

Scheme for the Commissioning of Psychological Assessments (SCPA)
CERTIFICATION OF COMPLETION OF ASSESSMENT
(Completed original only to be sent)

**NOTE - ONE CERTIFICATION OF COMPLETION OF ASSESSMENT FORM
(FORM 3) SHOULD BE COMPLETED FOR EACH STUDENT**

School Details (to be completed by the principal/teacher)

School Name:

School
Roll No.

School Email:

School
Phone No.

School Address:

Assessment Details: (to be completed by the SCPA Psychologist)

Initials of Student:

Student's Date of
Birth:

Date of Assessment:

Date Psychological Report sent to Parent(s) & School:

Name of SCPA Psychologist:

SCPA Psychologist Phone No:

SCPA Psychologist's Address:

(Please PRINT)

	Psychologist's Checklist	Please circle as appropriate
1.	I carried out this assessment with reasonable care and diligence, and always working within my area of competence.	Y / N
2.	I personally carried out every component of this assessment, including all associated tasks and activities.	Y / N
3.	I complied with current circulars and documents relevant to special educational needs, emanating from the NEPS/Dept. of Education and the National Council for Special Education (NCSE).	Y / N
4.	I supplied my own appropriate, up-to-date test materials and met my other expenses out of the fee for the assessment.	Y / N
5.	I liaised with the parents/guardians before working directly with the student, at the outset ensuring that the previously obtained written parental consent was fully-informed. I then discussed the referral issues with them and gathered appropriate background information	Y / N
6.	I reviewed previous reports and relevant school records on this student. I administered individual tests of cognitive potential and of attainments and appropriate behavioural checklists as necessary. I engaged in classroom or playground observation as required.	Y / N
7.	If it was deemed essential to prorated scores or use an abbreviated assessment, I have provided a clear rationale for this in my report.	Y / N/A
8.	I met with the student's parents/guardians and teachers to provide verbal feedback on the assessment outcome, explaining findings and their implications.	Y / N
9.	I submitted a completed and signed original copy of Form 3 to the principal, accompanied by a copy of the assessment report.	Y / N

I certify that, in respect of my assessment of _____ (Student's Initials), on _____ (date), I have completed each stage of the process as outlined above, and I have fully complied with the terms and conditions of the Scheme for Commissioning of Psychological Assessment (SCPA), which are summarised in the steps above.

I accept that payment for this assessment must be made from SCPA funds exclusively and I certify that I have neither sought nor received payment from any other source. In the course of my work I obtained personal data on this student, which I used for the purposes of this assessment and report only. I will hold these data in accordance with the requirements of the Data Protection Act 2018.

Signed: _____ (Psychologist) Date: _____
Original signatures only – no photocopies

	School Principal's Checklist	Please circle as appropriate
1.	The student, availing of this SCPA psychological assessment, was selected in accordance with the document - SCPA Guidelines for Schools – 2023/2024 , available on the Dept. of Education (DE) website.	Y / N
2.	a) I* arranged a meeting with the student's parents or legal guardians, during which the reasons for the assessment were discussed. b) The Referral Form (Form 2) was completed, and all of the information was discussed with the student's parents/guardians. c) The Consent Form (Form 1) was explained and the parents/guardians gave their written consent for the assessment.	Y / N
3.	I informed the parents/guardians in advance that the charges associated with the assessment carried out under this scheme are met in their entirety by the DE/NEPS .	Y / N
4.	On the basis of a current written sanction for this assessment from NEPS, I commissioned a psychologist from the current SCPA panel to carry out the assessment.	Y / N
5.	I made arrangements for the assessment to be carried out in the school, during school hours .	Y / N
6.	I provided the SCPA psychologist with details of the Student's Support Plan as appropriate, and the results of diagnostic and screening tests.	Y / N
7.	I facilitated arrangements for meetings between the parents/guardians, teachers and the psychologist, as appropriate.	Y / N
8.	I am including a copy of the psychological report with this Certification of Completion of Assessment Form (Form 3).	Y / N

*Note. In the above table, "I" refers to the school principal or a teacher designated to act on his/her behalf.

I certify that, in respect of the assessment of _____ (student's initials), on _____ (date), that I, or a designated teacher, have complied with the terms and conditions of the Scheme for the Commissioning of Psychological Assessments (SCPA), which are summarised in the steps above.

Signed: _____ (Principal) Date: _____

Original signatures only – no photocopies

SCPA Quality Review- Feedback from School

- i. The NEPS/DE expect that it will take most of a school day to complete an assessment under this scheme.
- ii. We expect that the psychological assessment will be completed in a professional manner, with adequate time given to the student, parent(s) and teacher(s).
- iii. We expect that the identified concerns of the parents and teachers will be addressed, and that relevant, useful recommendations will be provided.

I certify that _____ (psychologist's name) completed this psychological assessment and **fulfilled the above expectations**.

On _____ (date), a copy of the psychological report was received by the parent(s)/guardian(s) and by the school.

IMPORTANT- To complete the process and to ensure the psychologist receives due payment, the school principal should return the completed FORM 3 AND A COPY OF THE PSYCHOLOGICAL REPORT to:

**SCPA Administrator
NEPS
Department of Education and Skills
Floor 2, Block 1
Marlborough Street
Dublin 1**

Telephone enquiries: 01 8892700

Email enquiries: scpa@education.gov.ie

NOTE: THIS FORM (**ALL PAGES TOGETHER**) MUST BE SIGNED BY THE SCPA PSYCHOLOGIST AND THE SCHOOL PRINCIPAL.

IT MUST BE RECEIVED BY NEPS WITHIN **THREE MONTHS** OF THE DATE OF THE ASSESSMENT

AND

IT MUST BE ACCOMPANIED BY A SINGLE SIDED COPY OF THE PSYCHOLOGICAL REPORT

FURTHER FEEDBACK

If you have further observations or suggestions, either in relation to this particular assessment or the overall process, please include overleaf or on a separate sheet.

FURTHER FEEDBACK