

CLBC Eligibility Form – Assessor Report

To be completed by a psychologist registered with the College of Health Care Professionals of BC (CHCPBC) or a school psychologist licensed by the CHCPBC. 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 to	r:			
Last name:	First name:	Birthdate(mm/dd/yy):		Completed on(mm/dd/yy):
SECTION A – Developme	ntal Disability	I		
I am a psychologist registered	d with the CHCPBC or sch	ool psychologist licensed by the	CHCPBC, and	
\square I have and maintain com	petency in this area of p	ractice (see <i>Eligibility Q&A for Qua</i>	alifying Practition	ers).
\square I have assessed the abov	e-named individual on _	and I hav	ve determined th	nat the individual (check one):
☐ Does not meet DSI	M-5 criteria for Intellectu	ual Disability		
☐ Meets DSM-5 crite Intellectual Disabil		ility or meets criteria for the DSN	Л-IV-TR disorder	that was replaced in the DSM-5 by
 Significa 	antly impaired intellectua	al functioning with an IQ score of	f 70 or below (all	owing for measurement error of +/-5)
• Impaire	d adaptive functioning d	ue to the impairments in intelled	tual functioning:	AND
 Onset of 	f these impairments befo	ore the age of 18 years.		
diagnosis must b		l psychologist (not a school psy		g for measurement error of +/-5). This will be reviewed by a CLBC consulting
Comments				
Comments				
Printed name			Professional Designation	
Address	Phone		Email	
Signature	1		Registration/Licence	Number
SECTION B – Personalize	d Supports Initiative	(PSI): Assessment of Adapti	ve Functioning	J
				zed Supports Initiative (PSI). PSI eligibility is sorder (ASD) or Fetal Alcohol Spectrum
I am a psychologist registere	d with the CHCPBC or sc	hool psychologist licensed by th	e CHCPBC, and	
		ractice (see <i>Eligibility Q&A for Qu</i>		ners).
☐ I have assessed the above			check one):	
☐ Scales of Independ	lent Behaviour- Revised			
☐ Vineland Adaptive	Behaviour Scales			
☐ Adaptive Behaviou	r Assessment System			
-	lobal composite score oi No: □	n the above measure of adaptive	e functioning is a	at least three standard deviations below
Comments				
Comments				
Printed name			Professional Designation	
Address	Phone		Email	
ignature		Registration/Licence Number		