COMMUNITY LIVING BRITISH COLUMBIA

Note: This form confirms diagnostic information and is not a CLBC eligibility decision.

CLBC Eligibility Form – Review

To be completed by a psychologist or school psychologist who is a member of the College of Health Care Professionals of British Columbia (CHCPBC). The personal information collected on this form will be treated confidentially in compliance with the *Freedom of Information and Protection of Privacy Act*.

Review Summary for:

Last name:	First name:	Birthdate (mm/dd/yy):	Completed on (mm/dd/yy):

SECTION A – Developmental Disability

I am a psychologist or school psychologist who is a member of the CHCPBC, and

☐ I have and maintain competency in this area of practice

☐ I have reviewed the report(s) of _____ dated _____
Assessor (mm/dd/yy)

_____ dated _____
Assessor (mm/dd/yy)

☐ I confirm that the information in this (these) report(s): **(check one)**

☐ Is not consistent with meeting DSM-5 criteria for Intellectual Disability

☐ Is consistent with meeting DSM-5 criteria for Intellectual Disability or criteria for the DSM-IV-TR disorder that was replaced in the DSM-5 by 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 **AND**
- Onset of these impairments before the age of 18 years

☐ Is consistent with meeting DSM-5 criteria for Intellectual Disability with an IQ score of greater than 70 (allowing for measurement error of +/-5). ****This dx must be made by a psychologist who is a member of the CHCPBC (that is not a school psychologist) and will be reviewed by a CLBC consulting psychologist** (see *Q & As for Psychologists: Updates to CLBC Eligibility Documents*).

Comments			
Comments			
Printed name			Professional Designation
Address	Phone		Email
Signature			License 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 or school psychologist who is a member of the CHCPBC, and

☐ I have and maintain competency in this area of practice.

☐ I have reviewed the report(s) of _____ dated _____
Assessor (mm/dd/yy)

_____ dated _____
Assessor (mm/dd/yy)

The report states that the above named individual was assessed using: **(check one)**

☐ Scales of Independent Behaviour – Revised
☐ Vineland Adaptive Behaviour Scales
☐ Adaptive Behaviour Assessment System

I confirm that the reported global composite score on the above measure of adaptive functioning is at least **three standard deviations below the mean:** Yes: ☐ No: ☐

Comments			
Comments			
Printed name			Professional Designation
Address	Phone		Email
Signature			License Number