



CLBC Eligibility Form – Review

To be completed by a psychologist registered with the College of Health Care Professionals of British Columbia (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*.

Review Summary for:

Last name:	First name:	Birthdate (mm/dd/yy):	Completed on (mm/dd/yy):
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SECTION A – Developmental Disability

I am a psychologist registered with the CHCPBC or a school psychologist licensed by the CHCPBC, and

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

☐ I have reviewed the report(s) of _____ dated _____
Assessing psychologist (mm/dd/yy)
_____ dated _____
Assessing psychologist (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 registered psychologist (not a school psychologist) and will be reviewed by a CLBC consulting psychologist (see *Eligibility Q&A for Qualifying Practitioners*).**

Comments		
Comments		
Printed name		Professional Designation
Address	Phone	Email
Signature		Registration/Licence 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 CHCPBC or a school psychologist licensed by the CHCPBC, and:

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

☐ I have reviewed the report(s) of _____ dated _____
Assessing psychologist (mm/dd/yy)
_____ dated _____
Assessing psychologist (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		Registration/Licence Number