



COMMUNITY LIVING
BRITISH COLUMBIA

CLBC Eligibility Form – Assessor Report

To be completed by a qualifying practitioner: either a psychologist registered with the College of Psychologists of British Columbia (CPBC), or a psychologist certified by the BC Association of School Psychologists (BCASP). The personal information collected on this form will be treated confidentially in compliance with the Freedom of Information and Protection of Privacy Act.

Assessment Summary for:

_____	_____	_____	_____
Last name	First name	Date of Birth (mm/dd/yy)	completed on (mm/dd/yy)

SECTION A – Developmental Disability

I am a psychologist registered with the CPBC or certified by the BCASP, and:

- I have and maintain competency in this area of practice (see Eligibility Q&A for Qualifying Practitioners).

I have assessed the above named individual on _____ and have determined that he/she: **(check one)**

- Does not meet DSM-5 criteria for Intellectual Disability
- Meets DSM-5 criteria for Intellectual Disability, including:
 - Significantly impaired intellectual functioning with an IQ score of 70 or below (allowing for measurement error of +/-5)
 - Impaired adaptive functioning due to the impairments in intellectual functioning

PLUS:

- onset of these impairments before the age of 18 years
- Meets DSM-5 criteria for Intellectual Disability with an IQ score of greater than 70 (allowing for measurement error of +/-5). **** Must be reviewed by a CLBC contracted psychologist** (see Eligibility Q&A for Qualifying Practitioners).

Comments _____

Printed name _____

Professional Designation _____

Address _____

Phone _____

Email _____

Signature _____

Registration/Certification number _____

SECTION B – Personalized Supports Initiative (PSI): Assessment of Adaptive Functioning

Individuals who do not meet DSM-5 criteria for Intellectual Disability may be eligible for the Personalized Supports Initiative (PSI). PSI eligibility is based on significant limitations in adaptive functioning and a diagnosis of either Autism Spectrum Disorder (ASD) or Fetal Alcohol Spectrum Disorder (FASD).

I am a psychologist registered with the CPBC or certified by the BCASP, and:

- I have and maintain competency in this area of practice (see Eligibility Q&A for Qualifying Practitioners).

I have assessed the above named individual on _____ using: **(check one)**

- Scales of Independent Behaviour- Revised
- Vineland Adaptive Behaviour Scales
- Adaptive Behaviour Assessment System

I have determined that the Global Composite score on the above measure of adaptive functioning is at least **three standard deviations below the mean:**

- Yes
- No

Comments _____

Printed name _____

Professional Designation _____

Address _____

Phone _____

Email _____

Signature _____

Registration/Certification number _____