

Scheme for the Commissioning of Psychological Assessments (SCPA)

CERTIFICATION OF COMPLETION OF ASSESSMENT

(Completed original only to be sent)

NOTE - ONE CERTIFICATION OF COMPLETION OF ASSESSMENT FORM (FORM 3) SHOULD BE COMPLETED FOR EACH STUDENT

School Details (to be completed by the principal/teacher)

School Name:	<input type="text"/>	School Roll No.	<input type="text"/>
School Email:	<input type="text"/>	School Phone No.	<input type="text"/>
<input type="text"/>			

School Address:

Assessment Details (to be completed by the SCPA psychologist)

Initials of Student:	<input type="text"/>	Student's Date of Birth:	<input type="text"/>
	<input type="text"/>	Date Psych. Report sent to Parent(s) & School:	<input type="text"/>
Date of Assessment:	<input type="text"/>		

Name of SCPA
Psychologist:

Psych.
Ph. No:

SCPA
Psychologist's
Address:
(Please PRINT)

Psychologist's Checklist

1.	I worked within my area of competence at all times, and conducted the assessment with reasonable care and diligence.
2.	I personally carried out every component of this assessment, including all associated tasks and activities.
3.	I conducted the assessment in the student's school, during school hours. or Due to exceptional circumstances and with the consent of the local NEPS Regional Director, I carried out the assessment off the school premises.
4.	I complied with current circulars and documents relevant to special educational needs, emanating from the NEPS/DES and the National Council for Special Education (NCSE).
5.	I supplied my own appropriate, up-to-date test materials and met my other expenses out of the fee for the assessment.
6.	I ensured, before meeting a student, that I had a copy of the Consent Form (Form 1) and of the Referral Form completed by the school (Form 2).
7.	I reviewed previous reports and relevant school records on this student. I administered individual tests of cognitive potential and of attainments and appropriate behavioural check-lists as necessary. I engaged in classroom or playground observation as required.
8.	I understand that the NEPS/DES expect that it takes most of a school day to complete an assessment under this scheme, although in rare circumstances it may be possible for a SCPA psychologist to complete two assessments over the course of a full day.
9.	I met with the student's parents/guardians and teachers to provide verbal feedback on the assessment outcome, explaining findings and their implications.
10.	I provided, within one calendar month, a psychological report with recommendations for the parents/guardians and the school, bearing in mind that the style, content and format of the report should be appropriate for the recipients and in line with NEPS requirements.
11.	I submitted a completed and signed original copy of Form 3 to the principal, accompanied by a copy of the assessment report.

I certify that, in respect of my assessment of _____ (Student's Initials), on _____ (date), I have completed each stage of the process as outlined above, and I have fully complied with the

terms and conditions of the Scheme for Commissioning of Psychological Assessment (SCPA), which are summarised in the steps above.

I accept that payment for this assessment must be made from SCPA funds exclusively and I certify that I have neither sought nor received payment from any other source. In the course of my work I obtained personal data on this student, which I used for the purposes of this assessment and report only. I will hold these data in accordance with the requirements of the Data Protection Acts.

Signed: _____ (Psychologist) Date: _____

Original signatures only – no photocopies

School Principal's Checklist

1.	The student requiring individual psychological assessment was selected in accordance with the document 'SCPA: Guidelines for Schools – 2020/2021'.
2.	I, or a designated teacher, arranged a meeting with the student's parents or legal guardians, during which the reasons for the assessment were discussed and each section of the Consent Form (Form 1) was explained. The parents/guardians then gave their written consent for the assessment.
3.	I, or a designated teacher, informed the parents/guardians in advance that the charges associated with the assessment carried out under this scheme are met in their entirety by the DES/NEPS.
4.	The Referral Form (Form 2) was completed, with contents fully discussed with parents/guardians.
5.	I, or a designated teacher, commissioned a psychologist from the current SCPA panel to carry out the assessment.
6.	I, or a designated teacher, consulted the parents/guardians about how best to prepare the student for assessment, taking account of his/her age.
7.	I, or a designated teacher, made arrangements for the assessment to be carried out <u>in the school, during school hours</u> , or , due to exceptional circumstances and <u>with the consent of the local NEPS Regional Director</u> , the psychologist carried out the SCPA assessment off the school premises.
8.	I provided the SCPA psychologist with details of the student's Learning Plan (Individual Profile and Learning Programme/School Support Plan or Behaviour Management Plan), as appropriate, and the results of diagnostic and screening tests.
9.	I, or a designated teacher, facilitated arrangements for meetings between the parents/guardians, teachers and the psychologist, as appropriate.
10.	I am including a copy of the psychological report with this Certification of Completion of Assessment Form (Form 3).

I certify that, in respect of the assessment of _____ (student's initials), on _____ (date), that I, or a designated teacher, have complied with the terms and conditions of the Scheme for the Commissioning of Psychological Assessments (SCPA), which are summarised in the steps above.

I certify that _____ (psychologist's name) completed this psychological assessment.

The NEPS/DES expect that it will take most of a school day to complete an assessment under this scheme. In rare circumstances it may be possible for a SCPA psychologist to complete two assessments over the course of a full day but in general it will only be one.

On _____ (date), a copy of the psychological report was received by the parent(s)/guardian(s) and by the school.

Signed: _____ (Principal) Date: _____

Original signatures only – no photocopies

IMPORTANT - To complete the process and to ensure the psychologist receives due payment, the school principal should return the completed **FORM 3 AND A COPY OF THE PSYCHOLOGICAL REPORT** to:

**SCPA Administrator
NEPS
Department of Education and Skills
Floor 2, Block 1
Marlborough Street
Dublin 1**

Telephone enquiries: 01 8892700

Email enquiries: scpa@education.gov.ie

NOTE: THIS FORM (ALL 4 PAGES TOGETHER) MUST BE SIGNED BY THE SCPA PSYCHOLOGIST AND THE SCHOOL PRINCIPAL.

IT MUST BE RECEIVED BY NEPS WITHIN THREE MONTHS OF THE DATE OF THE ASSESSMENT

AND

IT MUST BE ACCOMPANIED BY A SINGLE SIDED COPY OF THE PSYCHOLOGICAL REPORT

FEEDBACK

Please include your observations or suggestions, either in relation to this particular assessment or the overall process, in the section below or on a separate sheet.

