIER NUMBER: | 441978 |
| BUSINESS CATEGORY: | Non-Swam |
| PAYMENT TERMS: | Net 45 |
| DELIVERY: | As needed and requested |
| FOB: | Destination |
| BUYER: Name: | Eileen M. Falcone CPPB |
| Title: | Purchasing Manager |
| Phone: | 804-501-5637 |
| Email: | Fal51@henrico.gov |

This contract is the result of a competitive solicitation issued by the Department of Finance, Purchasing Division. A requisition must be generated for all purchases made against this contract and the requisition must reference the contract number.

PRICE SCHEDULE

See Exhibit A1



COMMONWEALTH OF VIRGINIA
County of Henrico

In Person Psychological Services PK-12
Contract No. 2541A
Amendment No. 2
July 1, 2025

Whereas, the County School Board of Henrico County, Virginia (the “County”) and The Stepping Stones Group LLC (“Contractor”) entered into Contract No. 2541A (the “Contract”) dated October 11, 2023 to provide In Person Psychological Services PK-12 when needed and requested by the County; and,

Whereas, the original Contract term was from October 11, 2023 to October 12, 2024; and,

Whereas, by Amendment No. 1 dated June 26, 2024 the parties renewed the Contract for an additional one-year term beginning October 13, 2024 and ending October 12, 2025, with current pricing; and,

Whereas, the parties wish to renew the Contract for an additional one-year term beginning October 13, 2025 and ending October 12, 2026; and,

Whereas, by letter dated June 26, 2025, Contractor agreed to renew the Contract with updated pricing. The increase was approved by the Purchasing Director in accordance with Sec. 5.DD. of the Request for Proposal. Exhibit A of the contract will be replaced by Exhibit A1.

Now, therefore, the parties agree to renew and amend the Contract as follows:

1. The Contract is hereby renewed for an additional one-year term beginning October 13, 2025 and ending October 12, 2026.
2. Exhibit A is now replaced with Exhibit A1.
3. All other provisions of the Contract remain in full force and effect.

In witness whereof, the parties have caused this Amendment No. 1 to the Contract to be executed by the following duly authorized individuals:

The Stepping Stones Group LLC
123 N. Wacker Drive, Suite 1150
Chicago, IL 60606

Signature

Jessica Little, M.Ed., Client Services Director

Printed Name and Title

07/09/2025

Date

County School Board of Henrico, Virginia
406 Dabbs House Road
Henrico, VA 23223

Amy E. Cashwell, Ed.D
Superintendent

07/09/2025

Date

APPROVED AS TO FORM

ASSISTANT COUNTY ATTORNEY

Exhibit A1

The hourly bill rates listed below are inclusive of both direct and indirect service time such as planning, scheduling, documentation, IEP meetings, evaluations, required staff meetings, parent consults, and intra-district travel time between assigned school locations.

| Service | Cost Per Hour |
|---|-----------------|
| In Person Psychological Services Hourly Rate Range | \$84.00-\$90.00 |

The hourly rate range allows for variability in candidate and position needs and details, including but not limited to: Candidate experience, Short-term vs. long-term positions, Caseload and workload demands, etc.

The current shortages in critical need areas are requiring the flexibility a rate range can provide to secure candidates to fill the district's positions. An assignment confirmation will be completed for any providers assigned to the district outlining hours per week, start and end dates of their assignment and hourly rate per assignment.

- Additionally, we will provide the following services at no cost to the District:
- Dedicated **Triad** team that works together to deliver the highest level of service and support to the District and the students served
- BACB, ASHA, AOTA, and NASP approved courses for your clinicians and staff three times per year through our proprietary LMS (Learning Management System), Bridge Academy
- Ongoing clinical management and support to each SSG clinician assigned to the District
- Training and development provided by experienced school-based clinicians
- Access to our **Pathways to Success Program** for every SSG clinician including:
 - Bloom Clinical Fellow Program
 - Foundations Mentoring Program
 - Bridge Academy Continuing Education and Training Program



COMMONWEALTH OF VIRGINIA
County of Henrico

In Person Psychological Services PK-12
Contract No. 2541A
Amendment No. 1
June 26, 2024

Whereas, the County School Board of Henrico County, Virginia (the "County") and The Stepping Stones Group LLC ("Contractor") entered into Contract No. 2541A (the "Contract") dated October 11, 2023 to provide In Person Psychological Services PK-12 when needed and requested by the County; and,

Whereas, the original Contract term is from October 11, 2023 to October 12, 2024; and,

Whereas, the parties wish to renew the Contract for an additional one-year term beginning October 13, 2024 and ending October 12, 2025; and,

Whereas, by letter dated June 24, 2024, Contractor agreed to renew the Contract at the current price.

Now, therefore, the parties agree to renew and amend the Contract as follows:

1. The Contract is hereby renewed for an additional one-year term beginning October 13, 2024 and ending October 12, 2025 at the current price.
2. All other provisions of the Contract remain in full force and effect.

In witness whereof, the parties have caused this Amendment No. 1 to the Contract to be executed by the following duly authorized individuals:

The Stepping Stones Group LLC
123 N. Wacker Drive, Suite 1150
Chicago, IL 60606

Signature

Jessica Little, M.Ed. - Client Services Director

Printed Name and Title

06/27/2024

Date

County School Board of Henrico, Virginia
406 Dabbs House Road
Henrico, VA 23223

Amy E. Cashwell, Ed.D
Superintendent

7/2/2024

Date

APPROVED AS TO FORM

Assistant County Attorney



COMMONWEALTH OF VIRGINIA
County of Henrico

**Professional Services Contract
Contract No. 2541A**

This Professional Services Contract (this "Contract") entered into this 11th day of October 2023, by The Stepping Stones Group LLC (the "Contractor") and the County School Board of Henrico County, Virginia ("HCPS").

WHEREAS HCPS has awarded the Contractor this Contract pursuant to Request for Proposals No. 23-2541-5EMF (the "Request for Proposals") for In Person Psychological Services for PK-12.

WITNESSETH that the Contractor and HCPS, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF CONTRACT: The Contractor shall provide the services to the HCPS as set forth in the Contract Documents.

COMPENSATION: The compensation HCPS will pay to the Contractor under this Contract shall be in accordance with Exhibit A. An authorized signatory from each the Contractor and HCPS will be required to execute an Assignment Confirmation Addendum substantially in the form of Exhibit C to identify each of Contractor's employees assigned to HCPS and the associated billing details.

CONTRACT TERM: The Contract term shall be for a period of one year beginning from date of execution of this Contract. HCPS may renew the Contract for up to four one-year terms by giving 30 days' written notice before the end of the term unless Contractor has given HCPS written notice that it does not wish to renew at least 90 days before the end of the term.

CONTRACT DOCUMENTS: This Contract hereby incorporates by reference the documents listed below (the "Contract Documents") which shall control in the following descending order:

1. This Non-Professional Services Contract between HCPS and Contractor.
2. The General Contract Terms and Conditions included in the Request for Proposals.
3. Contractor's Best and Final Offer dated September 27, 2023 (Exhibit A).
4. Contractor's Original Proposal dated July 12, 2023 (Exhibit B).
5. The Scope of Services included in the Request for Proposals.
6. Contractor's Assignment Confirmation Addendum (Exhibit C).

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound hereby.

The Stepping Stones Group LLC

123 N. Wacker, Drive Suite 1150
Chicago, IL 60606

John Gumpert
Signature

John Gumpert, Director of Contracts & Proposals
Printed Name and Title

October 11, 2023
Date

County School Board of Henrico County,
Virginia
406 Dabbs House Road
Henrico, VA 23223

A. E. Cashwell
Signature

Amy E. Cashwell
Superintendent

10/12/23
Date

APPROVED AS TO FORM
*if School Board awards contract at
its October 12, 2023 Work Session*
A. E. Cashwell 10/12/23
ASSISTANT COUNTY ATTORNEY

The hourly bill rates listed below are inclusive of both direct and indirect service time such as planning, scheduling, documentation, IEP meetings, evaluations, required staff meetings, parent consults, and intra-district travel time between assigned school locations.

| Service | Cost Per Hour |
|---|------------------------|
| In Person Psychological Services Hourly Rate Range | \$77.00-\$82.00 |

The hourly rate range allows for variability in candidate and position needs and details, including but not limited to: Candidate experience, Short-term vs. long-term positions, Caseload and workload demands, etc.

The current shortages in critical need areas are requiring the flexibility a rate range can provide to secure candidates to fill the district's positions. An assignment confirmation will be completed for any providers assigned to the district outlining hours per week, start and end dates of their assignment and hourly rate per assignment.

- Additionally, we will provide the following services at no cost to the District:
- Dedicated **Triad** team that works together to deliver the highest level of service and support to the District and the students served
- BACB, ASHA, AOTA, and NASP approved courses for your clinicians and staff three times per year through our proprietary LMS (Learning Management System), Bridge Academy
- Ongoing clinical management and support to each SSG clinician assigned to the District
- Training and development provided by experienced school-based clinicians
- Access to our ***Pathways to Success Program*** for every SSG clinician including:
 - Bloom Clinical Fellow Program
 - Foundations Mentoring Program
 - Bridge Academy Continuing Education and Training Program

EXHIBIT B



THE STEPPING STONES GROUP

Transforming Lives Together



The Stepping Stones Group

**Request for Proposal # 23-2541-5EMF
In Person Psychological Services PK-12
Henrico County Public Schools**

Authorized Representatives

**Jessica Little, Client Services Manager
123 N. Wacker Drive, Suite 1150
Chicago, Illinois 60606
jessica.little@ssg-healthcare.com
678-426-2571**

Secondary Contact

**John Gumpert
RFP & Contracts Manager
k12ops.bids@ssg-healthcare.com**

**Opening Date: July 20th, 2023
Opening Time: 2:00 PM**

Respectfully Submitted

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THE STEPPING STONES GROUP
Transforming Lives Together

July 13, 2023

County of Henrico, Virginia
Eileen M. Falcone, Department of Finance
8600 Staples Mill Road
Henrico, Virginia 23273

Ms. Falcone,

In response to your Request for Proposals, The Stepping Stones Group (SSG) is pleased to present its proposal for the provision of In Person Psychological Services for The County of Henrico and Henrico County Public Schools (HCPS). We would like to express our sincere and earnest interest in expanding the services SSG provides for your students as part of their Individualized Education Programs.

With over 34 years of experience and expertise, The Stepping Stones Group is a trusted market-leader in providing special education, therapeutic, nursing, and behavioral health services for school systems throughout the United States. We are comprised of ten trusted, long-standing, and mission-driven organizations that offer a variety of special education solutions. Our family of brands includes the following: AlphaVista, Ardor School Solutions, Cobb Pediatric Therapy Services, Cumberland Therapy Services, EBS Healthcare, Futures, MyTherapyCompany, Speech Rehab Services, Staffing Options and Solutions, and Staff Rehab. Through our collective family of brands and continued growth, we now serve more than 1,100 public school systems, charter schools, and private learning centers, and we employ more than 9,000 therapy, behavioral health, nursing, and education professionals nationwide.

Our organization has combined the management and recruitment expertise of our partner companies, along with clinical resources, mentoring, and professional development, into one market-leading organization. We provide comprehensive clinical management services, and each of our clinicians is assigned to a Clinical Manager. As such, we have earned an excellent reputation as an extremely effective and responsive provider of high-quality education-based services. The Stepping Stones Group has maintained a 92% client retention rate, leading to consistent and reliable staffing for our school district partners.

The Stepping Stones Group is uniquely qualified to meet the needs of HCPS. We have the experience to recruit qualified, licensed providers and the capabilities to provide the district with whatever level of staffing it may need, from simple position staffing to department management, and anything in between that would benefit its students. If you should have any questions or require additional information, please feel free to contact me directly, and we appreciate your consideration.

Sincerely,

Jessica Little

Client Services Manager

p. (678) 426-2571

e. jessica.little@ssg-healthcare.com

www.thesteppingstonesgroup.com

ATTACHMENT A
PROPOSAL SIGNATURE SHEET

My signature certifies that the proposal as submitted complies with all requirements specified in this Request for Proposal (“RFP”) **No. 23-2541-5EMF In-Person Psychological Services for Students PK-12.**

My signature also certifies that by submitting a proposal in response to this RFP, the Offeror represents that in the preparation and submission of this proposal, the Offeror did not, either directly or indirectly, enter into any combination or arrangement with any person or business entity, or enter into any agreement, participate in any collusion, or otherwise take any action in the restraining of free, competitive bidding in violation of the Sherman Act (15 U.S.C. Section 1) or Sections 59.1-9.1 through 59.1-9.17 or Sections 59.1-68.6 through 59.1-68.8 of the Code of Virginia.

I hereby certify that I am authorized to sign as a legal representative for the business entity submitting this proposal.

| | |
|---|---|
| LEGAL NAME OF OFFEROR (DO <u>NOT</u> USE TRADE NAME): | |
| The Stepping Stones Group, LLC | |
| ADDRESS: | 123 N. Wacker Drive, Suite 1150 |
| | Chicago, IL 60606 |
| FEDERAL ID NO: | 26-0852181 |
| SIGNATURE: |  |
| NAME OF PERSON SIGNING (PRINT): | John Gumpert |
| TITLE: | RFP & Contracts Manager |
| TELEPHONE: | 800-337-5965 |
| FAX: | 800-822-8287 |
| EMAIL ADDRESS: | k12ops.bids@ssg-healthcare.com |
| DATE: | 7/12/23 |

ATTACHMENT B BUSINESS CATEGORY CLASSIFICATION FORM

Company Legal Name: The Stepping Stones Group, LLC

This form completed by: Signature:  Title: RFP & Contracts Manager

Date: 7/12/23

PLEASE SPECIFY YOUR **BUSINESS CATEGORY** BY CHECKING THE APPROPRIATE BOX(ES) BELOW.

(Check all that apply.)

- SMALL BUSINESS
- WOMEN-OWNED BUSINESS
- MINORITY-OWNED BUSINESS
- SERVICE-DISABLED VETERAN
- EMPLOYMENT SERVICES ORGANIZATION
- NON-SWaM (Not Small, Women-owned or Minority-owned)

SUPPLIER REGISTRATION – The County of Henrico encourages all suppliers interested in doing business with the County to register with eVA, the Commonwealth of Virginia’s electronic procurement portal, <http://eva.virginia.gov>.

eVA Registered? Yes No

If certified by the Virginia Minority Business Enterprises (DMBE), provide DMBE certification number and expiration date.

_____ NUMBER _____ DATE

DEFINITIONS

For the purpose of determining the appropriate business category, the following definitions apply:

"Small business" means a business, independently owned and controlled by one or more individuals who are U.S. citizens or legal resident aliens, and together with affiliates, has 250 or fewer employees, or annual gross receipts of \$10 million or less averaged over the previous three years. One or more of the individual owners shall control both the management and daily business operations of the small business.

"Women-owned business" means a business that is at least 51 percent owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest is owned by one or more women who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more women.

"Minority-owned business" means a business that is at least 51 percent owned by one or more minority individuals who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more minority individuals.

"Minority individual" means an individual who is a citizen of the United States or a legal resident alien and who satisfies one or more of the following definitions:

1. "African American" means a person having origins in any of the original peoples of Africa and who is regarded as such by the community of which this person claims to be a part.
2. "Asian American" means a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, including but not limited to Japan, China, Vietnam, Samoa, Laos, Cambodia, Taiwan, Northern Mariana Islands, the Philippines, a U.S. territory of the Pacific, India, Pakistan, Bangladesh, or Sri Lanka and who is regarded as such by the community of which this person claims to be a part.
3. "Hispanic American" means a person having origins in any of the Spanish-speaking peoples of Mexico, South or Central America, or the Caribbean Islands or other Spanish or Portuguese cultures and who is regarded as such by the community of which this person claims to be a part.
4. "Native American" means a person having origins in any of the original peoples of North America and who is regarded as such by the community of which this person claims to be a part or who is recognized by a tribal organization.

"Service disabled veteran business" means a business that is at least 51 percent owned by one or more service disabled veterans or, in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more individuals who are service disabled veterans and both the management and daily business operations are controlled by one or more individuals who are service disabled veterans.

"Service disabled veteran" means a veteran who (i) served on active duty in the United States military ground, naval, or air service, (ii) was discharged or released under conditions other than dishonorable, and (iii) has a service-connected disability rating fixed by the United States Department of Veterans Affairs.

"Employment services organization" means an organization that provides community-based employment services to individuals with disabilities that is an approved Commission on Accreditation of Rehabilitation Facilities (CARF) accredited vendor of the Department of Aging and Rehabilitative Services.

ATTACHMENT B BUSINESS CATEGORY CLASSIFICATION FORM

Company Legal Name: The Stepping Stones Group, LLC

This form completed by: Signature: John Dumont Title: RFP & Contracts Manager

Date: 7/12/23

PLEASE SPECIFY YOUR **BUSINESS CATEGORY** BY CHECKING THE APPROPRIATE BOX(ES) BELOW.

(Check all that apply.)

- SMALL BUSINESS
- WOMEN-OWNED BUSINESS
- MINORITY-OWNED BUSINESS
- SERVICE-DISABLED VETERAN
- EMPLOYMENT SERVICES ORGANIZATION
- NON-SWaM (Not Small, Women-owned or Minority-owned)

SUPPLIER REGISTRATION – The County of Henrico encourages all suppliers interested in doing business with the County to register with eVA, the Commonwealth of Virginia’s electronic procurement portal, <http://eva.virginia.gov>.

eVA Registered? Yes No

If certified by the Virginia Minority Business Enterprises (DMBE), provide DMBE certification number and expiration date.

_____ NUMBER

_____ DATE

DEFINITIONS

For the purpose of determining the appropriate business category, the following definitions apply:

"Small business" means a business, independently owned and controlled by one or more individuals who are U.S. citizens or legal resident aliens, and together with affiliates, has 250 or fewer employees, or annual gross receipts of \$10 million or less averaged over the previous three years. One or more of the individual owners shall control both the management and daily business operations of the small business.

"Women-owned business" means a business that is at least 51 percent owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest is owned by one or more women who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more women.

"Minority-owned business" means a business that is at least 51 percent owned by one or more minority individuals who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more minority individuals.

"Minority individual" means an individual who is a citizen of the United States or a legal resident alien and who satisfies one or more of the following definitions:

1. "African American" means a person having origins in any of the original peoples of Africa and who is regarded as such by the community of which this person claims to be a part.
2. "Asian American" means a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, including but not limited to Japan, China, Vietnam, Samoa, Laos, Cambodia, Taiwan, Northern Mariana Islands, the Philippines, a U.S. territory of the Pacific, India, Pakistan, Bangladesh, or Sri Lanka and who is regarded as such by the community of which this person claims to be a part.
3. "Hispanic American" means a person having origins in any of the Spanish-speaking peoples of Mexico, South or Central America, or the Caribbean Islands or other Spanish or Portuguese cultures and who is regarded as such by the community of which this person claims to be a part.
4. "Native American" means a person having origins in any of the original peoples of North America and who is regarded as such by the community of which this person claims to be a part or who is recognized by a tribal organization.

"Service disabled veteran business" means a business that is at least 51 percent owned by one or more service disabled veterans or, in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more individuals who are service disabled veterans and both the management and daily business operations are controlled by one or more individuals who are service disabled veterans.

"Service disabled veteran" means a veteran who (i) served on active duty in the United States military ground, naval, or air service, (ii) was discharged or released under conditions other than dishonorable, and (iii) has a service-connected disability rating fixed by the United States Department of Veterans Affairs.

"Employment services organization" means an organization that provides community-based employment services to individuals with disabilities that is an approved Commission on Accreditation of Rehabilitation Facilities (CARF) accredited vendor of the Department of Aging and Rehabilitative Services.

ATTACHMENT D
PROPRIETARY/CONFIDENTIAL INFORMATION IDENTIFICATION

NAME OF OFFEROR: The Stepping Stones Group

Trade secrets or proprietary information submitted by an Offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the Offeror must invoke the protections of Va. Code § 2.2-4342(F) in writing, either before or at the time the data or other materials are submitted. The Offeror must specifically identify the data or materials to be protected including the section(s) of the proposal in which it is contained and the pages numbers, and state the reasons why protection is necessary. A summary of trade secrets and proprietary information submitted shall be submitted on this form. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. Va. Code § 2.2-4342(F) prohibits an Offeror from classifying an entire proposal, any portion of a proposal that does not contain trade secrets or proprietary information, line item prices, or total proposal prices as proprietary or trade secrets. If, after being given reasonable time, the Offeror refuses to withdraw such classification(s), the proposal will be rejected.

| SECTION/TITLE | PAGE NUMBER(S) | REASON(S) FOR WITHHOLDING FROM DISCLOSURE |
|--|----------------|---|
| | | |
| N/A - No Confidential Information Included | | |
| | | |
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ATTACHMENT F
DIRECT CONTACT WITH STUDENTS

Name of Offeror: The Stepping Stones Group, LLC

Pursuant to Va. Code § 22.1-296.1, as a condition of awarding a contract for the provision of services that require the contractor or employees of the contractor to have direct contact with students on school property during regular school hours or during school-sponsored activities, the contractor shall provide certification of whether any individual who will provide such services has been convicted of any violent felony set forth in the definition of barrier crime in subsection A of Va. Code § 19.2-392.02; any offense involving the sexual molestation, physical or sexual abuse, or rape of a child; or any crime of moral turpitude.

Any individual making a materially false statement regarding any such offense is guilty of a Class 1 misdemeanor and, upon conviction, the fact of such conviction is grounds for the revocation of the contract to provide such services and, when relevant, the revocation of any license required to provide such services.

As part of this submission, I certify the following:

- None of the individuals who will be providing services that require direct contact with students on school property during regular school hours or during school-sponsored activities have been convicted of a violent felony set forth in the definition of “barrier crime” in Va. Code § 19.2-392.02(A); an offense involving the sexual molestation, physical or sexual abuse, or rape of a child;**

And (select one of the following)

None of the individuals who will be providing services that require direct contact with students on school property during regular school hours or during school-sponsored activities have been convicted of any felony or any crime of moral turpitude.

or

One or more individuals who will be providing services that require direct contact with students on school property during regular school hours or during school-sponsored activities has been convicted of a felony or crime of moral turpitude that is not set forth in the definition of “barrier crime” in Va. Code § 19.2-392.02(A) and does not involve the sexual molestation, physical or sexual abuse, or rape of a child. (In the case of a felony conviction meeting these criteria, the contractor must submit evidence that the Governor has restored the individual’s civil rights.).



Signature of Authorized Representative

John Gumpert

Printed Name of Authorized Representative

The Stepping Stones Group, LLC

Printed Name of Vendor
(if different than Representative)

SSG Additional Named Insured List

Autism Intervention Professionals, LLC
Behavioral Learning Center – CO, Inc.
Behavioral Learning Center, Inc.
EBS Children’s Institute, LLC
EBS Children’s Therapy- GA, LLC
EBS Group LLC
EBS Healthcare, LLC
EBS Earning, LLC
Educational Based Services, LLC
Green Celtics Borrower Merger Sub, LLC
Green Celtics Intermediate Inc.
MBS MidCo, LLC
New England ABA LLC
San Diego County SPS, LLC
SSG HoldCo, LLC
SSG Intermediate HoldCo, LLC
SSG Investment HoldCo Inc.
SSG New York, LLC
Stepping Stones Healthcare Services, LLC
The Futures HealthCore, LLC
The Perfect Playground OT, PT, & SLP PLLC
The Stepping Stones Group LLC
Therapy Time L.L.C.
ERA Psychological Services, Inc.
Green Celtics Holdings LP
Green Celtics Parent Inc.
Positive Behavioral Solutions, LLC
EBS Healthcare Staffing Services, Inc
HM Systems, Inc.
City Sounds of NY – Speech Language Development Center Inc
City Sounds of NY
City Sound of NY Speech Language
Center for Behavioral Educational & Social Therapies, LLC
Ed Sped Solutions, LLC
Building Blocks Behavior Consultants, Inc.
Catalyst Speech, LLC



County of Henrico
Henrico County Public Schools
P.O. Box 23120
Richmond VA 23223

Dear **The Stepping Stones Group, LLC** certificate holder:

In an effort to meet demand for instant electronic delivery of certificates, Lockton Companies now provides paperless delivery of Certificates of Insurance. Thank you for your patience and willingness to help us lessen our environmental footprint.

To fulfill your certificate delivery, we need your email address. Please contact us via one of the methods below with your Holder ID number, email address, and phone number in the event we have any questions.

Your Holder ID number is 15292402.

- Email: SteppingStonescertrequests@lockton.com
- Toll-free automated phone service: 866-218-4018

If this certificate is no longer needed or valid, please notify us.

Thank you,

Lockton Companies

STATEMENT OF THE SCOPE

Scope and Service Cohorts

Below is a partial list of the services we provide:

| <u>Related Therapy</u> | <u>Related Behavioral</u> | <u>Education</u> | <u>School Nursing</u> | <u>Autism</u> |
|-------------------------------------|--------------------------------|---|--------------------------------------|-------------------------------------|
| Speech Language Pathologists | School Psychologists | Special Education Teachers | Certified School Nurses | Board Certified Behavioral Analysts |
| Occupational Therapists | Licensed Social Workers | Teachers for the Visually Impaired | Registered Nurses | Registered Behavioral Technicians |
| Physical Therapists | Mental Health Counselors | Teachers for the Deaf and Hard of Hearing | Licensed Practical/Vocational Nurses | Behavioral Technicians |
| Audiologists | Educational Diagnosticians | Sign Language Interpreters | Certified Nursing Assistants | Paraprofessionals |
| Therapy Assistants (SLPA, OTA, PTA) | School Counselors | Adaptive Physical Education Teachers | | Instructional Aides |
| | Marriage and Family Therapists | Orientation and Mobility Specialists | | |

CAPABILITIES

Staffing Capabilities

Our longstanding history, national leadership, regional experience, and localized familiarity allow us to continue the growth of our professional network so we may effectively meet the staffing demands of our school district partners in every area of need. We continue to experience remarkable growth and success in recruiting highly skilled special education, therapeutic, behavioral health, and education professionals for our school district clients. This success is represented in our client retention rate, in which 92% of our school district partners have chosen to work with us year after year.

- **Regional knowledge and experience.** As a longstanding local provider in Virginia and current vendor to HCPS, SSG is already familiar with the district’s policies, procedures and special education programs. We understand the commutability factors from different areas of the county and surrounding area, and we use this knowledge and experience to match available clinicians with assignments in appropriate or commutable locations.
- **Local and nationwide candidate pools.** SSG has built a large network and database of professionals that we can call upon when a school district partner has an opening. This database includes candidates in the Henrico County area, as well as candidates located throughout all 50 states. This allows us to expand our recruiting efforts to help source candidates relocating to the area if needed.
- **Creative sourcing and recruiting.** Our organization uses proven recruiting techniques to uncover new candidate leads for our school district clients. Through creative, proactive, and personalized recruiting efforts, we can respond to the needs of your District to provide qualified and available candidates.

We also work with universities and colleges across the country, including many in Virginia. Our ongoing and broad recruiting strategies ensure that we have potential candidates in our pool today and that we are developing new candidates for the needs of tomorrow.

- **Consistency of service and retention of clinicians.** SSG is proud of the consistency of service that we offer our school district partners. The growth and satisfaction of our clinicians is an integral part of our company culture, so our clinicians tend to stay with us year after year. Maintaining these high retention rates allows us to offer returning staff to your District each school year.
- **Ongoing and immediate staffing needs.** We are committed to responding to the short notice needs of our clients. Our approach includes immediate access to our local / regional database of clinicians, offering special incentives and creative solutions to support the urgent needs of your district. As our relationship continues to grow with the District, so does our involvement with local clinicians and the ability to respond quickly with qualified and talented candidates.

SCOPE OF WORK

Experience of the Firm

Our psychologists are licensed and certified in Virginia, have specialized training and experience in special education, developmental disabilities, pediatric rehabilitation, and/or mental illness, and work within the framework of IDEA, the ethical best practices of their disciplines, local District guidelines, and state and federal law. We will ensure that our clinicians and educators comply with the terms and conditions regarding licenses and certificates, fingerprinting, Medicaid service records, and all District rules and regulations.

Scope of Services

SSG has reviewed the Scope of Services outlined in the RFP instructions, and we agree with all requirements and terms. We will recruit highly qualified clinicians who will meet the District's qualifications. We will also ensure that they perform all duties listed in the Scope of Services, including providing direct and indirect services, conducting evaluations, participating in IEP meetings, writing reports, coordinating with parents and staff, and following District procedures.

The clinical culture within SSG revolves around providing educationally relevant services and implementing strategies and best practice techniques to address the students' IEP goals. Our clinicians will comply with the following duties, allowing for differences across disciplines.

- Pre-referral strategies, if applicable within the District
- Assessments
- Report Writing
- Attendance at meetings
- Therapy services
- Documentation
- Treatment logs
- Progress reports
- Consultation with teachers, parents, etc.
- Collaboration with child study team

For this RFP, we have provided a partial list of the job duties below:

School Psychologist

- Tests for special education services eligibility, adhering to state and district guidelines
- Assesses learning and emotional needs by observing and consulting with multi-agency teams
- Develops and supports therapeutic and behavior management programs
- Designs and develops courses for parents, teachers, and others involved with the education of children and young people on topics such as bullying
- Writes reports to make formal recommendations on actions to be taken
- Advises, persuades, supports, and negotiates with teachers, parents, and other educational professionals
- Works collaboratively with IEP team members in the development of Individualized Education Plans for students with disabilities
- Attends case conferences involving multidisciplinary teams on how best to meet the social, emotional, behavioral, and learning needs of the children
- Consults with teachers and other professionals (OT, PT, SLP, etc.)
- Facilitates meetings, discussions, and courses
- Formulates interventions that focus on applying knowledge, skills, and expertise to support local and national initiatives
- Develops and applies effective interventions to promote psychological wellbeing, social, emotional and behavioral development
- Provides counseling services to students receiving special education services
- Provides an environment that is sensitive to cultural, language, and learning differences among all children

METHODOLOGY

It is our priority that our clinicians implement educationally relevant and evidence-based therapeutic and behavioral health approaches, follow best practice standards in their area of specialty, and implement services within the least restrictive environment.

Our clinicians will apply an integrated and collaborative approach to services, following your District's Multi-Tiered System of Supports or Response to Intervention guidelines and approach. Our clinicians will also participate in all aspects of the school-based identification and intervention process: from assessments and eligibility standards, to development, planning, and implementation of IEP services.

As members of the collaborative IEP team, our clinicians will help determine the right service delivery model and strategies to support the educational goals of each individual student. Service models may include individual or group service delivery, push-in, pull-out, consultative approaches, or any combination of the above. We believe that it is essential for all IEP team members to collaborate with one another on a regular basis in order to promote consistency and increase student success.

Pre-Referral Strategies, Including RtI

SOG clinicians will follow the policies and procedures defined by the District. Before an assessment is initiated, our clinicians may collaborate with IEP team members or school staff to discuss parent and/or teacher concerns regarding the student's academic and/or behavioral challenges. The clinicians will work with the team to determine specific strategies and modifications that can be implemented for a specified amount of time, in the general education environment. If necessary, a classroom observation may be scheduled.

SOG clinicians will lend support, provide strategies for interventions, and educate the IEP team members with regard to related disability areas, which have a negative educational impact on student performance. In addition, prior test scores, attendance records, medical history, and work samples may be reviewed to assist in making the right modifications for the student. This approach will frequently reduce unnecessary assessments and provide staff with the tools to help meet student needs.

Assessments

If an area of deficit has been identified that negatively impacts a student's academic performance, SOG clinicians will provide assessments in accordance with state and District guidelines. Assessment materials and protocols are administered based on the student's age, specific areas of academic concern, and culture. Once all data has been compiled, an evaluation report is completed, and the outcomes of the assessment are shared with the IEP team and family during an IEP meeting. The student's present levels of function, proposed goals, recommended accommodations, and potential interventions are discussed. If services are recommended, the information gathered during the assessment process will be used to develop the student's treatment plan and goals.

Consultation

SOG clinicians provide consultation services to support students' success and bolster their skills in various learning situations. Consultation involves different components, such as classroom observations, providing strategies for teachers and parents, and providing resources. Consultation may take place in or out of the classroom.

IEP Team Collaboration

SOG recognizes that parents and teachers are key members of the student's IEP Team. We encourage our clinicians to communicate with IEP team members regularly to keep them informed and to answer any questions they might have regarding the services the clinician is providing. In order to ensure consistency and continuity, our clinicians:

- coach the school staff in techniques and modifications for improved carryover and success
- participate in co-treatment sessions with other service providers, when appropriate
- provide parents/guardians with information on their child's disability and how it is being addressed at school
- provide home programs that include activities to reinforce services that are being provided throughout the day

Student Intervention

SOG clinicians understand that interventions are driven by the student's IEP goals, using best practice methodology and appropriate service delivery models (push-in, pull-out, consultative, collaborative) to address their individual educational needs. Whenever possible, services are integrated into the classroom, to ensure that the least restrictive environment is utilized. This promotes the carry-over of therapeutic strategies into the classroom and provides opportunities for staff education, collaboration, and consultation with key staff members that will be supporting the student's educational progress.

Progress Monitoring

SOG recognizes the significance of data collection, documentation, and accountability, as well as the importance of providing the appropriate amount of services stated in the IEPs. Our Clinical Manager will provide individualized support and direction to our clinicians and educators in the area of Progress Monitoring, as needed. They are available for direct visits, phone conversations, and email communications, and they can answer questions regarding data collection and documentation.

With regard to monitoring progress, our clinicians will:

- complete District and/or site-specific quarterly progress reports
- follow the District's policies and procedures for documentation and availability
- monitor the daily notes to determine progress
- record student IEP progress and keep printed progress reports in student records
- complete Attendance Logs in order to track the frequency and duration of services provided
- notify case managers when clinicians complete their portion of student progress related to Special Education services

Student Confidentiality, HIPAA/FERPA/IDEA Compliance, and Maintenance of Records

Our company and our employees understand and comply with HIPAA, FERPA, and IDEA regulations and guidelines to ensure total confidentiality and maintenance of student records/documents. We also abide by the understanding that all student records/documents are retained as property of the District. The importance of confidentiality and protecting the privacy of students' health information and students' education records is addressed during our Employee Orientation Process. This information is also covered in our Employee Handbook. We are committed to maintaining legal compliance and integrity in all aspects of our operations. Our employees are required to read and sign the company Compliance Program.

DEFAULT, TERMINATION AND BARRED CERTIFICATION



Pursuant to Section VI, Items L(3), L(4) and L(5), in this tab, The Stepping Stones Group certifies (i) that it has not defaulted on any government contract in the last five years, (ii) that no government has terminated a contract with The Stepping Stones Group for cause in the last five years, and (iii) that neither The Stepping Stones Group nor any of its officers, directors, partners, or owners is currently barred from participating in any procurements by any federal, state, or local government body.

COMPANY BACKGROUND

The Stepping Stones Group offers a robust 34-year history of providing therapeutic, behavioral health, nursing, and special educational services for school systems. Since our beginnings in 1989, we have become the nationally recognized leader in serving school districts and have made the INC 5000 list over 10 times. We are a Limited Liability Company (LLC) based in Chicago and incorporated Delaware. We also have additional corporate hubs in Boston and Atlanta, along with offices in California, Indiana, New York and Pennsylvania.

We currently have over 9,000 clinicians and educators providing services for over 1,100 public school districts, charter schools, and private learning centers in more than 45 states. We have unparalleled experience in delivering best practice therapeutic and behavioral health solutions to children with special needs and autism. In addition to recruiting highly qualified staff, we provide clinical management, comprehensive training and orientation, and ongoing monitoring for our clinicians.

Our Mission and Core Values

Our company was founded with the singular mission of transforming the lives of children, families, and communities together through our exceptional therapeutic, special education and behavioral health services. We have a strong commitment to our core values, as they are the true heart of our company culture:

- **Trust:** Respectful and loyal in our actions
- **Integrity:** Honest, ethical, and fair in our activities
- **Results:** Striving to exceed expectations
- **Quality:** Excellence in everything we do
- **Community:** Working together to improve a child's future
- **Inclusivity:** Welcoming everyone to join our mission in transforming lives together

A passionate adherence to these guiding beliefs continues to shape how we serve our employees, our clients, and the broader community.

CONTACT INFORMATION

| | |
|---------------------|--|
| Name | The Stepping Stones Group, LLC |
| Headquarters | 123 N. Wacker Dr., Suite 1150, Chicago, IL 60606 |
| Date Started | Formed in 1989. Official Name Change - December 31, 2020 |
| Type | Limited Liability Company. Incorporated in Delaware |
| Contact | Jessica Little, Client Services Manager |
| Email | jessica.little@ssg-healthcare.com |
| Phone | 678-426-2571 |
| Website | www.thesteppingstonesgroup.com |
| VA SCC # | T0356693 |

COMPANY EXPERIENCE

The Stepping Stones Group is the largest provider in the country with more than 9,000 clinicians in over 1,100 school systems across 45 states. We deliver high quality, educationally relevant therapy, behavioral health, and educational services to school districts, and our decades-long experience is comprehensive and diverse. It includes serving student populations of all sizes throughout rural, suburban, and urbanized metropolitan areas, with diverse student and socioeconomic populations and varying severities of disability or delays. In working with SSG, HCPS will retain a knowledgeable partner that understands the school framework, the importance of supporting your district initiatives, and the value that our additional resources and clinician support brings to your administration.

Virginia Experience

The Stepping Stones Group has been providing special education therapy services for Virginia school districts since 2005. We currently have over 150 clinicians working in over 20 school districts across the state. Below please review a partial list of the school districts we are currently serving for the 2022-2023 school year.

- Fairfax County PS
- New Kent County PS
- Prince George County PS
- Chesterfield County PS
- Staunton City PS
- Fauquier County PS
- Virginia Beach City PS
- Loudoun County PS
- Halifax County PS
- Richmond County School System
- Frederick County PS
- Norfolk PS
- Richmond County PS
- Richmond City PS
- Alexandria City PS
- Prince William County PS
- York County PS
- Hampton City Schools
- King William County PS
- Henrico County PS
- Portsmouth PS
- Spotsylvania County PS
- Page County PS
- Clarke County PS
- King & Queen County PS
- Southampton County PS
- Augusta County PS
- Manassas City PS

STATEMENT OF UNDERSTANDING

SSG is passionate about helping students in need across the country. We engage with school districts, educators, and parents to understand students' unique challenges and provide special education solutions. We leverage our longstanding history, national leadership, regional experience, and expansive professional network to effectively provide therapeutic and behavioral health services for our school district partners.

We understand and are qualified to meet and exceed the requirements set forth in the HCPS RFP for In Person Psychological Services. We are involved, accountable partners with our school district clients, and we work each day with that partnership - and our responsibility to ensure the quality and reliability of our clinicians and services - at the center of our activities. We believe we have the necessary experience and qualifications to continue fulfilling HCPS's needs.

WHO WE ARE

SSG is the nationwide market leader in providing therapeutic, nursing, and behavioral health services for children with special needs.

- **Our mission:** *Transforming the lives of children, families, and communities together through our exceptional therapeutic and behavioral health services*
- **Commitment to our Core Values:** Trust, Integrity, Results, Quality, Community, Inclusivity

- **Dedication to our client relationships:** Our 34-year history working closely with our district partners is the foundation of our organization.
- **Stepping Up for a Cause:** SSG is intentional about serving its communities, and we believe small acts make big differences in the lives of people where we live and work. We are committed to giving back to the communities that we serve through our philanthropic efforts.
- **Inclusivity:** Our Diversity & Inclusion Council focuses on bringing about a more equitable environment to enable all employees to feel welcomed and included for their unique talents and contributions.

WHY SCHOOL DISTRICTS TRUST US

- **We Know School Districts:** We are the largest provider of school-based therapeutic and behavior support services nationwide, serving over 9000 students in over 1100 districts.
- **Quality is Our Priority:** We utilize an engagement and communication platform to enhance our employees' experiences and to monitor their fulfillment with their positions. This allows the team to stay informed of potential issues and fix potential problems early.
- **Our Experience:** We have specialized in serving school systems for 34 years and are working to positively impact the lives of more than 2.1 million children. We have been providing school-based services to Virginia school districts since 2005, and we currently have 150 clinicians working across the state.
- **Our Dedication:** We make sure our clinicians have the resources to do their job effectively so that your students are served appropriately. We ensure quality services and provide an experienced clinical leadership team.

HOW WE ARE DIFFERENT

- **Clinical Quality:** Every clinician is managed by an experienced school-based clinician, not by someone in HR. Our operational leadership consists of licensed clinicians and educators whose support and mentorship promotes best practices and ensures that our staff members are successful in their district assignments.
- **District Professional Development:** We offer continuing education to your District. Each school year, we will offer your District and your employees exclusive access to ASHA, AOTA, and APTA approved courses three times per year at no additional cost.
- **Training and Development:** We provide our staff with continuing education, training, resources, and mentoring through our professional development program, **Pathways to Success**.
- **Our Employees, Not Independent Contractors:** Our clinicians and educators are our employees, not independent contractors. As a result, we are able to exercise higher levels of accountability and expectations in the provision of services.
- **Personalized Team Approach:** We provide a dedicated **Triad** team (Clinical Manager, Client Services Manager, and Career Services Manager) that works together to deliver the highest level of service and support to the District and the students served.
- **Clinician Retention:** Our Net Promoter Score is rated as Excellent for our industry. The Net Promoter Score is a measure of how likely our clinicians are to recommend us to someone else. With such a high rating, our clinicians are more likely to return year after year, which results in reduced turnover.

QUALIFICATIONS, EXPERIENCE AND RESUMES

OUR COMMITMENT

Together, we are transforming the lives of children and families, improving the quality of therapeutic and behavioral services, and joining with like-minded therapists, clinicians, and educators in order to have a greater impact in our communities. Our passionate leadership team and expansive clinical support network ensure the delivery of the highest quality therapeutic and behavioral health services to the District.

Family of Brands

The Stepping Stones Group grew from a simple belief: That every child is born with a special set of gifts. Throughout our history, we have partnered with ten mission-driven organizations that share in our vision. Our dynamic leadership team and expansive clinical support network ensure the delivery of the highest quality therapeutic and behavioral health services nationwide.



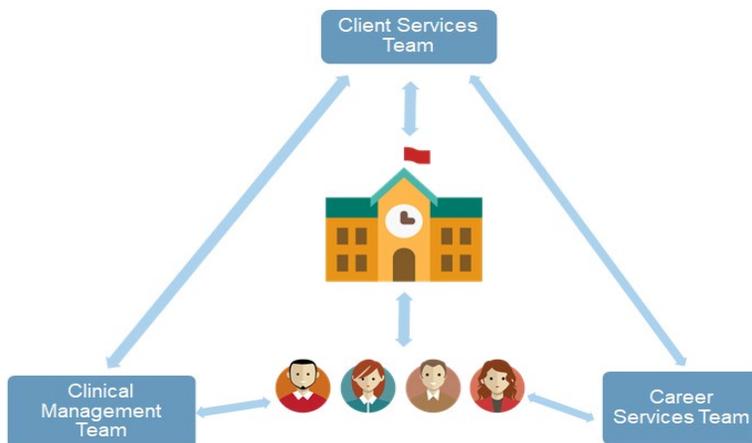
COMMITMENT TO DIVERSITY & INCLUSION

The Stepping Stones Group is committed to diversity and inclusion. As a socially conscious employer driven by purpose, we welcome all people who have the heart to join us in our mission to transform lives together. Our Diversity & Inclusion Council focuses on bringing about a more equitable environment to enable all employees to feel welcomed and included for their unique talents and contributions. We celebrate the diversity of our colleagues and believe that by listening, learning, and empathizing with each other's life experiences we become a stronger organization.

KEY PERSONNEL

Our organization uses a collaborative approach to ensure that the highest level of service and support is delivered to our school district partners, our employees, and the students served. We refer to this collaborative approach as our **Triad** model, and it is a cornerstone of our company culture.

SSG unifies all areas of District support into a dedicated **Triad** team. This elevates our focus, proficiency, and quality as we work together to deliver excellent customer service to our clients and clinicians. This focused collaboration is our framework for consistent communication, contribution, transparency, and trust. It is the foundation of our client and employee relationships.



Responsibilities for each **Triad** team member are highlighted in the summary below:

| Triad Team | | |
|---|---|---|
| Client Services Manager | Career Services Manager | Clinical Manager |
| <ul style="list-style-type: none"> • Serves as the District’s single point of contact and responsible for District satisfaction • Responds to District staffing needs, submits candidates to district for consideration, helps coordinate placements • Regularly reviews recruiting progress for the District’s outstanding staffing needs • Oversees invoicing and contract compliance • Provides consistent communication and ongoing support to clients | <ul style="list-style-type: none"> • Builds an ongoing pipeline of qualified candidates to meet the District’s staffing needs • Verifies candidate credentials and begins preliminary interviews • Conducts thorough professional reference checks • Helps coordinate onboarding and District compliance requirements for new hires • Provides intermittent check-ins with employees | <ul style="list-style-type: none"> • Completes candidate clinical interviews • Delivers ongoing clinical support and reviews best practices with clinicians • Provides supervision, mentoring, and evaluation of staff to ensure we are meeting district expectations and following district policies/procedures • Addresses clinical performance concerns as needed • Provides consistent communication and ongoing support to clinicians |

QUALIFICATIONS, EXPERIENCE AND RESUMES



PERSONNEL/STAFFING PLAN

Your dedicated **Triad** support team for Henrico County Public Schools:

| Client Services Managers | Career Services Managers | Clinical Managers |
|--|---|--|
| Jessica Little 678-426-2571 Jessica.little@ssg-healthcare.com | Courtney Atkinson 678-952-9237 Courtney.atkinson@ssg-healthcare.com | Maria Shaver, M.A., LSSP 832-683-3953 maria.shaver@ssg-healthcare.com |

Jessica Little, M.Ed. – Client Services Manager

Jessica is a former Student Services Coordinator in the state of Virginia and comes to us with a dedication to special education and K-12 SPED leadership. She was a Special Education teacher in the public-school system for eight years and served as Student Services Coordinator for five years. Jessica has supervised related service providers and special education staff, provided extensive professional development opportunities, collaborated with multi-disciplinary teams for community outreach projects, and spearheaded program development for students with Autism in her previous local district. She is an advocate for students with disabilities with a focus on improving district-level programs for this purpose.

Jessica will remain the main point of contact for HCPS. She will be responsible for managing the partnership between SSG and HCPS. She will work to ensure that quality service is provided to the school on all levels. Specifically, Jessica will:

- Serve as the district’s single point of contact
- Respond to the district’s staffing requests
- Regularly review our recruiting progress
- Work collaboratively to resolve any performance or clinical issues throughout the year
- Plan meetings with the designated Special Education contact as needed
- Oversee invoicing and contract compliance

Maria Shaver, M.A., LSSP – Clinical Manager

Maria Shaver joined SSG as the School Psychology Clinical Manager-South Division in 2022 with over 33 years of inclusive experience leading school-based teams in assessment, behavior functioning, academic and behavior prevention and intervention strategies, consultation with teachers, parents, and students, face-to-face or telehealth counseling sessions and psychological services to students within school systems across urban, suburban, and rural settings. Originally from Charlotte, North Carolina, Maria now provides clinical support to SSG School Psychologists in the mid-Atlantic region of the US. She is licensed as Licensed Specialist in School Psychology and Psychological Associate with Independent Practice.

RESUMES/LICENSURE

Below please find the resumes and Virginia licensure of our available clinicians. The first resumes are for Jessica Little and Maria Shaver. We have also included resumes from current members of our clinical team who have worked for us within the past three years as well as current candidates.

JESSICA DIANNE LITTLE, M.ED.

EXPERIENCE

July 2016 – Current The Stepping Stones Group, LLC Atlanta, Georgia

Client Development Manager

- Responsible for maintaining relationships with existing and new school systems

July 2011 – June 2016 Prince George County Public Schools Prince George, Virginia

Student Services Coordinator, School Board Office

- Work directly with Director of Student Services to monitor special education programs within 9 county schools
- Responsible for chairing eligibility meetings for 9 schools
- Conducting Professional Development for PG employees (administrators, teachers, paraprofessionals, transportation, parents, etc.)
- Serve as a member of interview panels for candidates for special education teachers and related services.
- FAPT case management, writing IFSP's for FAPT cases and completing encumbrance forms for tuition and related services for FAPT cases
- Obtaining/Revising contracts for related service providers and maintain communication with contract companies
- Supervise SLPs, OTs, PTs, and Early Childhood Special Education teachers
- Support building administrators in developing and monitoring professional growth plans
- Conduct observations and consultations with teachers, paraprofessionals, and programs in each school
- Coordinate homebound instruction and home instruction (homeschooling K-12) for the division
- Collaborate with private placements to place students, monitor progress, and transition back to public school
- Periodically attend Regional Directors Meetings and PMT Meetings
- Communicate with Coordinators and Directors from other divisions with regard to the Regional Hearing Impairment, Autism, and Vision Impairment Programs
- Attend IEP meetings for students in foster care within other localities as the LEA representative
- Coordinate VGLA & VAAP Local Scoring Events and Conduct Monitoring and Pre-Scoring Reviews with building administrators
- Develop Corrective Action Plans as a result of Federal Monitoring and Results Driven Accountability by VDoE
- Collaborate with Special Education Advisory Committee to develop parent survey and parent workshops
- Participate in mediations and IEP meetings involving school board attorneys, parent advocates and attorneys
- Assist Parent Resource Center Representative in updating the PRC web page and the Office of Student Services Web Page
- Collect data to complete State Indicator Reports (State Performance Plan)
- Collaborate with District 19 to facilitate transitions between Parts B and C with home visits and transition conferences
- Attend disciplinary hearings and MDRs for students pending school board hearings with recommendations for expulsion
- Assist teachers and administrators with IEP development and training opportunities
- Monitor Compliance with timelines, updates to regulations, and changes in special education supports, testing, and services
- Communicate with the Fort Lee School Liaison and Exceptional Family Member Program (EFMP) Staff to coordinate services for students transferring in to Fort Lee and PGCPs
- Collaborate with the Prince George Police Department, PG Department of Social Services, and Fort Lee to develop the P.A.C.T. program for individuals with Autism in the community (2013)
- Administer educational evaluations
- Gained approval from the School Board for the addition of three Model PECS classrooms for students with Autism (PK, K-2, 3-5) in an effort to decrease regionally and privately placing students
- Monitor the progress of the PGCPs Autism classes and collaborate with the teachers and administrators



August 2007 – July 2011

Prince George County Public Schools

Prince George, Virginia

Special Education Teacher, N.B. Clements Junior High School

- Teach self-contained special education classes and collaborative classes
- Department chair for special education department.
- Manage discipline records for students with disabilities and notify case managers as days of suspension accumulate.
- Responsible for assigning students to each case load at the beginning of each year and as transfers enroll.
- Collect orders from special education department; complete Purchase Orders to spend allocated funds from school board office annually.
- Serve as liaison between special education teachers and building administrators/central office staff.
- Mentor to new special education teachers.
- Assist building administrators in the development of the school improvement plan.
- Conduct professional development opportunities with special education and general education teachers.
- Assist administrators with interviews of special education teachers/candidates as member of interview panel.
- Attend professional development and return to school to train other staff members.
- Responsible for maintenance of cumulative files for students on caseload, develop/implement IEPs, FBAs, and BIPs and ensure IEPs for students on caseload are fully implemented.
- Work with administrators to serve on interview panels for special education candidates.
- Sponsored SCA and coordinated school events (fundraisers, dances, community service, etc.)
- Collaborate with other department chairs (middle school and high school) to facilitate the smooth transition of students with disabilities.
- Serve as a member of VGLA local scoring team and SACS committee.
- Manage Weblog.
- Responsible for coordinating completion of state assessments for all students with disabilities (Alternative assessments and SOLs with accommodations).
- Member of the 2011 Transition Fair planning committee.

August 2003 – August 2007

Cumberland County Public Schools

Cumberland, Virginia

Special Education Teacher, Cumberland Middle School

- Lead Teacher for the special education department.
- Completed Highly Qualified Institute for secondary English.
- Child Study Coordinator for Cumberland Middle and High Schools.
- Conducted professional development trainings for the faculty and staff in the following areas: special education regulations, VGLAs, inclusion and co-teaching, using technology in the classroom, and the EdTech Grant.
- Establish and regularly update teacher web page.
- Accountable for meeting all IEP, Child Study, Initial, and Triennial Reviews paperwork and deadlines.
- Responsible for maintenance of cumulative files for students on caseload.
- Completion of passing VGLAs for English grades 6-8 and History grade 7.
- Work collaboratively with general education and special education teachers for lesson planning.
- Responsible for writing IEPs and establishing rapport with parental contacts for students on caseload.
- Site contact for the Read 180 Reading Program
- Manage RFB&D Grant (site contact, ordering, completion of state-required surveys~ Recordings for the Blind and Dyslexic).
- Afterschool enrichment instructor.
- Afterschool remediation and tutoring in History and English (grades 6-8).
- Member of the CMS Technology Team.
- 21st Century Grant Afterschool Program Site Coordinator.

Education

| | | |
|-------------|----------------------------------|---------------------|
| 1997 – 2001 | Longwood College | Farmville, Virginia |
| 2004 – 2006 | Virginia Commonwealth University | Richmond, Virginia |
| 2011 – 2012 | University of Phoenix | Phoenix, Arizona |



Bachelor of Science, Longwood College

- Major: Sociology; Minor: Music
- Professional Development Certificate Program (completed 2001)
- Graduation: December 2001

Post Graduate Courses, Virginia Commonwealth University

- COVE Program for Special Education Certification, Specific Learning Disabilities K-12

Master of Arts in Education, University of Phoenix

- Administration and Supervision

Licensure

- Postgraduate Professional License: Adm & Supv PreK-12 Central Office Only; Specific Learning Disabilities K-12

Professional Memberships

- Member of Region I Autism Consortium
- Member of Virginia Council of Administrators for Special Education (VCASE)



Maria Elaine Shaver, M.A., L.S.S.P., L.P.A.
maria.shaver@ssg-healthcare.com 832-683-3953

OBJECTIVE

Provide psychological services within the community

EDUCATION

M.A., The King's University, Southlake, Texas, 2019
Major: Practical Theology, with honors

M.A., University of Houston-Clear Lake, Houston, Texas, 1989
Program Designation: Behavioral Sciences – Clinical
Major: School Psychology, with honors

B.S., University of Houston-Clear Lake, Houston, Texas, 1986
Major: Behavioral Science – Psychology, with honors

PROFESSIONAL EXPERIENCE

- 2022 - 2023 The Steppingstones Group
 School Psychology Clinical Manager – South Region
- 2021 – 2022 New Caney Independent School District, New Caney, Texas
 Licensed Specialist in School Psychology
- ❖ Perform face-to-face or telehealth psychological services in assessment, behavior management, consultation and counseling for children and adolescents from diverse socioeconomic backgrounds with mental disorders, emotional/behavioral disorders, and developmental disorders
 - ❖ Provide individual face-to-face or telehealth counseling sessions and psychological services to students
 - ❖ Conduct Full and Individual Evaluations for referred students including psychological portions including functional Behavior Assessments to facilitate drafting and implementing behavior intervention plans
 - ❖ Participate in the Admission, Review, and Dismissal (ARD) Committee to assist with appropriate placement and development of Individual Education Plans (IEP)
 - ❖ Demonstrate kindly customer-service-driven interactions with all stakeholders, students, teachers, administrators, and co-workers while working cooperatively with co-workers and supervisors to ensure that the goals of the school/department are met
 - ❖ Demonstrate excellence in quality management, planning, organizing, problem solving, communication, articulate and persuasive in written and verbal presentations
 - ❖ Up-to-date professionally through the selection of quality professional learning opportunities for professional and personal growth
- 2017 – 2021 Clear Creek Independent School District, League City, Texas
 Licensed Specialist in School Psychology
- ❖ Perform psychological services in assessment, behavior management, consultation and counseling for children and adolescents from diverse socioeconomic backgrounds with mental disorders, emotional/behavioral disorders, and developmental disorders

- ❖ Provide individual face-to-face or telehealth counseling sessions and psychological services to students
- ❖ Conduct Full and Individual Evaluations for referred students including psychological portions including functional Behavior Assessments to facilitate drafting and implementing behavior intervention plans
- ❖ Participate in the Admission, Review, and Dismissal (ARD) Committee to assist with appropriate placement and development of Individual Education Plans (IEP)
- ❖ Demonstrate kindly customer-service-driven interactions with all stakeholders, students, teachers, administrators, and co-workers while working cooperatively with co-workers and supervisors to ensure that the goals of the school/department are met
- ❖ Demonstrate excellence in quality management, planning, organizing, problem solving, communication, articulate and persuasive in written and verbal presentations
- ❖ Up-to-date professionally through the selection of quality professional learning opportunities for professional and personal growth.

1991 - 2017 Houston Independent School District, Houston, Texas

Licensed Specialist in School Psychology

- ❖ District ARD/IEP Services LSSP Team Member
- ❖ District Accountability and Compliance Team Lead for the Texas Education Agency Residential Facility Monitoring System
- ❖ Provide leadership and evaluation in collaboration with interdisciplinary teams to coordinate educational services for special education students
- ❖ Demonstrate excellence in quality management, planning, organizing, problem solving, communication, articulate and persuasive in written and verbal presentations
- ❖ Provide psychological evaluations and behavioral consultation for children and adolescents from diverse socioeconomic backgrounds with mental disorders, emotional/behavioral disorders, and developmental disorders
- ❖ Extensive assessment experience with the Preschool Program for Children with Disabilities (PPCD) students, initial evaluations, and reevaluations
- ❖ Intervention Assistance Team Facilitator and Trainer, district-wide
- ❖ Provide professional development for district level and campus level personnel regarding State and Federal Programs for Special Education
- ❖ District Effectiveness and Compliance Monitoring Facilitator for Special Education
- ❖ District Mentor for Ph.D. and M.A. Psychology Interns and M.A. Diagnostician Interns for assessment cases
- ❖ Serve as liaison among the community, mental health professionals and agencies, and the medical community to coordinate educational programming for children with disabilities
- ❖ Received exemplary evaluations

1990 – 1991

Texas City Independent School District, Texas City, Texas

Diagnostic Learning Specialist

- ❖ Case manager for a multicultural student population with diagnoses ranging from severe mental/psychological illness to severe developmental/personality disorders
- ❖ Provide psychological evaluations, psycho educational evaluations, and behavioral consultation for elementary students district-wide
- ❖ Conduct individual and group counseling for elementary and secondary students
- ❖ Provide crisis intervention district-wide
- ❖ Conduct district-wide parent training and district-wide employee in-services

1988- 1989

Galveston Independent School District, Galveston, Texas

School Psychology Intern

- ❖ Conduct psycho educational and psychological evaluations for children and adolescents K-12
- ❖ Provide individual and group counseling, crisis intervention for elementary students with a wide range of acute and chronic disorders
- ❖ Participate in seminars, conferences, and clinical supervision

- 1988- 1990 Gulf Coast Center (Mental Health Mental Retardation), League City, Texas
Group Leader
- ❖ Counselor working with adolescents and children identified at high risk in school settings
 - ❖ Development, marketing, and implementation of the Circuit Breakers substance abuse prevention program targeting children of substance abusers in school-based settings
- 1987- 1989 Family Outreach Center-Clear Lake, Houston, Texas
Volunteer Group Leader and Caseworker
- ❖ Conduct parent effectiveness training groups
 - ❖ Counselor working with abused children and their families
 - ❖ Participation in training involving interviewing, counseling, parent training, group leadership, casework management, professional seminars, and staff collaboration
- 1985-1986 University of Houston-Clear Lake, Houston, Texas
Student Research Assistant with Dr. David Malin
- ❖ Participate in scientific experiments on the endorphin system, its physiological role, and its interaction with catechol amines
 - ❖ Assist in design of a behavioral paradigm to test conditional discrimination learning

Michael L. Eisemann, M.D. Houston, Texas 1985-1988, Medical Secretary
Humana Hospital Clear Lake Webster, Texas 1982- 1985 Department Secretary
South Coast Terminals, Inc. Houston, Texas 1979-1980, Personnel Assistant
David E. Somerstein, M.D. Charlotte, North Carolina 1974-1979, Medical Assistant

PROFESSIONAL CREDENTIALS

Licensed by the State of Texas as Specialist in School Psychology, License No. 6143

Licensed by the State of Texas as Psychological Associate with Independent Practice, License No. 1-2739

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|  <p>THE STEPPING STONES GROUP Transforming Lives Together</p> | <p>For more information regarding this candidate, contact Jessica Little</p> <p>Jessica.Little@ssg-healthcare.com</p> |
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Kimberly Falkowski-Pepe

School Psychologist certified in NYS with excellent communication skills and a reputation for demonstrating the highest standards of professional practice. Competent in domains of the field. Flexible and adaptable with knowledge of child psychology and development. Dedicated to helping children and young adults think creatively, solve problems independently, and build self-esteem. Experience consulting, collaborating, and formulating solutions with other school-based team members.

Education: **Touro College**, New York, NY
Masters of Science in School Psychology, June 2013

University of Massachusetts, Lowell, MA
Board Certified Behavior Analysis Program-Graduate in September 2023

Professional School Psychologist

Credentials: New York State Certified School Psychologist
Virginia State Certified School Psychologist
Connecticut State Certified School Psychologist

Professional Experience: **The Stepping Stones Group**

School Psychologist

- Virtual psychological and educational assessments and observations.
- Wrote psychological and educational assessment reports.
- Attended and contributed to SSRT and Eligibility Team Meetings.
- Scored and reported rating scales (Conners 4, BASC-3, ASRS).
- Reviewed the Patterns of Strengths and Weaknesses for SLD at Eligibility Team Meetings.
- Attended Diagnostic Meetings.

Professional Experience: **Leeway School**, Sayville, NY

Experience: School Psychologist

- Provide school psychologist functions for preschool students referred for and participating in special education programs, including assessment, consultation, counseling-play therapy, IEP facilitation and development, behavior support plan development, classroom staff support, and mental health referrals.
- Provide leadership and coordination for special education preschool programs and staff.
- Coordinate and facilitate special education preschool staff meetings.
- Develop and coordinate social-emotional and behavioral curriculum planning.
- Act as a liaison between district, parents, and community agencies.
- Coordinate screening efforts and the special education identification process for preschool students, including assessments and reports.
- Facilitate Special Education Preschool staff/parent communication.
- Collaborate with in-district and out-of-district staff for smooth Early Start and Preschool to Kindergarten transitions.

Professional Longwood School District, Yaphank, NY

Experience: *Intern School Psychologist* (August 2012-June 2013)

Charles E. Walters Elementary School

- Applied ethics and professional practice standards in delivering school psychological services.
- Assessed classroom and school environment using observational systems, questionnaires, and checklists, as part of assessment procedures.
- Conducted interviews with teachers and parents to determine setting or environmental factors-antecedents and consequences impacting behaviors.
- Integrated data from multi-sourced assessments to identify students' strengths and needs.
- Conducted psychoeducational evaluations to assess students' strengths and areas of weakness.
- Implemented research-based academic and behavioral interventions.
- Liaised with guidance counselors and social workers to promote social skills training programs for children.
- Collaboratively worked with the educational team to conduct Functional Behavioral Assessments and implement evidence-based intervention Plans.
- Consulted with the educational team to discuss and identify learning barriers and to facilitate problem-solving.

- Participated with school psychologists in social skills lessons, individual counseling sessions, and related activities.
- Provided counseling for students in crisis.
- Conducted cross-battery assessments to ascertain students' areas of strength and weakness and to provide appropriate educational assistance and placement.
- Utilized the tiered Response to Intervention model when designing and implementing interventions.
- Composed re-evaluation reports
- Participated in mental health team meetings, annual and triennial meetings.

Little Flower Union Free School District, Wading River, NY

Intern School Psychologist (October 2011-June 2012)

Little Flower Residential Treatment Facility

- Evaluated and designed reading interventions using research-based data.
- Participated in intervention team meetings.
- Attended mental health team meetings with social workers, counselors, psychiatric nurses, and psychiatrists.
- Participated with school psychologists and administrators in interviewing prospective students for admission to a residential facility.
- Administered cognitive and achievement tests, evaluated results, and composed reports.
- Scored behavior rating scales and adaptive scales and evaluated results.
- Consulted with the school psychologist and social worker to discuss students' social-emotional functioning in crisis.
- Provided individual counseling to two students.
- Collaborated with teachers, parents/guardians, and school personnel to create safe, healthy, and supportive learning environments for all students.
- Applied ethics and standards of professional practice in delivering school psychological services and observed the policies that govern the practice.

Skills and Qualifications

- Successful experience as a school psychologist.
- Knowledge of curriculum development and implementation for preschool programs.
- Knowledge of curriculum accommodation and modification process for preschoolers with special needs.

- Ability to maintain cooperative working relationships with staff, administration, parents, and community.
- Ability to communicate effectively.
- Knowledge of current special education law.
- Knowledge of “best practices” models for special education assessment, IEP development, and service delivery.
- Knowledge of applied behavior analysis and interventions.

Educational & Professional Training:

- New York State Certification in School Psychology (June 2013)
- Masters of Science, School Psychology, Touro College, New York, NY
- Bachelor of Science, Psychology, Liberty University, Lynchburg, VA

Affiliations & Certifications:

- National Association of School Psychologists
- New York Association of School Psychologists
- School Violence Prevention and Intervention Certificate
- Identification and Reporting of Child Abuse and Maltreatment
- Dyslexia Awareness Certificate

References:

- Linda Imbesi (631)-589-8060, Program Director at Leeway School.
- Regina Leddy (631)-589-8060, ext. 21, Nurse at Leeway School.
- Ana Maria Cifuentes (631)-589-8060, ext. 15, School Psychologist at Leeway School.
- Tina Philbin (631)-589-8060, Administrator
- Dr. Dominick Fortugno (631)-665-1600, ext.6329, Coordinator, School Psychology Program at Touro College
- Dr. Giuliana Bracher-Losapio, Psy.D. (631)-665-1600, ext.6329, Assistant Coordinator & Professor, School Psychology Program at Touro College
- Robert Maire, M. A. (631)-929-4300, School Psychologist at Little Flower Union Free School District, Residential Facility
- Mary Ellen Mullen, M.A. (631)-345-2858, School Psychologist at Charles E. Walters Elementary School

- Melissa Paquette Rash, M. A. (516) 459-0477, Special Education Coordinator at Leeway School.
- Signe Solem-Stubits. (609) 970-6959, Manager at The Stepping Stones Group. Signe-solem@ssg-healthcare.com.
- Katherine Rayburn. Education Diagnostician. Frederick County Public Schools. rayburnk@fcpsk12.net.
- Todd Coughenour. Supervisor Diagnostics and Related Services at Frederick County Public Schools. coughent@fcpsk12.net.



THE STEPPING STONES GROUP
Transforming Lives Together

For more information regarding this candidate, contact...

Jessica Little

Client Services Manager

(678) 426-2571

jessica.little@ssg-healthcare.com

Lauren Fredrickson

EXPERTISE

- **Winner of Best & Brightest Educator Award**, April 2022.
- **Rated Exemplary** on Classroom Management, Respect & Rapport & Communicating with student and Culture for Learning.
- **Strong organizational skills.** Able to coordinate, prioritize and plan ahead while remaining focused on the tasks at hand.
- **Interacts with all levels of management.** Demonstrate ability to develop positive rapport with students, parents, administration and school personnel.

EDUCATION

- **Educational Specialist in School Psychology**, University of Alabama.
- **Master of School Psychology**, University of Alabama.
- **Master of Business Administration**, Binghamton University.
- **Bachelor of Science**, University of South Florida.
- **Certification in Exceptional Student Education, Gifted, Elementary, Math, ESOL**, State of Florida, 2012.
- **License in School Psychology**, Alabama, Florida, Virginia.

EXPERIENCE

School Psychologist, The Stepping Stones Group, Fairfield, Virginia 8/2022-Present

- Conducts psychoeducational assessments of students for public school district.
- Prepares and submits comprehensive psychoeducational reports for special education services.
- Provides available professional services for students in need of psychological counseling and/or assistance.
- Participates in school-based manifestation determination meetings for student management.
- Provides crisis prevention, intervention, and response services in collaboration with other mental health providers.

School Psychology Intern, Citrus County Public Schools, Inverness, FL 08/2021

- Conducted psychological assessments of intellectual, developmental, academic, social/emotional and behavioral functioning.
- Developed comprehensive reports of student functioning to assist in determining eligibility of services.

- Provided social skills counseling in resource school for exceptional student education.
- Effectively communicated with parents, teachers and school personnel regarding the results of all relative evaluation information.

Varying Exceptionalities Teacher, Hillsborough County Public Schools, Tampa, FL 8/2014- 08/2020

- Developed Individual Education Plans (IEP) for students in need of special education services.
- Facilitated IEP meetings in order to communicate progress of students with disabilities.
- Developed lesson plans that met the diverse needs of students in the classroom.
- Presented instruction to students in an engaging and comprehensive manner.

OTHER EXPERIENCE

Senior Staff Accountant, Progressive Waste Solutions, Clearwater FL 12/2010- 04/2012

- Supervised and trained Staff Accountants.
- Prepared budget and forecast schedules for management.
- Prepared monthly account reconciliations.

Internal Audit Consultant, Protiviti Inc, New York, NY 07/2007–03/2009

- Conducted interviews with process owners to understand current operational processes and assessed risks.
- Evaluated design and operating effectiveness of in-scope audit areas in order to identify gaps.
- Prepared audit reports on findings and recommendations to senior management.

TECHNICAL SKILLS

- Proficient in Microsoft Office Word, Excel, Outlook, PowerPoint, Visio and Photoshop.



OTHER EXPERIENCE

Teacher - National Board Certified 2001, renewed 2011

Randolph County Schools, et al.
Asheboro, NC 1995-2002

Rebecca C. Wilcox

Experienced School Psychologist, Counselor, and National Board Teacher seeking to utilize extensive background in evaluations, group therapy, and classroom SEL in a position serving children ages 5-22.

RELATED EXPERIENCE

School Psychologist

Dare County Schools, NC; NH, IN, VA, FL, and EBS Healthcare, et al.
Sept. 2004 - Present

Teleassessment experienced school psychologist experienced with:

PARI, Q-Global, Q-Interactive, MHS, WPS and more

8.5 month tele-psych contract period:

- Completed 66 evals including ED, AU, TBI, etc. Collaborated on multilingual cases

- Completed 400+ Medicaid IEP reviews for billing

- Completed numerous file reviews for MDRs, Move-in students, RtI teams

- Reviewed and created over 120 referrals for 11 buildings using State system

- Consulted with IEP teams about researched based goals and growth rates

- Instituted evidence-based Pro-Social Skills goals to supersede social skills goals

Group Counseling, Individual Counseling, crisis counseling, and Classroom SEL

Experienced multicultural examiner (X-Bat, C-Lim, Acculturation, etc)

Experienced working with students on the Autism Spectrum, in person and virtually

Supervised School Psychologist Intern

Analyzed and explained outside testing result within School evaluations

Promoted strengths based problem solving (SEARS, Developmental Assets, et al.)

Licensed Professional Counselor-A

Mindful Balance Counseling, NC & FL
Sept. 2013 - present

Solution-Focused Therapy and Brief Counseling Therapy for students

Cognitive Behavior Therapy with adult clients and families

Mindfulness Based Stress Reduction group therapy

Acceptance and Commitment Therapy

Family Counselor and Director of Youth Services

World YWCA, Alcohol & Drug Services, Family Life Council, NC
Jan. 2003 - Aug. 2004

Awarded Tobacco settlement monies to institute Youth Forum

Arranged speakers and meetings for multicultural events for teens

Counselor for women experiencing incarceration

Authored Single Parenting Support (SPS) curriculum, and led groups

Active Parenting NOW and men's Anger Group- court assigned counselor

Counseled families experiencing homelessness

Support Services for adolescent girls with pregnancy or newborns

Mindfulness23@gmail.com FL DoH license #SS1330
FL DoE Cert. 1386917
IN DoE license 10279824

SKILLS

Licensed evaluator of Cognitive, Social-Emotional, Achievement, Autism, and Adaptive behavior

Interpreter of private, clinical and multilingual evaluations

Author/Presenter of Workshops:

Early Literacy Skills, Writers' Workshop, RtI for teachers, and Women's Pride II: CBT for inmates.

Authored Parenting Children of Divorce guidebook

Therapy Animal Handler District Wide Trainer. MTSS

MS Office/ Google Docs Basic French

Notary Public, FL exp.11/24

AWARDS

NC Adolescent Parenting Program (APP)

Grant Recipient, 2004

Project Assist: Anti-tobacco Trust fund (TRU)

Grant recipient, 2004

National Board Certified Teacher of Middle Childhood, 2001, 2011

Grant Recipient, Guil-Rand Organization for Women, 1999, 2000, 2001

NC Teacher Academy

scholarship recipient, 1999

Bright Idea Grant Recipient: Science. Randolph County Schools, first grade team, 1996

Office Manager

Little Bird Industries, Inc. Jax, FL 2015–2020

Calculated payroll data and transcribed sales data for federal/state tax

Coded and recorded business expenditures and EPA waste disposal

EDUCATION

Specialist Degree: School Psychology (CAS)

Capella University, MN. 2006

Assessment & Evaluations including projectives and Social-Emotional

Comprehensive list of evaluation and testing competencies available

Master of Science: Clinical Psychology

Capella University, MN. 2004

Counseling Best Practices, Differential Diagnosis

Master of Arts: Elementary Education

University of New Hampshire

Concentration in Reading and Writing

Bachelor of Arts: Magna Cum Laude

University of New Hampshire

Psychology with Minors in Sociology and Education

Ambassadorial Scholar: Rotary International

Macquarie University, Sydney, Australia

MS course: Emergent Literacy and Language Acquisition

PUBLICATIONS

Outer Banks Child Magazine –

ABCs of EOGs–Making Sense of High Stakes testing Fall 2014

Coastland Times Newspaper –

Changes- Family Strategies April 2013

Coastland Times Newspaper –

Getting Ready for Kindergarten Aug. 2012

Coastland Times Newspaper –

Look Ma! NO Hands! Homework Success Oct. 2011

REFERENCES

Written letters available upon request

George M. Graham, Jr.

Director of Exceptional

Children Education,

Dare County Schools

910–309-7113

Angela Ludlum

Director of Special Education,

West Central IN. Special Services

Cooperative

309-370-1433

Mitchell Bateman, PsyS

Senior School Psychologist,

Dare County Schools

252-473-3350

Heidi L. Davis, MEd

Middle Grades Exceptional

Students,

Carmel Clay Schools, IN

317-698-7339

REFERENCES

Relevant Work Experience with Henrico County Public Schools

The Stepping Stones Group (SSG) has the experience and capabilities to provide HCPS with whatever level of staffing it may need, from simple position staffing to department management, and anything in between that would benefit its students. We have partnered with HCPS for the past several years. In this time, we have provided SLPs, SLPAs, OTs and Paraprofessional Services.



Relevant Work Experience

The projects described below attest to the success of some of our other current special education, therapy, and behavioral programs and the strength of our district partnerships, as well as our continued retention and growth.

Baltimore City Public Schools

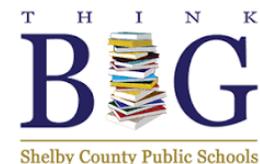
Address: 200 E. North Avenue, Rm #211, Baltimore, MD 21202
Enrollment: 82,000 students
Services: Speech Language Pathology, Occupational Therapy, Physical Therapy, School Psychology
Status: We currently have 19 clinicians providing services in the district.
Years: 2007 – present
Project Description:



Since 2007, The Stepping Stones Group has provided staff for the district’s SLP, OT, PT, School Psychology, and BCBA departments. Since 2017, SSG has provided a district-level Clinical Manager, who provides support to our clinicians and serves as the liaison to the district. We currently have 10 clinicians providing services in the district, including SLPs, OTs, School Psychologists, and BCBA’s.

Shelby County Public Schools

Address: 160 S. Hollywood Street, Memphis, TN 38112
Enrollment: 111,000 students
Services: Speech Language Pathology, Occupational Therapy
Status: We currently have 40+ clinicians providing services in the district.
Years: 2008 – present



Project Description:

In 2008, The Stepping Stones Group was chosen as vendor to provide Speech Language Pathology and Occupational Therapy services. We have provided a Client Services Manager to oversee our staff in the Speech Therapy and Occupational Therapy departments. The Client Services Manager visits Shelby County Public Schools two to three times per school year to ensure the successful provision of services. We have a great retention rate, and we currently have 32 clinicians providing services in the district, including SLPs and OTs.

SSG has also provided a district-level Clinical Manager to lead, support, and mentor the clinicians within the department. Our clinical manager does weekly on-site visits as well as check-ins with our therapists. She communicates daily with the therapists on a chat platform. If they have any questions, concerns, or need help, the whole team can provide input. She is also highly involved in the licensure and credentialing process and supervises some of the Clinical Fellows. She has three administrative days and two caseload days to allow her time to manage and support the team.

SSG provides additional services to Shelby County Public Schools.

REFERENCES

- We brought a local University professor who specializes in stuttering to present to the district.
- We have done online trainings through ASHA related to different topics at the district’s request. Our most recent CEU was about dyslexia.
- We currently provide laptops to the therapists, which helps the district immensely, and we provided printers when the school was unable to provide them.
- We host breakfast for in-service days.

Newark Public Schools

Address: 2 Cedar Street, Newark, NJ 07102

Enrollment: 40,500 students

Services: Speech Language Pathology, Occupational Therapy, Physical Therapy, BCBA, Paraprofessionals, and Social Workers

Status: We currently have 43 clinicians providing services in the district.

Years: 2015 – present

Project Description:

Our organization was chosen to provide PT, OT, and Speech services for Newark Public Schools (NPS) in 2015. As part of a commitment to quality and appropriate staffing levels, our Clinical Manager and Client Services Manager have quarterly meetings with the district. In 2015, we started with five related staffing professionals in NPS, and we have grown to 45 therapists for the 2022-23 school year, with a retention rate of 90% at this district. We have supported the district with its initiatives, and as a result, NPS has met the requirements and is now under local control. NPS relies on our organization to provide services during the school year and ESY.



We have provided a district-level Clinical Manager, Vidya Parekh, MS, CCC-SLP, to provide clinical support to the related service staff in NPS. Vidya works closely with the clinicians and new graduates, providing effective leadership and mentoring to ensure their success in the district. She also has regular communication with the district Special Education Manager to attend to their needs immediately. Vidya works as a liaison between the district and SSG to ensure timely and accurate submission of billing and SEMI compliance. She also conducts and arranges training and professional development sessions to help the therapists grow clinically. Vidya started with one administrative day and four therapy days and has grown to five full administrative days, which makes it more conducive for her to respond to the district and the therapists immediately.

Our association with NPS has grown over the years, and we continue to provide optimal service to the district. As of the 2020-21 school year, the district also requested our assistance to provide BCBA's, Paraprofessionals, and Social Workers, in addition to the other disciplines we provide on a regular basis.

Christina School District

Address: 600 N. Lombard Street, Wilmington, DE 19801

Enrollment: 14,000 students

Services: School Psychology, Board Certified Behavior Analysts, Paraprofessionals, Speech Language Pathology, Behavior Support Specialists

Status: We currently have 40 clinicians providing services in the district.

Years: 2013 – present

Project Description:

In 2013, our organization was chosen as one of three vendors to provide School Psychology services for the district. We have provided a Client Services Manager to oversee the account. She visits the district two times per year and is always available to respond to any district needs. Due to the pandemic, she is



now visiting the district via virtual meeting and will be doing so on a monthly basis moving forward. We have a 90% retention rate year over year, and we currently have 40 clinicians providing School Psychology, Speech Language Pathology, Behavior Analysis, and Paraprofessional services in the district.

We have also provided a district-level Clinical Manager, Brittany Zehr, Ed.S., NCSP, to lead, support, and mentor the clinicians within the School Psychology department since 2013. Brittany is the President of the Delaware Association of School Psychologists. She works closely with new graduates to ensure their success in the district. She has also conducted on-site CE courses for all School Psychology staff at Christina School District. Brittany has:

- Provided materials and facilitated a book study regarding having difficult conversations
- Conducted training for non-school psychologists regarding manifestation determinations
- Provided on-demand CPDs from NASPs online learning center, which have included:
 - Addressing School Refusal and Truancy, Distinguishing Emotional Disability and Social Maladjustment: Law into Practice
 - "I can't get in trouble for one little e-mail, can I?"- What School Psychologists Need to Know about Law and Electronic Communication

Perth Amboy Public Schools, New Jersey

Address: 178 Barracks Street, Perth Amboy, NJ 08861
Enrollment: 11,200 students
Services: Speech Language Pathology, Occupational Therapy, Physical Therapy, School Psychology, Behavior Therapy Services
Status: We currently have 18 clinicians providing services in the district.
Years: 2015 – present



Perth Amboy Public Schools selected SSG in 2015 as the sole provider over other therapy vendors that had been providing the district speech and related services for almost 20 years, when they saw the commitment to aligning with their initiatives for more effective and cost-efficient practices. Since then, SSG has been approved annually, during the tenures of three different Directors of Special Services, because of results achieved in movement toward inclusion and overall reduction of related services. Clear communication and collaboration with the district staff, especially the teachers and case managers, helped them understand the criteria for eligibility and the challenge of scheduling all related services: speech-language therapy, OT and PT for children, especially very young children. With disabilities like autism, transitions from the classroom to the therapy room could cause major behavioral outbursts. Moving the therapy into the classroom helped the teachers and paraprofessionals learn techniques and strategies that they could use all the time, resulting in a decrease in direct services. SSG helped the district implement Sensory Corners in select buildings for every self-contained special education classroom, used whenever the students needed calming or sensory stimulation. SLPs, OTs, and PTs led collaborative sessions in the classrooms demonstrating the use of the equipment so that teachers and aides could continue when the therapists were in other classrooms.

SSG aligned efforts with the district's initiatives to ensure that staff was trained to use therapy strategies. SSG led workshops on topics such as: data collection; AAC; fluency intervention; and interdisciplinary collaboration. SSG provided training for district general education and special education teachers on effective methods of co-teaching and also provided training for all the district's paraprofessionals on how to effectively work with the teachers in the classroom.

REFERENCES

REFERENCES

| | |
|----------------------------|---|
| Name and Location | Spotsylvania County Schools 8020 River Stone Drive Fredericksburg, VA 22407 |
| Services | SLP, OT, PT, Spanish Interpreter, & Social Worker services |
| Contact Information | Allison Langridge, Director of Student Support Services alangridge@spotsylvania.k12.va.us (540) 834-2500 |
| Dates | 2015 to Present |

| | |
|----------------------------|---|
| Name and Location | Frederick County Public Schools 1415 Amherst Street Winchester, VA 22601 |
| Services | We currently provide SLP, OT, School Psychology Services |
| Contact Information | Todd Coughenour, Supervisor of Diagnostic and Related Services coughent@fcpsk12.net (540) 662-3889 x88217 |
| Dates | 2015 to Present |

| | |
|----------------------------|---|
| Name and Location | Norfolk Public Schools 800 E. City Hall Avenue, 8th Floor, Room 800 Norfolk, VA 23510 |
| Services | SSG has provided SLP, OT, and COTA services for the 2022-2023 school year. |
| Contact Information | Candice Delpino, Senior Coordinator-Related Services Supervisor cdepino@nps.k12.va.us 757-510-1758 |
| Dates | 2011 to Present |

IMPLEMENTATION PLAN

Once awarded a new contract with HCPS, SSG will follow the steps and schedules outlined below to ensure the successful delivery of services. We will maintain open and frequent communication with District staff to ensure a seamless transition from a clinician's hire date to their first day of assignment.

Overview of Process

Before Award

- Begin confirming that any existing therapists that HCPS would like to return are confirmed for the coming school year.
- Building a pipeline of new candidates in anticipation of awarded contract
- Review compliance procedures including necessary certificates, fingerprinting, TB tests, etc.

Awarded Contract

- Submit signed contract and insurance documents
- Identify District's staffing needs, priorities, and preferences
- Begin interviews with candidates to be presented to the District
- Submit clinicians to the District for consideration

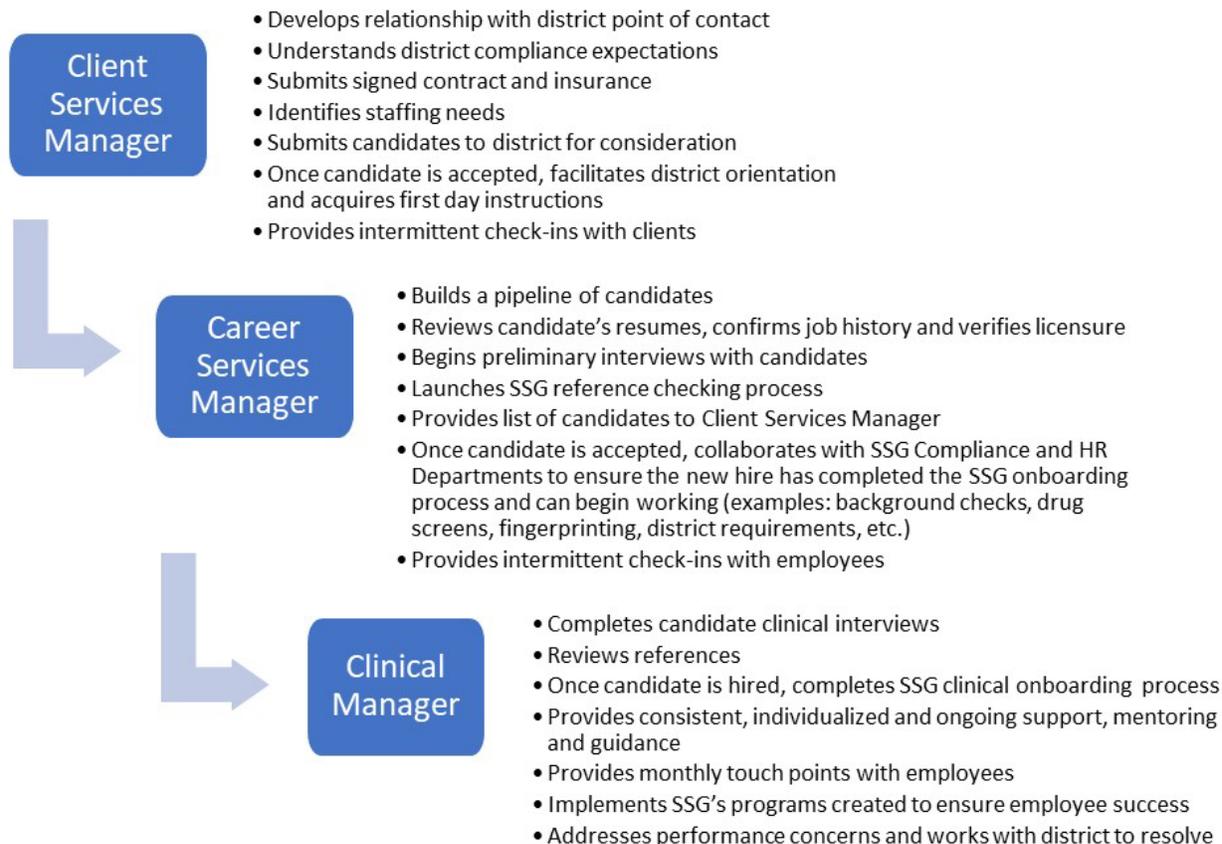
Placements

- Verify clinician's credentials (state licensure, certification, etc.)
- Run all necessary compliance per District regulations (fingerprint clearance, identification badge, background check, TB test, etc.)
- Onboard clinician per company policies
- Clinical Manager to assist with setup, scheduling, documentation, and IEP review on the first day of all placements at no additional cost to the District
- Clinician begins assignment at the District

Account Management

- Confirm process for invoicing and contract compliance (any changes from previous year)
- Provide ongoing management of clinician placements
- Provide ongoing clinician supervision, support, and mentoring
- Monitor and evaluate clinicians to ensure quality performance
- Establish District's preferences for the provision of training or CEU events
- Communicate regularly with District personnel

Roles and Responsibilities



Execution Strategy for Delivery of Services

1st week

- Confirm District expectations, policies, and procedures
- Obtain caseload from the District
- Set up room for services
- Set up logins
- Review student files and/or IEPs
- Create service schedules
- Meet District team and other staff
- Introduce and build rapport with teachers and building administrator/principal
- Obtain list of IEPs and Evaluations that are due within first month
- Start service delivery

30 days

- Ensure all trainings are complete on tracking and managing as well as billing for services
- Connect with case managers to plan for upcoming IEPs
- Check for screening referrals from previous school year and schedule initials
- Make an IEP calendar for the remainder of the year (initials, triennials, etc.)
- Services for all students must be in progress
- Collaboration with teachers and other IEP team members

SERVICE APPROACH AND IMPLEMENTATION

- If irregularities are noticed within IEP, meet with case manager to hold a possible amendment
- Complete service documentation per District expectations/guidelines
- Establish evaluation deadlines for the school year
- Attend IEPs, if applicable

60-90 days

- Complete Progress Reports per District timeline
- Meet with administration to ensure the District requirements are met to date and adjust if needed

90+ days

- Plan for makeup sessions
- Plan for therapy during District testing weeks, etc.
- Between 90-180 days, especially during the "IEP Season," meet the team and plan in advance to meet the compliance deadlines for annuals and especially evaluations

End of the school year

- Obtain information about the closing procedures
- Prepare documents/files giving information about the caseload, location of service delivery, location of files and student folders, and contact person in the school
- Ensure Medicaid documentation is up to date, if applicable
- Complete all scheduled IEPs
- Meet with the District management team to review District staffing needs and assignments, etc.

RECRUITING AND HIRING

With over 34 years of experience in providing therapeutic and behavioral services, The Stepping Stones Group has established a unique approach to recruiting qualified personnel. Recruiters will review District provided job details and identify candidates that match the District's preference in terms of required licensure, credentials, availability, previous experience, knowledge, and flexibility. Within our thorough screening process, we also look beyond basic tangible skills. We qualify clinicians based on their professionalism, presentation, demeanor, positive mindset, and their desire to work with children with special needs. Our priority is to provide our school district partners with highly qualified, passionate clinicians that best match their needs.

By strategically structuring our recruitment team, our clients have dedicated recruiters that are subject matter experts in hiring for their areas and markets. For example, our senior recruiters have over 10 years of experience. This allows for fast, quality results and direct target marketing for candidates that fit their needs.

Request for Candidates

- SSG will receive a request for a clinician or educator from your Special Education Department via email, phone, or in-person visit.
- We will respond immediately, and within no more than 24 hours, with acknowledgement of the request and/or request for clarification.
- We will work closely with your District to review the caseload to determine any specific needs to ensure a successful placement.

Steps to Identify Candidates

- Search our database for candidates who match the job specifications
- Conduct local and online job database searches for candidates
- Launch marketing campaigns through email, referrals, mailings, and social networks
- Participate in state and national conferences, such as AOTA, ASHA, APTA, and NASP
- Connect with colleges and universities for alumni and recent graduate leads
- Attend career days and career fairs at universities and surrounding feeder states
- We have developed a University Relations Program, dedicated to identifying new graduates who want to pursue a career in providing special education, therapeutic, and behavioral health services.
- It should also be noted that we hire many employee referrals, which is a testament to our high level of employee satisfaction.

Once a Candidate is Identified

- Recruiter completes a preliminary interview
- Recruiter reviews candidate's resume, confirms job history, and verifies licensure
- In select situations, our Clinical Manager conducts a Clinical Interview to screen the candidate and to determine the candidate's skill level. Candidates are chosen for their education, experience, specialty, flexibility, values, professionalism, and alignment with District specific selection criteria.

Once a Candidate is Deemed Appropriate for Submission to District

- Recruiter or HR conducts professional reference checks
- Recruiter obtains permission from the clinician to submit resume to the District
- Clinician is submitted to the District for consideration

Orientation

SOG provides each clinician with a comprehensive orientation, a detailed Employee Handbook, excellent support, and opportunities for mentoring when needed. It is our desire that our clinicians become an integral part of the culture of the schools and districts they serve. We will work with HCPS to confirm all information regarding their policies, procedures, and documentation requirements have remained unchanged from 2022-23. We will then provide direction, training, and guidance to ensure our clinicians learn this important information.

SOG will make every effort to educate, instruct, and monitor its clinicians to ensure they are following all district standards. This will include policies regarding dress code, wearing identification badges, following safety protocols, completing time logs, attending required meetings, recording data, etc. Specifically, we will review the Contractor Responsibilities set forth in the contract with its clinicians. We will work to ensure that all clinicians follow these requirements and maintain a professional presence. We will also provide ongoing support to our clinicians to ensure that all district rules and regulations are being followed.

Training

Our organization provides district and state mandated training for its clinicians to ensure they maintain compliance, as well as additional training that SOG has determined is beneficial. Examples of training include: SOG Orientation, Autism/Behavior Support training for certain disciplines, and COVID training. In addition to technical training, we also provide more generalized training that will help our employees be successful in school-based placements. Topics include soft skills, professionalism, and managing difficult

situations. These training modules are housed in our learning management system, Bridge Academy. Training is geared to those that are new to schools, as well as experienced clinicians.

QUALITY CONTROL

Compliance Requirements

Our dedicated Compliance Department ensures that our clinicians meet all credentialing requirements before they are permitted to start working and performs ongoing checks to ensure that clinicians maintain these requirements throughout their assignment period.

Verification of Credentials

Required credentials will vary by specialty, level of expertise, school district, and/or state. Our Compliance Department will follow necessary regulations to verify that each clinician meets the requirements to perform services in the District. Any state licensure, state certification, national certification, or professional certification for our clinicians is confirmed to be Active and in Good Standing through the issuing agency. Credentials of our staff are validated directly through issuing agencies using their online database and copies of each are maintained securely within our HR Department for reference.

Ongoing monitoring is managed by validating updated license or certification records at each expiration/renewal period. Our Compliance Department also provides proactive reminders to our staff well in advance of any credential expiration to prevent any lapse in their license or certification.

District Compliance Requirements

We will obtain confirmation from the District regarding your contract provider requirements before they are allowed to begin work on campus and with direct interaction with students. These requirements may include items such as a school district or state fingerprint clearance, district-issued identification badge, criminal background checks (federal, state, county, child abuse registries), Tuberculosis test, or drug screenings. In addition, we will follow the District procedures regarding any periodic or routine checks required for ongoing compliance of these requirements.

Employee Onboarding

Our clinicians are our employees and as such, our Compliance Department ensures that our staff meets our onboarding requirements before they can begin work. These requirements include an additional background screen, I-9 Employee Eligibility Verification, Federal and State tax withholding forms, and other company-related items.

Monitoring

SSG consistently monitors its staff to ensure that we consistently provide high quality clinicians and that we meet the needs of the District. The Clinical Manager will conduct meetings and care calls with clinicians to provide support and verify that they have developed a comfort level and a level of confidence in their roles. The Clinical Manager will also regularly connect with District staff via phone, email, or direct visits to confirm that our clinicians are meeting the needs of the District.

Communication

District staff can contact any SSG team member, including corporate staff, via phone or email at any time. We will also communicate regularly with District personnel to identify and address any new needs, review the services being provided, and address any questions. We will respond to your communications and

SERVICE APPROACH AND IMPLEMENTATION



requests in a timely manner and work quickly to solve any problems. Finally, we will be sure to follow up on any issues to ensure that the appropriate changes have been made to address the situation.

Common Staffing Problems and Company Prevention Strategies

| | |
|----------------------------------|--|
| Absences | SSG is committed to providing students with high quality, educationally relevant therapy services, and we will exhaust our options to prevent interruptions in service. If a clinician is absent for several, consecutive days, we will make every effort to find a substitute clinician. We have a database of clinicians looking for short-term assignments, and we also turn to recently retired clinicians to help fill leaves. |
| Preventing “No Show” Assignments | To prevent “no show” assignments, SSG provides a thorough pre-screening during the recruiting and hiring process and a high level of staff support once the candidate begins his or her assignment. It is a standard operating procedure for the Career Services Manager to regularly connect with the clinicians via phone, email, or direct visits to provide support and verify that they are succeeding in their roles. |
| Personnel Performance Issues | The Client Services Manager will also regularly connect with the District to ensure that our clinicians are meeting the needs of the District. If a District identifies any performance-based deficits or challenges with a clinician, the Clinical Manager will address the issue immediately and discuss the reported deficits with the clinician. It is our policy to be proactive in obtaining the facts of the matter and working with the District for a timely and positive resolution whenever possible. |

HCPS will have access to both the Account Executive and Clinical Manager to be able to troubleshoot issues as they arise. We are committed to offering high quality services to your district and will communicate regularly with district staff to ensure all SSG staff are meeting the expectations of the district. If there are billing discrepancies, we will work to resolve those immediately with our billing department. If there are clinical concerns, our clinical management team will work in partnership with the district to identify the issues and support opportunities for growth with the clinician. Performance concerns will entail an immediate response from our support team. If the school district requests that a change in staff person assigned occur, SSG will begin recruiting on a best-efforts basis to find suitable replacements. If there is a suitable replacement readily available, it could be a matter of days to replace the current employee, but if there is not someone readily available, we will employ all recruiting strategies to try and identify someone as soon as possible.

CLINICAL OPERATIONS DEPARTMENT

The Stepping Stones Group provides Clinical Operations support and expertise in all states, for all of our service cohorts, which include: Related Therapy, Related Behavioral, Education, School Nursing, and Autism. Our clinical managers are experienced in and provide support for over twenty therapy, special education, nursing and behavioral health disciplines.

Regional Directors and Clinical Managers

Regional Directors oversee day-to-day clinical operations for their regions. They lead, manage, and support a team of Clinical Managers assigned to the region. Regional Directors provide guidance to their Clinical Managers and assist them with any problem solving or performance concerns that impact our employees. They also promote quality and consistency across the region.

Clinical Managers are the face of the company! These clinical leaders will provide individualized support, guidance, and mentorship to clinicians we place in the District. Every SSG employee is assigned to a Clinical Manager. They provide tools and resources for our clinicians, so they are confident in delivering excellent services to the students they serve. The list below summarizes the Clinical Manager's roles and responsibilities.

Clinical Manager Roles & Responsibilities:

- Complete candidate screenings and clinical interviews to identify quality candidates
- Once candidate is hired, completes company clinical onboarding process
- Work with the Triad (the HCPS support team comprised of clinical, recruiting, and client contacts) and/or the District contact to understand District expectations, policies, and procedures
- Provide consistent, individualized, and ongoing support, mentoring, and guidance
- Provide at least monthly touch points with employees, with frequency depending upon the level of support needed
- Discuss best practices with our employees and share clinical tips and ideas
- Monitor employees to determine that they are meeting District expectations and following District policies and procedures, including required documentation and service logs
- Provide District client visits either independently or in collaboration with the Client Services Manager, as needed
- Implement unique SSG programs created to ensure employee success
- Communicate with Triad and District personnel, as needed, to address any performance concerns that the District has brought to our attention
- Address performance concerns with employee and work with the Triad and the District to resolve them
- Provide ongoing, excellent customer service for employees, clients, and colleagues

Supports/oversight in the context of a public-school setting occur administratively at the campus/district level in addition to multiple supports/oversight provided by SSG.

- School psychologists are thoroughly vetted through the hiring and onboarding process with the SSG Triad Management Team (Account Executive, Recruiter, Clinical Manager) and the SSG HR Compliance Team.
- Clinical Manager is the first point of contact for concerns or questions and helps enhance SSG employee's professional skills/growth with clinical support.

- Clinical Manager (CM) interfaces with SSG contract school psychologist on a regular basis providing availability for administrative, case management, and clinical support for all disability conditions in accordance with federal/state mandates for evaluation and special education services. Extensive consultation is available at any time.
- During these CM consultations, multiple levels of support for best practices are tailored to the SSG contract school psychologist's specific level of need. Performance expectations are defined and agreed upon with check-ins scheduled for performance review.
- Clinical Manager works in tandem with the SSG Triad Management Team (Account Executive, Recruiter) to support the SSG contract school psychologist in their district assignment, updating the SSG Triad if concerns are evident and/or successive compliance is achieved.
- In stances where the school psychologist is serving in a virtual capacity, they will also have the support and supervision of a clinical manager on SSG's National Tele Practice Team.

Samples or discuss the types of written materials to be used:

- The Clinical Manager may provide research-based information that is readily available online. Most frequently referenced resources are available through the National Association of School Psychologists. The NASP Practice Model is endorsed for comprehensive and integrated delivery of school psychological services (NASP 2020 Professional Standards).
<http://www.nasponline.org>
- SSG Bridge Academy Professional Development Resource Center is available to all SSG contract employees with enriched online training and professional development platform; monthly CEU professional development offerings presenting LIVE and recorded (ASHA, AOTA, ACE, and NASP approved CE/CPD provider); and catalog of practical, applicable resources. For help contact Bridge.Academy@ssg-healthcare.com

Discuss the process for meeting mandatory federal and state guidelines regarding completion dates:

Oversight for meeting mandatory federal and state guidelines regarding completion dates occur administratively at the campus/district level in addition to multiple supports provided by SSG.

- Clinical Manager (CM) interfaces with SSG contract school psychologist on a regular basis providing availability for administrative and caseload management in accordance with federal/state mandates for evaluation and special education services. Extensive consultation is available at any time.
- During these CM consultations, multiple levels of support for best practices are tailored to the SSG contract school psychologist's specific level of need. Performance expectations are defined and agreed upon with check-ins scheduled for performance review.
- Clinical Manager works in tandem with the SSG Triad Management Team (Account Executive, Recruiter) to support the SSG contract school psychologist in their district assignment, updating the SSG Triad if concerns are evident and/or successive compliance is achieved.

Training and Development Program

Our **Pathways to Success Program** provides clinicians with individualized support, engagement opportunities, access to online continuing education resources, and mentoring through three unique programs - Bloom, Foundations, and Bridge Academy - which are described below. Whether our clinicians are new graduates, new to schools, or experienced school-based clinicians, SSG will provide them with the support and resources needed to be successful. Our Training and Development Program is led by Christine Dukes, CCC-SLP, SVP Quality, who has over 25 years of experience in education, recruiting, and management.

Foundations Mentoring Program

Foundations is a mentoring guide developed for employees who are new to the school environment, including new grads and therapists transitioning from other settings. It consists of a series of learning modules on Bridge Academy that helps clinicians navigate the complexities of working in school systems. Foundations can be self-guided or completed with an identified mentor.

Highlights include:

- *Caseload Management – Systems and Scheduling*
- *Time Management - Treatment, Meetings, and IEPs*
- *IEPs - Navigating the Process*
- *Service Delivery Models*
- *Assessments, Report Writing, and Documentation*
- *Professional Etiquette*

Bridge Academy – Continuing Education and Training Program

We know the importance and value of continued education and the prominent role it plays in contributing to the professional growth of our clinicians and the children they serve. Bridge Academy, our online training and development platform, hosted by industry-leader Absorb LMS, provides the tools and resources to continue professional development throughout a clinician’s career and at **no cost** to the district.

Highlights of our development and training program include:

- *Experienced professional development team representing SLPs, OTs, School Psychologists, Nurses, Behavioral Staff, and more*
- *Webinars with a defined and discipline-specific curriculum provide opportunities to access courses at any time to earn CEUs and CPDs*
 - *SSG is an ASHA, AOTA, NASP, BACB, and Nursing approved/authorized continuing education provider*
 - *Live webinars provided monthly to address current topics and needs in school setting*
- *Library of over 175 recorded webinars available, including introductory courses with a variety of topics applicable to multiple disciplines*
- *Practical/Printable information including Monthly Toolkits, therapy ideas, and resources*
- *State and District specific required training*
- *Houses our Foundations program, Summer Series curriculum, Teletherapy Toolkit, Monthly CF Roundtables, and more!*
- *Dynamic reporting and course completion certificates available*

A calendar of events is thoughtfully created each school year, so the content is fresh and applicable. In addition to monthly webinars, courses are created to meet specific requirements at the state and district

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level. Bridge Academy allows for robust tracking and reporting to ensure clinicians have completed their required training prior to start. Our multidisciplinary, professional development team creates and presents content to ensure our clinicians have access to free, convenient, and appropriate training resources. Our Professional Development team consists of qualified and experienced clinicians, who also act as Clinical Managers.

District Professional Development

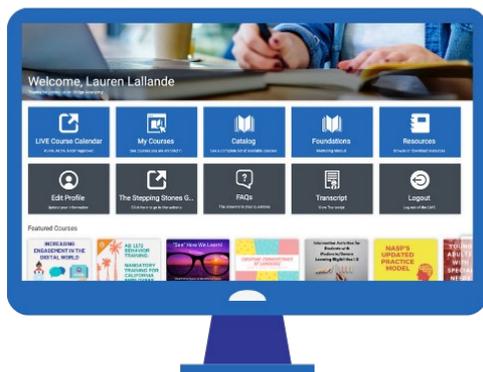
To show our appreciation of your business, SSG offers our school district clients and their staff access to **Elevate “U”, our district PD platform**, at no cost. Select recorded webinars, which are eligible for ASHA, AOTA, NASP, and/or BACB CEUs and CPDs and Nursing Contact Hours, will be made available to you and your special education staff three times throughout the school year as part of our SSG District Partnership Program. These courses can be done either individually or in a group setting.

We also provide opportunities for districts to request workshops that are customized to the specific needs of the district. We can discuss options for personalized trainings and events hosted by SSG that can be live or pre-recorded.

All of our Elevate “U” offerings also come with dedicated technical support for users on our platform and provide an opportunity for participants to track courses completed within our system.

In 2022-23 alone, we offered 300 districts access to our exclusive webinars, with employees earning over 1,000 CEUs/CPDs/PD Contact Hours through our Partnership Program. Access to Elevate “U” through an SSG partnership offers tremendous savings to districts for PD when compared with PD subscriptions services that charge districts based on number of users. Our commitment to your district includes PD at no additional cost to your district.

Below is the calendar of webinars that are being provided for the 22/23 school year.



Previous District Offerings

- Using an Informed Decision-Making Model to Maximize Success in the Schools
- Managing the SLP School Workload
- Effectively Embedding Therapy Services Across the Student's Day
- Trauma 2.0 Moving Beyond Aces
- Data Collection Connection
- Starting Off Strong: Rapport Building Activities
- Behavior Support 101 in the School Setting
- Tips for Dealing with Student Anxiety
- Intervention Activities for Students with Moderate/Severe Learning Eligibilities
- Executive Function and the Learning-Disabled Child
- Professional Ethics for the School-Based SLP
- School Impact of Mental Health Disorders
- Mix It Up: Activities for Mindfulness, Movement, and Managing Emotions
- Cultural Competence 1.0



THE STEPPING STONES GROUP
Transforming Lives Together

Please see sample Psychoeducational Evaluations on the following pages.

**Happy County School System
 Exceptional Education Center
 2554 Awesome Road
 Meadows, GA 30240
 (335) 123-7901**

CONFIDENTIAL PSYCHOLOGICAL REPORT

| | | | |
|-----------------------|--------------------------|---------------------------|--------------------------------|
| Student Name: | KIDD XXXX | Parent/Guardian: | Chris XXXX & Katrina XXXX-XXXX |
| Date of Birth: | 02/16/2007 | Age at Evaluation: | 9 years, 9 months |
| School: | XXXX XXXX Elementary | Grade: | 4 |
| Gender: | Male | Race: | African-American |
| Examiner: | Jade Enrique, EdS, ABSNP | Testing Dates: | 12/15 & 12/19/16 |

REASON FOR REFERRAL

KIDD was referred for assessment by the Student Support Team (SST) at XXXX XXXX Elementary as a part of an initial assessment in order to determine eligibility for Special Education services. The SST noted weak performance in the areas of: reading comprehension, math computation, and oral language. General education interventions did not produce the desired outcomes. This report aims to provide insights into KIDD’s continuing educational struggle.

SOURCES OF INFORMATION

Relevant Assessments/Data Obtained

A Developmental Neuropsychological Assessment, Second Edition (NEPSY-II), selected subtests
 Adaptive Behavior Assessment System – Third edition (ABAS-3)
 Beery-Buktenica Test of Visual-Motor Integration-6th Edition (VMI-6), selected subtests
 Behavior Assessment System for Children-3rd Edition (BASC-3)
 Behavior Rating Inventory of Executive Function-Parent and Teacher Forms (BRIEF)
 Behavioral Observations
 Children’s Psychological Processing Scale (CPPS)
 Comprehensive Test of Nonverbal Intelligence- Second Edition (CTONI-2)
 Comprehensive Test of Phonological Processing- Second Edition (CTOPP-2)
 Informal Behavior Checklist
 General education teacher Academic-Behavior Survey, Elementary School Version
 Review of Previous Assessments
 Review of Records
 Oral and Written Language Scales (OWLS) *
 Screening Tool for Assessment (STA), parent and caregiver screening form
 XXXX Social and Development History Questionnaire
 Woodcock Johnson IV Tests of Achievement (WJ IV ACH), selected subtests
 Woodcock Johnson IV Tests of Cognitive Abilities (WJ IV COG), selected subtests
 Woodcock Johnson IV Tests of Oral Language (WJ IV OL), selected subtests
 *assessment given by another examiner listed below.

Contributors

| | |
|---------------------------------|---|
| School Psychologist/Examiner(s) | Jade Enrique & Mrs. SLP (Speech Language Pathologist) |
| General Education Teacher | Mrs. Teacher1 & Mrs. Teacher2 |
| Parent(s) | Mrs. XXXX-XXXX |
| Student | KIDD XXXX |

BACKGROUND INFORMATION REVIEW

KIDD's primary language, racial, and ethnic background were considered prior to interpretation of evaluation procedures and measures. All assessments procedures measure a limited sample of a person's total repertoire. Information in this section was obtained from school records, prior assessments, and parent interviews/surveys.

Health/Developmental/Medical History

School records and parent input are primary sources for data on early childhood development and current medical condition. Information in this area addresses the developmental milestones; any significant childhood ailments; significant injuries, especially to the head; recent diagnosis; and significant diagnosis of close family members.

Social and Developmental History

KIDD's parents did not return the XXXX Social and Development History Questionnaire by the time of the creation of the report. Therefore no current information can be reported about social and developmental history. It is not known why the form was not returned.

Mrs. XXXX-XXXX (mother) completed the Screening Tool for Assessment (STA) Parent and Caregiver Screening Form in order to give some insight about current behaviors seen at home. The following characteristics about KIDD were noted as concerns:

- Listening skills are behind expected peers;
- Often says "Huh?" or asks to repeat something that has been said;
- Does not respond when called;
- Has difficulty pronouncing words;
- Cannot usually read his handwriting;
- Does not understand what he has read; and
- He has trouble with remaining focused.

Vision and Hearing

KIDD's visual and hearing abilities were screened on 10/17/16. He passed his vision and hearing screener within normal limits. He was not wearing glasses or hearing aids at the time of the screenings.

EDUCATIONAL HISTORY

This includes a review of student cumulative school record and special education records (if any). Specific information addressed includes: prior interventions and qualification for special education; if any; school attendance; report card grades and teacher comments; discipline information; and schools attended.

Attendance Record

All absences are detrimental to learning. As of 01/19/17, KIDD has had three absences this current school year.

Discipline

As of 01/19/17, KIDD has received no referrals or suspensions during the current school year.

Current Grades

The chart below displays KIDD's grades from this past quarter (2016-2017: Quarter 2).

| Subject | Grade |
|-----------------------|-------|
| English/Language Arts | 61- D |
| Math | 60- D |
| Music | A |
| Physical Education | A |
| Science | 62- D |
| Social Studies | 61- D |

Additionally, he received grades of "Satisfactory" in his Homeroom class for the following items:

- Completes and returns homework on time
- Completes classwork on time
- Follows classroom procedures

- Listens attentively
- Observes school and class rules
- Participates in class activities
- Pays attention in class
- Works cooperatively with others

For Homeroom, he also received grades of “Unsatisfactory” for managing materials and a “Needs Improvement” for working well independently. Overall, it appears as though there is no pattern of weaknesses located within his classroom grades for academic subjects. It is noted that he does rather well with his elective (non-academic) classes.

Standardized Assessments

KIDD took the Georgia Milestones Assessment System (GMAS) tests on April of 2016. The GMAS is a comprehensive summative assessment program spanning grades 3 through high school. Georgia Milestones measures how well students have learned the knowledge and skills outlined in the state-adopted content standards in English Language Arts, mathematics, science, and social studies. Students in grades 3 through 8 take an end-of-grade (EOG) assessment in English Language Arts and mathematics while students in grades 5 and 8 are also assessed in science and social studies. High school students take an end-of-course assessment for each of the ten courses designated by the State Board of Education.

There are four achievement levels for each EOG assessment: Beginning Learner, Developing Learner, Proficient Learner, and Distinguished Learner. Passing scores are considered to be in the Developing Learner range. Developing Learners demonstrate partial proficiency in the knowledge and skills necessary at this grade level and content area of learning, as specified in Georgia’s content standards. These students need additional academic support to ensure success in the next grade level and to be on track for college and career readiness.

KIDD did not receive any accommodations during testing. The following are his scores:

| Subject Area | Score | Qualitative Descriptor |
|-----------------------|-------|------------------------|
| English Language Arts | 411 | Beginning Learner |
| Mathematics | 458 | Beginning Learner |
| Reading | 1 | Below Grade Level |
| Science | 463 | Beginning Learner |
| Social Studies | 445 | Beginning Learner |

Current Intervention Goals and Data

KIDD is a nine year old male who attends XXXX XXXX Elementary School. He is within the fourth grade and has not been retained. He currently is receiving Tier 3 (SST) interventions in order to assist in remediating weaknesses within the general education classroom. For this current school year, KIDD’s SST team noted weaknesses in the areas of: reading comprehension, math computation, and oral language. The following interventions were implemented: System 44 Reading program; provision of study guides; small group instruction in the areas of weakness; SRA reading program; Full Circle Reading; guided math skills resources; one on one instruction in the areas of weakness; standards based curriculum; use of a binder; peer buddy; proximity control; preferential seating; pencil grip; primary paper; and BBY Math program. In the areas of oral language, reading, and math, he has not met his progress monitoring goals.

Teacher Interview/Reports

KIDD’s current teachers, Mrs. Teacher1 and Mrs. Teacher2, report that he appears to have strengths in the following areas: classroom participation, working in small groups, attendance, level of effort, rule compliance, level of engagement in class (paying attention/focus and time on task), relationships (adults, teacher, peers, home-school), and oral language skills (understanding, expression, articulation). His teachers note that he is a great leader and he consistently desires to do the right thing.

They also report that he struggles within the classroom in general. He tries really hard to do the work but cannot do it correctly. They note that it appears that he does not understand many of the tasks that he is requested to complete and performs below the fourth grade level. Weaknesses are also noted within the following areas: task completion (classwork, homework), help seeking (from peers and adults),

organization skills, reading (decoding, fluency, and comprehension), and writing (content, structure, vocabulary, spelling, mechanics, penmanship, keyboarding). She made no comments about his abilities within the area of math.

Additionally, the following behavioral characteristics were noted by his classroom teachers as being descriptive of KIDD within the current school year:

- Needs one-on-one instruction all of the time;
- Needs small group instruction all of the time;
- Has poor retention of information previously learned;
- Disrupts classroom instruction (occasional humming and noises);
- Makes noises;
- Has little or no interaction with peers;
- Talks loudly or screams instead of using a normal voice;
- Raises hand and gives no answer for attention;
- Works to the best of his ability/knowledge;
- Cannot follow simple 1, 2, or 3 step directions;
- Gives inappropriate answers during discussions;
- Does not understand simple discussions;
- Knows the difference between right and wrong;
- Cannot repeat information given such as name, address, etc.; and
- Has sloppy handwriting.

Previous Assessments

This section focuses on the results of prior assessments.

KIDD was evaluated by XXXX XXXX, MS of the Happy County School System in Meadows, GA on 1/26/16. Cognitive assessment revealed intellectual functioning ranging from “moderately impaired” to very low” (SS= 47; SS= 74). Cognitive processing assessment suggested no areas of strength. Cognitive processing weaknesses were noted within the areas of: executive functioning, verbal processing, verbal comprehension, visual spatial processing, fluid reasoning, working memory, processing speed, nonverbal processing, and general memory skills. Achievement testing demonstrated strengths in the areas of: math calculation skills and written expression. Achievement weaknesses were noted within the areas of: basic reading skills and reading fluency. Emotional/behavioral assessment in both the home and school environments suggest consistent weaknesses in the areas of: attention problems, atypicality, withdrawal, social skills, leadership, and functional communication skills.

Please see the original reports for further details.

CURRENT ASSESSMENTS

This section focuses on the results of newly given assessments and may incorporate previous assessments that were given within the last year. These assessments are nationally standardized with strong validity and reliability. These assessments along with observation, teacher, and parent input will provide a description of the student’s strengths and weakness. This information is also used in the consideration of special education eligibility and development of any individualized recommendations.

Test Error, Cultural, Environmental, Economic, and Behavioral Factors

Testing, evaluation materials, and procedures used for the purpose of this evaluation were selected and administered so as not to be racially, culturally, or gender discriminatory. Tests and other evaluation materials were administered by trained personnel in conformance with the instructions provided by their producers. Tests and other evaluation materials have been validated for the specific purpose for which they were used. If an assessment was not conducted under standard conditions, a description of the extent to which it varied from standard conditions is included in the evaluation report.

Scope of this Evaluation

KIDD was assessed in the areas of: intellectual development, processing, academic achievement, social-emotional/behavioral functioning and adaptive behavior functioning.

Assessment Behavior & Observations

KIDD was seen for testing across a period of two days. He was well-groomed and easily left the classroom in order to accompany the examiner to the testing room. During the evaluation, KIDD's offered very little spontaneous conversation. He was very quiet and often only spoke when asked a question. However, when he did speak, he would ask about the items in the room. He would try to assist with putting testing items away and helping to turn pages. He appeared to be very timid but gradually warmed up to the examiner. Additionally, he appeared to have an awkward pencil grip (see picture below). No other deviations were noted with speech, motor skills, visual abilities, or hearing abilities. Rapport was gradually established.



Intellectual Development

The following scores are often called "IQ scores." Cognitive/Intellectual assessment scores are considered to be a strong predictor of a student's current level of factual knowledge; problem solving skills; memory; attention; and ability to learn certain academic skills. However, these tests do not measure absolute learning potential; motivation; curiosity; creativity; drive; determination; study skills; or current level of achievement in academic subjects.

General intelligence (overall cognitive ability) is estimated from performance on many test scores and refers to a person's overall capacity to reason, solve problems, and learn useful information. Since KIDD's previous scores varied by several points and he appeared to struggle significantly in the classroom with his level of functioning in the area of oral language (as evidenced through Tier 3 interventions), a nonverbal intelligence test was given. Nonverbal instruments provide a very reliable and valid indicator of general intellectual ability for students with communication or language difficulties.

KIDD's nonverbal cognitive ability is in the low average range (SS= 85), as measured by the Comprehensive Test of Nonverbal Intelligence, Second Edition. This score suggests that he performed better than or equal to 16% of students in his age range that were used to norm the test. This score is higher than his most recent intellectual assessment scores that occurred in January of 2016. His higher score on this assessment suggests that oral language and/or communication skills may impact and/or lower the level his other intellectual assessment scores.

Psychological & Cognitive Processing Skills

Psychological/Cognitive processes are ongoing activities that occur within the brain that manage information, such as: attention; speed of processing information; organization; executive functioning; short-term memory; long-term memory; discrimination/perception; etc... Measurement in this area may possibly assist with understanding some of the reasoning behind an impairment of a child's mastery level of certain academic tasks. Deficits in one or more of the cognitive and psychological processes can potentially impair listening, thinking, speaking, reading, writing, and/or mathematical skills.

In order to understand KIDD's learning strengths and weaknesses, this evaluation includes a thorough assessment of KIDD's psychological and cognitive processing skills using Milton Dehn's PSW Model (2014) of cross-battery assessment. All of the processing composites and subtest scores obtained by KIDD were combined into one cross-battery analysis of psychological processing, using the *Psychological Processing Analyzer Software, version 4.0.5*. Strengths and weaknesses identified through this procedure are integrated with other assessment data, such as observations, to provide ecological support for the findings, if available.

The Children's Psychological Processes Scale (CPPS) was given to KIDD's teachers to complete as indirect ratings of performance in the area of psychological/cognitive processes. These scores could have been used as supplemental information for the direct testing obtained from the student located below. However, both teachers returned these forms to the examiner incomplete (several missing answers). All questions must be answered in order to generate scores from this instrument. Therefore the examiner was unable to obtain scores from the forms no scores from this instrument will be reported at this time.

Eleven psychological and cognitive processing abilities were analyzed. Scores reported in this section have been converted to standard scores (if necessary) and have a mean of 100. *Any score greater than or equal to 85 is considered within normal limits.* Please refer to the appendix for a complete summary of subtests and scores.

Attention

Attention processing refers to those self-inhibitory processes that allow one to focus, sustain, and divide attention. Difficulties with attentional control are associated with poor academic productivity and with mathematics achievement. KIDD's process score for Attention is within the low average range (SS= 89). This is considered as an area of strength for him.

Impact: KIDD should have no difficulty with his skills in this area within the classroom.

Auditory Processing

Auditory Processing refers to the processes involved in perceiving, analyzing, synthesizing, and discriminating speech and other auditory stimuli. Auditory processing has strong relations with language and literacy skills. KIDD's process score (SS= 70) in this area is within the very low range. This score is considered as a weakness.

Impact: He may mistake words he hears, such as cat for hat. He may have difficulty hearing conversation when there is background noise or making out the teacher's voice against the background (shuffling papers, opening their notebooks, or making other noises). He may have difficulty correctly identifying different sounds in the environment. He may have difficulty remembering what is said to him. He may appear to have difficulty paying attention in class. Oral drills may be difficult for him. He may have difficulty learning vocabulary presented orally. He may have articulation errors.

Executive Functions

Executive functioning is responsible for regulating behavior and for regulating cognitive functions during purposeful, goal-directed problem solving. Executive function and self-regulation skills are the mental processes that enable us to plan, focus attention, remember instructions, and juggle multiple tasks successfully. Just as an air traffic control system at a busy airport safely manages the arrivals and departures of many aircraft on multiple runways, the brain needs this skill set to filter distractions, prioritize tasks, set and achieve goals, and control impulses. Well-developed executive functions are most important for applied academics, such as reading comprehension, mathematics reasoning, and written expression. Academic productivity, such as completing homework, also depends on adequate executive processes. KIDD's performance on these subtests (SS= 66) indicates that his ability is in the mildly impaired range and is considered as an area of weakness.

Impact: He may have difficulty getting started on tasks, such as school work and/or have poor self-control. He may have difficulty understanding himself. He may have difficulty with planning and organization (environment and thoughts/language). He may have difficulty waiting for a return or a reward. He may have difficulty monitoring how well he is doing on a particular task. He may have difficulty noticing mistakes that he makes.

Fine Motor

Fine motor processes, such as motor planning, are involved in the control and coordination of small muscle movements that occur in the fingers. Fine motor skills affect penmanship, which in turn influences written expression. KIDD's performance on these subtests (SS= 81) is in the low average range and indicates that his ability is below normal limits. This score could also be considered as an area of processing weakness. If KIDD continues to have difficulties in this area, a consultation with the school-based occupational therapist may be beneficial.

Impact: He may have difficulty cutting with scissors; may have difficulty printing or have messy handwriting. He may have an awkward pencil grip. He may have difficulty drawing a straight line. He may have difficulty copying items from another sheet of paper, book, or the board in the classroom.

Fluid Reasoning

Fluid Reasoning includes problem solving and deductive and inductive reasoning. Fluid reasoning plays an important role in higher level, applied academics, such as reading comprehension and mathematics

reasoning. KIDD scored within the very low range of functioning (SS= 79). His performance on these subtests indicates that his ability in this area is below normal limits. This score can be considered as an area of weakness.

Impact: He may have difficulty solving unfamiliar problems. When given clues he may have a difficult time guessing at the answer. He may have difficulty with logical reasoning. He may have difficulty solving math story problems. He may have difficulty understanding relationships between new concepts. He may have difficulty generalizing or making connections between new material and acquired knowledge. He may have limited problem solving skills in new and everyday situations. He may have difficulties seeing the big picture and how things relate to each other. He may have problems understanding and evaluating opinions/views of others. He may have problems troubleshooting and figuring out how things work.

Long-Term Recall

Long-Term Recall includes delayed recall of new learning and the long-term memory processes of encoding, consolidation, and retrieval. All aspects of academic learning and performance depend heavily on adequate functioning of long-term memory processes. KIDD scored within the low average range (SS= 85) and his performance on these subtests indicates that his ability in this area is within normal limits and an area of strength.

Impact: KIDD should have no difficulty with his skills in this area within the classroom.

Oral Language

Oral Language refers to the linguistic processes that allow one to communicate effectively, such as the ability to construct meaningful sentences. Oral language development has a strong influence on the acquisition of literacy. KIDD's process score in this area is within the very low range of functioning (SS= 70) and is below normal limits. This score is considered as an area of weakness for KIDD. This score was derived from the Oral and Written Language Scales assessment that was given by the school-based speech language pathologist. The full completed communication assessment should be reviewed and the speech language pathologist be consulted for a more in-depth look into oral language skills, if warranted.

Impact: He may have problems orally expressing thoughts and ideas. He may not use proper grammar when speaking. He may have had delays in early childhood language development. He may have difficulty comprehending what is said to him. He may have difficulty putting sentences together when speaking.

Phonological Processing

Phonological Processing refers to the awareness and manipulation of phonemes, the smallest units of speech that are used to form syllables and words. Basic reading and writing skills, as well as the development of oral expression and listening comprehension depend heavily on the development of phonological processing. Phonemic awareness is one dimension of phonological processing. KIDD's score in this area is within the mildly impaired range of functioning (SS= 67) and is below normal limits. His score is also considered as an area of weakness. Scores in this area suggest that he can delete parts of words or sounds (deletion). He can also combine together sounds and combine word parts (blending). He appears to struggle with substitution (replacing sounds or word parts with another sound or word part) and identifying where a sound appears in a word, or identifying what sound appears in a given position in a word (phoneme isolation).

Impact: He may have articulation errors. He may have difficulty pronouncing words correctly. He may have difficulty recognizing when two words rhyme. He may not hear all the sounds in a word. He may have difficulty sounding out unknown words.

Processing Speed

Processing Speed involves how quickly information is processed and how efficiently simple cognitive or mental tasks are executed over a sustained period of time. Adequate processing speed is necessary for successful skill acquisition and for performance in nearly all aspects of academic learning. KIDD's score for this area is within the low average range of functioning (SS= 87). This score is within normal limits and an area of strength.

Impact: KIDD should have no difficulty with his skills in this area within the classroom.

Visual-Spatial Processing

Visual-Spatial Processing is the ability to perceive, analyze, synthesize, manipulate, and transform visual patterns and images, including those generated internally. The visual aspect applies to processing static characteristics of an image. The spatial component processes location and movement. Visual-spatial processing has its strongest relationship with mathematics. KIDD's score in this area is below normal limits and is considered to be within the mildly impaired range of functioning (SS= 60). This score appears to be an area of weakness. KIDD scores suggest that he may have more difficulty with the spatial components of this skill rather than the visual component (especially if given time constraints). If KIDD continues to have difficulties in this area, a consultation with the school-based occupational therapist may be beneficial.

Impact: He may have difficulty recognizing visual patterns. He may have difficulty distinguishing between letters of the alphabet. He may have difficulty matching things that look alike. He may have difficulty putting puzzles together. He may have difficulty seeing the details and a picture. He may lose their place while working on a worksheet or when reading a text. He may have difficulty writing in a straight line across the paper. He may have difficulty solving problems involving single-digit addition (up-down), regrouping (left-right), the alignment of numbers, or using a number line. He may have trouble with the concept of fractions as well as writing them, writing decimals, and find it hard to discern differences in size or shape. May appear to have difficulty with processing speed.

Working Memory

Working Memory is the limited capacity to retain information while simultaneously processing the same or other information for a short period. Basically, it means that the student has to think and remember at the same time. Short-term memory (holding information in mind for a short amount of time) is considered a subcomponent of working memory. Working memory capacity has a strong influence on all aspects of academic learning. KIDD's process information ore in this area is within the range of functioning (SS= 85). His performance on these subtests indicates that his ability in this area can be considered as a strength and is within normal limits.

Impact: KIDD should have no difficulty with his skills in this area within the classroom.

Summary of Processing Strengths and Weaknesses

Based on the cross-battery analysis of the scales used to assess KIDD's psychological processes, he appears to display a pattern of strengths and weaknesses that can account for the academic learning and performance problems that he is displaying. These scores appear to be fairly consistent with parent and teacher reports.

Below is listing of a summary of his processing abilities:

Strengths

- Attention; Long-Term Recall; Processing Speed; and Working Memory

Weaknesses

- Auditory Processing; Executive Functions; Fine Motor; Fluid Reasoning; Oral Language; Phonological Processing; and Visual-Spatial Processing

Academic Achievement

The following section is based on standardized assessments, which were nationally normed. These scores compare the student's academic abilities to those of other students their age across the nation. These scores reflect knowledge learned that was expressed during the evaluation session(s). They may or may not correlate to classroom grades because grades are based on more than the acquisition of knowledge. School grades incorporate, to one degree or another, behavior, homework, class work, citizenship, etc. Therefore, grades are a better indication of a student's ability to function in the "real" world. Grades may also represent social skills and level of social maturity. A failing grade may not be the result of low cognitive ability, a processing deficit, or ability to focus, but rather the result of: learned behavior; low expectations; or negative attitude toward school.

KIDD was evaluated in several different areas of academic achievement. Some of his academic achievement scores from his last assessment (completed in January 2016) were incorporated into this discussion. His scores ranged from "moderately impaired" to "average".

KIDD's scores suggests that he may have strengths in the areas of math calculation, math problem solving, and written expression. He appears to struggle in the areas of: basic reading skills, reading fluency, reading comprehension, oral expression, and listening comprehension. It appears as though his processing weaknesses may be impacting his academic performance in the educational environment.

In the general education classroom, he may struggle with the following: identifying and decoding letters and words; reading quickly and accurately; understanding what he reads; using words to express his thoughts effectively; and being able to accurately understand verbal information. It is this examiner's opinion that this student may need a significant amount of assistance from the teacher and/or paraprofessional in order to remediate his weaknesses in the classroom.

Social-Emotional & Behavioral Functioning

Social-emotional & behavioral functioning often includes behavioral information from multiple sources (parents, teachers, and/or student). This section provides information on acting out/disruptive behaviors (aggression, hyperactivity, bullying) as well as more internalizing/inward problems (depression, anxiety, and poor self-esteem).

The Behavior Assessment System for Children-3rd Edition (BASC-3) was filled out by KIDD's parent and teacher in order to determine his current level of social and emotional functioning in the home and school environments. Scores in the Clinically Significant range suggests a high level of maladjustment. Scores in the At-Risk range identify a significant problem that may have the potential of developing into a more serious problem behavior. Please refer to the appendix for a complete listing of scores.

In the home environment, he appears to have no clinically significant weaknesses. Nonetheless, he was rated to have at-risk weaknesses in the areas of: attention problems, atypicality, social skills, leadership, and functional communication.

In the school environment, scores suggest clinically significant weaknesses in the areas of learning problems, atypicality, and withdrawal. Additionally, he appears to have at-risk weaknesses in the areas of leadership, study skills, and functional communication.

Overall, he appears to demonstrate areas of weakness in both environments within the following areas: atypicality, leadership, and functional communication. Differing scores may be due differences between the two environments, such as structure or expectations. These scores suggest that KIDD may have difficulty coping and adapting to changes within these environments currently. He may perform behaviors that can be considered to be weird or odd for his age; may not lead a group of students without being prompted; and may have difficulty expressing his wants/needs (advocating for self) without being prompted. These scores are fairly consistent with emotional behavioral assessment rating from last school year.

Adaptive Behavior Functioning

Adaptive functioning refers to a student's effectiveness in areas such as social skills, communication, and daily living skills. Tests of adaptive functioning measure how well a child meets the standards of personal independence, self-direction, and social responsibility expected at their developmental stage or age. These are the skills necessary to get along in life and care for oneself.

Adaptive Behavior Assessment System-3rd Edition (ABAS-3) was filled out by KIDD's teacher in order to determine her current level of adaptive behavior functioning in the school environment. A rating form was also sent home to his parents. It was not returned at the time of this report. It is unclear as to why the forms were not returned. Please refer to the appendix for a complete listing of scores.

Overall, it appears that KIDD struggles with his overall level of adaptive behavior within the school environment. He appears to have strengths in the area of social skills (low average; SS= 87) and practical skills (average; SS= 92). Conversely, it appears as though he may significantly struggle with his current level of conceptual skills (very low; SS= 77). This weakness appears to affect his overall level of adaptive behavior functioning. In particular, he appears to have weaknesses with: his level of communication skills and his level of functional academic skills. These weaknesses appear to be consistent with other scores noted throughout the assessment.

SUMMARY

KIDD is a nine year old male who attends XXXX XXXX Elementary School. He is currently receiving Tier III interventions in the areas of oral language, reading comprehension, and math computation. He was referred by his Student Support Team/Tier 3 (SST) team for psychological testing to obtain his learning strengths and weaknesses, current levels of educational functioning, and whether he has met initial criteria for the eligibility of special education services.

KIDD's nonverbal level of cognitive functioning appears to lie in the "low average" range (SS= 85). This score is higher than his previous cognitive functioning assessment scores conducted in January 2016. This score suggests that difficulties with communication and oral language may have impacted his score on previous assessments.

Cognitive processing strengths were noted within the areas of: attention, long-term recall, processing speed, and working memory. Cognitive processing weaknesses were noted within the areas of: auditory processing, executive functions, fine motor processing, fluid reasoning, oral language, phonological processing, and visual spatial processing.

Academic achievement scores suggest strengths in the areas of math calculation skills, math problem solving skills, and written expression. Achievement weaknesses appear to be within the areas of: basic reading skills, reading fluency, reading comprehension, oral expression, and listening comprehension.

Social-emotional and behavioral assessment from the home and school suggests that he appears to demonstrate areas of weakness in both environments within the following areas: atypicality, leadership, and functional communication.

Adaptive behavior assessment suggests that KIDD struggles within the school environment within the areas of conceptual skills. In particular, he appears to have weaknesses with: his level of communication skills and his level of functional academic skills. No information was available about his functioning in this area within the home environment due to the parent not returning the rating forms.

CONSIDERATION OF ELIGIBILITY

Several areas of eligibility were considered but KIDD best appears to meet qualification for the category of Specific Learning Disability. At the time of completion of this report, the following information in regards to this category of eligibility was available to the examiner:

- KIDD exhibits processing weaknesses within the areas of: auditory processing, executive functions, fine motor processing, fluid reasoning, oral language, phonological processing, and visual spatial processing.
- His processing weaknesses have impaired his mastery of the following academic areas:
 - Basic Reading Skills (weaknesses in auditory processing, oral language, and phonological processing can impact this area of academics)
 - Reading Fluency (weaknesses in phonological processing can impact this area of academics)
 - Reading Comprehension (weaknesses in auditory processing, executive functions, fluid reasoning, and oral language can impact this area of academics)
 - Oral Expression (weaknesses in executive functions, oral language, and phonological processing can impact this area of academics); and
 - Listening Comprehension (weaknesses in auditory processing, executive functions, oral language, and phonological processing can impact this area of academics).

- His underachievement in these areas have been documented through his performance on the following:
 - Georgia Milestones state assessment (Reading);
 - Information from his classroom teacher (Reading);
 - Analyzed work samples indicating below level performance (basic reading skills, oral expression, listening comprehension, basic reading skills, reading fluency, and reading comprehension); and
 - Observations of KIDD's performance in the general education classroom (Basic Reading Skills, Reading Fluency, Reading Comprehension, Math Calculation Skills, Math Problem Solving, Oral Expression, Written Expression, Listening Comprehension, and Behavior).
- Data has been collected about KIDD's performance that includes instruction that has been implemented for a minimum of twelve weeks to show the instructional strategies' lack of effect that demonstrates that KIDD is not making sufficient progress to meet age or state-approved grade-level standards for the areas of reading comprehension, oral language, and math calculation within a reasonable time frame.

This recommendation is offered to the multidisciplinary team as a part of one participant's opinion. The team may wish to consider this student for the most appropriate educational placement at this time due to the aforementioned areas of strengths and weaknesses. Final decisions regarding educational placements and eligibility should be made by the multi-disciplinary team and should be made only after considering all relevant educational/medical data.

Recommendations/Interventions

The following recommendations are suggestive and should not be included in intervention plans unless agreed to by the multi-disciplinary team. Parents and teachers are encouraged to modify interventions per this student's unique needs and responses. They should discontinue any recommendations not resulting in positive progress.

- A meeting, including KIDD's parents and school personnel should be held to discuss the results of this evaluation and the best educational plan for KIDD.
- KIDD will benefit from specific instructional strategies to build his basic academic skills. He should be encouraged to memorize basic addition and subtraction facts, as these will be essential skills required to learn higher order concepts. KIDD should also memorize lists of the most frequently used sight words. Spelling work should incorporate these same words along with words used in his reading and composition.
- KIDD's parents are encouraged to read to or with him at home and to increase KIDD's exposure to books. KIDD could also retell the story to his parents on occasion. This will help improve his reading and comprehension skills while providing positive interaction time with his parents. KIDD could be allowed to choose books from the school library to read at home.
- Computer programs that teach and reinforce academic concepts might provide an interesting and fun way for him to practice academic facts and skills.
- The following general strategies may be helpful to remediate difficulties in the area of executive functions:
 - A student with inhibitory control difficulties often requires additional structure in their environment at the outset in order to maintain more appropriately controlled behavior. Therefore, KIDD would benefit from explicit, extensive, and/or a clear set of rules and expectations.

- External distractions often put students with inhibitory control difficulties off-task. Therefore, KIDD would benefit from a setting where distractions, including visual and auditory stimuli as well as other students or activities, are limited.
 - A student like KIDD would also benefit from careful placement in the classroom. This is not necessarily in the front, but might be close to the center of activity to help maintain KIDD's involvement or in a place where frequent eye contact with the teacher is likely to occur. Because disinhibited children often require more frequent redirection and more frequent limit-setting from the teacher, placement in close proximity of the teacher can facilitate greater interaction without disturbing other students.
 - Response delay techniques can be helpful for students with inhibition difficulties. KIDD might be taught strategies such as counting to 5 or 10 before responding verbally or physically. Several "stop and think" methods are available that teach students to inhibit their initial response, to consider the potential consequences of their behaviors, and to further develop a plan of approach to a situation. Some are cognitive-behavioral strategies, and others are available as games for guidance counseling or therapy.
 - In order to curtail KIDD's impulsive approach to tasks, he might be asked to verbalize a plan of approach before starting work. This places a short time period between the impulse and the action and can allow for better planning and a more strategic approach. KIDD's teacher or parent can ask him to explain how she will approach a task, including his goals for accuracy and time.
 - A child like KIDD often needs more frequent breaks, particularly with motor activity. Breaks can be a reward for work completed and only need to be one or two minutes in duration. KIDD might be asked to complete some independent desk work within his capabilities before running an errand, taking a bathroom break, or simply bringing his work to the teacher for review.
 - Set rules and make sure expectations are clear. If rules are broken, discipline must be firm, fair, and consistent.
 - React calmly to outbursts and be sure to minimize the attention the student gets from others during these episodes.
 - Redirect behavior away from the source of frustration and refocus the student's attention on something positive.
 - Teach the student to negotiate and use conflict resolution skills.
 - Promote physical activity as a means of coping with agitation.
 - Teach the student to use relaxation techniques.
 - Avoid 'enabling' the student to continue inappropriate behaviors. Although it may not be possible to stop the student from misbehaving, change may occur based on the response the student gets when the behavior is displayed. Be a caring, yet controlled role model (speak calmly).
 - Try to redirect the student when he says negative things and replace them with more positive and realistic statements.
 - Research has shown that punishment is not an effective tool for changing human behavior. It is better to reward appropriate behavior.
 - KIDD could also benefit from learning the following metacognitive strategies.
 - Goal setting: Making an initial decision about or choice of a goal to pursue
 - Self-awareness of strengths/weaknesses: Recognizing KIDD's stronger and weaker abilities and deciding how easy or how difficult it will be to accomplish the goal
 - Organization/planning: Developing an organized plan for completing academic work
 - Flexibility/strategy use: Utilizing methods for rethinking a plan when obstacles arise
 - Monitoring: Reviewing the goal, plan, and accomplishments at the end
 - Summarizing: Identifying what worked and what didn't work.
 - Squeeze ball: To help KIDD maintain focus during class instruction
- The following general strategies may be helpful to remediate difficulties in the area of fine motor processing and visual-spatial processing:

- Consider a consultation with the school-based occupational therapist in order to develop more techniques/interventions that may be of use for this student.
 - Provide activities with manipulatives.
 - Provide copying, tracing, drawing activities.
 - Provide activities involving construction and design.
 - Verbally describe graphics and visually-based concepts.
 - Provide support for tasks requiring spatial organization.
 - Reduce the frustration of writing by requiring less. Allow the student to convey knowledge in a variety of ways, not just in writing (creating models, designing posters, giving demonstrations or making oral presentations) or allow alternate modes of response (typewriter, computer, taped assignments).
 - Provide activities designed to develop discrimination of visual features (e.g., Where's Waldo?, find the odd one out, find the hidden object, circle the same word in a text, word searches, find words with beginning with "t", ending with "ing" or containing "ou")
 - Give examples and point out the important details of visual information.
 - Partially cover a picture and ask the student to identify the whole.
 - Encourage the student to verbalize what he/she has seen (e.g., remembering routes around school may be easier if he has a verbal description in his head).
- The following general strategies may be helpful to remediate difficulties in the area of phonological processing and auditory processing:
 - Provide phonological awareness activities (e.g., rhyming, alliteration, imitation, songs).
 - Provide specific training in sound discrimination, blending, and segmentation.
 - Emphasize sound-symbol associations in teaching decoding and spelling.
 - Provide study guides for listening activities.
 - Provide assistance with note taking.
 - Accompany oral information with visual materials.
 - Use explicit, systematic, synthetic phonics instruction.
 - Use direct phonics instruction.
 - Provide the student a whisper phone to allow the student to hear their own reading.
 - Check for comprehension after group directions are given.
 - Provide a well-managed classroom with control of any extraneous activities that create auditory distractions and competing background noise.
 - Provide preferential seating that supports monitoring of student comprehension.
 - Provide a peer buddy or assistant to provide information when the student did not understand an oral communication.
- The following general strategies may be helpful to remediate difficulties in the area of oral language processing, oral expression, and listening comprehension:
 - KIDD has weaknesses with her listening comprehension and oral expression abilities, so he could benefit from additional time and structures for making use of information presented orally and for organizing his thoughts. The following interventions may help KIDD increase her ability to make use of material presented orally and to particiXXXX orally in class. Teachers could:
 - Directly teach KIDD to request repetition or rephrasing of instructions, questions, or statements when necessary.
 - Have KIDD write out or draw step-by-step instructions for completing assignments (i.e., math problems) and to use these instructions when he is completing assignments.
 - To increase classroom participation, let KIDD know prior to a discussion that he will be called on and asked a particular question. This will give KIDD an opportunity to rehearse the answer.
 - Provide KIDD with daily specific opportunities to discuss subjects he knows.
 - Teach KIDD to create a visual image of what he hears and reads so that he can provide for himself visual input to supplement verbal information.
 - Consider a consultation with the school-based speech language pathologist in order to develop more techniques/interventions that may be of use for this student.

- Develop concept formation skills. Concepts and abstract ideas may be difficult for KIDD to deal with. Concepts should be thoroughly explained with numerous examples using a vocabulary that is understood by him. Provide activities that help teach abstract ideas, classifications, and generalizations.
 - Teach math vocabulary.
 - Use a peer-tutor, "work buddy," or small group work whenever possible. Classmates can help KIDD keep on track and can help teachers recognize when he is falling behind.
 - Make sure that KIDD has a conceptual understanding of all new vocabulary words presented to him in class. Pre-teach him vocabulary as needed. Have him use new words in a sentence, and use visuals when presenting new concepts.
 - Talk with KIDD at home about any new vocabulary words he is learning at school. Discuss these words with him using familiar concepts that relate to real life experiences.
- The following general strategies may be helpful to remediate difficulties in the area of fluid reasoning:
 - Break complex tasks or procedures into component parts. After the student masters one part, move onto the next.
 - Help the student sort out relevant from irrelevant information when solving a problem.
 - Move slowly when presenting new information and tie new concepts into previously mastered concepts and information.
 - Do not leave presented information in the abstract as this can confuse the student. Rather develop understanding of abstract concepts by describing concrete, familiar elements of the concept (e.g., fruit can be eaten, grows on trees, has a seed or stone and has skin). In addition, employ concrete examples including pictures, demonstrations and manipulatives.
 - Explicitly teach multiple approaches to solving problems.
 - Provide opportunities to sort, classify, and categorize.
 - Make use of graphic organizers to assist in unifying information and breaking information apart.
 - Teach problem solving strategies.
 - Use a problem solving planner that sequences the questions that need to be asked when approaching a problem.
 - Use cooperative groups and reciprocal teaching to help with perspective taking and exposure to different problem solving.
 - Consistently check for understanding and provide assistance in a timely manner throughout a task and particularly when there are changes in task demands.
 - Seat him next to a peer helper who can provide assistance.
 - Provide overlearning, repetition, and review of concepts.
 - Encourage creativity when the student is trying to reach a solution to a problem.
 - The following accommodations may be helpful for addition to the IEP:
 - Extended time on all types of tests. This allows for more time for the student to process information.
 - Repetition or clarification of directions.
 - Presenting information visually, as well as verbally.
 - Providing preferential seating to reduce distraction.
 - Chunk information or materials so that the student only has to do a few steps at a time.
 - Provide written or visual checklists or step-by-step procedures to guide tasks completion.
 - Provide frequent monitored breaks.
 - Small group testing.
 - Oral reading of test questions.
 - Repetition of directions.
 - Explain or paraphrase directions for clarity. Use color-coding of materials
 - Provide repeated exposures to printed visuals.
 - Provide graph paper for math problems to help with aligning problems.
 - Color code important information or provide color overlays.
 - Read written directions aloud.

- Provide paper for writing that has darker or raised lines to make the boundaries more distinct.
 - Use a tracking tool as a reading guide (to keep focus on one line at a time) and a highlighter (immediately emphasize important information).
 - Provide a template to isolate sentences or paragraphs in text.
 - Minimize the number of written problems.
 - Provide a copy of notes
 - Use larger font for written materials on smart board.
 - Provide preferential seating.
 - Increase white space on paper; and
 - Provide concept maps and/or graphic organizers.
- This student struggles when there is a high amount of cognitive load in the classroom. In order to lessen cognitive load, the following is recommended:
 - Wordiness and complex language add to processing cognitive load. Simple, concise consistent wording allows the learner to focus on the required processing.
 - Lengthy lessons create more proactive and retroactive interference as more and more information is added. Both interference and inhibiting interference add to the cognitive load.
 - Well-organized lessons/instruction makes fewer demands on the learner's processing.
 - Teachers should elaborate more. Elaboration is the process of explicitly linking new information to prior knowledge in a manner that helps the learner understand the relations.
 - Provide KIDD with as many academic and social successes as possible. Consider assigning additional responsibilities to him (e.g., chores, errands, etc.) to give him a feeling of pride, accomplishment and status. Also, assigning KIDD certain tasks (e.g., passing out class papers) may provide him with periodic, short "breaks" that may increase his motivation and on-task behavior.
 - KIDD's parents may wish to share this report with their current medical professional in order to ensure that no medical conditions are accountable for some of his weaknesses, if feasible or warranted.

Respectfully Submitted,



Jade Enrique, EdS, ABSNP
Nationally Certified School Psychologist
Happy County School System

APPENDIX

Warning: Individuals who may be unfamiliar with psychological tests and psychological testing principles can easily misinterpret psychological test data. Please consult a licensed or credentialed psychologist before acting on any interpretation of these scores.

The following are general terms or definitions from testing results that will be discussed. Any term that is not mentioned in this listing will have a short explanation of the meaning/interpretation of the score within the appropriate portion of the report.

- **Standard scores** have a mean of 100 and a standard deviation of 15. Roughly two-thirds of all individuals will obtain a score between 85 and 115. Scores of 85 and higher are considered to be within normal limits. See chart below for more interpretation of the Standard Scores used within this report.

| STANDARD SCORE | INTERPRETATION |
|----------------|---------------------|
| 130+ | Very Superior |
| 121-129 | Superior |
| 111-120 | High Average |
| 90-110 | Average |
| 80-89 | Low Average |
| 70-79 | Very Low/Borderline |
| 69-55 | Mildly Impaired |
| 54-40 | Moderately Impaired |
| 39-25 | Severely Impaired |
| 24-0 | Profoundly Impaired |

- A **percentile rank** is the proportion of scores in a distribution that a specific score is greater than or equal to. For example, a test score which is greater than 90% of the scores of people taking the test is said to be at the 90th percentile.
- The **Z score** is used to describe a particular score in terms of where it fits into an overall group of scores. Therefore indicates how far and in what direction, the score deviates from the mean/average, expressed in units of standard deviation. A Z score has a mean of zero and a standard deviation of one.
- A **grade equivalent** indicates that a child's performance resembles the average performance at a particular grade level. Grade equivalents are typically presented in decimal form; for example, "4.2" means that a child is functioning at a level typical for a student in the second month of fourth grade.
- The **T score** is used to tell individuals how far their score is from the mean. T scores have a mean of 50 and a standard deviation of 10. Therefore, if a student's raw score was converted to a T score and their T score was 70 it would in turn mean that their score was 20 points above the mean.
- A **scaled score** is based on comparison with the scores of same-age peers in a norm group and can range from 1 to 19, with an average of 10 and a standard deviation of 3. Scaled scores that are 7 and higher are considered to be within normal limits.

Note: Scores included in this appendix are the ones given by this examiner. Other scores may have also been used to compile information in this report. Please refer to the other reports noted in this report and/or the Georgia Special Education Eligibility Report for the complete listing of all scores on file within the past year.

Comprehensive Test of Nonverbal Intelligence, Second Edition (CTONI-2)

The CTONI-2 is a test of nonverbal reasoning abilities that is particularly useful with children whom other intelligence tests are either inappropriate or biased. Scores between 90 and 109 constitute the average range.

| Scale | Standard Score | Qualitative Descriptor | Abilities Measured |
|-----------------|----------------|------------------------|--|
| Full Scale | 85 | Low Average | Comprehensive estimate of intellectual ability. |
| Pictorial Scale | 88 | Low Average | Basic concept identification, Sequential reasoning, and visual deductive/inductive reasoning using pictures of familiar objects. |
| Geometric Scale | 85 | Low Average | Basic concept identification, sequential reasoning, and visual deductive/inductive reasoning using pictures of abstract geometrical designs. |

The Beery-Buktenica Developmental Test of Visual-Motor Integration - Sixth Edition (Beery VMI-6)

This is a paper and pencil task in which the child is asked to copy individual designs of increasing complexity.

| Scale/Subtest | Standard Score | Qualitative Descriptor |
|--------------------|----------------|------------------------|
| Motor Coordination | 87 | Low Average |

Comprehensive Test of Phonological Processing – Second Edition (CTOPP-2)

This test measures phonological processing by giving three major composite scores: phonological awareness, phonological memory, and rapid naming.

| Scale/Subtest | Standard Score/ (Scaled Score) | Qualitative Descriptor |
|-------------------------------|-----------------------------------|------------------------|
| Phonological Awareness | 67 | Mildly Impaired |
| Phonological Memory | 85 | Low Average |
| Rapid Symbolic Naming | 85 | Low Average |
| -Elision | (6) | Low Average |
| -Blending Words | (7) | Low Average |
| -Phoneme Isolation | (1) | Mildly Impaired |
| -Memory for Digits | (5) | Very Low |
| -Nonword Repetition | (10) | Average |
| -Rapid Digit Naming | (8) | Average |
| -Rapid Letter Naming | (7) | Low Average |

Behavior Rating Inventory of Executive Function (BRIEF)

The Behavior Rating Inventory of Executive Function (BRIEF) is a parent and teacher rating scale of everyday behavior associated with specific domains of executive functions. T-Scores of 65 or higher are considered to be a potential sign of symptomology.

| Index/Scale | Parent | Teacher |
|---|------------|------------|
| Inhibit – control impulses and stops behavior | 53 | 51 |
| Shift – moves freely from one activity/situation to another and problem-solving flexibility. | 47 | 49 |
| Emotional Control – modulate emotional responses appropriately. | 43 | 45 |
| Behavioral Regulation Index (BRI) | 47 | 48 |
| Initiate – begin activities and generate ideas. | 66* | 84* |
| Working Memory – hold information in mind for purposes of completing a task. | 69* | 81* |
| Plan/Organize – anticipates future events, set goals, develop steps, and grasp main ideas. | 73* | 62 |
| Organization of Materials – sense of organization of one’s personal space and belongings. | 52 | 80* |
| Monitor – check work, and assess one’s own progress. | 62 | 69* |
| Metacognition Index (MI) | 69* | 76* |
| Global Executive Composite (GEC) | 61 | 67* |

* = Elevated

Woodcock-Johnson IV Tests of Achievement (WJ IV ACH)

The WJ IV ACH is an individually administered, norm-referenced test for measuring academic achievement.

| Scale/Subtest | Standard Score | Qualitative Descriptor |
|------------------------------|----------------|----------------------------|
| Reading Comprehension | 54 | Moderately Impaired |
| Math Problem Solving | 88 | Low Average |
| -Applied Problems | 75 | Very Low |
| -Passage Comprehension | 50 | Moderately Impaired |
| -Reading Recall | 69 | Mildly Impaired |
| -Number Matrices | 102 | Average |

Behavior Assessment System for Children, Third Edition (BASC-3)

The BASC-3 is an integrated system designed to facilitate the differential diagnosis and classification of a variety of emotional and behavioral disorders in children. Scores in the Clinically Significant range suggests a high level of maladjustment. Scores in the At-Risk range identify a significant problem that may have the potential of developing into a more serious problem behavior.

Composite and index definitions are listed in the charts below.

| BASC-3 Scale Range | | |
|---------------------------|-----------------|------------------------|
| | <u>T-Scores</u> | <u>Interpretation</u> |
| <u>Clinical Scales</u> | 70+ | Clinically Significant |
| | 60-69 | At Risk |
| | 41-59 | Average |
| | 31-40 | Low |
| <u>Adaptive Scales</u> | 60-69 | High |
| | 41-59 | Average |
| | 31-40 | At Risk |
| | 0-30 | Clinically Significant |

| BASC-3 Domain | Parent | Teacher |
|---|-------------|-------------|
| Externalizing Problems (Disruptive behaviors) | 48 | 42 |
| - Hyperactivity: The tendency to be overly active, rush through work or activities, and act without thinking. | 47 | 42 |
| - Aggression: The tendency to act in a hostile manner (either verbal or physical) that is threatening to others. | 43 | 43 |
| - Conduct Problems: The tendency to engage in antisocial and rule-breaking behavior, including destroying property | 54 | 43 |
| Internalizing Problems (Internal features/problems) | 41 | 40 |
| - Anxiety: The tendency to be nervous, fearful, or worried about real or imagined problems. | 41 | 39 |
| - Depression: Feelings of unhappiness, sadness, and stress that may result in an inability to carry out everyday activities or may bring on thoughts of suicide. | 40 | 45 |
| - Somatization: The tendency to be overly sensitive to and complain about relatively minor physical problems and discomforts. | 47 | 43 |
| Behavioral Symptoms Index (Overall level of problem behavior) | 51 | 56 |
| School Problems Index (Combined level of difficulty with attention and learning in school) | | 74** |
| - Attention Problems: The tendency to be easily distracted and unable to concentrate more than momentarily. | 61* | 54 |
| - Learning Problems: The presence of academic difficulties, particularly understanding or completing homework. | | 89** |
| - Atypicality: The tendency to behave in ways that are considered "odd" or commonly associated with psychosis. | 60* | 88** |
| - Withdrawal: The tendency to evade others to avoid social contact. | 55 | 58 |
| Adaptive Skills (Positive psychological features and skills) | 43** | 39 |
| - Adaptability: The ability to adapt readily to changes in the environment. | 53** | 60** |
| - Social Skills: The skills necessary for interacting successfully with peers and adults in home, school, and community settings. | 33* | 48** |
| - Leadership: The skills associated with accomplishing academic, social, or community goals, including the ability to work with others. | 38* | 32* |
| - Activities of daily living: The skills associated with performing basic, everyday tasks in an acceptable and safe manner. | 55** | |
| - Study Skills: The skills that is conducive to strong academic performance, including organizational skills and good study habits. | | 32* |

| BASC-3 Domain | Parent | Teacher |
|--|--------|---------|
| - Functional Communication: The ability to express ideas and communicate in a way others can easily understand. | 40* | 31* |

*= At-Risk Score; **= Clinically Significant Score

Adaptive Behavior Assessment System – Third Edition (ABAS-3)

The ABAS-II provides a comprehensive assessment of personal and social sufficiency for students from birth to 89 years. Thus, the ABAS-II assesses what a student actually does, rather than what they are able to do.

Teacher Rating

| DOMAIN | STANDARD SCORE | QUALITATIVE DESCRIPTOR |
|--|----------------|------------------------|
| <i>General Adaptive Behavior Composite</i> | 84 | <i>Low Average</i> |
| Conceptual | 77 | Very Low |
| Social | 87 | Low Average |
| Practical | 92 | Average |

NEPSY-II: A Developmental Neuropsychological Assessment - Second Edition (NEPSY-II)

The NEPSY-II helps assess academic, social, and behavioral difficulties in children and adolescents.

| Scale/Subtest | Standard Score | Qualitative Descriptor |
|-------------------------------------|----------------|------------------------|
| Visuomotor Precision Combined Total | 75 | Very Low |
| Arrows Total Score | 85 | Low Average |
| Block Construction Total Score | 60 | Mildly Impaired |

Woodcock-Johnson IV Tests of Cognitive Abilities (WJ IV COG)

The WJ IV COG is a battery for measuring general intellectual ability and specific cognitive skills in persons ages 2-90+ years.

| Scale/Subtest | Standard Score | Range |
|----------------------------|----------------|---------------------|
| Fluid Reasoning | 79 | Very low |
| Auditory Processing | 70 | Very Low |
| Perceptual Speed | 87 | Low Average |
| -Number Series | 111 | High Average |
| -Letter-Pattern Matching | 83 | Low Average |
| -Phonological Processing | 69 | Mildly Impaired |
| -Visualization | 59 | Mildly Impaired |
| -Concept Formation | 50 | Moderately Impaired |
| -Number-Pattern Matching | 92 | Average |
| -Nonword Repetition | 81 | Low Average |

Woodcock-Johnson IV Tests of Oral Language (WJ IV OL)

The WJ IV OL is an individually administered, norm-referenced test for measuring oral language abilities.

| Scale/Subtest | Standard Score | Qualitative Descriptor |
|----------------------------|----------------|------------------------|
| Oral Language | 68 | Mildly Impaired |
| Broad Oral Language | 60 | Mildly Impaired |
| Oral Expression | 78 | Very Low |

| Scale/Subtest | Standard Score | Qualitative Descriptor |
|--------------------------------|----------------|----------------------------|
| Listening Comprehension | 57 | Moderately Impaired |
| Phonetic Coding | 93 | Average |
| -Picture Vocabulary | 70 | Very Low |
| -Oral Comprehension | 71 | Very Low |
| -Segmentation | 89 | Low Average |
| -Sentence Repetition | 88 | Low Average |
| -Understanding Directions | 52 | Moderately Impaired |
| -Sound Blending | 102 | Average |

Psychological Processing Analyzer Charts

(Processing/Achievement Components Used in Dehn's PSW MultiModel)

Attention (Average Standard Score= 89)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|------------------------------|----------------|
| BASC-3 | Attention Problems (Parent) | 84 |
| BASC-3 | Attention Problems (Teacher) | 94 |

Auditory Processing (Average Standard Score= 70)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|------------------------|----------------|
| WJ-IV COG | AUDITORY PROCESSING | 70 |

Executive Functions (Average Standard Score= 66)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|-------------------------|----------------|
| BRIEF-2 | METACOGNITION (Parent) | 71 |
| BRIEF-2 | METACOGNITION (Teacher) | 61 |

Fine Motor (Average Standard Score= 81)

| Test Name | Composite/Subtest Name | Standard Score |
|-------------|-------------------------------|----------------|
| Beery VMI 6 | Motor Coordination | 87 |
| NEPSY-II | Visuomotor Precision Combined | 75 |

Fluid Reasoning (Average Standard Score= 79)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|------------------------|----------------|
| WJ-IV COG | FLUID REASONING | 79 |

Long-Term Recall (Average Standard Score= 85)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|------------------------|----------------|
| CTOPP-2 | RAPID SYMBOLIC NAMING | 85 |

Oral Language (Average Standard Score= 70)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|-------------------------|----------------|
| OWLS | Oral Expression | 71 |
| OWLS | Listening Comprehension | 68 |

Phonological Processing (Average Standard Score= 67)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|------------------------|----------------|
| CTOPP-2 | PHONOLOGICAL AWARENESS | 67 |

Processing Speed (Average Standard Score= 87)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|------------------------|----------------|
| WJ-IV COG | PERCEPTUAL SPEED | 87 |

Visual-Spatial Processing (Average Standard Score= 60)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|--------------------------|----------------|
| NEPSY-II | Block Construction Total | 60 |
| WJ-IV COG | Visualization | 59 |

Working Memory (Average Standard Score= 85)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|------------------------|----------------|
| CTOPP-2 | PHONOLOGICAL MEMORY | 85 |

Basic Reading Skills (Average Standard Score= 81)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|------------------------|----------------|
| WJ-IV ACH | BASIC READING SKILLS | 81 |

Reading Fluency (Average Standard Score= 77)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|------------------------|----------------|
| WJ-IV ACH | READING FLUENCY | 77 |

Reading Comprehension (Average Standard Score= 54)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|------------------------|----------------|
| WJ-IV ACH | READING COMPREHENSION | 54 |

Mathematics Calculation (Average Standard Score= 87)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|-------------------------|----------------|
| WJ-IV ACH | MATH CALCULATION SKILLS | 87 |

Math Problem Solving (Average Standard Score= 88)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|------------------------|----------------|
| WJ-IV ACH | MATH PROBLEM SOLVING | 88 |

Written Expression (Average Standard Score= 96)

| Test Name | Composite/Subtest Name | Standard Score |
|-----------|------------------------|----------------|
| WJ-IV ACH | WRITTEN EXPRESSION | 96 |

Oral Expression (Average Standard Score= 78)

| Test Name | Composite/Subtest Name | Standard Score |
|------------|------------------------|----------------|
| WJ-IV ORAL | ORAL EXPRESSION | 78 |

Listening Comprehension (Average Standard Score= 57)

| Test Name | Composite/Subtest Name | Standard Score |
|------------|-------------------------|----------------|
| WJ-IV ORAL | LISTENING COMPREHENSION | 57 |

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INDIVIDUAL EVALUATOR'S ASSESSMENT
Section to be completed by each individual evaluator.

EVALUATOR NAME: Ameenah Prince, Ed.S. NCSP POSITION: School Psychologist

AREAS OF ASSESSMENT: Background History, General Intelligence, Academic Skills, Information from Parent, Social-Emotional Status, Adaptive Behavior

Indicate the area(s) that were assessed by the evaluator in accordance with the evaluation plan.

EVALUATION METHODS AND STRATEGIES

Indicate the types of assessment strategies used to gather information about the child's performance.

- Observations Scientific, Research-Based Interventions Norm-Referenced Assessments
- Interviews Curriculum Based Assessments Classroom Based Assessments
- Review of Records and Relevant Trend Data (School Records, Work Samples, Educational History) Rating Scales

ASSESSMENT INFORMATION

Reason for Referral:

*Child was referred for assessment to determine if the interim placement is appropriate and determine appropriateness of special education eligibility. The assessment is sought to determine *Child's present functioning, its relation to academic performance and to plan appropriate interventions. It is also for determining the least restrictive environment, responsiveness to appropriate interventions, processing deficits and disabling conditions.

Area of Assessment: Background Information:

*Child is a 6th grade student at XXX. She transferred from Kipp Indy Unite Elementary, part of Kipp-Indy Public Schools in Indiana in August 2022. She currently lives with her biological aunt XXX, who is her legal guardian and who she refers to as "mom." She has been with her Aunt since she was three years old.

*Child had been receiving services as a student eligible for special education services under the categories of Specific Learning Disability and Language Impairment prior to attending Kipp Indy Unite Elementary. Per her IEP dated 4/28/2022, she was identified as a student with an Intellectual Disability and a Language Impairment. *Child also has a history of behavior challenges and has a behavior intervention plan.

Despite attempts, XXX has been unable to obtain a copy of the last evaluation or a complete IEP therefore, the dates of those evaluations are unknown.

IEP Goals 4/28/2022:

Placement: *Child is to be placed in the resource room for academic subjects. Delivery of academic instruction in the area of math and ELA will occur in the resource room, as she will be able to focus on her academic and social/emotional goals in a setting that has limited distractions and is more equipped to handle her distracting behaviors. Alternative homeroom and lunch/ recess reduce interactions in larger, less structured groups.

| Goal: | Present Level of Performance: |
|--|---|
| Reading Fluency - Given a 1st grade reading passage, *Child will correctly read 77 words in one minute with 3 or less errors. | *Child was reading at a Kindergarten level. |
| Independent Task Completion - Given an assignment on her instructional level, *Child will independently complete it, with no more than two teacher prompts. | In two months, *Child had submitted only 2 assignments. *Child requests assistance for assignments before attempting. |
| Social-Emotional - Currently *Child elopes from the classroom multiple times a day. She will walk around the school building and enter office spaces and take items that do not belong to her. She will enter into other | Given visual support, *Child will remain in her designated area with no more than 5 "walk-outs" per week. |

| | |
|--|---|
| classrooms and request preferred items or people. | |
| Receptive/Expressive Language - When given two to three objects *Child will describe how they are similar and/or different with 80% ac-curacy over three consecutive sessions. | *Child struggles to independently identify key features of an object. She has difficulty explaining how two objects are similar and/or different. She requires direct modeling with maximum verbal and visual cues. |
| Receptive Language - *Child will follow complex 3 step directions in 4 out of 5 data collection days given a verbal and/or visual cues. | *Child will follow a simple one-step direction (individually/whole group) given a verbal and/or visual cue. |

Per her behavior intervention plan from 4/29/2022, she receives the following accommodations:

- ★ Student is provided with extra time
- ★ Directions and content read aloud to the student (text to speech)
- ★ Student provided with additional breaks
- ★ Student is provided preferential seating
- ★ Student is provided a Hundreds Chart for mathematics classwork, homework and assessment.
- ★ Student is provided a Multiplication Table mathematics classroom, homework, and assessment
- ★ Student is tested individually
- ★ Student has use of a calculator in classwork, homework and assessments

IEP 11/21/2022

| Area | Goal |
|-----------------|---|
| Reading fluency | By the end of the IEP, when given a reading passage on her ability level, *Child will read 80 words per minute in 4 out of 5 opportunities. |
| Math | During the course of this IEP, when given a set of mixed operation math problems on her ability level, *Child will solve the problem with 80% accuracy in 3 out of 4 opportunities. |
| Behavior | By the end of the IEP, when given a classroom assignment, *Child will initiate and complete her work with no more than 2 verbal cues in 4 out of 5 trials. |
| Communication | During the course of this IEP, *Child will build appropriate relationships with peers, teachers, and staff by using respectful language 80% of the time in 4 out 5 opportunities. |

Least Restrictive Environment: Due to behaviors that negatively impact *Child's learning; as well as affecting her classmates, she is removed from her peers for a total of 170 minutes a week. Within the General Education Classroom, *Child will be accompanied by a one-on-one Paraprofessional to provide her with simplified directions, occasional alternative assessments, and assist with accessing the general education curriculum. *Child requires specially designed instruction in the area of reading fluency to assist her in her ability to read a 2nd grade passage. She will receive small group instruction and occasional one-on-one instruction in the areas of decoding, blending, and reading. *Child will receive small group instruction and occasional one on one instruction to assist with her ability to solve math problems that include regrouping, borrowing, multiplication, and division. *Child will also receive small group and occasional one on one instruction to work on her behavior within the classroom and school environment as well as her communication skills and relationships.

Area of Assessment: Information From Parent: *Child's guardian reports *Child loves to sing, loves people, and is outgoing. *Child has chores at home and is learning to clean and work. She loves to offer assistance to teachers and peers.

According to Ms. GUARDIAN, there are concerns regarding *Child's behaviors. She states that the issues exhibited at school are the same at home. While she states *Child doesn't physically hit anyone, she will destroy property by writing on walls and placing holes in walls. *Child needs to be in a lower-functioning class with 4-5 students. Still had behaviors but she was able to put in the effort to be successful in school. She feels that *Child will perform much better in a less distracting environment.

*Child has a medical diagnosis of ADHD. She takes guanfacine 2mg, risperdal 1mg. *Child is also reported to have eczema and insomnia. She takes melatonin for sleep. *Child's biological mom was said to have used drugs while pregnant with *Child. She had an emergency c-section due to lack of oxygen because the umbilical cord was wrapped around her whole body. Physically, *Child presents as a child much younger than her biological age, with people often assuming she is around 7 years old due to her small stature. *Child often complains of headaches and stomach issues. She has a psychiatrist at Access Ohio.

Student Interview:

*Child reports that she likes learning and she enjoys school. She cannot identify a favorite subject. She says that her

class is too loud and there are too many children present. *Child was unable to tell the examiner what she likes to do. She reports that she does not wear glasses or hearing aids. She does her own self care such as bathing and dressing without reminders or assistance. Her relationship with her parent is "good". When asked about her relationship with her siblings, she described them as "fine." When asked about any feelings of sadness or nervousness, she said "no." She said that she does not get nervous for tests. She would like extra help with her classes because they are hard for her. *Child reports that she has friends at school and some that she sees at home. *Child said that she likes helping others in class.

Area of Assessment: GENERAL INTELLIGENCE

Testing Observations: *Child was sitting in the front office waiting for the examiner. *Child willingly accompanied the examiner to the testing office. She immediately extended her arm to hold the examiner's hand. The office manager instantly prompted *Child to ask for permission before touching people. *Child complied and asked to hold the examiner's hand. With permission, the examiner and *Child proceeded to the office. *Child then asked for a hug to which the examiner questioned why. *Child replied "I just want to." The examiner gave *Child a hug and she sat at the table without prompting. *Child was inquisitive about testing and what was required of her. After discovering that some tasks were academic in nature, she began to cry with her head in her hands. *Child commented that she was hungry. The examiner assured *Child of the time and that lunch was in a few hours. *Child abruptly stopped crying and asked if she could use the testing papers to write her name. She then asked if she could tell the examiner what she was thankful for. She began to ramble off traditional Thanksgiving foods until ultimately forgetting what she was doing and began listing random fruits and juices. *Child reported that she was excited for Thanksgiving but was sad that one of her friends was suspended from school. *Child was difficult to get started on tasks and to complete them. She was particularly distracted by the examiner's phone. *Child "cried" several times throughout assessment though it only lasted a few seconds. After "crying" she would offer to get the examiner water or to sing a song. The examiner used "if, then" with *Child in which she was able to listen to 2 minutes of music for 10 minutes of testing. As time progressed, the "if, then" was closer to 2 minutes of music for 4-5 minutes of testing. *Child would give up early on tasks if she thought that she could access the music sooner. *Child was difficult to motivate even with her preferred activities. *Child attempted to leave the room three times to go back to class, get water or see another staff member. *Child did not respond to positive feedback or encouragement. *Child attempted to grab items out of the examiner's bag but was easily redirected. She asked for a hug several times at random times. She also complained that her stomach hurt. The examiner offered to have her see the nurse but she declined. *Child could not identify why her stomach was in pain or how to mend it. *Child rapidly cycles through emotions including disappointment, happiness, confusion, and anger. *Child engaged in attention-seeking behavior and attempted to manipulate the examiner into her preferred activities. Due to these behaviors, testing was prolonged.

Testing may be an underestimate of *Child's ability given her inconsistent motivation, and resistance to initiate/complete tasks.

Assessment: Woodcock Tests of Cognitive Abilities, Fourth Edition (WJ IV COG)

Date: 11/22/2022

Description: Understanding of intellectual functioning considers a wide-range of psychological processes. The assessment examines seven different brain-based processes which give insight into academic strengths and weaknesses. The General Intellectual Ability score (full scale intelligence quotient) is made up of seven subtests measuring Gc, Gf, Gsm, Gv, Glr, Ga and Gs (see below). Areas of strength support learning, while weaknesses are likely to negatively impact academic performance in a variety of ways.

Performance levels for all tests administered will be reported according to the following scale:

| Standard Score Range | Percentile Rank Range | WJ-IV Classification |
|----------------------|-----------------------|----------------------|
| 131 and above | 98 to 99.9 | Very Superior |
| 121 to 130 | 92 to 97 | Superior |
| 111 to 120 | 76 to 91 | High Average |
| 90 to 110 | 25 to 75 | Average |
| 80 to 89 | 9 to 24 | Low Average |
| 70 to 79 | 3 to 8 | Low |
| 69 and below | 0.1 to 2 | Very Low |

| WOODCOCK- TESTS OF COGNITIVE ABILITIES- 4 th EDITION | | | | |
|---|----------------|-------------------------|----------------|---------------|
| Areas of Assessment | Standard Score | 68% Confidence Interval | Classification | Area Measured |

| | | | | |
|------------------------------|-----|-------|----------|--|
| GENERAL INTELLECTUAL ABILITY | 64 | 60-71 | Very Low | Full scale intellectual ability. |
| Oral Vocabulary (Gc) | <40 | <40 | Very Low | General understanding of spoken language at the level of words and sentences. |
| Number Series (Gf) | 60 | 54-66 | Very Low | Ability to listen, with induction or deduction, with numbers, mathematical relations, and operators. |
| Verbal Attention (Gwm) | 75 | 69-80 | Low | Ability to hold information in mind for a short time, direct the focus of attention on the information, and perform some operation on the information. |
| Letter-Pattern Matching (Gs) | <40 | <40 | Very Low | Speed at which visual stimuli can be compared for similarities and differences. |
| Phonological Processing (Ga) | 68 | 61-75 | Very Low | Ability to process speech sounds (e.g. identifying, isolating, and blending) and general ability to learn phoneme-grapheme correspondences – similar aspects of phonemic awareness and phonological sensitivity. |
| Story Recall (Glr) | 60 | 54-65 | Very Low | Ability to recall a narrative or other semantically related information. |
| Visualization (Gv) | 74 | 68-80 | Low | Ability to mentally manipulate objects or visual patterns and to see, in the "mind's eye," how they would appear under altered conditions. |

Given the information presented above, *Child's general ability standard score of 64 fell within the Extremely Low range. There is a 68% chance that her true score falls between 60 and 71.

Comprehension-Knowledge (Gc): Measures the breadth and depth of a person's acquired knowledge, the ability to communicate one's knowledge (especially verbal), and the ability to reason using previously learned experiences or procedures. *Child's lack of background knowledge and/or language development may hinder academic learning.

Fluid Reasoning: Measures the broad ability to reason, form concepts, and solve problems using unfamiliar or novel procedures. *Child's scores in this area are well within the Extremely Low range suggesting that *Child may have difficulty generalizing learned skills and solving novel problems.

Cognitive Processing Speed (Gs): Processing speed is the ability to perform overlearned tasks fluently with automaticity. *Child's scores fell within the Extremely Low range. *Child works at a slow rate on simple or rote tasks due to executive functioning deficits. This affects the ability to copy, complete academic assignments in a timely manner, take notes with speed and ease or express oneself quickly and efficiently. Attention is a prerequisite condition to processing speed. Therefore, it is important to ensure that *Child is attending to the task.

Long-Term Retrieval (Glr): Glr is a measure of *Child's ability to perceive, code and store information in her memory for later use and the ability to retrieve it. *Child may struggle to retrieve learned information as well as other children her age.

Short-term Working Memory (Gsm): Gsm is a measure of *Child's ability to hold information given in memory for a short period of time and use it immediately. *Child may find it difficult to hold information in immediate mental awareness. Attention is a prerequisite condition supporting short term memory. Therefore, it is important to ensure that *Child is attending to the task.

Visual Processing (Gv): Gv refers to the manipulation and memory of what we see. Visual processing is the ability to generate, perceive, analyze, synthesize, store, retrieve, manipulate, transform, and think with visual patterns. Visual processing includes understanding spatial relations, perceptual integration, spatial perception, figure-ground discrimination, and visual discrimination. *Child's score on the Visualization subtest suggests that she may have difficulty perceiving and thinking with visual patterns. *Child may struggle to understand direction, interval, shape, location, size, direction of movement, or scale. *Child's visual memory skills indicate that she is able to store visual images and her visual cache but may struggle with mental transformation strategies.

Auditory Processing (Ga): Ga is the ability to perceive, analyze, and synthesize patterns among auditory stimuli, and to discriminate subtle nuances in patterns of sound and speech when presented under distorted conditions. Auditory processing includes phonological awareness, resistance to auditory stimulus distortion, and memory for sounds. *Child's skills in reading readiness, phonetic decoding, and word recognition are well below average.

Area of Assessment: ACADEMIC SKILLS

Academic Notes from Previous IEP dated 4/28/2022

Reading/Writing:

In class, *Child needs assistance to complete all work. She needs significant academic support. She will attempt to write down words that she sees or hears, but does not produce work independently. She enjoys writing notes to teachers and friends. *Child's previous IEP included goals for 1st grade level fluency, which the school has not been able to monitor due to her refusal to complete progress monitoring tasks. In the small group she will read short passages and attempt to read short books aloud to others. At times she will say she cannot read at all. For these reasons, it is hard to assess her true reading level. In writing, *Child can complete sentence stems and will engage in high interest materials. For assignments requiring her to write a paragraph or generate original thoughts, she needs significant support.

Math:

*Child will attempt to follow along and write down information that she sees or hears in the general education classroom, but it often does not make sense for the task. She will engage with adults who provide her individualized support, at times, but often does not work on the task in front of them. *Child's previous math goals include 2nd grade math computation skills. She is now engaging in tasks in the small group and completes short periods of individual work on skills that she feels comfortable with. Using a calculator is a skill that she is still learning.

i-Ready

The i-Ready Diagnostic is an adaptive assessment that adjusts its questions to suit the student's needs. Each item a student sees is individualized based on their answer to the previous question. The purpose of this is not to give your student a score or grade, but instead to determine how best to support your student's learning.

i-Ready was administered 09/2020:

Reading:

Overall - Kindergarten

Phonological Awareness* Tested Out

Phonics - Kindergarten

High-Frequency Words - Grade 1

Vocabulary - Kindergarten

Comprehension: Literature - Kindergarten

Comprehension: Informational - Kindergarten

Math:

Overall - Kindergarten

Number and Operations - Kindergarten

Algebra and Algebraic Thinking - Kindergarten

Measurement and Data - Kindergarten

Geometry - Kindergarten

At the time of the iReady assessment in 2020, the following notes were provided: *Child is in the first percentile for the i-Ready benchmark and is currently performing on a kindergarten level in the areas of numbers and operations, algebra and algebraic thinking, measurement data and geometry. She is at a 2nd grade level in number sense fluency. She can add and subtract single digit number math problems but still struggles with number sense concepts.

Date of assessment: 11/22/2022

Description: The *Woodcock-IV Tests of Achievement* (WJ-IV ACH) was administered to assess *Child's current level of academic functioning. The average standard score of the WJ-IV is 90-110. *Child's scores are illustrated on the following table:

| Woodcock- Tests of Achievement, 4 th Edition (WJ-IV ACH) | | |
|---|----------------|----------------------|
| Cluster/Test | Standard Score | Descriptive Category |
| Broad Reading | <40 | Very Low |
| Letter-Word Identification | 51 | Very Low |
| Passage Comprehension | <40 | Very Low |
| Sentence Reading Fluency | <40 | Very Low |
| Written Language | <40 | Very Low |
| Spelling | 52 | Very Low |
| Writing Samples | 61 | Very Low |
| Mathematics | <40 | Very Low |
| Calculation | <40 | Very Low |
| Applied Problems | <40 | Very Low |

Reading

Letter-Word Identification measured *Child's word identification skills by having her read a list of increasingly difficult words. *Child demonstrated the ability to read many below grade level words. Her ability to read five-letter decodable words and below grade level sight words was inconsistent. For example, she read *garden* and *often* as *grade* and *after*, respectively. *Child required increased time and greater attention to phoneme-grapheme relationships to determine the correct response (non automatic word identification skills).

The *Passage Comprehension* subtest required *Child to read a short passage and use semantic and syntactic cues to identify a missing keyword that made sense in the context of that passage. *Child earned a standard score of <40 which falls within the very low range of ability. *Child was unable to use semantic and syntactic cues to aid in comprehension without a visual supplement present. On several items, she was unable to use the visual supplement to support comprehension, either. *Child demonstrated deficits in general and lexical knowledge needed for reading comprehension.

The *Sentence Reading Fluency* subtest measured how quickly and accurately *Child could read short sentences when compared to other students her age. *Child attempted 15 items and answered 8 correctly when asked to respond to short statements with either "yes" or "no". For example, she was presented with the sentence *Milk is blue*. She demonstrated well below average accuracy and speed. *Child's performance on a measure of reading fluency fell within the very low range (SS=<40) compared to same aged peers. Her performance may be due to vocabulary deficits and/or reading comprehension difficulties.

Math

Calculation is measured by observing performance on mathematical computations ranging from simple addition facts to complex equations. When compared to same age peers, *Child's calculation skills were measured to be in the very low range. Of note, *Child's difficulties appeared to stem from deficits in math fact fluency. She attempted to answer single-digit math problems by memory and was unable to compute. She did not use strategies such as tallies or scratch paper. *Child refused to compute double digit addition and subtraction. She did not attempt any multiplication. Therefore, this may be an underestimate of her actual ability in math computation.

On the *Applied Problems* subtest, *Child used math to resolve real life situations (e.g., miles per gallon, perimeters, percentages, measurements). *Child earned a standard score of <40, which is in the very low range. She performed better with word problems presented with visual supplements but performance was still very limited. *Child demonstrated an ability to tell the time on two analog clocks and identify the cost of several items. She was unable to tell how many quarters are needed to make 50 cents, count change and use simple division to split items between people. *Child struggled with choosing the correct strategy to solve a problem. *Child struggled with attention during this subtest and was not motivated to try her best.

Writing

For the *Spelling* subtest, *Child was required to spell words presented orally. *Child's spelling skills were measured to be in the very low range. *Child was able to spell simple high frequency words such as *because* and *fight*. She was unable to spell some phonetically regular words such as *saw* and *once*. She had difficulty with word endings, spelling

cooked as cookt. *Child demonstrated difficulty with encoding (using individual sounds to build and write words).

On the *Writing Samples* subtest, *Child was asked to write a simple sentence in response to a prompt. For example, "Write one good sentence that tells what a rainbow looks like." Some prompts provided a visual supplement such as children playing or a picture of a flashlight. *Child was able to provide a minimal amount of detail for each prompt and was able to obtain a partial score for most responses. Her written expression was compromised by basic writing skills (spelling, punctuation, capitalization and grammar) and detail. Of the 12 sentences, 3 sentences began with a capital letter and 0 ended with a punctuation mark. *Child's sentences may be incomplete thoughts with lack of a verb, and a proper beginning in addition to spelling mistakes and malaprops (the mistaken use of a word in place of a similar-sounding one).

Area of Assessment: SOCIAL-EMOTIONAL STATUS, ADAPTIVE BEHAVIOR

Adaptive Notes from Previous IEP dated 4/28/2022

Functional skills

*Child is capable of following basic routines and procedures that are consistent for space and time. Safety concerns include her tendency to move away from the group during transitions and then walk around the building asking adults to give her preferred items. Her previous IEP included a goal for working independently. She independently completes basic life activities, such as restrooming and selecting her lunch from the cafeteria. At the time of her last IEP, *Child has not been observed to work independently on any academic tasks.

Behavior Notes from Previous IEP dated 4/28/2022

Social/ Emotional/ Behavior

*Child is friendly to people she likes or those who give her preferred items. She enjoys participating in classroom culture activities. Cursing, taking items that do not belong to her, and screaming at others are primary barriers at this time. Eloping (leaving without permission) and refusing to return limit her class time, *Child's had a previous goal for staying in her seat. Though she frequently elopes or walks around the classroom she will sit and color or draw on herself quietly for extended periods of time. When presented with academic tasks, her behavior becomes significantly more disruptive and challenging, per her teachers. *Child's mood shifts quickly. She may be engaging in a friendly conversation and then yell at someone. Within a minute or two she will then ask if you will be her best friend and will be polite. *Child's expression of emotion is often surprising, with her crying loudly, indicating that she is in pain, and then recovering quickly and being ready to play.

Behavior History from Kipp Indy:

- ★ 04/22/2022 Physical Aggression/ Elopement/Verbal Aggression - Student spit on a staff member
- ★ 04/19/2022 Student was suspended for sexual misconduct, verbal aggression, disruptive behavior and also physical aggression. Before school it was reported by multiple parents and then staff members that *Child was running around the parking lot before school, opening car doors for vehicles of unknown people, and yelling curse words at the people inside.
- ★ 03/22/2022 Physical Aggression- Hit 2 staff members
- ★ 08/06/2021 Eloped from the building

21-22 School year data, as of 04/29/2022

- ★ 10 Unsafe environment (Intentional creation of circumstances that makes the classroom unsafe for others)
- ★ 42 Walkouts (elopement from the designated area, out of sight)
- ★ 63 Classroom removals (Reset with behavior support team)
- ★ 140 Language (Cursing, threatening)
- ★ 79 Participation (Refusal to work)
- ★ 52 Seating (Out of seat) walking around the room)
- ★ 83 Space (Touching others)
- ★ 21 SSO removals (extended times in the behavior support room)

A Manifestation meeting was held on 04/29/2022 to address behavior:

*Child yells out during class) sings loudly and often during class and other times where the expected behavior is to be quiet. She curses frequently and avoids work using defiance and avoidance. Telling adults to shut up, or walking out of the room when redirected. Avoidance looks like trying to talk with staff, roaming around the classroom, singing loudly during class/work time, or leaving the area after a task is presented. If *Child is allowed to walk around the

room and touch others' items without redirection or tasks being presented the behavior does not happen. The pattern of the student's behavior does interfere with their ability to participate in or focus on learning or the learning of others. These behaviors prevent *Child from learning as well as her peers. The teacher must repeatedly stop teaching to redirect her or to address her elopement from the classroom.

A Behavior Intervention Plan was developed.

Hypothesis(es) of the Function of the Behavior: When presented with non preferred activities, or access to preferred activities or items is restricted, *Child may become disruptive, use inappropriate language, or leave the area to avoid the non preferred activities or to seek access to what is preferred in another location.

Antecedent Strategies:

- ★ *Child should be seated away from the exit to the classroom so that she cannot easily elope.
- ★ Supportive language encouraging *Child to express what she wants or needs, rather than using disruptive or avoidance behavior should be used.
- ★ A plan for alternative seating and storage has been put in place to support *Child's organizational needs. She now sits at a table and uses a plastic crate to store her belongings.
- ★ A communication strategy is in place for the team to quickly connect when support is needed for *Child. A second adult is present in almost all situations, but when one is not her teachers request support daily. Additional adult support is present throughout the day with staff members assigned so that they know that *Child is accounted for.
- ★ Frequent communication at home.
- ★ Bus monitor.
- ★ Increased small group time, including alternate arrival alternate homeroom, alternate lunch.

Replacement Behaviors:

- *Child needs to advocate for herself by asking for a break and willingly taking those that are assigned in her day.
- *Child needs to ask for permission to touch other people and their property.

Evidence-based Instructional Strategies:

- ★ *Child will participate in weekly SEL lessons with her general education peers and small group or 1: 1 social skills sessions with special ed staff.
- ★ *Child's academic instruction is delivered 1:1 or in a small group setting.
- ★ Maximizing Reinforcement of Replacement Behaviors
- ★ *Child responds positively to 1:1 attention, coloring, and singing breaks.
- ★ She enjoys earning trinkets and "girly" items.
- ★ Frequent positive praise is a great way to support her positive behavior. Positive communication home.
- ★ Goal setting with rewards.

*Child's parent requested a move to homebound instruction. *Child's day was moved to a half-day schedule at that time. *Child's guardian had been provided information about local social services by the school social worker. She had also received information, at her request, about more intensive treatment programs for students with behavioral challenges.

Assessment: Behavior Assessment System for Children, 3rd edition (BASC-3)

Rater 1: GUARDIAN, 11/21/2022

Rater 2: Teacher Name, General Education Teacher, 11/29/2022

Description: The BASC-3 is a standardized norm-referenced rating scale used to measure a student's social/emotional and behavioral skills. Scale scores in the Clinically Significant range suggest a high level of maladjustment. Scores in the At-Risk range may identify a significant problem that may not be severe enough to require formal treatment or may identify the potential of developing a problem that needs careful monitoring.

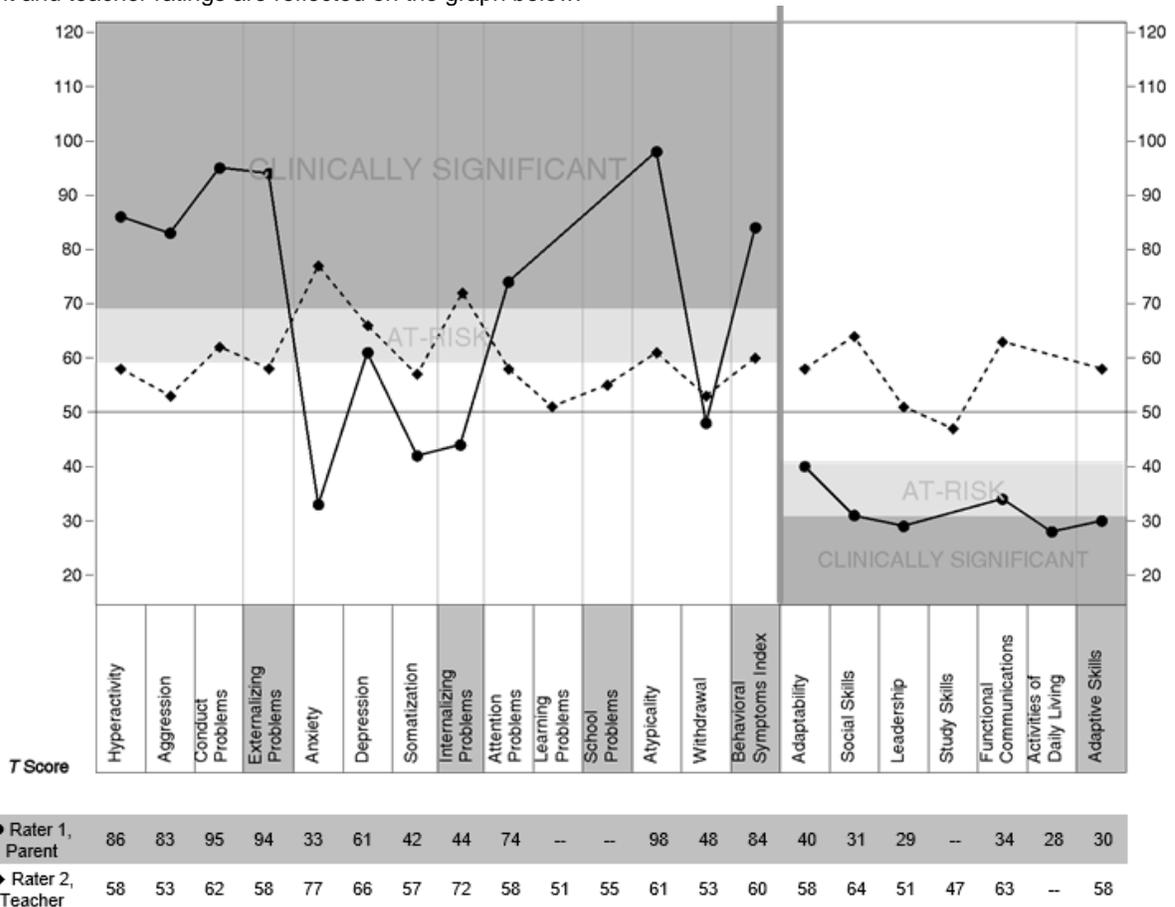
Teacher comments: *"*Child does really well working with others and making new friends. She is aware of her emotions and will express her dislikes and how she is feeling often. When given a task she needs little to no assistance completing it but often looks for reassurance that she is doing the right things and is on task."*

Of note, teacher ratings were deemed to be in the Extreme Caution range for consistency. The Consistency Index identifies situations when the rater has given inconsistent responses to items that are typically answered in a similar way, based on comparisons made to raters from the general population. It can be elevated for a variety of reasons, including a lack of effort or attention when completing the ratings, a rater changing their perspective regarding the child's behavior when completing the rating form, a rater having difficulty understanding the items due to a low reading ability or language comprehension problems, or different raters completing different parts of the form. All of

these scenarios are highly likely to result in an elevated Consistency Index score, alerting the clinician to a high probability that the obtained ratings across BASC-3 scales might not be sufficiently reliable to interpret.

Karla's ratings of *Child have produced a Consistency Index score that falls within the Extreme Caution range. This may indicate that Karla experienced an unusual amount of difficulty when completing the rating form. Caution is warranted when interpreting the BASC-3 scale scores.

Parent and teacher ratings are reflected on the graph below:



| | Rater 1 GUARDIAN | Rater 2 Teacher |
|---------------------------|---------------------|--------------------|
| Composites | | |
| Externalizing Problems | 94 | 58 |
| Internalizing Problems | 44 | 72 |
| Behavioral Symptoms Index | 84 | 60 |
| School Problems | -- | 55 |
| Adaptive Skills | 30 | 58 |
| Scales | | |
| Hyperactivity | 86 | 58 |
| Aggression | 83 | 53 |
| Conduct Problems | 95 | 62 |
| Anxiety | 33 | 77 |
| Depression | 61 | 66 |

| | | |
|----------------------------|----|----|
| Somatization | 42 | 57 |
| Attention Problems | 74 | 58 |
| Learning Problems | -- | 51 |
| Atypicality | 98 | 61 |
| Withdrawal | 48 | 53 |
| Adaptability | 40 | 58 |
| Social Skills | 31 | 64 |
| Leadership | 29 | 51 |
| Study Skills | -- | 47 |
| Functional Communication | 34 | 63 |
| Activities of Daily Living | 28 | -- |

Externalizing Problems:

At home, Ms. GUARDIAN reports that *Child engages in many disruptive, impulsive, and uncontrolled behaviors. *Child displays a high number of aggressive behaviors and may be reported as being argumentative, defiant, and/or threatening to others. *Child frequently engages in rule-breaking behavior such as cheating, deception, and/or stealing. The Externalizing Problems composite scale T score is 94. *Child's T score on this composite scale falls in the Clinically Significant classification range.

At school, Ms. Murphy does not report significant hyperactivity, impulsivity or aggression concerns. Ms. Murphy noted some elevated concerns in the area of Conduct Problems. *Child sometimes engages in rule-breaking behavior.

Internalizing Problems:

At home, *Child displays relatively few anxiety-based behaviors compared to others of the same age. *Child is at times withdrawn, pessimistic, and/or sad. Therefore, elevated concerns are noted in the area of Depression.

At school, *Child frequently displays behaviors stemming from worry, nervousness, and/or fear. Similar concerns in the area of Depression are observed at school in which *Child may appear pessimistic or sad. *Child complains of health-related problems to about the same degree as others of the same age.

Behavioral Symptoms Index

At home, the Behavioral Symptoms Index (BSI) composite scale T score is 84 with a percentile rank of 99 indicating that *Child's behavior in areas of Hyperactivity, Aggression and Depression are more frequent/intense than 99% of children her age. Also, *Child's mother reports *Child engages in behaviors that are considered strange or odd, and *Child generally seems disconnected from her surroundings. *Child's mother reports *Child has significant difficulty maintaining necessary levels of attention. The problems experienced by *Child are probably interfering with academic performance and functioning in other areas.

Her mother and teacher both report that she does not avoid social situations and appears to be capable of developing and maintaining friendships with others.

At school, the Behavioral Symptoms Index (BSI) composite scale T score is 60 with a percentile rank of 86. *Child's T score on this composite scale falls in the At-Risk classification range. Similar observations in the area of Atypicality are noted.

*Per her general education teacher, *Child's score on Anxiety falls in the clinically significant range and probably should be considered among the first behavioral issues to resolve. *Child's scores on Depression and Conduct Problems are also elevated and may warrant targeted interventions and/or further monitoring to ensure they don't worsen.*

Adaptive Skills:

At home, the Adaptive Skills composite scale T score is 30 and a percentile rank of 3. *Child's T score on this composite scale falls in the Clinically Significant classification range. reports *Child has difficulty adapting to changing situations and *Child takes longer to recover from difficult situations than most others of the same age. *Child has

difficulty making decisions, and lacks creativity. . *Child's mother reports *Child has difficulty performing simple daily tasks in a safe and efficient manner. *Child demonstrates poor expressive and receptive communication skills and *Child has difficulty seeking out and finding information on her own.

At school, the Adaptive Skills composite scale T score is 58, with a 90% confidence interval range of 55-61 and a percentile rank of 76 indicating strong school functioning skills. *Child is also considered by her teacher to be courteous, polite, and generally helpful to others. *Child demonstrates a typical level of creativity, ability to work under pressure, and/or an ability to bring others together to complete a work assignment. *Child generally exhibits adequate organizational and study skills, and *Child completes most homework in a timely fashion. *Child generally exhibits strong expressive and receptive communication skills.

EXECUTIVE FUNCTIONING INDEX SUMMARY

| | Overall Executive Functioning Index | Problem Solving Index | Attentional Control Index | Behavioral Control Index | Emotional Control Index |
|---------|-------------------------------------|-----------------------|---------------------------|--------------------------|-------------------------|
| Parent | Extremely Elevated | Extremely Elevated | Extremely Elevated | Extremely Elevated | Not Elevated |
| Teacher | Not Elevated | Not Elevated | Not Elevated | Not Elevated | Not Elevated |

Ms. Murphy does not report any executive functioning concerns. *Child's mother reports *Child has difficulty in several areas of executive functioning.

Per mom, *Child often approaches tasks in a haphazard fashion, has difficulty with planning, and is typically disorganized. *Child is often distracted, has trouble following directions, and is unable to focus attention on any single task for an extended period of time. *Child has extreme difficulty maintaining self control and has difficulty regulating impulsive behaviors.

EMOTIONAL DISTURBANCE QUALIFICATION SCALES (EDQs) SUMMARY

The EDQ scales were developed to reflect clinical and adaptive scale combinations that are grouped specifically to align with the constructs of emotional disturbance (ED) represented in the federal Individuals with Disabilities Education Improvement Act (IDEIA; 2004) disability definition. These constructs serve as the minimum criteria used to determine a student's eligibility for special education and related services under the classification of ED. Because of the breadth of assessment provided by the BASC-3, examiners are advised to consider other BASC-3 clinical, adaptive, and content scales, the history of the behaviors they measure, and the duration of any behavioral or emotional problems when making special education and related services eligibility recommendations.

Parent report:

| Emotional Disturbance Qualification Composites (EDQCs) | T Score | Percentile Rank | Clinical Indicator |
|--|---------|-----------------|------------------------|
| EDQC 1: Unsatisfactory Interpersonal Relationships | 83 | 99 | Clinically Significant |
| EDQC 2: Inappropriate Behavior/Feelings | 67 | 93 | At-Risk |
| EDQC 3: Unhappiness or Depression | 61 | 87 | At-Risk |
| EDQC 4: Physical Symptoms or Fears | 36 | 3 | Acceptable |
| EDQC 5 ² : Schizophrenia and Related Disorders of Thought | 77 | 99 | Clinically Significant |

Teacher report:

| Emotional Disturbance Qualification Composites (EDQCs) | T Score | Percentile Rank | Clinical Indicator |
|--|---------|-----------------|--------------------|
| EDQC 1: Unsatisfactory Interpersonal Relationships | 83 | 99 | Acceptable |
| EDQC 2: Inappropriate Behavior/Feelings | 67 | 93 | At-Risk |
| EDQC 3: Unhappiness or Depression | 61 | 87 | Acceptable |

| | | | |
|--|----|----|------------|
| EDQC 4: Physical Symptoms or Fears | 36 | 3 | Acceptable |
| EDQC 5 ² : Schizophrenia and Related Disorders of Thought | 77 | 99 | Acceptable |

SUMMARY:

*Child is a new sixth-grade student at XXX having moved from Kipp Indy Public Schools in Indiana. She is a helpful young lady that enjoys singing, one-on-one attention and coloring. *Child enjoys school and likes learning. *Child has a medical diagnosis of ADHD and takes medication. She also sees a psychiatrist. *Child lives with her siblings and her aunt. Her aunt is her legal guardian and has cared for *Child since age three. She is referred to as *Child's mother. *Child does not have vision or hearing concerns. At an unknown time, she was identified as a student with a learning disability. This was changed at her last ETR (also unknown date) to Intellectual Disability. Despite attempts, Valor does not have a copy of the ETR and only has partial IEP records. *Child also receives speech/language support and has a behavior intervention plan. She receives support in all of her academic courses and has a 1:1 aide. *Child has a history of elopement, profanity, defiance and refusal to complete work. *Child was served in a resource room on a half-day schedule at her last school as a result of a Manifestation meeting on 4/29/2022. Currently, she attends Valor full-time though the afternoons remain tough for *Child behaviorally.

*Child continues to score well below average on assessments (iReady) in reading and math (between kindergarten and first grade) despite accommodations and interventions in place on instructional days. Academic skills testing (WJ IV ACH) conducted as part of the current evaluation shows that *Child is performing in the Very Low range in basic reading skills, reading comprehension, reading fluency, applied math, math calculation and written expression.

General intelligence was assessed using the WJ IV COG. *Child scored overall in the Very Low range overall. Testing observations were significant for attention difficulties, impulsivity and low motivation. Therefore, scores may be an underestimate of *Child's ability. Since an ETR was not received with *Child's move-in documents, there is limited longitudinal evidence regarding an intellectual disability. Importantly, *Child's adaptive skills, as measured by the parent and teacher BASC-3 rating scales are not consistently low enough for a student with an intellectual disability.

The definition of Intellectual Disability per IDEA and the Ohio Department of Education is: "...significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance." [34 CFR §300.8(c)(6)]."

While *Child's IQ scores suggest significantly subaverage general intellectual functioning, those scores are disrupted by *Child's behavior and may not be accurately portraying her ability. IDEA using a two-prong approach in which the IQ scores are accompanied with adaptive behavior deficits. *Child does not present with significant adaptive behavior deficits in school and has no history of these deficits having manifested when she was a child. *Child presents with the skills to function independently including daily living skills, such as getting dressed, going to the bathroom, and feeding one's self, communication skills, such as understanding what is said and being able to answer and social skills with peers, family members, adults, and others. Therefore, *Child does not meet criteria as a student with an Intellectual Disability.

The Individuals with Disabilities Education Act (IDEA) defines emotional disturbance as follows: "...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- ★ An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- ★ An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- ★ Inappropriate types of behavior or feelings under normal circumstances.
- ★ A general pervasive mood of unhappiness or depression.
- ★ A tendency to develop physical symptoms or fears associated with personal or school problems."
- ★ As defined by IDEA, emotional disturbance includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Updated behavior rating scales coupled with last year's documents from Kipp-Indy show difficulties with attention, depression, anxiety and rule-breaking behaviors. Despite her behavior plan in place, *Child continues to demonstrate difficulty with completing work independently, staying in her assigned classroom/area, profanity and executive functioning skills. *Child struggles to turn in work without direct assistance from a staff member. *Child's deficits in planning, organization and work memory affect her ability to access the general education curriculum in addition to her academic and cognitive needs.

In regards to the ED category, *Child displays marked inappropriate types of behavior or feelings under normal circumstances. To a lesser degree, *Child develops physical symptoms such as headaches and stomach aches associated with school problems. She also has displayed concerns regarding pessimism, depression and sadness. *Child may have trouble building and maintaining interpersonal relationships with peers and teachers due to her disruptive tendencies and attention-seeking behavior. However, when rapport is built, *Child is far more likely to display positive attributes towards teachers and peers.

The Individuals with Disabilities Education Act (IDEA) defines OHI-Minor as: *“Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—*

Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and Adversely affects a child’s educational performance. [§300.8(c)(9)]”

*Child has a medical diagnosis of ADHD. She displays impulsive, hyperactive and inattentive behaviors that affect her ability to regulate her emotions, problem solve and initiate/complete tasks on a daily basis. *Child’s ADHD adversely affects her ability to access the general education curriculum.

DESCRIPTION OF EDUCATIONAL NEEDS:

In regards to reading, *Child struggles most in areas of basic reading skills (decoding and sight word recognition) and fluency. *Child has difficulty reading below grade-level text quickly and fluently. She may struggle when words are presented without context. *Child needs to be able to pick up semantic and syntactic cues to help understand the text. *Child needs to continue to develop vocabulary skills to assist with reading comprehension and fluency.

In regards to mathematics, *Child did not attempt grade level math. *Child struggled with basic addition and subtraction math facts. *Child lacks foundational skills to solve problems. She needs to continue with daily practice of math facts to build foundational skills needed for grade-level math. *Child needs to be able to choose the correct approach and strategies to solve math problems and should be able to rely on math facts to compute quickly and accurately.

In regards to writing, *Child scored well below average on both spelling and written expression tasks. She may struggle with sequencing ideas. *Child needs to use prewriting strategies. She needs to build basic writing skills to create complete sentences. She needs to be able to use consistent capitalization, spelling and punctuation to help with sentence structure in her writing. She needs to be able to provide detail in her writing.

*Child's cognitive deficits and executive functioning deficits place her at risk for difficulty with learning, especially as expectations increase. Behaviorally, *Child needs to continue to develop executive functioning skills to stay on task, initiate work independently and complete tasks within specified time frames. *Child needs to be able to appropriately respond to non preferred activity requests and to regulate emotions.

IMPLICATIONS FOR INSTRUCTION AND PROGRESS MONITORING:

*Child may benefit from the following recommendations. These should be available on a consistent basis for skill development.

*Child demonstrates difficulty with reasoning which may be manifested by problems generalizing learned skills and solving novel problems. *Child may not understand relationships between concepts and may not generalize learned rules or procedures to different or new situations. As a result, *Child may often appear confused with task demands.

- Start a task with *Child so that the initial items are done correctly and a model for completion of the assignment is established. This might most conveniently be done by assigning a peer with whom *Child can do the first problem(s) of an assignment.
- Avoid frustrating *Child with problem solving tasks that require reasoning beyond a level for which *Child has demonstrated competency.
- Weight grades in favor of concrete information and skills acquired instead of creative use or application of concepts and skills.
- Due to difficulty with deductive reasoning, *Child may experience problems using a learned procedure or rule to solve problems. This difficulty might occur when content changes in story problems or when an algorithm is expressed in a different way. As a result, provide various examples of how the rule or procedure can be used across different situations. Or, use discovery learning to provide experiences to assist *Child to understand why a rule or principle works.

*Child experiences difficulty with retrieval of learned information. While she might learn information adequately, *Child may nonetheless demonstrate difficulty efficiently retrieving it for use in future situations.

- Provide cheat sheets for *Child to reference in order to compensate for memory deficits. These should also be available at home.
- Since *Child might have difficulty recalling important information, allow *Child access to a peer helper to provide information needed to solve a problem or assignment.
- Employ test formats that require recognition (multiple choice, matching, true/false and fill in the blank with an associated word bank) in favor of test formats that require recall (essay, fill in the blank without a word bank, writing definitions).
- In grading, emphasize concepts understood instead of memory for rote information (e.g., less important names, dates, locations, terms, etc.).
- Limit the length of oral directions and state directions in the order in which *Child is expected to complete them.
- Review rote information frequently. Expand time for rehearsal and practice by using peer tutors or teaching assistants to employ structured practice activities. Rehearsing information immediately after it is learned and intermittently thereafter will likely be helpful.
- Prompt *Child to elaborate on and reason with information and concepts taught.
- Help *Child use mnemonic devices to retain information.

*Child experiences difficulty holding information in immediate mental awareness. This problem often affects ability to follow oral directions, take notes or retain or understand information presented in a lecture format.

- A deficit in short term working memory (holding information in mental awareness while manipulating or solving a problem with the information) can create difficulty with phonetic decoding. *Child may not be able to hold phonemes associated with a word in mental awareness long enough to blend and decode. In this case, compensate for phonetic decoding difficulty by teaching sight vocabulary, teaching *Child to recognize root words and morphemes (prefixes and suffixes) and teaching *Child to recognize words via contextual clues.
- Teach information in easily recognized groups or families to facilitate memory.

Other Academic Recommendations: To address needs in reading, *Child may benefit from having access to an oral reader for assignments and assessments for material above her independent reading level. Frequent reading practice to increase vocabulary and increase comprehension. Practice with high frequency grade level words to improve fluency. She may benefit from decomposition (splitting) strategies in math and writing. In regards to writing, graphic organizers help organize thoughts, especially for longer written assignments. Checklist to remind *Child to check for capitalization, punctuation, and fragments. Peer reviewing to check for spelling, grammar, and punctuation, as well as complete thoughts.

*Child has significant academic deficits and is unable to access the general education curriculum for her grade level. Receiving math and reading instruction in the special education setting will allow her to receive more focused instruction, in a smaller group, with less distractions. *Child's behavior leads to frequent classroom removals- resulting in missed instruction. A small group class setting would ensure that she is getting her reading, writing and math instruction in the small group more frequently, as her behaviors are monitored and addressed more immediately. *Child would continue to benefit from her behavior intervention plan as well as executive functioning concerns on her IEP.

The collected information in this psychological report will be presented along with additional team data to determine the appropriateness of eligibility for special education support.

Respectfully submitted by,



Ameenah Prince, Ed.S., NCSP
School Psychologist

Date: 11/30/2022

Service Delivery Options

We value the relationships we have with each of our school district clients, and it is important to us that we deliver on their expectations each and every school year. We have found that customizing our service delivery offerings and implementing a variety of approaches allows us to meet the specific needs of each school district and its students. A few examples of these service delivery options are outlined below:

Option 1: SSG Staffing Services

SSG provides qualified staff to help fill the District's immediate and ongoing staffing needs throughout each school year.

Option 2: Dedicated On-Site Clinical Management

This option includes our SSG Staffing Services above, plus a dedicated on-site Clinical Manager to supervise, support, guide, and mentor the SSG clinicians in specific disciplines assigned in your District. The on-site Clinical Manager is the liaison between the clinicians and your District administration, as well as between the District and SSG.

Option 3: Program Management

This option includes our SSG Staffing Services and Dedicated On-Site Clinical Management above, plus program management assistance with a full-time Program Manager to help guide District administration with the development, allocation planning, caseload coordination, and implementation of staffing coverages needed for a specialty program or department within the District.

SSG Managed Services Program (MSP)

If desired, any of the service delivery options listed above can also be paired in conjunction with our SSG Managed Services Program (***MSP***). This approach may help the District to maximize the delivery of special education, therapy, nursing, and autism/behavioral support services and reduce the possibility of unfilled vacancies by selecting one primary vendor. In this approach, SSG would serve as your MSP and would work with other vendors who provide similar services to maximize service delivery. Therefore, you would have one primary vendor, one contract, one point of contact, one invoice, and one payment, but you have access to multiple agencies, all working to fill your vacancies.

The key **values in using the SSG MSP** are as follows:

- No additional cost to the District
- One primary vendor
- One contract
- One point of contact
- Access to multiple vendors
- One process
- One invoice/one payment
- Access to a larger candidate pool of hard-to-find specialized professionals

Districts that have used our SSG MSP approach find that using this type of technology and having access to multiple vendors is a more strategic and efficient way to fill their multiple staffing vacancies throughout the school year.

The Stepping Stones Group MSP





Assignment Confirmation Addendum

This Addendum, made as of _____ is between The Stepping Stones Group LLC ("Contractor"), and SCHOOL DISTRICT NAME ("School District"). The purpose of this Addendum is to establish bill rate and billing information for the services listed below. All other terms and conditions to remain based on current contract.

BILLING DETAILS:

SSG Employee Name: _____

Specialty: _____

Billable Hours per Week: _____

Bill Rate: _____

Assignment Duration: _____

A/P Contact Name and Title: _____

A/P Email & Phone Number: _____

Special Billing Instructions: _____

Signed for Contractor:

Signed for School District:

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Non-Solicitation: During the term of this Agreement and for a period of two years after the termination of this Agreement, School District agrees not to directly or indirectly contract with, offer employment to or hire any employee of the Contractor assigned to School District or any candidate submitted by Contractor to School District for consideration.