

CLBC Eligibility Form — Review

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.

Review Summary for:

Last name	First name	<u>l</u> Date of Birth (mm/dd/y	yy) Completed on (mm/dd/yy)
I am a psych	- Developmental Disability cologist registered with the CPBC or certified by the I have and maintain competency in this area of practice.	BCASP, and: ctice (see Eligibility Q&	A for Qualifying Practitioners).
I have review	ved the report(s) of	dated	
	Assessing psychologist	dated	(mm/dd/yy)
I confirm tha	Assessing psychologist t the information in this (these) report(s): (check on Is not consistent with meeting DSM-5 criteria for Intellect	 е)	(mm/dd/yy)
	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 impairment PLUS: 	nts in intellectual functioni	ing
	onset of these impairments before the age of 18 years.	ears	
	Is consistent with meeting DSM-5 criteria for Intellectual measurement error of +/-5). **Must be reviewed by a Qualifying Practitioners).	Disability with an IQ scores of the IQ score	re of greater than 70 (allowing for blogist (see Eligibility Q&A for
Comments			
Printed name		Professional Designation	
		1	
Address		Phone E	mail
Signature		I Registration/Certification nu	mber
Individuals wh PSI eligibility i Fetal Alcohol I am a psych	- Personalized Supports Initiative (PSI): Assess to do not meet DSM-5 criteria for Intellectual Disability may as based on significant limitations in adaptive functioning as Spectrum Disorder (FASD). tologist registered with the CPBC or certified by the I have and maintain competency in this area of practical the graph of the state of the competency in the state of the competency in the	y be eligible for the Person nd a diagnosis of either Al BCASP, and: ctice (see Eligibility Q&	nalized Supports Initiative (PSI). utism Spectrum Disorder (ASD) or
I have review	ved the report(s) of	dated	(mm/dd/yy)
□ Scales o □ Vineland	Assessing psychologist tates that the above named individual was assessed findependent Behaviour – Revised Adaptive Behaviour Scales Behaviour Assessment System	dated d using: (check one)	(mm/dd/yy)
I confirm tha	t the reported Global Composite score on the above eviations below the mean: Yes No	e measure of adaptive	functioning is at least three
Comments)
Printed name		I Professional Designation	
Address		I I Phone E	mail
		I	
Signature		Registration/Certification number	