



U N I V E R S I T Y of  
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## **Internship in School Psychology**

**Internship Manual 2016-2017**

Galena Park Independent School District  
Department of Psychological Services  
14705 Woodforest Boulevard  
Houston, Texas 77015  
(832) 386-1080 (phone)  
(832) 386-1433 (fax)

## **BACKGROUND INFORMATION**

### **History of Galena Park, Texas:**

Galena Park is located in Harris County, Texas. Today this small town east of the fourth largest city in the United States is an industrialized area off the Houston Ship Channel originally settled by Ezekiel Thomas. Mr. Thomas was granted this area of land from the Mexican government and moved his family there in the year 1824. Mr. Thomas died around 1835 at which time his land was then sold to Isaac Batterson. In 1836 Mr. Batterson along with his wife and two daughters built a settlement along the banks of Buffalo Bayou that he named Clinton after his former home in New York. During Clinton's inception the town's economy was based on farming and ranching.

Approximately forty years later the face of Clinton would change from the farming and ranching settlement of origin to a shipping and transportation port thanks to Captain Charles Morgan. Captain Morgan, the owner of the Morgan Steam Ship Company, ignited Clinton's growth by dredging and excavating a canal on Buffalo Bayou to open transportation on the bayou. Morgan also built a railroad from Houston to Buffalo and Sims Bayous to aid in Clinton's growth. At the turn of the century the petroleum industry began to capitalize on Clinton's superb location. Galena Signal Oil of Texas, which later became part of the Texas Company, was the very first oil refinery built in Galena Park. Several refineries would later follow Galena Signal Oil.

For almost 100 years the settlement was known as Clinton until in 1928 the U. S. Post Office Administration refused to grant Clinton a post office because another post office bearing the name of Clinton existed in the state. This incidence was the catalyst in the name change from Clinton to Galena Park after the Galena Signal Oil Company, which at the time was the town's most leading and productive industry. The city of Galena Park was incorporated on September 21, 1935. The newly incorporated town also held its first council meeting on this same day. At Galena Park's inception, the town was a "General Law" city until April of 1946 when an election was held for the purpose of voting on adopting a home rule charter. The citizens of Galena Park unanimously voted for the proposition, and since that date Galena Park has been a city operating under a "Home Rule Charter." Under this charter Galena Park has its own Mayor and four Commissioners who are elected every four years. Galena Park citizens also have their own Police Chief, dispatchers, jail, and police force. In 1937 the Galena Park Fire Department was established.

The city of Galena Park's small but important and factual claim to fame is not found in the state history books used in public schools to teach Texas history; but historically, General Sam Houston stopped in Clinton on his way to defeat General Antonio Lopez de Santa Anna. On April 10, 1836, Sam Houston used the floor of Isaac Batterson's home to make rafts to get his men across the dangerously swollen Buffalo Bayou. General Houston had to leave behind over two hundred soldiers who were either wounded or ill in a camp near the Batterson home. After crossing Buffalo Bayou, General Houston heroically defeated Santa Anna at the Battle of San Jacinto and won

Texas her independence. The late Captain Sam Houston III lived and worked in Galena Park some years later.

#### History of Galena Park ISD:

In 1918, a one-room school was established for black students in Clinton. The school had less than seventy students and one teacher. In 1924, the school was moved to the Fidelity Addition and renamed **Fidelity School**. A second teacher was added and the school served students in grades 1-7. Black students in the upper grades were transported to Wheatley High School, in the Houston ISD. In 1949, the district began adding a grade each year to the Fidelity School until it contained all grades 1-12. The first graduating class was in 1954.

In 1926-27, the present Galena Park Elementary at Main and Third Street in Galena Park was the site of Clinton School. It was one of many schools which belonged to the Harris County School District. Thirteen teachers taught grades 1 through 11. On the secondary level, the courses taught were English, Latin, Spanish, history, math, science, and shop/woodworking for boys and homemaking for girls. In 1928, construction of a new high school on Third Street was completed.

In 1930, the **Galena Park Independent School District** was established with G. P. Smith serving as superintendent. The present building for **Galena Park Elementary** was completed in 1937. The high school completed on Third Street in 1928 became Galena Park Junior High School in March 1950 when Galena Park High School moved to its present location at 11<sup>th</sup> and Keene. **Cloverleaf Elementary** was opened in 1943; the school is located at 1025 Frankie in Houston. **Jacinto City Elementary**, 10910 Wiggins, opened for classes the third week of September 1944 holding double session classes. **Woodland Acres Junior High School**, located at 12947 Myrtle Lane, opened in 1947. **Dement Stadium** was first used for the 1947 football season

**MacArthur Elementary**, 1801 North Main in Galena Park, opened in March 1952. **Pyburn Elementary**, 12302 Coulson, held its first classes in 1952-53. **Woodland Acres Elementary School**, 12936 Sarah's Lane, opened the doors of the present building as an elementary school in 1954. Prior to 1954 the school had been a combination elementary and junior high school. The elementary school and middle school continue to share the same gym and cafeteria.

**Cimarron Elementary School**, 816 Cimarron, was opened in 1954. The original **Galena Park Independent School District administration building** was open in December of 1954. On January 20, 1955, the newly constructed **Fidelity Manor High School** was opened. The following year saw the opening of a new elementary school for the black students of the districts. The new school, located at 2515 16<sup>th</sup> Street, was named **Fidelity Manor Elementary School**.

**North Shore Junior High School** located at 13801 Holly Park was opened in 1956. Beginning with the 1979-80 school years became a middle school housing grades 6, 7 and 8. **Green Valley Elementary** at 13350 Woodforest opened for classes in the 1959-

60 school year. **North Shore Elementary** located at 14310 Duncannon, opened for classes in 1961. **North Shore High School** opened in September of 1962 holding classes for grades 9 and 10. The first graduation class was in 1965. Initially, students in kindergarten through 6<sup>th</sup> grade were served in elementary school, grades 7 through 9 attended junior high school, and high school was grades 10 through 12. Starting with the 1979-1980 school year, the junior high schools were changed to "middle schools," and served 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> graders.

The 1970-71 school year saw major change in the history of the GPISD. A court order for desegregation mandated the closing of both Fidelity schools. All students and school personnel were transferred to other schools in the district. The closing of the schools marked the end of an era for both the district and the community around the schools. There were several considerations for use of the buildings, but none ever received complete approval of the surrounding neighborhood citizens. The buildings for the Fidelity schools were finally demolished in 1986.

**Tice Elementary**, 14120 Wallisville, opened for classes at the beginning of the 1979-80 school years. **W. C. Cunningham Middle School** located at 14204 Wallisville open in 1982-83. **Purple Sage Elementary** opened its doors for classes in February of 1991. **James B. Havard Elementary** opened its doors for classes in 1998. **Dr. Gerald Dallas Cobb Sixth Grade Campus** opened its doors for classes in August of 2000 with Dr. Angi Williams as principal and served to relieve over-population at North Shore and Cunningham. **Arthur C. Lilly Center** opened its doors for classes in August of 2000.

The **New Administration Building** opened in January its doors for classes in January of 2001. The **Transportation Facility** opened its door in 2001. The **Athletic Complex** opened its doors in 2002. The **Agricultural FFA Facility** opened its doors in 2002. The old North Shore Junior High School was converted to the **Joyce Zotz Education Center** and opened its doors in 2003. **Normandy Crossing Elementary** also opened its doors for classes in 2003. **Freedom Elementary** opened its doors as for classes 2005. In 2009 Freedom Elementary was renamed as **Dr. Shirley J. Williamson Elementary** after GPISD Superintendent of Galena Park ISD and Texas Commissioner of Education. **Sam Houston Elementary** opened its doors for classes in 2007.

#### History of Galena Park I.S.D. Psychological Services:

For most of its history, Galena Park ISD (GPISD) had psychologists working for the District as independent contractors. Then in 1984, the District hired its first full-time doctoral level licensed psychologist. Psychological services were provided mainly by licensed psychological associates. With the creation of the licensed specialist in school psychology credential (LSSP) in 1996, psychological services were then provided by LSSPs. Galena Park strives to always have at least one doctoral level licensed psychologist on staff.

Currently, GPISD has 15 LSSPs and 2 doctoral level licensed psychologists. In addition, psychological services are provided by practicum students and interns. LSSPs work with students identified as having a disability and receiving special education

services; the job description for LSSPs in GPISD is consistent with the one adopted by the Texas Association of School Psychologists. The duties assigned to specialist level practicum students and interns are intended to prepare them to serve as LSSPs in Texas.

Consistent with the American Psychological Association's (APA) model of school psychological service delivery, doctoral level psychologists, practicum students, and interns serve students throughout the District, regardless of their disability status or eligibility for special education services. They also provide consultation-liaison services to administrators, teachers, and parents. They lead professional development opportunities at the campus and district level. Finally, they assist with the development of systems-level policies and procedures.

#### Mission Statements:

The mission of the Galena Park Independent School District is to prepare students to become productive citizens and lifelong learners. The mission of the Department of Psychological Services is to provide services to students with an identified disability who receives an individualized education plan under the Individuals with Disabilities Education Act or individualized accommodation plan under Section 504 of the Rehabilitation Act of 1973. The mission of the doctoral internship in school psychology is to integrate the best available research, clinical expertise, and knowledge of complex client factors to train interns to provide comprehensive evidence-based practice in psychology during their internship year and beyond. The focus is on the development of skills that will serve the intern well in both school and non-school settings.

#### Training Model:

The Galena Park Independent School District Department of Psychological Services follows a Practitioner-Scientist Model that provides the psychology intern the skills and training necessary to become successful practitioners of child and adolescent psychology.

Doctoral interns provide a variety of psychological services for both general education and special education students. They provide pre-referral intervention that includes consultation with parents and school staff regarding behavioral, social, and academic concerns; social skills or other psycho-educational groups; and time-limited evidence-based interventions for preventative mental health concerns. Interns also provide direct psychological services, such as individual counseling and group counseling with students, and indirect psychological services, such as behavioral consultation with teachers, parents, and outside service providers.

Interns conduct psychological evaluations for the purpose of identifying disability conditions, such as Autism, Depression, Anxiety, Learning Disorders, Attention Deficit Hyperactivity Disorder, and Disruptive Behavior Disorder. They also conduct evaluations for general and special education programming, such as Related Services Evaluations and Functional Behavioral Assessments.

Interns practice thinking critically and evaluating the findings of empirically-based knowledge within the context of a broad base of practically applied experiences. Training also emphasizes the ability to use these skills in different settings and with a diverse range of children and adolescents; to act and present information in a professional, ethical manner; and to communicate recommendations effectively to students, parents, school personnel, and other mental health care professionals.

Interns also learn the importance of continuing their professional education by attending and/or presenting at conventions/workshops that increase their professional expertise, that maintain current knowledge in the profession, and that pursue areas of specialization within their chosen field. Additionally, interns are provided opportunities to develop and hone their teaching and presentation skills by providing training and staff development workshops to school staff, parents, and psychological services staff members. Interns are encouraged to pursue individual interests and research throughout the course of the year.

Interns are assigned to at least one school at every developmental level (Elementary School, Middle School, and High School), with a varying degree of responsibility and task demands in each setting. Interns have the opportunity to work with students in general education, as well as students with disabilities receiving special education services, from ages 3 to 21. The district provides programs to meet various education needs, such as early childhood (Head Start, Pre-Kindergarten), preschool for children with disabilities (PPCD), alternative education programs (ACE), as well as programming targeting children with autism (SLC/FOCUS), intellectual disabilities (Life Skills), and emotional/behavioral disorders (PASS/BTC), and remediation to facilitate graduation/completion of high school (Night School, GED Program, ACE, SPACE, PEP).

## **INTERNSHIP PROGRAM POLICIES AND PROCEDURES**

### **Supervision:**

Each intern will have one supervisor and will receive a minimum of two hours of individual, face-to-face supervision per week (per APA guidelines). One hour of didactics will be provided one time per week.

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### **Goals and Objectives:**

#### **Goal 1: Direct Services**

A. Clinical interventions: Interns will demonstrate competence with a variety of therapeutic techniques with students of diverse student populations and across age levels and presenting problems.

- Interns will follow district and department policies regarding working with students ensuring signed consent by parents and students when appropriate.
- Interns will establish effective therapeutic relationships with referred students.
- Interns will apply appropriate therapeutic strategies with individuals and groups.

- Interns will demonstrate sound ethical principles and practice confidentiality and disclosure when appropriate.
  - Interns will evaluate the effectiveness of their interventions with students and modify accordingly in order to best assist students.
  - Interns will effectively terminate intervention cases when appropriate.
- B. Evaluation/Assessment Techniques: Interns will produce written psychological/neuropsychological evaluations with useful recommendations.
- Interns will follow district and departmental policies regarding evaluation procedures.
  - Interns will appropriately conduct observations, and student, parent, and teacher clinical interviews, as appropriate, for evaluations.
  - Interns will select appropriate objective and projective measures for each evaluation.
  - Interns will administer and score measures following standardized procedures.
  - Interns will integrate evaluation data into a synthesized, informative report.
  - Interns will make recommendations to school personnel and parents consistent with acceptable practices in the field and in consideration of school resources.
  - Interns will effectively communicate evaluation findings and recommendations to school personnel, student, and parents, including eligibility for services.
- C. Crisis intervention: Interns will demonstrate effective crisis intervention skills. Interns will follow district and departmental policies regarding limits of confidentiality with students.
- Interns will assist school personnel in the event of a school crisis.
  - Interns will notify and seek out appropriate supervision from assigned site supervisor or other department psychologist.
  - Interns will appropriately follow-up on crisis cases.

## Goal 2: Indirect Services

- A. Consultation: Interns will demonstrate competence in consultation activities with school personnel, agency personnel, and parents regarding professional and psychological issues.
- Interns will follow district and departmental policies regarding consultation procedures.
  - Interns will provide appropriate consultation services to school personnel following accepted psychological practices.
  - Interns will provide appropriate consultation services to students' parents following accepted psychological practices.
  - Interns will provide appropriate consultation services to support personnel following accepted psychological practices.
  - Interns will respond and complete requests for consultative assistance in a timely manner.

- Interns will make recommendations to school personnel and students' parents consistent with acceptable practice in the field and with consideration for school resources.
  - Interns will communicate findings and recommendations clearly to school personnel, students' parents, and students when appropriate.
- B. Meetings and trainings: Interns will attend, participate, and present at scheduled professional meetings and trainings conducted within the district.
- Interns will participate in school meetings and staffings when invited and notified
  - Interns will attend scheduled intern training activities, including individual and group supervision and weekly didactics.
  - Interns will assist the District with the provision of trainings for parents, teachers and staff, campus and district administrators, and representatives from outside agencies.

### Goal 3: Professionalism

- A. Professional Conduct: Interns will demonstrate professional conduct in all aspects of their work and seek appropriate supervision when necessary.
- Interns will work cooperatively with school and district personnel
  - Interns will demonstrate an understanding of the impact psychologists'/interns' roles and behaviors on school and district personnel.
  - Interns will demonstrate and follow ethical standards of practice.
  - Interns will demonstrate sensitivity to cultural, individual, family, and environmental diversity.
  - Interns will demonstrate theoretical understanding of psychopathology, child and adolescent development, and behavior management.
  - Interns will maintain an organized style that permits timely, careful completion of assigned tasks.
  - Interns will demonstrate knowledge of federal and state regulations and laws governing the rights of students and their families as well as education laws.
  - Interns will demonstrate self-direction, motivation, and interest in continued professional growth by attending and/or presenting at professional workshops or continuing education opportunities.
- B. Supervision: Interns will develop competence in supervision and management activities, both as a recipient and in trainings developed to assist a deeper understanding of expectations and competencies with supervision.
- Interns will maintain appointments for scheduled supervision.
  - Interns will accept supervision suggestions and feedback in a professional manner.
  - Interns will independently consult with assigned site supervisors and other departmental staff outside of scheduled supervision when necessary and appropriate.
  - Interns will come prepared for supervision.
  - Interns will function in a generally independent, professional manner in assigned settings.



### Goal Setting:

In addition to regular training, interns are asked to set goals for the year that fit within the framework of the internship experience. These goals include individual projects relating to program development, program evaluation, community outreach, and professional presentations. Progress on individual goals is reviewed formally at end-of-semester evaluation sessions and on an on-going basis during individual and group supervision.

### Intern Performance Evaluation and Feedback:

Informal, verbal evaluative feedback will be provided by each site supervisor at the mid-term week for the fall and spring semesters. A formal, written evaluation will occur at the finish of the fall and spring semesters. This evaluation will be based on results of written surveys completed by parents, teachers, students, and campus administrators, as well as written evaluations from site and University supervisors. Evaluation criteria are based on skills related to the internship Goals and Objectives. A copy of the evaluation form will be given to interns at the beginning of internship. Interns will be notified of any substantive changes to the evaluation form in advance of any evaluation.

### Adequate Progress and Successful Completion of the Training Program:

Interns are formally evaluated by their site and University supervisors two times a year. Interns may obtain a score of Remedial (R), Emerging (E), Intermediate (I), High Intermediate (HI), and Advanced (A). For an intern's fall semester evaluation, the goal is for all competency areas to be rated I or higher. For an intern's spring semester evaluation, the goal is for all competency areas to be rated HI or higher. If any competency area averages below an I, site and University supervisors will list specific, quantifiable goals to reach success by the end of the internship.

### Intern Grievances:

A school psychology intern who has a problem or grievance about any aspect of the internship experience may seek informal resolution of the grievance. When informal attempts are inadequate in sufficiently addressing the grievance, a more formal procedure is available. Interns have the right to file a formal grievance at any time.

Outlined below is the informal process to address a school psychology intern's grievance. Potential grievances may arise from various sources including but not limited to:

- Problem with a peer (another intern, practicum student)
- Problem with support staff
- Problem with immediate site supervisor
- Problem with Department of Psychological Services staff member
- Problem with other GPISD employee
- Problem with University supervisor
- Problem with some aspect of the internship program

**Informal Process and Chain of Command:**

1. The school psychology intern should first directly discuss the problem with the individual involved
2. If the grievance is in regard to an aspect of the internship program, this should first be discussed with the site supervisor.
3. Grievances involving interactions or activities related to aspects of GPISD Department of Psychological Services should first be addressed with the Psychological Services Department staff (versus complaining to an outside party), so there is ample opportunity to resolve the problem directly within the primary organizational setting.
4. If the school psychology intern has attempted to address the problem directly with the individual involved and has not achieved satisfactory resolution, OR the school psychology intern does not feel safe (e.g., sexual harassment) discussing the problem directly with the individual involved, he/she should move to the next person in the chain of communication. The expected chain of communication is noted below:
  - a. Site supervisor
  - b. University supervisor
  - c. Department of Psychological Services Director

**Intern Termination:**

Galena Park ISD may terminate the contract of any school psychology intern who violates District policy.

**DISTRICT POLICIES AND PROCEDURES**

**Cell Phone Use:**

Use of personal cell phones should not constitute a disruption of the learning environment of the classroom or the work environment of the campus or other District worksite. Practicum students and interns should make all phone calls related to District business using a District phone. For their own safety, practicum students and interns should never provide students in the District or their parents with their personal cell number. In addition, practicum students and interns should never feel pressured to share their personal cell number with any District employee. District employees should be encouraged to contact practicum students and interns using the extension

**Dress and Grooming:**

A professional standard of dress requires that practicum students and interns should be readily distinguishable from students on their assigned campus or campuses. Role modeling is a part of a trainee's professional responsibilities. Supervising employees shall be authorized to inform trainees of the standard of dress and grooming required by the District and to appraise any fashion or fad to determine if it is appropriate in the trainee's setting. The supervising employee shall advise trainees needing to modify their dress and/or grooming to achieve high standards of neatness, appropriateness, and good taste. Trainees must be appropriately dressed, well groomed, and meet an acceptable level of personal hygiene while on duty, or when representing the District. Trainees dress and grooming are expected to be in line with those standards specified

for students outlined in the student handbook (e.g. visible tattoos or visible piercings are prohibited.).

#### Specific Standards of Dress:

Male student teachers and practicum students shall wear dress shirts and slacks anytime they are on duty. Dress shirts are considered those having buttons down the front and a collar that would accommodate the wearing of a necktie. Neckties should be worn as appropriate for public meetings, special events, and as appropriate to the work situation as determined by the supervising employee. Golf and pullover type (polo or athletic) shirts and denim slacks may also be considered appropriate. Male student teachers and practicum students may wear a well trimmed mustache and beard. Female student teachers and practicum students shall wear suits, pantsuits, dresses, dress slacks, shirts, blouses, and skirts.

Western wear may be worn on designated days. Only physical education personnel may wear athletic shoes and shorts, and only in the performance of physical education/coaching responsibilities. Flip flops or other potentially hazardous footwear are prohibited. Dress requirements may be relaxed by the supervising employee on special designated days (i.e., casual Fridays) or based on extenuating circumstances.

#### Identification Cards:

All practicum students and interns will be issued an official district identification card. This identification card must be worn in a visible fashion on, or above, the waist. Practicum students and interns are required to have visible identification at all times while on district property, to include after hours, weekends and holidays.

### MINIMUM EXPECTATIONS

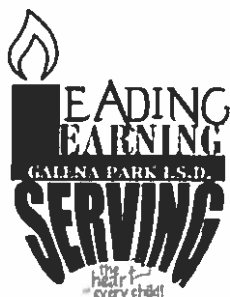
<b>Assessments</b> <b>(Conducting all components, including report writing and reviewing results with parent)</b>		
<b>Psychological</b> (Child's First Name, Last Initial, Grade Level)	<b>Initial Evaluation</b> (Y/N)	<b>RTI (Y/N)</b>
1.		
2.		
3.		
<b>Neuropsychological</b> (Child's First Name, Last Initial, Grade Level)	<b>Initial Evaluation</b> (Y/N)	<b>RTI (Y/N)</b>
1.		
2.		
3.		
<b>Functional Behavior Assessment</b>		
(Child's First Name, Last Initial, Grade Level)		
(General Education) 1.		
(Special Education) 2.		
<b>Intellectual Disability</b>		
(Child's First Name, Last Initial, Grade Level)		

<b>Autism Spectrum Disorder/Developmental Delay</b> <b>(Child's First Name, Last Initial, Grade Level)</b>	
<b>Early Childhood/Pre-K (Any eligibility)</b> <b>(Child's First Name, Last Initial, Grade Level)</b>	
<b>Participation in Meetings and Staffings</b> <b>(Child's First Name, Last Initial, Grade Level, Date of Meeting)</b>	
1	
2	
3	
4	
5	
6	
<b>Intervention</b> <b>Provision of Direct Services</b> <b>For Special Education Students, this includes the provision of IEP services, with progress notes/case summaries</b>	
<b>Behavior Intervention/Behavior Management Plans</b> <b>(Child's First Name, Last Initial, Grade Level)</b>	
(General Education) 1.	
(Special Education) 2.	
<b>Group Therapy</b> <b>Includes Anger Management, Social Skills, etc.</b> <b>(Focus of Group—First Initial/Last Initial For Each Member)</b>	
(General Education) 1.	
(Special Education) 2.	
<b>Individual Therapy</b>	
(General Education) 1.	
(Special Education) 2.	
(General or Special) 3.	
<b>Crisis Intervention</b> <b>As appropriate</b> <b>Includes Threat/Risk Assessment, Suicidal/Homicidal Ideation, School Death, Natural Disaster</b> <b>(Nature of Crisis, Child's First Name, Last Initial, Grade Level)</b>	
1.	
<b>Consultation</b> <b>Provision of Indirect Services</b>	
<b>Pre-Referral/District Problem Solving Team Involvement</b> <b>This includes reviewing student difficulties, reviewing student data, suggesting interventions, reviewing data with school personnel to determine response-to-intervention or referral for Full and Individual Evaluation</b> <b>(Child's First Name, Last Initial, Grade Level)</b>	
1.	
2.	
3.	
4.	
<b>Teacher Consultation</b> <b>This involves utilizing a consultation model with a teacher regarding academic/behavioral difficulties</b> <b>(Child's First Name, Last Initial, Grade Level)</b>	
1.	
2.	
3.	

<b>Parent Consultation</b>	
<b>This involves utilizing a consultation model with parents regarding academic/behavioral difficulties</b>	
<b>(Child's First Name, Last Initial, Grade Level)</b>	
1.	
2.	
3.	
4.	
<b>Training</b>	
<b>Conduct an in-service training for either parents or teachers</b>	
<b>(Targeted Audience—Topic of In-Service)</b>	
1.	
2.	
<b>Pass the Praxis II Exam for School Psychologists</b>	
<b>Must achieve the passing score for the NCSP credential</b>	
<b>(Date Taken—Pass/Fail)</b>	
1.	

## **SAMPLE DOCUMENTS**

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## **Galena Park Independent School District**

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**14705 Woodforest Blvd., Houston, TX 77015 832-386-1080**

Amy Cole, Executive Director of Federal Programs

TK Dunbar, Director of Special Education Assessment and Compliance

Andrea Sellers, Director of Special Education Psychological Services

Tammy Takeda, Director of Special Education Curriculum and Instruction

### **Supervision Agenda**

Date:

Start Time:

End Time:

Psychological Evaluation #1:

Psychological Evaluation #2:

Psychological Evaluation #3:

Neuropsychological Evaluation #1:

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Neuropsychological Evaluation #2:

Neuropsychological Evaluation #3:

Functional Behavioral Assessment (General):

Functional Behavioral Assessment (Special):

Intellectual Disability:

Autism Spectrum Disorder/Developmental Delay:

Early Childhood/Pre-Kindergarten:

Meetings/Staffings #1:

Meetings/Staffings #2:

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Meetings/Staffings #3:

Meetings/Staffings #4:



Meetings/Staffings #5:

Meetings/Staffings #6:

Behavior Intervention/Behavior Management Plan (General):

Behavior Intervention/Behavior Management Plan (Special):

Group Therapy (General):

Group Therapy (Special):

Individual Therapy (General):

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Individual Therapy (Special):

Individual Therapy (General or Special):

Crisis Intervention:

Pre-Referral/District Problem Solving Team #1:

Pre-Referral/District Problem Solving Team #2:

Pre-Referral/District Problem Solving Team #3:

Pre-Referral/District Problem Solving Team #4:

Teacher Consultation #1:

Teacher Consultation #2:

---

Teacher Consultation #3:

Parent Consultation #1:

Parent Consultation #2:

Parent Consultation #3:

Parent Consultation #4:

Training #1:

Training #2:

Praxis II Exam:

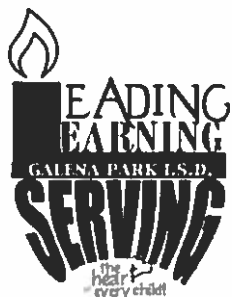
Other:

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Ima Sample  
School Psychology Intern

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Supervisor  
Licensed Specialist in School Psychology  
Licensed Psychologist with Health Service Provider



## Galena Park Independent School District

14705 Woodforest Blvd., Houston, TX 77015 832-386-1080

Dr. Wanda Giacona, Executive Director of Federal Programs

TK Dunbar, Director of Special Education Assessment and Compliance

Andrea Sellers, Director of Special Education Psychological Services

Tammy Takeda, Director of Special Education Curriculum and Instruction

**Confidential**  
**Psychological Evaluation**  
**Date of Report: 05-04-2017**

<b>Name:</b>	A---- H----	<b>ID#</b>	XXXXXX
<b>Date of Birth:</b>	04/15/2002	<b>Grade:</b>	9 <sup>th</sup>
<b>Gender:</b>	Female	<b>Age:</b>	15
<b>School:</b>	N---- S---- C----		

**Report Written/Compiled By: Ima Sample, School Psychology Intern**

**NOTE:** The contents of this report is confidential and should only be used for educational purposes and/or for the provision of health-related services. The narrative in each section is an integrated summary based on information obtained from a review of school and medical records, parent and teacher checklists, parent and teacher interviews, a health screening from the school nurse, behavioral observations, parent and teacher rating scales, work samples, and results from measures that were administered to A---- in a one-on-one setting using standardized procedures. All scores from individually administered measures and parent and teacher rating scales are available for reference in the attached addendum.

**REASON FOR REFERRAL:** A---- was referred for a psychological evaluation to determine her current level of functioning and to determine if she qualifies for Special Education Services.

**REVIEW OF RECORDS:** A---- attended elementary school in H----- Independent School District at R-- H-----. In 6<sup>th</sup> and 7<sup>th</sup> grade, she attended K--- V-----. No academic records were received from R-- H----- or K--- V----- in enough time for them to be considered in this evaluation. In 8<sup>th</sup> grade, A---- was enrolled in the T---- V----- A-----, a home school self-paced program. Her final grades were passing in all subjects and ranged from 78 to 88. She met the passing standard for the 8<sup>th</sup> grade STAAR Test in Reading; no passing standard was established for STAAR Math.

A---- is currently a 9<sup>th</sup> grader; she is enrolled at the N---- S---- C-----. Her current grades are: English - 95, Algebra - 73, World Geography - 90, Biology - 75, Theatre - 97, and Agriculture - 95. A---- has met the standard for district assessments in the following areas: World Geography.

Social Studies, Algebra, and Biology. She has not met the standard for English. For campus assessments, A---- has not consistently met the standard in writing, math, or science.

A---- was diagnosed with **Attention Deficit Hyperactivity Disorder (ADHD)** and **Unspecified Depressive Disorder** by Dr. M----- R----- at L----- Community Health in August 2015. She currently receives accommodations and services under Section 504 for ADHD. She is provided preferential seating to minimize distractions, frequent reminders to stay on task, small group testing, and extended time on assignments and tests, including state assessments. She is given the opportunity to repeat directions back to her teachers as a way of checking for understanding. In addition, her teachers break her assignments down into more manageable chunks. Her classroom teachers, 504 coordinator, and school nurse are responsible for the implementation and monitoring of these accommodations. After A---- was diagnosed with ADHD, her mother requested a Full and Individual Evaluation.

**CLASSROOM OBSERVATIONS:** A---- was observed in her English classroom and during a passing period. The behaviors observed were consistent with those reported by her mother and teachers. In her English class, A--- engaged in on-task behaviors (e.g., responding to the teacher, working on written assignments) about half of the observation period (BASC-3 SOS). She engaged in some inattentive behaviors (10%) and inappropriate movements (3.3%). For example, during independent work time, she engaged in off-task conversation with her peers. Her off-task behaviors were not be seen as a concern, for these behaviors were also seen in the majority of students in the classroom. During passing periods, A---- looked happy (e.g., smiling and laughing) and was seen talking to her peers. Similar to in the classroom, the behaviors observed during passing periods were similar to those of other students in the hallway.

**BEHAVIORAL OBSERVATIONS:** A---- was evaluated over two sessions with minimal breaks. Conditions for these sessions were considered to be adequate (i.e., quiet room with minimal distractions). Rapport was established easily and maintained throughout the two sessions. At the time of each session, A---- appeared oriented to person, place, date, and time of day. She denied being in any pain at the start of each session. There was no evidence of visual or auditory hallucinations. Mood was generally positive; she denied suicidal or homicidal ideation. She was cooperative throughout the testing sessions. Her insight and judgment appeared to be appropriate for her age.

During the two testing sessions, the level of effort A---- put forth varied across tasks (TOMM); she often needed to be reminded to try her best during the evaluation. Thus, while the information gathered can be considered reflective of A----'s current level of functioning, the results were interpreted with caution.

**SOCIOLOGICAL:** A---- lives with her mother and younger brother. A----'s brother also has been diagnosed with ADHD. Ms. M----- reported that A----'s biological father was diagnosed with Obsessive Compulsive Disorder and historically has had a lot of anxiety. Further, she reported that maternal family history is significant for Bipolar Disorder (grandmother) and intellectual disability (uncle). No other significant family medical or mental health history was reported.

Records indicate that A---- has regularly attended school since she started Kindergarten; no excessive tardies or absences were reported. When A---- is not in school, she likes to listen to music, dance, and hang out with friends. At church, A---- helps with video production and different media tasks. She reports that she likes being alone sometimes, even though she has lots of friends. Ms. M----- reports that A---- sometimes feels stressed or sad, but to a degree that seems typical for a teenager. She reports A---- is generally very happy. No current sociological stressors were reported.

**PHYSICAL/HEALTH HISTORY:** Ms. M----- reported some complications during her pregnancy; she had bronchitis at the time of delivery. Still, her doctors explained that the complications would not impact A----'s development. Language and motor milestones were achieved within normal intervals. No significant illnesses, surgeries, falls, or injuries were reported. A----'s hearing is within normal limits; she wears corrective lenses. A---- is currently taking medication to manage symptoms of ADHD: **Methylphenidate** (1x/daily in the morning) and **Dexmethylphenidate** (1x/daily in the afternoon). Based on current information, gross and fine motor skills are adequate for completing written work at school and for accessing the regular physical education program.

**LANGUAGE:** A----'s home language survey indicates that her primary language is English. According to A----'s teachers, A---- has some problems expressing herself in the classroom and can be timid to respond. When asked about A----'s receptive language skills, they reported that A---- can follow oral instructions; however, she is easily distracted and needs frequent reminders and redirection. She can comprehend and remember information across time that she heard during classroom discussions. Results indicate that A----'s ability to express herself in words is limited when compared to her peers (EVT-2). She would benefit from being given additional time to develop and rehearse her answers before being expected to speak in front of a large group.

**COGNITIVE/INTELLECTUAL:** Results indicate that when A---- puts forth adequate effort her general ability is adequate for making academic progress (WISC-V VCI). A---- can learn new things with frequent repetition (WISC-V, CVLT-C). In order for A---- to learn in a classroom setting, the amount of information presented should be frequently reviewed, and the information should be presented in a way that makes it meaningful and relevant for A----. If A---- does not find the information interesting, or if she thinks the task is boring, she will stop paying attention and will not retain the information. As long as she is focused and is attending to instruction, she can recall the same amount of information as her non-disabled peers. Therefore, teachers should frequently check in with A---- to monitor her understanding of new information and given instructions.

Overall, results indicate that it is not A----'s cognitive abilities that are impairing her ability to learn new information. Rather, it is inconsistent levels of effort that cause her rate of learning to be inconsistent over time. Thus, A---- should be expected to learn at the same rate as her non-disabled peers, but in order for her to do that, she will need to develop strategies for improving her ability to focus and sustain her attention.

**ADAPTIVE BEHAVIOR:** A---- takes care of her basic needs (e.g. toileting, bathing, dressing, and brushing teeth) without assistance. At home, A---- is able to find or make herself a snack. She can cook, clean, and perform a variety of household tasks without assistance. Both Ms. M--- and A---- denied any problems with or recent changes in sleep or appetite. Additionally, Ms. M----- states that A---- has a high level of safety awareness. Overall, A---- demonstrates adaptive behaviors that are appropriate for her age and no areas of concern were reported by her mother or teachers.

**ACADEMIC ACHIEVEMENT:** Results are consistent with A----'s grades and her overall intellectual functioning. A---- has acquired the same level of academic skills as her same age non-disabled peers, but she struggles to maintain a consistent level of effort and attention over time when completing academic tasks.

In the area of reading, A----'s skills fall at grade level standards. She can identify new and unfamiliar words. She can read a passage, understand the content, and recall information from the passage, so long as she is focused and putting forth adequate effort (WJ-IV PC & RR). When she does not put forth adequate effort, she is less likely to use the strategies she has learned in English class, strategies that help her recall information and answer questions correctly. In these instances, A----'s performance can look significantly more impaired than it actually is (KTEA-3 – RC). In the area of written language, A-----'s performance was consistent with work samples and reports from her teacher; she can spell and write at a level that is consistent with her age and grade level.

A----'s ability in the area of math also meets grade level standards; however, she does not always use age and grade appropriate strategies when solving more complex math problems (e.g., multi-step problems). This finding is consistent with statements made by her math teacher, who reported "it often is like [A----] missed out on the math instruction needed to do advanced math." As a result, "A---- is capable but does not understand algebra." These observations are likely true, and given the fact that A---- completed a self-paced home school math program for her eighth grade year, it is likely that her eighth grade math program did not have the necessary rigor to prepare her for what is expected of her in her 9<sup>th</sup> grade Algebra class. Therefore, A---- would benefit from academic interventions that target the more advanced math skills needed to solve complex math problems. Such academic interventions would be consistent with those interventions offered at the Tier 2 level in a multi-tiered academic response-to-intervention program.

**EMOTIONAL/BEHAVIORAL:** Results of rating scales completed by A----, her mother, and her teachers (BASC-3) indicate that A---- is generally well-behaved. Ms. M----- reported significant problems with attention. She also reported that A---- often talks to herself, even in the presence of other people, is overly suspicious of others, and often appears confused or out of touch with what is going on around her. Similar reports were made by both her teachers. They reported that A---- is at risk for learning problems, particularly in math. In addition, they reported there are times when A---- has trouble sitting still and remaining in her seat.

A----'s responses indicate that, while she has many friends, she does not particularly enjoy interacting with peers and often finds them "boring." She has a tendency to get upset and overreact in response to common stressors and events. It is important for adults working with A---- to know she tends to be more sensitive when faced with adversity, and to acknowledge her feelings by providing her with additional support, but to avoid expressions of assurance, pity, or sympathy. Such reactions could reinforce her emotional outbursts, making them more likely to occur. Ultimately, the goal should be for A---- to develop the skills to handle challenging situations on her own.

If A---- continues along her current developmental trajectory, this sensitivity may lead her to develop unrealistic expectations for herself and others. She may continue to have overly dramatic or eccentric reactions to daily stressors and events later on in life. Further, her discomfort with social relationships could lead to social and interpersonal deficits that persist into adulthood. Her strange and unusual behaviors could develop into atypical beliefs, odd thinking and speech, suspiciousness, inappropriate affect, odd/eccentric behavior, lack of close friends, and excessive social anxiety. Since A----, her mother, and her teachers report several strange and unusual behaviors, as well as emotional reactivity in response to difficult tasks, A----'s behavioral and emotional functioning should be closely monitored. It is important that A---- consider participation in individual or group counseling to help her develop strategies for coping with stressful situations.

**ASSISTIVE TECHNOLOGY:** Assistive technology refers to specialized equipment needed in the school setting for an individual with a disabling condition to access and benefit from his/her individualized educational plan. Assistive technology is not needed at this time.

**RELATED SERVICES:** Related services is the term used for services that are non-academic in nature that a child receiving special education services requires in order to benefit from his/her individualized educational plan. Related services are not needed at this time.

**DIAGNOSTIC IMPRESSIONS:** Results indicate that A---- is just as capable as her same age peers, when she puts forth adequate effort. The level of effort she puts forth across tasks tends to vary, so her performance across tasks varies. This variability in effort is often seen in students who have a history of inattention. Academically, she met grade level expectations in reading and written language. Her weakest subject is math. Her difficulties in 9<sup>th</sup> grade math are largely due to a lack of exposure to the background knowledge necessary for successful performance in Algebra. With tutoring and additional practice, it is expected that her performance in math will improve.

With regard to A----'s history of depressive symptoms, these symptoms continue to persist, but not to a degree that is chronic and causing significant impairment. In general, A---- appears as happy as her same age peers. It is only when she is faced with a challenging or stressful situation that she is likely to show any depressive symptoms. Although these symptoms are not occurring to a degree warranting a formal diagnosis, they should continue to be monitored within the context of individual or group counseling. At this time, A----'s developmental and medical history and the results of this evaluation indicate that she meets the diagnostic criteria for



**Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Presentation (DSM-5: 314.00; ICD-10-CM F90.0).**

**RECOMMENDATIONS:** Given the results of the evaluation, the following recommendations are indicated.

**General:**

- Determination of eligibility for special education and related services is the responsibility of the Admission, Review, and Dismissal Committee. Please refer to the ARD Committee Report for documentation of the ARD Committee decision.
- It is recommended that Ms. M----- share this report with Dr. M----- R----- at L----- Community Health.

**Instructional:**

- A----'s current accommodations provided under 504 should be maintained
  - preferential seating to minimize distractions, frequent reminders to stay on task, repeat directions back to the teacher, checks for understanding, work is broken into manageable chunks, small group testing, and extended time on assignments and tests including state testing
- In classes in which there is a lot of class discussion, A---- would benefit from being given time to develop and rehearse her answers before being expected to speak in front of a large group.

**Academic:**

- A---- would benefit from academic interventions that target advanced academic skills for math and reading. Possible interventions include:
  - Math – Cover, copy, compare; peer tutoring in math computation with constant time delay; math computation: promote mastery of math facts through incremental rehearsal
  - Reading – Advanced Story Map; Ask-Read-Tell; Main-Idea Maps
- A---- should attend in-school or after-school tutorials to support her learning
- A---- would benefit from learning different strategies to promote self-regulated learning. Some possible strategies include: self-monitoring; using an agenda; strategic note taking; goal setting
- A---- would benefit from continued academic instruction over the summer to maintain and build upon her current academic abilities

**Emotional/Behavioral:**

- A---- would benefit from counseling services to help her develop the strategies and problem solving skills needed for managing daily stressors.

**FEEDBACK:** The results of this evaluation were shared with A----'s mother during a feedback session on 05/02/2016; she expressed agreement with and understanding of the findings and recommendations of this report. In addition, the findings and recommendations were shared with A-----'s teachers on 05/03/2016. They were provided with the supplemental materials

needed to implement the academic interventions specified in this report. A----'s teachers expressed agreement with and understanding of the contents of this report. At this time, there does not appear to be a need for follow-up services; however, A----'s mother and teachers are welcome to request additional assistance by calling XXX-XXX-XXXX.

#### **ASSURANCES:**

\_\_\_\_\_ The multidisciplinary team assures that the testing, evaluation materials, and procedures used for the purposes of evaluation were selected and administered so as not to be racially or culturally discriminatory.

\_\_\_\_\_ The multidisciplinary team assures that the tests and other evaluation materials were administered by trained persons in conformance with the instructions provided by their procedures.

\_\_\_\_\_ The multidisciplinary team assures that tests and other evaluation materials used to assess the student are provided and administered in the student's native language or other mode of communication, unless it is clearly not feasible to do so.

\_\_\_\_\_ The multidisciplinary team assures that materials and procedures used to assess the student with limited English proficiency are selected and administered in the student's native language or other mode of communication, unless it is clearly not feasible to do so.

\_\_\_\_\_ The multidisciplinary team assures that materials and procedures used to assess the student with limited English Proficiency are selected and administered to ensure that they measure the extent to which the student has a disability condition and needs special education rather than measuring the student's English language skills.

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Ima Sample  
School Psychology Intern

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Supervisor  
Licensed Specialist in School Psychology  
Licensed Psychologist with Health Service Provider

## ADDENDUM

These scores are for confidential and professional use only. They should only be reviewed by someone with the appropriate training and credentials. Such individuals include: educational diagnosticians, speech language pathologists, licensed specialists in school psychology, and licensed psychologists. School psychology practicum students, interns, and trainees may review them, but only under the supervision of a licensed specialist in school psychology. The scores should never be considered in isolation of the preceding integrated narrative report.

The following interpretive guidelines are for provisional consideration only.

Standard Score ( $M = 100$ ,  $SD = 15$ ); Score  $\leq 80$  indicates potential impairment.

Scaled score ( $M = 10$ ,  $SD = 3$ ); Score  $\leq 6$  indicates potential impairment.

Percentile score; Score  $\leq 10$  indicates potential impairment.

$z$  score ( $M = 0$ ,  $SD = 1$ ); Score  $\leq -1.33$  indicates potential impairment, except when marked \*, where higher scores ( $z \geq 1.33$ ) indicate potentially greater pathology.

$T$  score ( $M = 50$ ,  $SD = 10$ ); Score  $\geq 63$  indicates potential impairment, except when marked \*, where higher scores ( $T \leq 37$ ) indicate potentially greater pathology.

Test	Standard Score	Percentile Rank	Confidence Interval (95%)
Peabody Picture Vocabulary Test, Fourth Edition (PPVT-4) 04/15/2017	82	12	79-89
Expressive Vocabulary Test, Second Edition (EVT-2) 04/15/2017	71	3	65-80

### Wechsler Intelligence Scale for Children—Fifth Edition (WISC-V)— 04/15/2017

Composite Scores	Standard Score	Percentile Rank	Confidence Interval (95%)
Full Scale IQ (FSIQ)	74	4	69-81
General Ability Index (GAI)	78	7	73-85
Nonverbal Index (NVI)	69	2	64-77
Verbal Comprehension Index (VCI)	89	23	82-90
Visual Spatial Index (VSI)	78	7	72-87
Fluid Reasoning Index (FRI)	74	4	69-83
Working Memory Index (WMI)	62	1	57-73
Auditory Working Memory Index (AWMI)	78	7	72-87

Processing Speed Index (PSI)	75	5	69-87
Cognitive Proficiency Index (CPI)	62	1	57-72

VCI Subtests	Scaled Score	VSI Subtests	Scaled Score	PSI Subtests	Scaled Score
Similarities (SI)	9	Block Design (BD)	7	Coding (CD)	7
Vocabulary (VO)	7	Visual Puzzles (VP)	5	Symbol Search (SS)	4
FRI Subtests	Scaled Score	WMI Subtests	Scaled Score		
Matrix Reasoning (MR)	6	Digit Span (DS)	3		
Figure Weights (FW)	5	Picture Span (PS)	3		
		Letter-Number Sequencing (LNS)	9		

#### California Verbal Learning Test-Children's Version—04/15/2017

Level of Recall and Contrast Scores	Raw Score	T-score
List A Total Trials 1-5 (TT1-5)	39	33
Level of Recall and Contrast Scores	Raw Score	z-score
List A Trial 1 Free Recall (LA1FR)	6	-0.5
List A Trial 5 Free Recall (LA5FR)	11	-0.5
List B Free Recall (LBFR)	6	-0.5
Level of Recall and Contrast Scores	Percentage Change	
List B Free Recall vs. List A Trial 1 Free Recall (LBLA1Con)	0.0	
Level of Recall and Contrast Scores	Raw Score	z-score
List A Short-Delay Free Recall (LASDFR)	8	-1.5
Level of Recall and Contrast Scores	Percentage Change	
Short-Delay Free Recall vs. List A Trial 5 (LASDFR-LA5Con)	-27.3	
Level of Recall and Contrast Scores	Raw Score	z-score
List A Short-Delay Cued Recall (LASDCR)	10	-0.5
List A Long-Delay Free Recall (LALDFR)	9	-1.0
Level of Recall and Contrast Scores	Percentage Change	
Long-Delay Free Recall vs. Short-Delay Free Recall (LDFR-SDFRCon)	12.5	
Level of Recall and Contrast Scores	Raw Score	z-score
List A Long-Delay Cued Recall (LALDCR)	9	-1.0
Learning Characteristics, List A Trials 1-5	Raw Score	z-score
Semantic-Cluster Ratio (Observed/Expected) (SemCR)	1.1	-1.0

Serial-Cluster Ratio (Observed/Expected) (SerCR)	1.2	-1.0
Percent of Total Recall from: Primacy Region (PRIM)	23	-1.0
Percent of Total Recall from: Middle Region (MID)	46	0.5
Percent of Total Recall from: Recency Region (REC)	31	0.5
Learning Slope (LS)	1.0	-1.0
Percent Recall Consistency (PRC)	50	-3.0
<b>Recall Errors</b>	<b>Raw Score</b>	<b>z-score</b>
Perseverations (Free and Cued Recall Total) (PERS)	2	-0.5
Free-Recall Intrusions (Total) (FRI)	0	-0.5
Cued-Recall Intrusions (Total) (CRI)	0	-0.5
Intrusions (Free and Cued Recall Total) (INTR)	0	-0.5
<b>Recognition Measures and Contrast Score</b>	<b>Raw Score</b>	<b>z-score</b>
Correct Recognition Hits (CRecogHITS)	14	0
Discriminability (DISC)	97.78	0
<b>Recognition Measures and Contrast Score</b>	<b>Difference Score</b>	
Recognition Discriminability vs. Long-Delay Free Recall (DISC-LDFRCon)	1.0	
<b>Recognition Measures and Contrast Score</b>	<b>Raw Score</b>	<b>z-score</b>
False Positives (Total) (FALSPOS)	0	-0.5
*Response Bias (RESPBIAS)	0.00	0.0

**Kaufman Test of Educational Achievement, Third Edition (KTEA-3)—04/15/2017**

<b>Cluster</b>	<b>Standard Score</b>	<b>Percentile Rank</b>	<b>Confidence Interval (95%)</b>
Reading	63	1	56-70
Reading Understanding	60	.4	52-68
Comprehension	52	.1	44-60
Expression	87	19	78-95
Math	76	5	72-80
Written Language	102	55	95-109

<b>Subtest</b>	<b>Standard Score</b>	<b>Percentile Rank</b>	<b>Confidence Interval (95%)</b>
Letter and Word Recognition	90	25	65-77
Reading Comprehension	40	<0.1	28-52
Reading Vocabulary	83	13	75-91
Listening Comprehension	69	2	60-78
Oral Expression	74	4	62-86
Math Concepts and Applications	72	3	68-78
Math Computation	82	12	77-87
Written Expression	105	63	94-116
Spelling	101	53	95-107

**Woodcock Johnson Fourth Edition – Tests of Achievement—04/27/2017**

<b>Cluster</b>	<b>Standard Score</b>	<b>Percentile Rank</b>	<b>Confidence Interval (95%)</b>
Reading Comprehension	86	74	78-94
<b>Subtest</b>	<b>Standard Score</b>	<b>Percentile Rank</b>	<b>Confidence Interval (95%)</b>
Passage Comprehension	82	54	72-92
Reading Recall	96	87	88-104

**Behavior Assessment System for Children—Third Edition**

<b>Composite</b>	<b>Parent T Score 04/18/2017</b>	<b>Teacher 1 T Score 04/22/2017</b>	<b>Teacher 2 T Score 04/21/2017</b>	<b>Self-Report T Score 04/17/2017</b>
Externalizing Problems	55	65	46	46
Internalizing Problems	54	44	58	75
Emotional Symptoms Index	-	-	-	64
School Problems	-	66	66	-
Behavioral Symptoms Index	57	58	58	-
*Adaptive Skills	50	41	37	-
*Interpersonal Relations	-	-	-	31

<b>Scale</b>	<b>Parent T Score 04/18/2017</b>	<b>Teacher 1 T Score 04/22/2017</b>	<b>Teacher 2 T Score 04/21/2017</b>	<b>Self-Report T Score 04/17/2017</b>
Hyperactivity	58	84	49	69
Aggression	54	53	43	-
Conduct Problems	52	55	48	-
Anxiety	54	43	60	61
Depression	54	43	53	77
Somatization	53	49	58	53
Atypicality	59	44	73	81
Withdrawal	50	44	63	-
Attention Problems	62	71	60	57
Learning Problems	-	59	71	-
Attitude to School	-	-	-	40
Attitude to Teachers	-	-	-	53
Social Stress	-	-	-	79
*Adaptability	45	38	42	-
*Social Skills	56	41	39	-
*Leadership	55	44	38	-
*Activities of Daily Living	43	-	-	-
*Study Skills	-	40	40	-
*Functional Communication	49	48	33	-

**BASC-3 Student Observation System**

<b>Duration of Observation: 15 minutes</b>	<b>English Class—04/8/2017 Beginning Time—9:55 Ending Time—10:10</b>
<b>Adaptive Behaviors</b>	<b>Percentage of Time</b>
Response to Teacher/Lesson	26.7
Peer Interaction	33.3
Work on School Subjects	23.3
Transition Movement	3.3
<b>Problem Behaviors</b>	<b>Percentage of Time</b>
Inappropriate Movement	3.3
Inattention	10
Inappropriate Vocalization	0
Somatization	0
Repetitive Motor Movements	0
Aggression	0
Self-Injurious Behavior	0
Inappropriate Sexual Behavior	0
Bowel/Bladder Problems	0

**Galena Park Independent School District  
Psychological Services**

**Session Notes**

**Student Name:** Ima Sample  
**School:** Cimarron Elementary  
**Date of Session:** 10/9/2016  
**Start Time:** 9:35  
**Type of Session:** Consult (Academic)  
**Session Number:** 6

**Teacher:** Karen Smith  
**Grade:** 3  
**End Time:** 10:25

**Goal/Objective Addressed in Session:** Ima will be able to make predictions while reading, as evidenced by a grade of 70% on weekly quizzes.

**Description of Activity:** Ima's most recent quiz grade was a 60. He continues to struggle with making predictions when reading about a situation that he has not directly experienced. I encouraged Ms. Smith to preview the weekly quiz before giving it to Ima and provide Ima with any necessary background information before he must complete the quiz on his own.

**Impressions:** With the strategies Ms. Smith has been using with Ima, his ability to make predictions has improved (Pre-Test: 15%; Present Level of Performance: 60%). At this point, his performance is impacted by prior knowledge.

**Plan for Next Session:** Meet with Ms. Smith in one week to review Ima's performance on this week's quiz. Given his present level of performance, start to prepare for termination of services.

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School Psychology Intern

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Licensed Psychologist with Health Service Provider

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**Galena Park Independent School District  
Psychological Services**

**Session Notes**

**Student Name:** Ima Sample

**School:** North Shore Senior High School

**Date of Session:** 04/30/2015

**Start Time:** 2:00

**End Time:** 2:30

**Type of Session:** Individual Therapy

**Session Number:** 3

**Goal/Objective Addressed in Session:** To decrease socially inappropriate behaviors, such as “flipping off” others

**Description of Activity:** Ima reported that in the last week he had only flipped off one person. We discussed the antecedents and consequences of the behavior. Ima reported that the person questioned his competence as a quarterback, he got angry, and flipped him off. I discussed some alternative responses that Ima could use in the future, such as offering refuting evidence or simply walking away, and we role played these alternative responses.

**Impressions:** Ima was receptive to some alternative strategies but also demonstrates arrogance and an inflated sense of self. These personality traits are impeding his progress and will need to be addressed in future sessions once rapport is more established.

**Plan for Next Session:** Continue to practice and role play alternative responses to confrontation and criticism

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**Galena Park Independent School District  
Psychological Services**

**Session Notes**

**Student Name:** Ima Sample

**School:** Normandy Crossing Elementary

**Date of Session:** 9/11/2014

**Start Time:** 9:30

**End Time:** 10:00

**Type of Session:** Group Therapy

**Session Number:** 2

**Goal/Objective Addressed in Session:** To increase listening and turn taking during social interactions

**Description of Activity:** Ima was seen in a group with three other students. While playing a board game, Ima initially had trouble waiting his turn. When given another activity to do between turns (counting the spaces the individual could move), his ability to wait improved. In addition, during the second group activity he responded positively to pre-correction.

**Impressions:** Ima wants to interact with other students appropriately. His teachers will want to consider using pre-correction to prevent difficulties waiting his turn before they occur.

**Plan for Next Session:** Continue to incorporate group activities into sessions that require Ima to learn strategies to help him take his turn.

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