

# Learning Objectives

- Understand the nature of ethical issues that have been raised in inquiries or cases recently submitted to the NASP Ethical and Professional Practices Committee, university faculty and school based supervisors
- Apply accepted and evolving standards and principles to these issues; and
- Develop strategies for responding to these issues in an ethically appropriate manner.









- To fully understand and appreciate ethics, one must grasp the notion of context.
- The work of the LSSP is embedded in systems.
- Systems operate according to established principles.

# Problem Solving Approach

- Determine whether or not the matter truly involves ethics.
- Consult existing guidelines that might apply as a possible mechanism for resolution.
- Pause to consider, as best as possible, all factors that might influence the decision you will make.
- Consult with a trusted colleague.
- Evaluate the rights, responsibilities, and vulnerability of all affected parties.
- Generate alternative decisions.
- Enumerate the consequences of making each decision.
- Make the decision.

#### Adapted from Koocher & Keith-Spiegel (1998)



- Ethical Codes- NASP Principles for Professional Ethics (2010), APA Code of Ethics (2010)
- Legal Requirements- FERPA, IDEA, NCLB, TSBEP Rules, TAC etc.
- District Policies

# Protocols

Because of confidentiality and copyright concerns, an LSSP was hesitant to provide original test protocols to her district's board attorney for use in a due process complaint proceeding. In addition, the parents of the student involved has requested copies of the protocols to share with their long-term private practice psychologist. This situation was further complicated by the district's policy of shredding test protocols after completing psycho-educational evaluations, retaining only the completed FIE in students' records.

• FERPA defines "educational records" as records maintained by the schools (or their agent) pertaining to the individual student (34 CFR §99.3). Although at times some psychologists and administrators may claim that test protocols are "personal notes," a number of federal policy documents (see Jacob-Timm & Hartshorne, 1998) as well as at least one court ruling (John K. and Mary K., 1987) have defined protocols as "educational records" and therefore subject to any regulation of such records.

• Under FERPA, parents and eligible students (age 18 or in post secondary programs) are guaranteed access to educational records; schools are further required to provide parents with copies of policies and procedures governing access and storage of school records. After receiving a parent's request to review records, schools must provide access within 45 days.



Standard II.5.1. School psychologists maintain test security, preventing the release of underlying principles and specific content that would undermine or invalidate the use of the instrument. Unless otherwise required by law or district policy, school psychologists provide parents with the opportunity to inspect and review their child's test answers rather than providing them with copies of the their child's test protocols. However, on parent request, it is permissible to provide copies of a child's test protocols to a professional who is qualified to interpret them. Standard II.5. School psychologists recognize the effort and expense involved in the development and publication of psycho- logical and educational tests, intervention materials, and scholarly works. They respect the intellectual property rights and copyright interests of the producers of such materials, whether the materials are published in print or digital formats. They do not duplicate copyright-protected test manuals, testing materials, or unused test protocols without the permission of the producer. However, school psychologists understand that, at times, parents' rights to examine their child's test answers may supersede the interests of test publishers.

Standard II.4.4 School psychologists ensure that parents have appropriate access to the psychological and educational records of their child. Parents have a right to access any and all information that is used to make educational decisions about their child. School psychologists respect the right of parents to inspect, but not necessarily to copy, their child's answers to school psychological test questions, even if those answers are recorded on a test protocol(also see II.5.1).

- Standard II.4.6 To the extent that school psychological records are under their control, school psychologists ensure that only those school personnel who have a legitimate educational interest in a student are given access to the student's school psychological records without prior parent permission or the permission of an adult student.
- Standard II.4.7 To the extent that school psychological records are under their control, school psychologists protect electronic files from unauthorized release or modification (e.g., by using passwords and encryption), and they take reasonable steps to ensure that school psychological records are not lost due to equipment failure.

Standard II.4.9 School psychologists, in collaboration with administrators and other school staff, work to establish district policies regarding the storage and disposal of school psychological records that are consistent with law and sound professional practice. They advocate for school district policies and practices that safeguard the security of school psychological records while facilitating appropriate parent access to those records identify time lines for the periodic review and disposal of outdated school psychological records that are consistent with law and sound professional practice seek parent or other appropriate permission prior to the destruction of obsolete school psychological records of current students ensure that obsolete school psychology records are destroyed in a way that the information cannot be recovered.

# Eligibility This is a conversation with a well-meaning Special Education teacher: Sped Teacher: Can you share the testing results with me? LSSP: No that would be predetermining eligibility. Sped Teacher: I don't want you to predetermine. I just want to know if she will qualify. Who really determines eligibility anyway?

# Sec. 300.306 Determination of eligibility.

(a) General. Upon completion of the administration of assessments and other evaluation measures—

(1) A group of qualified professionals and the parent of the child determines whether the child is a child with a disability, as defined in Sec. 300.8, in accordance with paragraph (b) of this section and the educational needs of the child; The determination of whether a child is eligible to receive special education and related services is made by a team of qualified professionals and the parent of the child, consistent with Sec. 300.306(a)(1) and section 614(b)(4) of the Act. The team of qualified professionals and the parent of the child must base their decision on careful consideration of information from a variety of sources, consistent with Sec. 300.306(c). There is nothing in the Act that requires the team of qualified professionals and the parent to consider only health problems that are universally recognized by the medical profession, as requested by the commenters. Likewise, there is nothing in the Act that would prevent a State from requiring a medical evaluation for eligibility under other health impairment, provided the medical evaluation is conducted at no cost to the parent.

(9) 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--

(i) 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

(ii) Adversely affects a child's educational performance.

A group of qualified professionals and the parent of the child determines whether the child is a child with a disability, as defined in Sec. 300.8, in accordance with paragraph (b) of this section and the educational needs of the child; and

#### • 19 Texas Administrative Code § 89.1040. Eligibility Criteria.

(b) Eligibility determination. The determination of whether a student is eligible for special education and related services is made by the student's admission, review, and dismissal (ARD) committee. Any evaluation or re-evaluation of a student shall be conducted in accordance with 34 CFR, §§300.301-300.306 and 300.122. The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility must include, but is not limited to, the following:

(1) a licensed specialist in school psychology (LSSP), an educational diagnostician, or other appropriately certified or licensed practitioner with experience and training in the area of the disability; or

(2) a licensed or certified professional for a specific eligibility category defined in subsection (c) of this section.

Last Amended: November 11, 2007, 32 TexReg 8129. Entered: December 17, 2007

#### • 19 Texas Administrative Code § 89.1040. Eligibility Criteria.

(c) Eligibility definitions.

(8) Other health impairment. A student with other health impairment is one who has been determined to meet the criteria for other health impairment 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's Disorder as stated in 34 CFR, §300.8(c)(9). The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility based on other health impairment must include a licensed physician.

Standard III.3.1 To meet the needs of children and other clients most effectively, school psychologists cooperate with other psychologists and professionals from other disciplines in relationships based on mutual respect. They encourage and support the use of all resources to serve the interests of students. If a child or other client is receiving similar services from another professional, school psychologists promote coordination of services.

Standard III.2.2 School psychologists make reasonable efforts to become integral members of the client service systems to which they are assigned. They establish clear roles for themselves within those systems while respecting the various roles of colleagues in other professions.

## Recommendations

In my training program, I was taught to write instructional recommendations in our reports which the ARD committee should consider. What we were taught is that school psychs (and other members of the team, as well), should list instructional recommendations here and, that when developing the IEP later on, the IEP team should consider each recommendation, but not necessarily follow through with it.

So, here's a real life example...we might recommend that a student with severe anxiety receive extended time to complete his tests in a quiet location, but at the IEP meeting, his parents veto the idea of him being pulled out to take tests because it would make him stand out from peers. So the IEP would only include extended time, not separate location, as a test accommodation.

Now, we are being told (by folks higher up), that this is completely wrong, and that every recommendation listed here MUST BE INCLUDED as either an element of specially-designed instruction or in the IEP.

# From: PSYCHOLOGICAL REPORTS: A GUIDE FOR PARENTS AND TEACHERS

By Dawn P. Flanagan, PhD, & Leonard F. Caltabiano, MS St. John's University

Recommendations. In this section, specific suggestions are offered regarding programs, strategies, and interventions that may prove most helpful in remediating (or correcting) the child's difficulties. In many instances, the psychologist and other professionals who were involved in interpreting the child's test results will meet with the child's teachers and parents before making recommendations. Feedback and comments are often critical to the development of recommendations that will be most beneficial to the child. If the psychologist's evaluation was part of a team evaluation for special education services, additional reports will be gathered from the members of the team who conducted assessments, and the full team will meet with the parents to discuss the student's eligibility for special education. These separate reports might then be put together into a comprehensive report of the full special education evaluation, including the team's determination of eligibility. Principle II.2. Accepting Responsibility for Actions

School psychologists accept responsibility for their professional work, monitor the effectiveness of their services, and work to correct ineffective recommendations.

Standard II.2.2 School psychologists actively monitor the impact of their recommendations and intervention plans. They revise a recommendation, or modify or terminate an intervention plan, when data indicate the desired outcomes are not being attained. School psychologists seek the assistance of others in supervisory, consultative, or referral roles when progress monitoring indicates that their recommendations and interventions are not effective in assisting a client. Standard II.2.3 School psychologists accept responsibility for the appropriateness of their professional practices, decisions, and recommendations. They correct misunderstandings resulting from their recommendations, advice, or information and take affirmative steps to offset any harmful consequences of ineffective or inappropriate recommendations.

Standard II.3.10 School psychologists encourage and promote parental participation in designing interventions for their children. When appropriate, this includes linking interventions between the school and the home, tailoring parental involvement to the skills of the family, and helping parents gain the skills needed to help their children. School psychologists discuss with parents the recommendations and plans for assisting their children. This discussion takes into account the ethnic/cultural values of the family and includes alternatives that may be available. Subsequent recommendations for program changes or additional services are discussed with parents, including any alternatives that may be available. Parents are informed of sources of support available at school and in the community. Standard II.3.11 School psychologists discuss with students the recommendations and plans for assisting them. To the maximum extent appropriate, students are invited to participate in selecting and planning interventions.

• Fort Bend Independent School District v. Z.A., 2014

• Two school psychologists involved- one omitted important information from evaluation, second disregarded the recommendation for counseling as a related service

# Who is an adult?

I have a student due for reevaluation for whom we have not been able to get parent permission to proceed with the evaluation. She is an 18 year old senior and is eligible for services under the Intellectual Disability category. I have been asked by two administrators why she can't sign for herself. I was under the impression that she is considered part of a "vulnerable population" and cannot legally sign permission for herself since she is intellectually disabled. Am I correct? Or is this just an ethical dilemma?

34 Code of Federal Regulations § 300.520. Transfer of parental rights at age of majority.

(a) General

A State may provide that, when a child with a disability reaches the age of majority under State law that applies to all children (except for a child with a disability who has been determined to be incompetent under State law) — (1)

(i) The public agency must provide any notice required by this part to both the child and the parents;

19 Texas Administrative Code § 89.1049. Parental Rights Regarding Adult Students.

(a) In accordance with 34 Code of Federal Regulations (CFR), §300.320(c) and §300.520, and Texas Education Code (TEC), §29.017, beginning at least one year before a student reaches 18 years of age, the student's individualized education program (IEP) must include a statement that the student has been informed that, unless the student's parent or other individual has been granted guardianship of the student under the Probate Code, Chapter XIII, Guardianship, all rights granted to the parent under the Individuals with Disabilities Education Act (IDEA), Part B, other than the right to receive any notice required under IDEA, Part B, will transfer to the student upon reaching age 18. After the student reaches the age of 18, except as provided by subsection (b) of this section, the school district shall provide any notice required under IDEA, Part B, to both the adult student and the parent.

§ 602. POLICY; PURPOSE OF GUARDIANSHIP. A court may appoint a guardian with full authority over an incapacitated person or may grant a guardian limited authority over an incapacitated person as indicated by the incapacitated person's actual mental or physical limitations and only as necessary to promote and protect the wellbeing of the person. If the person is not a minor, the court may not use age as the sole factor in determining whether to appoint a guardian for the person. In creating a guardianship that gives a guardian limited power or authority over an incapacitated person, the court shall design the guardianship to encourage the development or maintenance of maximum self-reliance and independence in the incapacitated person.

### I. RESPECTING THE DIGNITY AND RIGHTS OF ALL PERSONS

School psychologists engage only in professional practices that maintain the dignity of all with whom they work. In their words and actions, school psychologists demonstrate respect for the autonomy of persons and their right to selfdetermination, respect for privacy, and a commitment to just and fair treatment of all persons.

Principle I.1. Autonomy and Self- Determination (Consent and Assent) School psychologists respect the right of persons to participate in decisions affecting their own welfare.

# Can I Say No?

Who can say no? Can a district say no when a parent requests special education? Can a teacher say no to a specific modification? Can a parent say no to evaluation or services? SBOE Commissioners Rules 89.1011. Referral for Full and Individual Initial Evaluation. Referral of students for a full and individual initial evaluation for possible special education services shall be a part of the district's overall, general education referral or screening system. Prior to referral, students experiencing difficulty in the general classroom should be considered for all support services available to all students, such as tutorial; remedial; compensatory; response to scientific, research-based intervention; and other academic or behavior support services. If the student continues to experience difficulty in the general classroom after the provision of interventions, district personnel must refer the student for a full and individual initial evaluation. This referral for a full and individual initial evaluation may be initiated by school personnel, the student's parents or legal guardian, or another person involved in the education or care of the student.

- Sec. 300.503 Prior notice by the public agency; content of notice.
- (a) Notice. Written notice that meets the requirements of paragraph (b) of this section must be given to the parents of a child with a disability a reasonable time before the public agency--
- (1) Proposes to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child; or
- (2) Refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child.
- (b) Content of notice. The notice required under paragraph (a) of this section must include--
- (1) A description of the action proposed or refused by the agency;
- (2) An explanation of why the agency proposes or refuses to take the action;
- (3) A description of each evaluation procedure, assessment, record, or report the agency used as a basis for the proposed or refused action;
  - (4) A statement that the parents of a child with a disability have protection under the procedural safeguards of this part and, if this notice is not an initial referral for evaluation, the means by which a copy of a description of the procedural safeguards can be obtained;
     (5) Sources for parents to contact to obtain assistance in understanding the provisions of this part;
- (6) A description of other options that the IEP Team considered and the reasons why those options were rejected; and
- (7) A description of other options that the FLY reall considered and the reasons why mose options were re (7) A description of other factors that are relevant to the agency's proposal or refusal.
- (c) Notice in understandable language.
- (1) The notice required under paragraph (a) of this section must be--
- (i) Written in language understandable to the general public; and
- (ii) Provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.
- (2) If the native language or other mode of communication of the parent is not a written language, the public agency must take steps to ensure---
- (i) That the notice is translated orally or by other means to the parent in his or her native language or other mode of communication;
- (ii) That the parent understands the content of the notice; and
- (iii) That there is written evidence that the requirements in paragraphs (c)(2)(i) and (ii) of this section have been met.
- (Authority: 20 U.S.C. 1415(b)(3) and (4), 1415(c)(1), 1414(b)(1))

(3) If the parent of a child fails to respond to a request for, or refuses to consent to, the initial provision of special education and related services, the public agency—(i) May not use the procedures in subpart E of this part (including the mediation procedures under §300.506 or the due process procedures under §\$300.507 through 300.516) in order to obtain agreement or a ruling that the services may be provided to the child; (ii) Will not be considered to be in violation of the requirement to make FAPE available to the child because of the failure to provide the child with the special education and related services for which the parent refuses to or fails to provide consent; and (iii) Is not required to convene an IEP Team meeting or develop an IEP under §\$300.320 and 300.324 for the child. (4) If, at any time subsequent to the initial provision of special education and related services, the parent of a child revokes consent in writing for the continue provide prior written notice in accordance with \$300.503 before ceasing the provide prior written notice in accordance with \$300.503 before ceasing the provision of special education and related services; (ii) May not use the procedures in subpart E of this part (including the mediation procedures under \$300.506 or the due process procedures under \$300.507 through 300.516) in order to obtain agreement or a ruling that the services may be provided to the child; (iii) Will not be considered to be in violation of the requirement to make FAPE available to the child because of the failure to provide prior written notice in accordance with \$300.507 through 300.516) in order to obtain agreement or a ruling that the services may be provided to the child; (iii) Will not be considered to be in violation of the requirement to make FAPE available to the child because of the failure to provide the child with further special education and related services; and (iv) Is not required to convene an IEP Team meeting or develop an IEP under §\$300.320 and 300.324 for the child fo

Principle I.3. Fairness and Justice

In their words and actions, school psychologists promote fairness and justice. They use their expertise to cultivate school climates that are safe and welcoming to all persons regardless of actual or perceived characteristics, including race, ethnicity, color, religion, ancestry, national origin, immigration status, socioeconomic status, primary language, gender, sexual orientation, gender identity, gender expression, disability, or any other distinguishing characteristics. Standard I.3.4 School psychologists strive to ensure that all children have equal opportunity to participate in and benefit from school programs and that all students and families have access to and can benefit from school psychological services.

Standard II.3.1 Prior to the consideration of a disability label or category, the effects of current behavior management and/or instructional practices on the student's school performance are considered. Doe v Withers – individual teacher and district found to have violated student's civil rights after refusing to provide modifications as described in the IEP

# I. RESPECTING THE DIGNITY AND RIGHTS OF ALL PERSONS

School psychologists engage only in professional practices that maintain the dignity of all with whom they work. In their words and actions, school psychologists demonstrate respect for the autonomy of persons and their right to selfdetermination, respect for privacy, and a commitment to just and fair treatment of all persons. Standard II.3.4 Consistent with education law and sound professional practice, children with suspected disabilities are assessed in all areas related to the suspected disability

## Signature

My district uses a single document to report the findings of all persons involved in an evaluation, in other words, there is not a separate report for speech evaluation, occupational therapy evaluation, etc. I am required to compile the various components and then sign the whole document. What if I have concerns about parts of the evaluation that is completed by other professionals? Principle II.2. Accepting Responsibility for Actions

School psychologists accept responsibility for their professional work, monitor the effectiveness of their services, and work to correct ineffective recommendations.

Standard II.2.1 School psychologists review all of their written documents for accuracy, signing them only when correct. They may add an addendum, dated and signed, to a previously submitted report if information is found to be inaccurate or incomplete. Standard II.2.3 School psychologists accept responsibility for the appropriateness of their professional practices, decisions, and recommendations. They correct misunderstandings resulting from their recommendations, advice, or information and take affirmative steps to offset any harmful consequences of ineffective or inappropriate recommendations.

Standard III.2.2 School psychologists make reasonable efforts to become integral members of the client service systems to which they are assigned. They establish clear roles for themselves within those systems while respecting the various roles of colleagues in other professions. Standard III.2.3 The school psychologist's commitment to protecting the rights and welfare of children is communicated to the school administration, staff, and others as the highest priority in determining services.

Standard III.3.3 Except when supervising graduate students, school psychologists do not alter reports completed by another professional without his or her permission to do so.

## Consent

I know that I must obtain consent for psychological services but what if a child, with whom I have never worked, presents with suicidal ideation at school? What if a teen asks to see me to discuss issues that are effecting school that have to do with family disruption? Do I have to secure parental consent before speaking with a student in these circumstances?

- Sec. 32.001. CONSENT BY NON-PARENT. (a) The following persons may consent to medical, dental, psychological, and surgical treatment of a child when the person having the right to consent as otherwise provided by law cannot be contacted and that person has not given actual notice to the contrary:
- (1) a grandparent of the child;
- (2) an adult brother or sister of the child;
- (3) an adult aunt or uncle of the child;
- (4) an educational institution in which the child is enrolled that has received written authorization to consent from a person having the right to consent;
- (5) an adult who has actual care, control, and possession of the child and has written authorization to consent from a person having the right to consent;
- (6) a court having jurisdiction over a suit affecting the parent-child relationship of which the child is the subject;
- (7) an adult responsible for the actual care, control, and possession of a child under the jurisdiction of a juvenile court or committed by a juvenile court to the care of an agency of the state or county; or
- (8) a peace officer who has lawfully taken custody of a minor, if the peace officer has reasonable grounds to believe the minor is in need of immediate medical treatment.

- Sec. 32.004. CONSENT TO COUNSELING. (a) A child may consent to counseling for:
- (1) suicide prevention;
- (2) chemical addiction or dependency; or
- (3) sexual, physical, or emotional abuse.
- (b) A licensed or certified physician, psychologist, counselor, or social worker having reasonable grounds to believe that a child has been sexually, physically, or emotionally abused, is contemplating suicide, or is suffering from a chemical or drug addiction or dependency may:
- (1) counsel the child without the consent of the child's parents or, if applicable, managing conservator or guardian;
- (2) with or without the consent of the child who is a client, advise the child's parents or, if applicable, managing conservator or guardian of the treatment given to or needed by the child; and
- (3) rely on the written statement of the child containing the grounds on which the child has capacity to consent to the child's own treatment under this section.
- (c) Unless consent is obtained as otherwise allowed by law, a physician, psychologist, counselor, or social worker may not counsel a child if consent is prohibited by a court order.
- (d) A physician, psychologist, counselor, or social worker counseling a child under this section is not liable for damages except for damages resulting from the person's negligence or wilful misconduct.
- (e) A parent, or, if applicable, managing conservator or guardian, who has not consented to counseling treatment of the child is not obligated to compensate a physician, psychologist, counselor, or social worker for counseling services rendered under this section.
- Amended by Acts 1995, 74th Leg., ch. 20, Sec. 1, eff. April 20, 1995.

Sec. 32 003 CONSENT TO TREATMENT BY CHILD. (a) A child may consent to medical, dental, psychological, and surgical treatment for the child by a licensed physician or dentist if the child.
(1) is on active duty with the armed services of the United States of America;
(2) is:
(A) 16 years of age or older and resides separate and apart from the child's parents, managing conservator, or guardian, with or without the consent of the parents, managing conservator, or guardian, with or without the consent of the parents, managing conservator, or guardian and regardless of the duration of the residence; and
(B) managing the child's own financial affairs, regardless of the source of the income;
(3) consents to the diagnosis and treatment of an infectious, contagious, or communicable disease that is required by law or a rule to be reported by the licensed physician or dentist to a local health officer or the Texas Department of Health, including all diseases within the scope of Section 81.041, Health and StateV Code;
(4) is unmarried and pregnant and consents to hospital, medical, or surgical treatment, other than abortion, related to the pregnancy;
(5) consents to examination and treatment for drug or chemical addiction, drug or chemical dependency, or any other condition directly related to oring or chemical use;
(6) is unmarried, is the parent of a child, and has actual custody of his or her child and consents to medical, dental, psychological, or surgical treatment would constitute a prohibited practice under Section 164.052(a)(19), Occupations Code.
(b) Consent by a child to medical, dental, psychological, and surgical treatment under this section is not subject to disaffirmance because of minority.
(c) Consent to the parents, managing conservator, or guardian of a child is not necessary in order to authorize hospital, medical, or surgical reatment under this section.
(d) A licensed physician, dentist, or psych

Standard I.1.2 Except for urgent situations or self-referrals by a minor student, school psychologists seek parent consent (or the consent of an adult student) prior to establishing a school psychologist-client relationship for the purpose of psychological diagnosis, assessment of eligibility for special education or disability accommodations, or to provide ongoing individual or group counseling or other non-classroom therapeutic intervention.\* It is ethically permissible to provide psychological assistance without parent notice or consent in emergency situations or if there is reason to believe a student may pose a danger to others; is at risk for self-harm; or is in danger of injury, exploitation, or maltreatment. When a student who is a minor selfrefers for assistance, it is ethically permissible to provide psychological assistance without parent notice or consent for one or several meetings to establish the nature and degree of the need for services and assure the child is safe and not in danger. It is ethically permissible to provide services to mature minors without parent consent where allowed by state law and school district policy. However, if the student is not old enough to receive school psychological assistance independent of parent consent, the school psychologist obtains parent consent to provide continuing assistance to the student beyond the preliminary meetings or refers the student to alternative sources of assistance that do not require parent notice or consent.

- Standard I.1.4 School psychologists encourage a minor student's voluntary participation in decision making about school psychological services as much as feasible. Ordinarily, school psychologists seek the student's assent to services; however, it is ethically permissible to bypass student assent to services if the service is considered to be of direct benefit to the student and/or is required by law.
- If a student's assent for services is not solicited, school psychologists nevertheless honor the student's right to be informed about the services provided. When a student is given a choice regarding whether to accept or refuse services, the school psychologist ensures the student understands what is being offered, honors the student's stated choice, and guards against overwhelming the student with choices he or she does not wish or is not able to make.



Standard II.3.1 Prior to the consideration of a disability label or category, the effects of current behavior management and/or instructional practices on the student's school performance are considered. Standard III.2.2 School psychologists make reasonable efforts to become integral members of the client service systems to which they are assigned. They establish clear roles for themselves within those systems while respecting the various roles of colleagues in other professions.

Standard IV.1.1 To provide effective services and systems consultation, school psychologists are knowledgeable about the organization, philosophy, goals, objectives, culture, and methodologies of the settings in which they provide services. In addition, school psychologists develop partnerships and networks with community service providers and agencies to provide seamless services to children and families.

Standard IV.1.2 School psychologists use their professional expertise to promote changes in schools and community service systems that will benefit children and other clients. They advocate for school policies and practices that are in the best interests of children and that respect and protect the legal rights of students and parents.

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