Association of Independent Schools of the ACT

Nationally Consistent Collection of Data on Students with a Disability

Information Pack

2016
Contents
Introduction .................................................................................................................. 5
Key Dates for 2016 ....................................................................................................... 5
Section One: An Overview ....................................................................................... 6
  What is the Nationally Consistent Collection of Data on School Students with Disability and why do we need it? ................................................................. 6
  The NCCD Model ..................................................................................................... 6
  The definition of disability in the NCCD .................................................................. 6
  Individual teacher judgement .................................................................................. 7
  NCCD Model Diagram ............................................................................................. 7
  Interaction with the National Schools Statistics Collection (NSSC) (including different definitions of ‘student with disability’) ......................................................... 9
  Where does the data go? ......................................................................................... 9
Section 2: Great approaches to produce quality data .............................................. 10
  How to adopt an effective approach to the NCCD .................................................. 10
  Key Activities .......................................................................................................... 11
    Term 1 (Jan – April) .................................................................................................. 11
    Term 2 (May – July) .................................................................................................. 11
    Term 3 (July – Sept) .................................................................................................. 12
    Term 4 (Oct – Dec) .................................................................................................. 12
Section 3: Clarifying the elements .......................................................................... 13
  Understanding the Standards .................................................................................... 13
  eLearning resources to support professional development ...................................... 13
  Understanding the Act and definitions of disability ................................................. 14
  Why are we using this definition? .......................................................................... 14
  Categories of disability ............................................................................................ 15
Section 4: Making it happen in your school ............................................................ 16
  Step 1: is the student being provided with a reasonable adjustment to address a disability? ................................................................. 17
    What constitutes an adjustment? .......................................................................... 17
    What is a “reasonable adjustment”? ...................................................................... 17
    Determining imputed disability ........................................................................... 18
  Consultation .............................................................................................................. 18
  Step 2: what level of adjustment is being provided to the student? ....................... 19
    Support provided within quality differentiated teaching practice ...................... 22
    Supplementary adjustments ............................................................................... 26
    Substantial adjustments ....................................................................................... 30
Extensive adjustments ............................................................................................................. 32
Step 3: what is the broad category of disability? ............................................................... 35
Multiple disabilities ............................................................................................................. 35
Privacy and consent ............................................................................................................. 35
Consent to be included in the NCCD .................................................................................. 36
Do you have evidence to support the student’s inclusion in the data collection? ........... 37
What evidence will need to be gathered? ............................................................................. 37
Step 4: how do you record and submit the data? ............................................................... 39
Section 5: Case Studies ...................................................................................................... 40
Substantial adjustments ...................................................................................................... 40
Support provided within quality differentiated teaching practice: .................................... 41
Supplementary Adjustment ............................................................................................... 45
Substantial Adjustment ..................................................................................................... 49
Extensive Adjustment ....................................................................................................... 55
Section 6: FAQs .................................................................................................................. 60
Section 7: Resources .......................................................................................................... 66
Example Letter for Schools to send to parents ................................................................. 66
Examples of adjustment ..................................................................................................... 67
Curriculum Adjustments ................................................................................................. 67
Health and Personal Care Adjustments .......................................................................... 70
Safety Adjustments .......................................................................................................... 72
Assessment and Reporting Adjustments ....................................................................... 74
Social and Emotional Adjustments ................................................................................. 75
Communication Adjustments ........................................................................................... 77
Learning Environment Adjustments ............................................................................... 79
WA Adjustment Level questions ....................................................................................... 81
Quality teaching strategies ............................................................................................... 81
Supplementary adjustments ............................................................................................... 83
Substantial adjustments ...................................................................................................... 86
Extensive adjustments ....................................................................................................... 88
Providing Your School’s Data to the Nationally Consistent Collection of Data on Students with Disability (NCCD SWD) Non-Government Schools User Guide ................................................. 90
About this Document ...................................................................................................... 95
Collection Overview ....................................................................................................... 97
About the Data Collection ............................................................................................ 98
Appendix A: Preparing to provide your school’s NCCD SWD data using Schools Service Point 101
Introduction

To Support Member Schools in their collection and submission of data for the Nationally Consistent Collection on School Students with disability (NCCD), AISACT has collated the following information which should prove a useful resource in schools.

The office of AISACT remains available to assist staff in schools in working through the requirements of the NCCD.

Andrew Wrigley
Executive Director

Key Dates for 2016

The Minister has determined, under subsection 52(3A) of the Regulation, that approved authorities for both government and non-government schools must provide the information required for the national data collection for 2016 to the department. The reference date for 2016 is 5 August 2016.

Data cannot be submitted to the department prior to the collection’s opening reference date of Friday 5 August 2016.

Schools are to submit their data individually via the School Service Portal (SSP). In the Independent schools Nonsystemic Catholic schools are treated like independent schools for the purpose of the collection.

Schools must provide their data by Friday 23 September 2016.
Section One: An Overview

What is the Nationally Consistent Collection of Data on School Students with Disability and why do we need it?
There is currently no accurate national data set that includes all students with disability. Comprehensive, consistent and national data is necessary to enable governments to target support and resources in schools to help students with disabilities reach their potential. In order to achieve this, the Australian government and all state and territory governments have agreed to collect data annually about students with disability in a nationally consistent way.

The NCCD is a count of the number of students with disability receiving educational adjustments to support their participation in education on the same basis as students without disability.

It has been phased in nationally in selected schools from 2013.

From 2015, every school across Australia is required to take part on an annual basis.

The NCCD Model
The Nationally Consistent Collection of Data on School Students with Disability (NCCD) represents a new approach to understanding students with disability across all Australian schools. The model for the NCCD relies on the professional judgements of teachers about their students. It requires teachers and schools to make evidence-based decisions about:
- students with disability who are receiving reasonable adjustments to access education because of disability, consistent with definitions and obligations under the Disability Discrimination Act 1992 (DDA) and Disability Standards for Education 2005
- the level of adjustment being provided for each student with disability, in both classroom and whole of school contexts
- the broad category of disability the student best falls within.

The definition of disability in the NCCD
The model for the nationally consistent collection of data is based on the existing obligations of all Australian schools under the Disability Discrimination Act 1992 (DDA) and Disability Standards for Education 2005 (the Standards) and draws on the definition of disability in the DDA.

The DDA uses a broad definition of disability in order to provide protection against discrimination for a wide range of people. In addition to an individual with disability, the DDA covers other people, including associates of a person with a disability, people who do not have a disability but who may face disability discrimination in the future, people who are not in fact impaired in functioning but treated as impaired, and people with conditions that may result in impairment such as obesity, mild allergies or physical sensitivities, and those who wear glasses (www.humanrights.gov.au/frequently-asked-questions-who-protected-dda).

The Disability Standards for Education clarify the obligations of schools under the DDA to provide reasonable adjustments for students with disability where required so that they can
Individual teacher judgement

Individual teacher judgement in making these decisions will reflect the school context. Robust school systems and practices will provide principals and teachers with a vehicle to develop and support common understandings in their school about the NCCD and the important role of teachers within it. Robust school processes also support and promote shared and consistent decision making around each of the steps in the national data collection.

This information pack provides guidance about strategies that will support principals and teachers in planning and implementation of the NCCD and in effective and consistent decision making. It does not replace other information available to schools to support the NCCD and should be used in conjunction with information provided on the ESA training website and the Australian Government Department of Education and Training website.

NCCD Model Diagram

Throughout the school year school teams use evidence, including discussions with parents/carers, to inform decisions about the educational adjustments that they make for students with disability.

For this data collection, you should have evidence that shows you have made adjustments or incorporated support within quality differentiated teaching practice for each student. This should cover a minimum period of one school term, or at least 10 weeks, in the 12 months preceding the national data collection.
The National Data Collection Model Diagram

Throughout the school year school teams use evidence, including discussions with parents/careers, to inform decisions about the educational adjustments that they make for students with disability.

For this data collection, you should have evidence that shows you have made adjustments or incorporated support within quality differentiated teaching practice for each student. This should cover a minimum period of one school term, or at least 10 weeks, in the 12 months preceding the national data collection.

Is the student provided with an educational adjustment?

- **YES**
  - Is this educational adjustment to address a disability under the Disability Discrimination Act 1992?
    - **NO**
      - Does the student meet the definition of disability under the Disability Discrimination Act 1992 and is there a functional impact of the student's disability in relation to education?
        - **NO**
          - The school team determine the level of reasonable adjustment being provided, including where appropriate, Support is provided within quality differentiated teaching practice.
          - The school team determines the broad category of disability to be reported in the data collection for the student.
          - The processes and evidence identified by the school team and the level of reasonable adjustment and disability category chosen is approved in accordance with school policy (e.g. by the principal).

  - **YES**
    - The school team determine the level of reasonable adjustment being provided, including where appropriate, Support is provided within quality differentiated teaching practice.

- **NO**
  - The school team determine the level of reasonable adjustment being provided, including where appropriate, Support is provided within quality differentiated teaching practice.

Student data is not included in the collection

Student data is included in the collection

Student data is not included in the collection

---

1. For information about educational adjustments see the resource "Strategies to Support Decision Making".
2. The section on "Do you have evidence to support the student's inclusion in the data collection" has information on the 10 week period.
3. The "level of adjustment provided to the student" descriptors document has information on the four levels of adjustment.
Interaction with the Commonwealth School Census (including different definitions of ‘student with disability’)

The students that are included in the national data collection for a school for 2016 must be from the cohort of students that are counted in that school’s census for 2016.

Information about student numbers from the Commonwealth School Census for non-government schools is used in analysing information provided through the national data collection.

This will mean that, for 2016, two students with disability data collections will be conducted nationally using two different definitions of ‘student with disability’: the Nationally Consistent Collection of Data on School Students with Disability and the Commonwealth School Census.

It is important that schools fully understand the differences between the two criteria/definitions for the two collections.

‘Student with disability’ for the purposes of a school’s census is defined in subsection 16(2) of the Regulation as being a student who meets the requirements of the state or territory in which the school is located, to receive financial assistance in relation to the student being a student with disability (SCAN). Whereas ‘student with disability’ for the purposes of the NCCD means a student provided with a reasonable adjustment to access education because of a disability as defined by the DDA.

As the method of identifying students with disability used in the national data collection is different to the Commonwealth School Census definition, it’s expected that the number of students that will be identified within a given school through the national data collection will be different to those identified in the Commonwealth School Census and/or other data collections that the school may undertake.

Where does the data go?
The data goes to the national collection agency, currently the Australian Government Department of Education and Training. Data is provided to the department in the same manner as a school’s census data.
Section 2: Great approaches to produce quality data

How to adopt an effective approach to the NCCD
Most schools have taken part in the phased national implementation of the NCCD in the last two years. Collectively, schools around Australia have suggested that the following points have assisted in the implementation of the collection in their schools:

1. The principal is responsible for ensuring the implementation of the collection in the school, but a strong, strategic and effective school leadership and executive team that is actively engaged will strengthen the implementation process, support planning, reporting and compliance.

2. The school leadership, executive team and team directly involved in implementing the collection must complete the relevant professional learning and training. This is free and together they take less than a couple of hours to complete. An understanding of the Disability Discrimination Act 1992 (the Act) and the Disability Standards for Education 2005 (the Standards) are essential to understanding the collection model methodology. A whole school approach to professional learning about the Act and Standards as well as regular refresher will help to ensure that all staff remain knowledgeable about their shared responsibilities and accountabilities to students with disability.

3. The collection relies on the professional judgements of teachers about their students, and requires them to make evidence-based decisions about adjustments, consistent with obligations under the Standards. The gathering and analysis of evidence assists in decision making about the inclusion of students in the collection, including the level of adjustment and category of disability for each student.

4. A whole school or school team approach connecting teachers and support staff to the collection and its processes will strengthen the quality of the data. This strategy was used by many schools to moderate in the decision making and maximise value when additional teacher experience, knowledge and understanding of the provision of support for students with disability was needed. Discussing experiences and opinions can provide assurance within a school, within multiple campuses, or within networks of schools that interpretations or applications of the collection model don’t differ significantly. Moderation provides an element of impartiality and ‘quality assurance’ to the process and has the potential to afford a degree of uniformity and reliability, thus providing a level of confidence in the outcomes of the process.

5. Planning information sessions on the NCCD model, levels of adjustment and categories of disability with school staff and linking them to discussions about the provision of quality differentiated teaching can reinforce the value of participation.
Key Activities
The timeframe below provides guidance on how schools can best prepare for completion of the NCCD. The timeframe acknowledges the relationship between learning and support practices and implementation of the NCCD model. Implementing quality learning and support practices places schools in a strong position to complete the NCCD.

Term 1 (Jan – April)
Preparation (may continue into Term 2)

- Identify the staff in the school responsible for implementation of the NCCD (school team).
- School team maintains or builds an understanding of the NCCD and its relationship to personalised learning and support through professional learning and available resources.
- School team ensures that agreed learning and support practices and processes, including evidence of personalised learning and support and its maintenance, are understood by all staff and implemented with consistency across the school. Each school’s evidence will be contextual and reflect the school’s policies and learning and support processes and practices.
- School team consolidates understanding of the Disability Discrimination Act 1992 (DDA) and requirements under the Disability Standards for Education 2005 (the Standards), including by completing professional learning on the DDA and the Standards that is available to the school. Provision is made for new and beginning teachers who may have missed introductory training.
- School team commences discussions and establishes processes for the data collection.
- School team begins communicating with parents, carers and students (where applicable) about the national data collection using the most appropriate and effective communication methods.
- School team starts identifying evidence of reasonable adjustments being provided to meet the learning and support needs of individual students with disability.
- School team reviews documentation provided by AISACT
- School team seeks assistance from AISACT

Term 2 (May – July)
Application of the NCCD model (may continue into Term 3)

- School team refers to available evidence to support the application of the NCCD model around which students will be included and determining the level of adjustment and category of disability. School teams can refer to the NCCD model here The Data Collection Model Diagram.
- School team engages with the data collection tool provided by their education authority or sector.
- Prior to the NCCD submission date, the school team identifies and confirms NCCD information for students with disability.
**Term 3 (July – Sept)**

Monitoring and checking data

- Attend AISACT NCCD Moderation Session
- Check census date and due date for submission of data with AISACT
- School team leads professional discussions to confirm that decision making has been applied consistently e.g. meetings with teachers at the school/with other schools. Discussions and moderation meetings should reference the latest national professional learning material as the primary source.
- School team confirms appropriate notification requirements (to parents/carers) are met before submission of data, where applicable.
- School team enters data into relevant system/tool.
- School principal verifies and confirms NCCD data, backed by evidence held in the school, prior to submission.

**Term 4 (Oct – Dec)**

Process review and reflection

- School team evaluates the application of the NCCD model and how school practices and processes could be improved to facilitate next year’s NCCD. School teams can refer to the Reflection Tool here [Reflection tool](#).
- Key questions for reflection:

  1. What can the school team do to build understanding and knowledge of the DDA, DSE and NCCD within the school? Does the school team need to access additional professional learning or support materials to further develop its (or the school’s) understanding?
  2. What ‘good practices’ has the school team seen from other staff or other schools that the school could adopt in the future?
  3. Are there documents or records that the school team would encourage other school staff to maintain in future that would help their understanding of support provided for students and assist in collating information for the NCCD?
  4. How can the NCCD promote effective teaching and learning practices and ensure that all students that require additional support are provided with reasonable adjustments?
  5. How can the school team build on the evidence collected this year to make next year’s collection easier?
Section 3: Clarifying the elements

Understanding the Standards
The Disability Standards for Education (the Standards) came into effect on 18 August 2005. The Standards seek to ensure that students with disability can access and participate in education on the same basis as other students.

This means that a student with disability must have opportunities and choices that are comparable with those offered to students without disability. This applies to:

1. admission or enrolment in an institution,
2. participation in courses or programs and
3. use of facilities and services.

The Standards clarify the obligations of education and training providers, and the rights of people with disability under the Disability Discrimination Act 1992 (the Act). The Standards are subordinate legislation made under the Act.

Under the Standards, education providers have three main types of obligations. They must:

1. consult,
2. make reasonable adjustments and
3. eliminate harassment and victimisation.

eLearning resources to support professional development

eLearning resources relating to the Standards are available for various early childhood and school staff. They have been developed by the University of Canberra and the education departments of all states and territories.

The purpose of these resources is to provide a consistent national approach to assist schools and education providers understand their obligations under the legislation. These resources are also important for understanding the model applied to the NCCD.

Access to these interactive, scenario-based resources is free and can be used to meet professional development obligations of school staff (a certificate is provided on completion). There are no limits on the number of staff that can undertake the eLearning.

For the NCCD, it is recommended that staff complete the relevant module to their area of teaching. Completing these lessons takes between one and two hours.

To access the Educational Leaders eLearning module:

1. Visit the University of Canberra Disability Standards for Education website: http://dse.theeducationinstitute.edu.au/,
2. click ‘Create a new account’ at the bottom of the screen,
3. enter the registration key provided by AISACT to your principal
4. complete the registration form
5. log in using the user name and password and
6. select one of the training packages (allow pop ups).
Understanding the Act and definitions of disability

The Act defines disability as:

1. total or partial loss of the person’s bodily or mental functions,
2. total or partial loss of a part of the body,
3. the presence in the body of organisms causing disease or illness,
4. the presence in the body of organisms capable of causing disease or illness,
5. the malfunction, malformation or disfigurement of a part of the person’s body,
6. a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction or
7. a disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour.

The Act includes a disability that:

1. presently exists,
2. previously existed but no longer exists,
3. may exist in the future (including because of a genetic predisposition to that disability) or
4. is imputed to a person.

To avoid doubt, a disability that is otherwise covered by this definition includes behaviour that is a symptom or manifestation of the disability.

The definition of disability can be found in Section 4 of the Act. Go to: http://www.comlaw.gov.au/Series/C2004A04426

Why are we using this definition?

The definition of disability in the Act is necessarily broad because it is designed to provide protection against discrimination for a wide range of people.

In addition to providing cover to an individual with disability, the Act also covers other people, including associates of a person with a disability, people who do not have a disability but who may face disability discrimination in the future, people who are not in fact impaired in functioning but treated as impaired, and people with conditions such as obesity, mild allergies or physical sensitivities, and those who wear glasses. (See www.humanrights.gov.au/frequently-asked-questions-who-protected-dda.)

For the purposes of the NCCD, schools should be aware that the definition of disability being used includes a wide range of health and learning conditions.

Students with disability as defined under the Act are in mainstream or regular schools as well as special schools and specialist support classes.

The definition includes students who:

1. have been formally diagnosed with a disability by a health or allied health practitioner,
2. may not have a formal disability diagnosis but have impairment that requires an adjustment,
3. live with intellectual, physical, sensory and social/emotional disability or difficulties in learning or behaviour due to disability and
4. who are gifted and talented and who are impacted by disability.

The definition contained in the Act was chosen because it covers a broad group of people and
incorporates the multiple definitions of disability that are used by various groups across the country.

Because of this, it provides the national consistency required of this collection. However, it is not the intention of this collection to count every student who is protected from discrimination under the Act, or every student who has a health or other condition where there is no impact on the student’s ability to participate in schooling on the same basis as his/her peers.

For example, a student who wears glasses to correct mild vision impairment and needs no further educational assessment, monitoring or support in relation to their eyesight, is not included in the data collection.

**Categories of disability**
The table below outlines the *Disability Discrimination Act 1992* definition of disability, and broad disability categories that are used as part of the Nationally Consistent Collection of Data on School Students with Disability.

<table>
<thead>
<tr>
<th>Disability Discrimination Act 1992</th>
<th>AHRC interpretation of the DDA definition</th>
<th>Disability categories used in the NCCD</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) total or partial loss of a part of the body</td>
<td>Neurological</td>
<td>Physical</td>
</tr>
<tr>
<td>e) the malfunction, malformation or disfigurement of a part of the person’s body</td>
<td>Physical</td>
<td>Physical disfigurement</td>
</tr>
<tr>
<td>c) the presence in the body of organisms causing disease or illness</td>
<td>Physical disfigurement</td>
<td>The presence in the body of disease causing organisms</td>
</tr>
<tr>
<td>d) the presence in the body or organisms capable of causing disease or illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) total or partial loss of the persons bodily or mental functions</td>
<td>Intellectual</td>
<td>Cognitive</td>
</tr>
<tr>
<td>f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction</td>
<td>Learning disabilities</td>
<td></td>
</tr>
<tr>
<td>a) total or partial loss of the persons bodily or mental functions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) the malfunction, malformation or disfigurement of a part of the person’s body</td>
<td>Sensory</td>
<td>Sensory</td>
</tr>
<tr>
<td>g) a disorder, illness or disease that affect a person’s thought processes, perception of reality, emotions or judgements or that results in disturbed behaviour</td>
<td>Psychiatric</td>
<td>Social / Emotional</td>
</tr>
</tbody>
</table>
Section 4: Making it happen in your school

Steps for completing the data collection

**Step 1:**
Is the student being provided with a reasonable adjustment to access education because of disability, consistent with definitions and obligations under the *Disability Discrimination Act 1992* (DDA) and the Disability Standards for Education 2005?

**Step 2:**
What level of adjustment is being provided to the student?

**Step 3:**
What is the broad category of disability under which the student best fits?

**Step 4:**
How do you record and submit the data?

*Do you have evidence to support the student’s inclusion in the data collection?*
Step 1: is the student being provided with a reasonable adjustment to address a disability?

A key step in identifying whether a student at your school is eligible to be included in the Nationally Consistent Collection of Data on School Students with Disability is determining whether they are being provided with a reasonable adjustment to access education because of disability, consistent with definitions and obligations under the *Disability Discrimination Act 1992* (the DDA) and the *Disability Standards for Education 2005* (the Standards).

For the student to be included in the national data collection on students with disability, the school should have evidence that ongoing, long-term educational adjustment/s have been provided for a minimum of one school term (or at least 10 weeks) in the 12 months preceding the national data collection.

What constitutes an adjustment?

The Standards clarify the obligations of schools under the Act to provide reasonable adjustments for students with disability where required for them to access and participate in education on an equitable basis to their peers.

‘On the same basis’ means that students with disability are provided with opportunities and choices that are comparable to those available to students without disability. Adjustments enable students with disability or their parents or other associates to access education in a comparable way to other students by:

1. applying and enrolling at a school or educational facility,
2. participating in the relevant learning activities, courses and educational programs and
3. using services and facilities.

Depending on the circumstances, adjustments can be made to practices, services, policies or procedures in Australian educational settings and are fundamental to ensuring that students with disability do not experience discrimination.

Examples of adjustments include:

1. giving a student with low vision all necessary enrolment information in enlarged text,
2. providing extra sessions teaching key words for a student with an intellectual disability,
3. giving a speech-to-text device to a student with a broken arm to assist in preparing assignments,
4. providing speech pathology services for students with communication difficulties,
5. allowing a student with anxiety to present her project to a small group of peers rather than to a whole class,
6. adjusting activities at the annual swimming carnival to enable participation by all students, including those with physical disability,
7. adjusting seating arrangements so a student with a wheelchair has enough space to move independently around the classroom like other students and
8. making multiple accommodations if necessary to meet a single learner’s needs. For example, learners who require a sign-language interpreter may also need a note-taker because watching an interpreter prevents them from taking detailed notes.

What is a “reasonable adjustment”? Schools make adjustments every day to meet the needs of their different students. An adjustment is reasonable for the purposes of the collection when it is the product of consultation and seeks to
balance the interests of all parties.
Reasonable adjustments to enable equitable access and participation by students with disability can be made across any or all of the following:

1. planning, including additional personnel such as tutors or aides for personal care or mobility assistance,
2. teaching and learning, including the provision of study notes or research materials in different formats,
3. curriculum,
4. assessment, including modifying programs and adapting curriculum delivery and assessment strategies,
5. reporting,
6. extra-curricular activities and
7. environment and infrastructure, including addressing physical barriers, such as modifying to ensure access to buildings, facilities and services.

Reasonable adjustments can also include the provision of resources such as:

1. specialised technology or computer software or equipment,
2. ongoing consultancy support or professional learning and training for staff and
3. services such as sign language interpreters, visiting school teams or specialist support staff.

Determining imputed disability

- An ‘imputed’ disability is something that someone believes another person has.
- To impute a disability the school team must have reasonable grounds to make such a judgement. At a minimum the student’s parent/carer must have been consulted about concerns the school has and involved in identifying reasonable adjustments to address the identified concerns.
- An Individual Education Plan or Behaviour Management Plan does not equate to a child having a disability, but may be an indicator of an imputed disability when it documents the teaching and learning adjustments that have been made so that the child can access the curriculum.
- Social disadvantage and/or disrupted parenting can be addressed through evidence based quality teaching and in and of itself does not constitute a disability under the DDA.

A good test of your own confidence in the judgement is to ask:

“If we were challenged to explain our decision would we feel we had reasonable grounds and documentation to support our judgement?”

Consultation

A student is counted in the data collection when there is evidence of the school consulting with the student and/or their parents and carers to determine the reasonable adjustments that the student is being provided with.

The Standards state that, before the school makes an adjustment for a student, the provider must consult the student and/or an associate of the student in order to determine the type of adjustments required.

Under the Standards, an associate of the student includes another person who is living with the student on a genuine domestic basis, a relative or a carer. For most students, this means their parents and carers. For some students, it may be more appropriate to consult only with the students themselves or with another associate, depending on their individual circumstances.
Step 2: what level of adjustment is being provided to the student?

In deciding whether identified students are to be included in the national data collection, teachers and school teams use their professional judgement to determine the level of adjustment that each student is currently being provided with.

Schools are asked to consider the following four adjustment categories:

- Support provided within quality differentiated teaching practice
- Supplementary adjustment
- Substantial adjustment
- Extensive adjustment
This table has attempted to sort the typical adjustment section from the Level of Adjustment table into disability categories.

<table>
<thead>
<tr>
<th>Examples of QDTP Adjustments</th>
<th>Cognitive Disability</th>
<th>Physical Disability</th>
<th>Sensory Disability</th>
<th>Social/emotional Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explicit but minor adjustments to teaching and school practice that enable students to access learning on the same basis as their peers.</td>
<td>• General adjustments made in a school as part of developing a culture of inclusion.</td>
<td>• General adjustments made in a school as part of developing a culture of inclusion.</td>
<td>• General adjustments made in a school as part of developing a culture of inclusion.</td>
<td></td>
</tr>
<tr>
<td>• General adjustments made in a school as part of developing a culture of inclusion.</td>
<td>• A student with a health condition that has a functional impact on their schooling and requires ongoing monitoring but who does not require a higher level of support</td>
<td>• Simple classroom modifications and adjustments – optimal seating arrangement: facing student when speaking; checking wearing aids; prompting to ensure aids working properly; class quiet before instructions given</td>
<td>• A student with a mental health condition that has a functional impact on their schooling and requires ongoing monitoring but who does not require a higher level of support</td>
<td></td>
</tr>
<tr>
<td>• Personalised learning that is implemented without drawing on additional resources</td>
<td>• Whole school professional learning for the management of health conditions such as asthma or diabetes. This forms part of a school’s general, ongoing practice to equip teachers and education staff with the skills and knowledge to support students’ health needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Targeted and differentiated teaching (e.g., accounting for different learning styles in teaching delivery; presenting information in a variety of ways)</td>
<td>• A facility such as building modifications that already exist in the school and caters for a student’s physical disability, where no additional action is required to support the student’s learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Targeted and differentiated assessment (e.g., providing multiple opportunities for students to demonstrate what they know; providing a range of assessment methods)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Examples of Supplementary Adjustments</th>
<th>Cognitive Disability</th>
<th>Physical Disability</th>
<th>Sensory Disability</th>
<th>Social/emotional Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Modified or tailored programs in some or many learning areas</td>
<td>• Modified or tailored programs in some or many learning areas</td>
<td>• Modified or tailored programs in some or many learning areas</td>
<td>• Modified or tailored programs in some or many learning areas</td>
<td></td>
</tr>
<tr>
<td>• Modified instruction using a structured task-analysis approach</td>
<td>• Separate supervision or extra time to complete assessment tasks</td>
<td>• Separate supervision or extra time to complete assessment tasks</td>
<td>• Modified instruction using a structured task-analysis approach</td>
<td></td>
</tr>
<tr>
<td>• Separate supervision or extra time to complete assessment tasks</td>
<td>• the provision of course materials in accessible forms</td>
<td>• the provision of course materials in accessible forms</td>
<td>• Separate supervision or extra time to complete assessment tasks</td>
<td></td>
</tr>
<tr>
<td>• the provision of intermittent specialist teacher support</td>
<td>• modifications to ensure full access to buildings and facilities</td>
<td>• Support or close supervision to participate in out-of-school activities or the playground</td>
<td>• Specialised technology, programs or interventions to address the student’s social/emotional needs</td>
<td></td>
</tr>
<tr>
<td>• the provision of course materials in accessible forms</td>
<td>• Support or close supervision to participate in out-of-school activities or the playground</td>
<td>• The provision of a support service that is provided by the education authority or sector, or that the school has sourced from an external agency</td>
<td>• Support or close supervision to participate in out-of-school activities or the playground</td>
<td></td>
</tr>
<tr>
<td>• Support or close supervision to participate in out-of-school activities or the playground</td>
<td>• The provision of a support service that is provided by the education authority or sector, or that the school has sourced from an external agency</td>
<td></td>
<td>• The provision of a support service that is provided by the education authority or sector, or that the school has sourced from an external agency</td>
<td></td>
</tr>
<tr>
<td>• The provision of a support service that is provided by the education authority or sector, or that the school has sourced from an external agency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20
<table>
<thead>
<tr>
<th>Examples of Substantial Adjustments</th>
<th>Examples of Extensive Adjustments</th>
</tr>
</thead>
</table>
| • These adjustments are generally considerable in extent and may include frequent (teacher directed) individual instruction and regular direct support or close supervision in highly structured situations to enable the students to participate in school activities
• Adjustments to delivery modes, significantly modified study materials, access to bridging programs, or adapted assessment procedures (e.g. assessment tasks that significantly adjust content, mode of presentation and/or the outcomes being assessed).
• Regular visiting teacher or external agency support
• Alternative formats for assessment tasks, to enable these students to demonstrate the achievement of their intended learning outcomes
• Essential specialised support services for technical aids
• Access to a specialised support setting | • Provision on a regular basis of additional supervision
• Regular visiting teacher or external agency support
• Alternative formats for assessment tasks, to enable these students to demonstrate the achievement of their intended learning outcomes
• Essential specialised support services for technical aids
• Access to a specialised support setting
• Close playground supervision may be required at all times
• Frequent assistance with mobility and personal hygiene | • Provision on a regular basis of additional supervision
• Regular visiting teacher or external agency support
• Alternative formats for assessment tasks, to enable these students to demonstrate the achievement of their intended learning outcomes
• Essential specialised support services for technical aids
• Access to a specialised support setting
• Close playground supervision may be required at all times
• Frequent assistance with mobility and personal hygiene | • Provision on a regular basis of additional supervision
• Regular visiting teacher or external agency support
• Alternative formats for assessment tasks, to enable these students to demonstrate the achievement of their intended learning outcomes
• Close playground supervision may be required at all times
• Alternative communication modes | • These adjustments will generally include personalised modifications to all courses and programs, school activities and assessment procedures
• Intensive individual instruction to ensure that these students can demonstrate the development of skills and competencies and the achievement of learning outcomes
• Provision of much more accessible and relevant curriculum options or learning activities specifically designed for the student
• Alternative communication modes
• Provision of highly structured approaches or technical aids to meet their particular learning needs
• They may involve the use of highly specialised assistive technology
• Some students may receive their education in highly specialised facilities | • These adjustments will generally include personalised modifications to all courses and programs, school activities and assessment procedures
• They may involve the use of highly specialised assistive technology
• Some students may receive their education in highly specialised facilities | • These adjustments will generally include personalised modifications to all courses and programs, school activities and assessment procedures
• Provision of much more accessible and relevant curriculum options or learning activities specifically designed for the student
• Alternative communication modes |
Support provided within quality differentiated teaching practice

The school team has determined that the student meets the definition of disability for the Nationally Consistent Collection of Data on School Students with Disability (as outlined in Step 1). The school team, in consultation with the student, their parent or carer, has agreed that the student’s needs as a result of the disability are being met through quality differentiated teaching practice.

Quality teaching practice is responsive to the differential needs of all students. Some students with disability may not need educational adjustments beyond those that are reasonably expected as part of quality teaching or school practices to address disability related needs. These students should be counted under the “support provided within quality differentiated teaching practice” level of adjustment for the purposes of this data collection.

These students are likely to have been considered for some higher level of active support (i.e. active monitoring or provision of adjustments) and their identified needs would be subject to close monitoring and review.

Changes to student needs that require changes to the level of adjustment would be reflected in the next data collection period.

Typical adjustment
Quality differentiated teaching practice caters to the needs of a diverse student population. Students in this category do not require the sorts of adjustments that are captured in the other three levels.

However, their teachers are conscious of the need for explicit, albeit minor, adjustments to teaching and school practice that enable them to access learning on the same basis as their peers. This category would include general adjustments that have been made in a school as part of developing or maintaining a culture of inclusion.

Examples for this category could include:

- a differentiated approach to curriculum delivery and assessment that anticipates and responds to students’ learning differences
- personalised learning that is implemented without drawing on additional resources
- a student with a health condition or a mental health condition that has a functional impact on their schooling and requires ongoing monitoring but who does not require a higher level of support or adjustment during the period they are being considered for the data collection
- Whole school professional learning for the management of health conditions such as asthma or diabetes. This forms part of a school’s general, ongoing practice to equip teachers and education staff with the skills and knowledge to support students’ health needs a facility such as building modifications, which already exists in the school and caters for a student’s physical disability, where no additional action is required to support the student’s learning.

Student characteristics
The student’s identified needs do have a functional impact on their schooling and require active monitoring. However, the student is able to participate in courses and programs at the school and use the facilities and services available to all students, on the same basis as students without a disability, through support provided within quality differentiated teaching practice.
Examples might include:

- students with health conditions such as asthma and diabetes, that have a functional impact on their schooling, but whose disability related needs are being addressed through quality differentiated teaching practice and active monitoring
- a student with a mental health condition who has strategies in place to manage the condition in consultation with medical professionals, that can be provided within quality differentiated teaching practice
- Students who may have been provided with a higher level of adjustment in the past or may require a higher level of adjustment in their future schooling.

The needs of all students, but in particular students with disability, should be regularly monitored and reviewed to enable the school and teachers to respond with an appropriate adjustment should the level of need change.

Refer to Case studies (pg. 42)
Quality teaching strategies

Planning
Do you group students according to educational need?
Do you link new information to background knowledge?
Do you negotiate with students, whenever possible, regarding their requirements?
Do you use whole class programs to address specific student needs eg: PATHS program?
Do you use strategies to support the student’s organisational skills?
Do you cater for student’s learning strengths when planning adjustments?
Have you met with parents to discuss the child’s program?
Have you met with previous teachers to discuss transition?

Teaching
Do you break down instructions into small steps?
Do you highlight keywords/concepts?
Do you modify the complexity of the task to meet different student needs?
Do you reward students individually?
Do you use a cool off strategy?
Do you use a class based behaviour management plan?
Do you use pre-teaching of vocabulary and concepts?
Do you use basic curriculum visual supports eg: timetables, phonic charts, graphs?
Do you use multi-level instructions?
Do you use a variety of teaching styles eg: modelling, rephrasing, repetition, chunking?
Do you present information in a variety of modes?
Do you use pair/group discussion?
Do you create the opportunity for student/teacher discussions?
Do you link pedagogies to curriculum goals?
Do you adjust the pace of presentation?
Do you use cooperative learning groups?
Do you use transition cues eg: topic changes?
Do you use preferred activities to motivate students?
Do you take into account different learning styles in your course/teaching delivery?
Do you build background by linking concepts to student’s background, past learning and key vocabulary?
Do you link to real world purposes?
Do you use questioning strategies to encourage student’s development of critical thinking?
Do you provide written instructions?
Do you allow think time (take-up time) before expecting an answer?
Do you prompt students to use equipment properly eg: science equipment, hearing aids?
Do you remind students to use any necessary medical equipment eg: asthma puffer after lunch?
Assessment and Reporting
Do you use a portfolio where appropriate?
Do you use checklists?
Do you provide immediate, specific and constructive feedback?
Do you provide multiple opportunities for students to demonstrate what they know to do?
Do you use a range of assessment methods?
Do you use the standard reporting format?

Environment
Do you use specific seating arrangements to support students?
Do you provide opportunities for your students to move around the room?
Do you provide individual and group seating where appropriate?
Do you provide a quiet area within your classroom where appropriate?

Resources
Do you use specific seating arrangements to support students?
Do you integrate technologies to support curriculum?
Do you use a task schedule and daily calendar?
Supplementary adjustments

Supplementary adjustments are provided when there is an assessed need at specific times to complement the strategies and resources already available (for all students) within the school. These adjustments are designed to address the nature and impact of the student's disability, and any associated barriers to their learning, physical, communication or participatory needs above and beyond quality differentiated teaching practice.

Typical adjustment

Adjustments might include:

- modified or tailored programs in some or many learning areas
- modifications to instruction in terms of content and/or teaching strategies
- the provision of course materials in accessible forms
- separate supervision or extra time to complete assessment tasks
- the provision of intermittent specialist teacher support
- modifications to ensure full access to buildings and facilities
- specialised technology, programs or interventions to address the student's social/emotional needs
- support or close supervision to participate in out-of-school activities or the playground

the provision of a support service that is provided by the education authority or sector, or that the school has sourced from an external agency.

Student characteristics

Students with disability and lower level additional support needs access and participate in schooling on the same basis as students without disability through the provision of some personalised adjustments.

Accessing the curriculum at or close to the appropriate year level (i.e. the outcomes and content of regular learning programs or courses) is often where students at this level have particular learning support needs. For example, many of these students will have particular difficulty acquiring new concepts and skills outside a highly structured environment.

The needs of other students at this level may be related to their personal care, communication, safety, social interaction or mobility, or to physical access issues, any of which may limit their capacity to participate effectively in the full life of their mainstream school.

Refer to Case studies (pg. 42)
Supplementary adjustments

Planning
Do you provide extra time to complete work tasks?
Do you involve support services in planning eg: LSC?
Do you use a risk management plan?
Do you use a health care plan?
Do you use student specific data collection?
Do you provide students with work ahead of time?
Do you regularly review and refine adjustments?
Do you prearrange frequent breaks for the student?
Do you collaborate with department support staff?
Do you integrate key speech or occupational therapy strategies into your lesson?
Do you organise regular case conferences?

Teaching
Is teaching are reinforcing resilience embedded in all programs?
Do you decrease the amount of oral and written information?
Do you reduce the amount of workload expectation of the student?
Do you limit amount of choice?
Do you use key cues – pictorial/colour coding or tactile?
Do you assign a peer tutor to support the student?
Do you provide additional time to complete work tasks?
Do you provide course information prior to the commencement of the course where appropriate?
Do you provide a study guide for students with key terms and concepts where appropriate?
Do you use a Sound Amplification System (SAS)/FM system?
Do you provide access to online versions of course outlines and/or relevant material where appropriate?
Do you teach self-regulation strategies in your class program?

Assessment and Reporting
Do you set practical tasks for assessments?
Do you provide ongoing feedback on academic performance?
Do you offer assignments in alternative formats eg: role-play, oral presentation?
Do you substitute assignments in specific circumstances?
Do you provide individual advanced notice of assignments?

Environment
Do you adjust the physical surroundings eg: lighting, furniture positioning?
Does your student sit near the door so they can access breaks outside the classroom?
Do you provide a number of accessible safe/quiet areas around the school?
Do you provide separate learning areas?
Do you provide support to enable students to move around the school eg: maps, colour coding?
Is an adult mentor provided to support students?
**Resources**
Do you use specific classroom equipment eg: pencil grip, positional seat, electronic dictionaries?
Do you colour code books and materials?
Do you use graphic organisers eg: visual representations of task?
Do you enlarge print or change font size and line spacing?
Do you support the student by photocopying other notes?
Do you use adaptive computer software eg: audio book?
Do you use concrete examples to explicitly teach certain skills?
Do you allow think time before expecting an answer?
Do you use supports to introduce changes in routine eg: social story, advanced warning given?
Do you provide a daily timetable eg: visual/pictures?
Do you plan for the student to move towards independently managing their health care needs?
Do you use an individual behaviour plan to modify behaviour?
Do you record daily incidences of behaviour eg: SIS?
Do you use a boundary training program?
Do you use on desk goals and reminders?
Do you use social stories to teach concepts
Do you use a help card/time out/or respite card?
Do you use picture cues to support the student?
Do you support students in appropriately using equipment eg: orthotics, hearing aids?
Do you use assistive technology to allow access to the curriculum eg: braille computer, notetaker?
**Substantial adjustments**

Substantial adjustments are provided to address the specific nature and significant impact of the student’s disability. These adjustments are designed to address the more significant barriers to their engagement, learning, participation and achievement.

**Typical adjustment**

These adjustments are generally considerable in extent and may include:

- frequent (teacher directed) individualised instruction and regular direct support or close supervision in highly structured situations, to enable the students to participate in school activities
- adjustments to delivery modes
- significantly modified study materials
- access to specialised programs (for example, attendance at a specialist setting for part of the week)
- adapted assessment procedures (e.g., assessment tasks that significantly adjust content, mode of presentation and/or the outcomes being assessed)
- the provision on a regular basis of additional supervision
- regular visiting teacher or external agency support
- frequent assistance with mobility and personal hygiene
- access to a specialised support setting
- close playground supervision may be required at all times
- essential specialised support services for using technical aids alternative formats for assessment tasks to enable these students to demonstrate the achievement of their intended learning outcomes.

**Student characteristics**

Students with disability who have more substantial support needs generally access and participate in learning programs and school activities with the provision of essential measures and considerable adult assistance.

Some students at this level require curriculum content at a different year level to their same-age peers, while others will only acquire new concepts and skills, or access some of the outcomes and content of the regular learning program, courses or subjects, when significant curriculum adjustments are made to address their learning needs.

Other students at this level might have limited capacity to communicate effectively, or need regular support with personal hygiene and movement around the school.

These students may also have considerable, often associated support needs, relating to their personal care, safety, self-regulation or social interaction, which also impact significantly on their participation and learning.

*Refer to Case studies (pg. 42)*
Substantial adjustments

Planning
Do you use a number of support services to implement the curriculum eg: therapists, consulting teachers, school psychologists?
Do you regularly meet the school team and support services to discuss individual learning needs?
Do you collaborate with departmental support staff eg: behaviour centre, SSEND?
Do you collaborate with external agencies at least monthly?
Has an emergency/critical incident plan been developed as part of a treatment plan?

Teaching
Do you use an interpreter for the students to access the curriculum?
Do you allow frequent breaks from work tasks throughout the day?
Do you provide an individualised program for part of the day?
Do you provide intensive individualised social skills instruction eg: one on one task analysed mastery of individual skills?
Do you use another form of communication eg: augmentative communication, Auslan, PECS?
Do you use individualised visual/tactile supports for implementing the curriculum?
Do you provide some level of support with personal care needs eg: toileting, dressing, eating?
Do you provide support for students travelling to and from school?
Do you provide individualised instruction over a number of areas of the curriculum for part of the day?
Do you provide individualised toileting support?
Do you use individual prompting throughout the school day to target a range of social skills?
Do you use strategies such as role-play, social stories, levels of prompting and task analysis to explicitly teach social skills?
Do you break down target skills into 1 or 2 stage instructions?
Do you use a reinforcement schedule to teach targeted skills?
Do you require support in addition to the classroom teacher to manage a health condition on a daily basis?
Do you implement therapy program goals in the individual education plan?
Do you use highly individualised strategies including functional behaviour analysis and input from support services to support complex behavioural needs, including self-harm?
Do you teach, monitor and review strategies for resilience for students in collaboration with support staff?
Do you use strategies to manage sensory input/integration?
Do you provide alternative programs to suit individualised?

Assessment and Reporting
Do you have daily communication with parents/carers?
Do you provide finely sequenced individualized assessment and reporting?
Environment
Do you provide individualised support for movement around the school eg: buddy system / escort by class teacher / education assistant?
Do you provide support for the student to access all areas of the school environment?
Have you made significant adjustments to the school environment to meet the students' needs eg: painted boundary markets, adjusted timetables and room access to suit students with restricted mobility?
Do you use a withdrawal space/low stimulus to support your student needs?

Resources
Do you use assistive technology devices to allow access to the curriculum eg: notetaker, braille writer, speech recognition software?
Extensive adjustments

Extensive adjustments are provided when essential specific measures are required at all times to address the individual nature and acute impact of the student’s disability and the associated barriers to their learning and participation. These adjustments are highly individualised, comprehensive and ongoing.

Typical adjustment

These adjustments will generally include:

- personalised modifications to all courses and programs, school activities and assessment procedures
- intensive individualised instruction, to ensure these students can demonstrate the development of skills and competencies and the achievement of learning outcomes
- the provision of much more accessible and relevant curriculum options or learning activities specifically designed for the student
- the use of highly specialised assistive technology
- alternative communication modes
- the provision of highly structured approaches or assistive technology to meet their particular learning needs

Some students may receive their education in highly specialised facilities or programs.

Student characteristics

Students with disability and very high support needs generally access and participate in education with the provision of extensive targeted measures, and sustained levels of intensive support. The strengths, goals and learning needs of this small percentage of students are best addressed by highly individualised learning programs and courses using selected curriculum content tailored to their needs.

Many students at this level will have been identified at a very young age; they may have complex, associated support needs with their personal care and hygiene, medical conditions and mobility, and may also use an augmentative communication system.

Students may also have particular support needs when presented with new concepts and skills and may be dependent on adult support to participate effectively in most aspects of their school program. Without highly intensive intervention, such as extensive support from specialist staff or constant and highly structured supervision, these students may otherwise not access or participate effectively in schooling.

Refer to Case studies (pg. 42)
**Extensive adjustments**

**Planning**
Do you require a high level of input from support services to implement the education plan eg: therapists, school psychologist, external agencies?
Do you collaborate with departmental support and therapist's daily/weekly?
Do you collaborate on teaching and learning strategies with external agency support frequently?

**Teaching**
Do you develop, monitor and review individualized strategies for resilience for students in collaboration with support staff?
Do you provide individual/physical prompting pervasive throughout the day?
Do you use concrete materials to implement the curriculum?
Do you use individual teaching strategies eg: discrete trial training, TEACCH, Applied Behaviour Analysis?
Do you provide an alternative curriculum eg: functional/life skills program?
Do you provide work skills/community access programs?
Do you provide sensory diets?
Do you use alternative methods of communication eg: Auslan, Braille, Augmentative communication?
Do you use 1 or 2 stage instructions throughout the day?
Do you use intensive reinforcement schedules eg: every 1–3 minutes?
Do you create opportunities for generalization daily?
Do you have an intensive individualised behaviour management plan that requires additional training?
Do you have an intensive individualised risk management plan that requires additional training?
Do you have an intensive individualised health care plan that requires additional training?
Do you include highly individualised self-care strategies in the curriculum eg: toileting, hygiene, eating, dressing?
Do you use approved restraint techniques at least once per day?
Do you require one on one physical support for the student to access the curriculum?
Do you use highly individualised strategies including functional behaviour analysis and input from support services to support complex behavioural for mental health needs?
Do you use significantly reduced learning outcomes in all learning areas?
Do you use real life or photograph symbols pervasive throughout the day?
Do you need additional trained support pervasively throughout the day to manage a health condition?

**Assessment and Reporting**
Do you provide finely sequenced individualised assessment and reporting?
Do you use an intensive communication process in regards to reporting?
**Environment**
Do you use an alternative learning environment?
Do you use low stimulus/focus stimulus areas?
Do you use protective isolation room (with approval from Director School)?

**Resources**
Do you use highly specialised assistive technology eg: eye gazing technology, switch access to on-screen keyboards, head tracking?
Do you require highly individualised equipment for the student to access the curriculum eg: hoist, standing frame?
Do you provide equipment or support to move around and access all the areas of the school environment?
Step 3: what is the broad category of disability?
As well as identifying the level of reasonable adjustment being provided for each student identified for inclusion in the national data collection, schools are asked to identify the broad category of disability for each student from one of four categories:

- physical
- cognitive
- sensory
- social/emotional

Guidance on determining the broad category of disability is provided below and in the Strategies to support decision making resource.

Multiple disabilities
If a student has multiple disabilities, you should select whichever disability category has the greatest impact, based on your professional judgement, on the student’s education and is the main driver of adjustments to support their access and participation.

Privacy and consent
Protecting the privacy and confidentiality of students is important.

As part of the national data collection, students will not be explicitly identified in any data provided to the department, as per subsection 58A(3) of the Regulation.

It is therefore expected that no information that could reasonably enable the department to identify individual students will be provided by approved authorities.

Consent for information
Relevant legislation: Health Records (Privacy and Access) Act 1997 (HR(PA) Act)

If the school needs to collect additional information about a student’s disability (i.e. information that it does not already possess in its records) for the purposes of the NCCD, the school is able to collect that information for the purposes of the NCCD, as its collection for the purposes of the NCCD is a lawful purpose directly related to the function of the collector, and the collection is necessary for or directly related to that purpose (PP 1.1).

Prior to collecting the information, the approved authority must notify the student of:

- the purpose for which the information is being collected (i.e. the NCCD); and
- the fact that the collection of the information is required by law (i.e. the AE Regulation); and
- the identity of any person to whom, or agency to which, the collector would disclose the information (i.e. the department); and
- if it is, to the knowledge of the collector, the usual practice of any such person or agency to pass on such information to other persons or agencies—the identity of each of those other persons or agencies (i.e. AYEESOC, Education Council, ACARA etc.).

The student need not consent to the collection, use or disclosure of NCCD information (although as a matter of practice, its collection from the student will be by consent - i.e. there is no legal compulsion on the student to provide the information to the approved authority).
**Consent to be included in the NCCD**

School must inform parents/guardians of the collection and provide a method for parent/guardians to opt out from their child being entered into the collection.

Principals can decide how the following messages are best communicated to families and choose the most appropriate formats for providing this information to their school community. Formats might include one or more of the following:

1. the school website,
2. incorporation into weekly school newsletter,
3. information sheets,
4. telephone or face-to-face conversations,
5. e-mail or SMS and/or
6. personalised written correspondence.

Principals should ensure that reasonable steps have been taken to provide the following information to families of students about whom information is collected.

The ‘Collection Notice’ below has been prepared by for your use. It explains the information to be collected, why it is being collected and what will happen with it, using appropriate wording and content. It should not be altered.

Refer to Example letter in resources (pg. 68)

‘Collection Notice’

All schools in Australia, including Independent and Catholic schools, will participate in the Nationally Consistent Collection of Data on School Students with Disability this year. The Data Collection is an annual count of the number of students with disability receiving educational adjustments to support their participation in education on the same basis as students without disability.

All education agencies are now required under the Australian Education Regulation 2013 to provide information on a student’s level of education, disability and level of adjustment to the Australian Government Department of Education and Training.* Data will continue to be de-identified prior to its transfer and no student’s identity will be provided to the Australian Government Department of Education and Training.

The collection of this information from states and territories will inform future policy and program planning in relation to students with disability.

If you have any questions, please do not hesitate to contact [INSERT PRINCIPAL’S NAME] on [INSERT PHONE NUMBER].

Do you have evidence to support the student's inclusion in the data collection?

The evidence may include teacher judgements based on observation, specialist diagnoses reports, individualised/personalised learning planning, records of assessments, and records of discussions with parents and carers and (if appropriate) the student as part of the process for determining and providing reasonable adjustments.

The evidence will reflect a wide range of practices of teachers and schools. Each school’s evidence will be contextual and reflect individual student needs and strengths and the school’s learning and support processes and practices. For further descriptions and examples of the types of evidence refer to the NCCD Professional Learning website at www.schooldisabilitydatapl.edu.au.

Where a student has been identified as being eligible to be counted in the national data collection there must be evidence at a school that the student is being provided with an educational adjustment to meet ongoing, long-term specific needs associated with disability. The definition of ‘long-term’ for this purpose is over a minimum period of one school term, or at least 10 weeks, in the 12 months preceding the national data collection.

Where a student has newly enrolled in the school and has attended the school for less than 10 weeks, schools may include that student if they have evidence of the continuing need for adjustments for the student. For example, evidence from the previous school of long-term adjustments together with evidence that similar adjustments are required in the new school.

What evidence will need to be gathered?

Schools are not required to create new or additional evidence for the purposes of the NCCD.

Teachers and schools rely on evidence to make professional judgements about the types of adjustments provided for students as part of their day to day practice.

The evidence gathered will reflect a wide range of practices in meeting the educational needs of their students consistent with obligations under the Act, the Standards and best teaching practice.

For a student to be included in the collection, the school will have evidence that ongoing, long-term educational adjustment/s have been provided for a minimum of one school term (or at least 10 weeks) in the 12 months preceding the start of the national data collection.

Principals are responsible for verifying or confirming that there is evidence at the school to support the inclusion of a student in the NCCD.

Examples of evidence

Each school’s evidence will be contextual and reflect the individual student needs and strengths and the school’s learning and support processes and practices.

The list below is not exhaustive but provides a guide to the range of information schools can draw on for the NCCD.

Evidence demonstrating that a student’s needs for adjustment have been identified and arise from a disability can include:

1. results of diagnostic or summative school and/or standardised assessments over time documenting an ongoing learning or socio-emotional need arising from a disability, e.g. continued and high level behaviour incidents, reading assessments or end of unit
assessments,
2. documentation of ongoing learning needs that have a limited response to targeted intervention over time and cannot be attributed to external factors such as English as an additional language, socio-economic or non-disability related causes,
3. parental report of disability in conjunction with evidence of an assessed individual need,
4. specialist diagnosis or reports e.g. medical practitioner such as paediatrician, or a specialist, e.g. guidance officer/counsellor, speech pathologist or audiologist and
5. profiles or assessment reports that identify the functional needs of a student with disability.

Evidence that adjustments are being provided to the student to address individual needs based on their disability can be found in a variety of school records.

Teachers document adjustments in a number of ways. Evidence of the provision, frequency and intensity of adjustments can include:
1. adjustments to teaching noted on teacher unit, weekly or term planning,
2. adjusted timetable/staff timetables,
3. record of educational and/or social-emotional interventions provided,
4. individualised/personalised learning planning e.g. individual learning plan, individual curriculum plan, communication plan, behaviour plans and transition plans,
5. therapy or disability-specific programs in place with an educational focus e.g. orientation and mobility program,
6. records of meetings to plan for adjustments with specialist staff e.g. Visiting Teachers, guidance officers/counsellors, psychologists, speech-language pathologists and physiotherapists,
7. diary notes by educator of advice sought or conversations with the student or family/carer,
8. adjustments or supports required in assessment settings,
9. adjustments to learning materials e.g. alternate format, adjusted worksheets and reworded tasks,
10. manual handling/personal care/health plans,
11. specific resources developed to support individualised learning e.g. visual supports, augmentative and alternative communication supports, accessible materials,
12. personalised organisational devices e.g. diary use, pictorial sequences,
13. documentation of environmental adjustments beyond those already in place in the school e.g. personalised learning spaces, sound field amplification systems and
14. individual risk management plans for curriculum activities and for emergency situations e.g. fire drills.

Evidence that adjustments provided to the student have been monitored and reviewed can include:
1. records of meetings to review adjustments with families/carers and specialist staff, where appropriate,
2. student progress data which may include both formative and summative assessments,
3. progress or file notes by teacher, specialist staff or paraprofessionals,
4. behaviour monitoring data,
5. evidence of interventions provided over time, with monitoring of the effectiveness of the intervention and changes to intervention occurring as required and
6. a health plan provided by medical specialist that is reviewed regularly.
Step 4: how do you record and submit the data?
From 2015, all schools are participating annually in the Nationally Consistent Collection of Data on School Students with Disability.

Before the submission of data to educational authorities about the number of students with disability in a school, their level of reasonable adjustment and primary category of disability, the school principal is responsible for verifying that there is evidence to support the inclusion of these students in the national data collection.

The methods for recording data is through the School Service Point (SSP). You will be able to provide data through the SSP portal on students with disability in one of two ways:

- Manual input into a data entry system accessed through SSP, or
- Upload of student with disability data using a comma-separated value (CSV) template.

All school staff need to remain aware of the importance of maintaining and storing accurate, up-to-date records of various types. This is so that schools can draw on the range of types of evidence available in the school about the provision of personalised reasonable adjustments to meet the learning and support needs of their students with disability.

Please see the Providing Your School’s Data to the NCCD Non-Government Schools User Guide in Resources.
Section 5: Case Studies

Support provided within quality differentiated teaching practice:

- Case study 1: Gemma, Year 4, anaphylaxis
- Case study 2: Corey, Year 9, hearing aid
- Case Study 3: Kyle, Year 7, anxiety
- Case Study 4: Eddy, Year 7, cerebral palsy

Supplementary adjustments:

- Case study 4: James, Year 1, performing at least 12 months behind his peer group
- Case study 5: Cindy, Year 10, Asperger’s Syndrome
- Case Study 6: Jayden and Connor, Year 2, intellectual disability
- Case Study 7: Joseph, Year 2, Dysgraphia
- Case Study 8: Russell, Year 10, Dyslexia

Substantial adjustments:

- Case study 9: George, 8 years old, Down syndrome and kidney disease.
- Case study 10: Sam. 15 years old, Duchenne muscular dystrophy
- Case Study 11: Andrew, Year 11, Anxiety
- Case Study 12: Daniel, Year 10, Duchenne Muscular Dystrophy
- Case Study 13: Tyra, Year 6, Anxiety
- Case Study 14: Rosie, Year 10, Deaf

Extensive adjustments:

- Case study 15: Jane, 6 years old, cerebral palsy and severe intellectual disability
- Case study 16: Tristan, 16 years old, severe intellectual disability and autism spectrum disorder
- Case Study 17: Flynn, Year 11, ASD and Intellectual disability
- Case Study 18: Zac, Year 1, Cerebral Palsy
- Case Study 19: Alistair, Year 9, Deaf
Support provided within quality differentiated teaching practice:

Case Study 1: Gemma

Gemma is a Year 4 student in a small regional primary school. When in kindergarten preschool, Gemma was diagnosed with anaphylaxis in relation to all-nut and dairy products.

In the past 12 months, Gemma has only had one anaphylactic reaction while at home, resulting in adrenalin being administered by her parents and an ambulance being called to transport her to hospital. No incidents of anaphylactic reaction have occurred at school.

When Gemma initially enrolled at the school, her parents informed the principal about her health needs. As a result, the principal scheduled a Student Support Group (SSG) to plan for Gemma’s transition to school. Gemma’s parents were requested to complete a current anaphylaxis management plan with her GP and provide copies of any plans from the preschool setting to assist with developing supports at school.

At the SSG meeting the principal outlined the school’s obligations to implement a comprehensive anaphylaxis management plan for Gemma, including communication strategies for staff, students and members of the school community and the need to ensure staff are adequately trained in recognising and responding to Gemma’s anaphylactic reactions.

Gemma’s school completes an annual Anaphylaxis Risk Management Checklist, provides training for all staff responsible for the wellbeing of students with anaphylaxis and undertakes briefings every six months for all staff. Additional adrenaline auto-injection devices are purchased by the school and made available for trained staff to access if necessary. Gemma’s needs remain subject to close monitoring and review.

As part of their regular classes, all students at Gemma’s school are provided with information and reminders of the risks for students with anaphylaxis. Information is also provided in the school newsletter informing parents and reminding them of those foods that can place students with anaphylaxis at risk.

Gemma has attended school since Kindergarten without incident. Comprehensive planning and training remain in place on a routine basis. No other specific educational adjustments have been made for Gemma during the 10 week data collection period.
Case Study 2: Corey

Corey is a Year 9 student in a large metropolitan secondary college. Corey wears hearing aids as a result of his diagnosis with a mild sensor neural hearing loss. Corey’s hearing loss is permanent and may deteriorate in the future. Corey undergoes annual re-assessment of his hearing thresholds to ensure his hearing aids continue to meet his needs.

When Corey initially enrolled in the school, his parents informed the Year 7 coordinator of his hearing impairment and the need for Corey to wear his hearing aids for all activities while at school. When wearing his hearing aids, the amplification enables Corey to hear people’s voices clearly and to access the full range of sounds in his environment. The major difficulty for Corey occurs when there is a large amount of background noise, making speech sounds difficult for him to differentiate.

At the start of Year 7, Corey’s parents and school submitted a referral to the regional visiting teacher service for support and advice. A visiting teacher was able to assist the school to understand the nature of Corey’s hearing loss through reviewing the most recent audiograms provided by his family. The visiting teacher also provided general advice and strategies for all of Corey’s teachers, focusing on simple classroom modifications and adjustments. This included providing a report containing recommendations such as:

- optimal class seating arrangements for Corey
- facing Corey when speaking with him
- checking with Corey that he is wearing his aids
- prompting Corey to ensure they are functioning properly.

Each term the year level coordinator met with Corey’s parents and the visiting teacher to evaluate the effectiveness of the recommended educational strategies to help Corey participate on the same basis as other students without disability in the classroom.

During Year 7, Corey required frequent prompts and reminders from his family and school staff to wear and maintain his aids. He was also not independently seeking clarification and repetition when unsure of the instructions being provided in class. The visiting teacher provided regular support throughout Corey’s first year of secondary school, targeting these independence skills and raising staff awareness of the need to support Corey to practice them. This support continued into the first semester of Year 8.

Now in Year 9, Corey is consistently and independently able to wear and maintain his hearing aids. He is also able to alert teachers when increased background noise prevents him from being able to differentiate instructions. All of Corey’s teachers now ensure that the class is quiet prior to providing important instruction or sharing information. This class behaviour is encouraged and reinforced throughout the school as an active listening skill.

The school team, in consultation with Corey and his parents, has agreed that Corey’s needs are being met through quality differentiated teaching practice.

Though Corey is now managing his hearing impairment independently, and there is no current need for the school to provide additional adjustments, his condition needs to be monitored every year. If Corey’s hearing deteriorates or his educational needs change it may be necessary to implement additional educational adjustments.
Case Study 3: Kyle
Kyle has generalised anxiety disorder. He was diagnosed at 13 years old and attends a large mainstream high school. When Kyle was diagnosed three years ago the school met with all the relevant internal and external agencies to develop a mental health plan to support him. Kyle had a private psychiatrist and psychologist team supporting himself and his family. Through this team he underwent cognitive behaviour therapy that helped Kyle to learn relaxation techniques, replace negative thought patterns with positive thoughts and developed his problem solving skills.

During this time, the school supported Kyle by:

- identifying step-by-step procedures to assist Kyle when he was feeling anxious; ensuring access to key staff members and areas he could remove himself to when overwhelmed;
- informing his teachers and staff of his needs, the strategies he was using and how to prompt Kyle to utilise the strategies in his plan; and
- pre-warning Kyle of any changes to routine and arranged for Kyle to pre-visit or ‘walk through’ significant new events 1 to 1 with a staff member.

At this time the school considered Kyle to be a child with a Social/Emotional Disability who required supplementary adjustments.

Kyle is now 16 years old and has numerous strategies to manage his thoughts and feelings and reduce his anxiety. He is displaying appropriate behaviours for his age within the school environment. He can self-monitor his thoughts and feelings, problem solve and has developed a range of relaxation techniques he can utilise independently.

At the beginning of the school year the student services team, including his homeroom teacher, school psychologist and deputy principal organized a meeting with Kyle and his parents where all of Kyle’s self-management techniques were discussed. Kyle stated he felt confident in managing any challenges at school as long as the school continued to provide the timetable and gave him reasonable notice of upcoming assignments and new events, as per the usual school system. He was aware that as per the usual school processes, he could access the school psychologist and his homeroom teacher at any point and stated that he no longer needed any further intervention from the school outside of the usual supports offered to the students. The staff continue to actively monitor Kyle’s progress throughout quality differentiated teaching practice.

It was agreed that a review meeting would be held at the beginning of the next semester.
**Case study 4: Eddy**

Eddy is a Year 7 child with cerebral palsy. He has weakness in his left hand but has no other physical impairments. Eddy is a happy, social child who is working at grade level. The weakness in Eddy’s left hand creates some difficulty when handwriting as while he can write with his right hand, steadying the paper with his left hand causes him to position himself poorly, creating postural issues.

To assist Eddy the school:

- utilises a slope board with a clip to steady paper when writing/drawing;
- has discussed with Eddy strategies he can use to get assistance if required;
- ensures all door handles are well maintained so they can be opened with one hand; and
- has discussed with teachers the need to consider Eddy’s requirements when planning their program, for example, providing a ‘tee’ and a lighter bat for Eddy when playing softball.

Eddy’s parents and the teacher communicate via email where necessary and the school support team meets with Eddy and his parents annually unless required sooner.
Supplementary Adjustment

Case Study 5: James

James is in Year 1 at a large primary school. Following literacy and numeracy testing at the start of the year, it became apparent to his teacher that James is performing at least 12 months behind his peer group. Teachers in the school noted that James is often slow to respond to questions and can be difficult to understand due to an apparent articulation difficulty. His Kindergarten teacher also raised some concerns regarding his progress during transition discussions at the end of the previous year.

As a result of these discussions, James’ Year 1 teacher approached the coordinator of the school’s additional needs program to request assistance in consulting with James’ parents to understand and plan for his needs. An initial Student Support Group meeting was scheduled to review the teacher’s testing results and observations of James’ speech, language and learning. The family was also requested to bring information that might assist the school in understanding and catering for James’ needs.

Following the meeting, it was decided that the school would implement a range of educational adjustments to further evaluate James’ learning and communication difficulties, and to support his access to and participation in education during term 1.

The school’s additional needs coordinator worked with James’ teacher to develop adjustments to accommodate his needs in the classroom to enable him to participate on the same basis as his peers.

The agreed adjustments included:

- referring James to the Student Support Services speech pathology team for an assessment of his speech and language abilities
- initiating an Individual Learning Plan
- providing differentiated curriculum materials to suit James’ learning needs
- introducing visual schedules and task boards to complement teacher instruction
- delivering instruction to James at a slower pace to allow him time to process the information
- recommending James for inclusion in the school’s Reading Recovery program
- providing increased daily targeted small group and one-on-one direct teacher instruction for literacy
- providing additional home-based activities targeting Foundation literacy and numeracy skills
- introducing a home-school communication book to ensure appropriate work can be shared and James’ progress can be reported and monitored.

Finally, the Student Support Group arranged to meet with the speech pathologist to discuss James’ speech and language assessment results. This would enable the Student Support Group to further understand James’ needs and inform the development of his Individual Learning Plan.
Case Study 6: Cindy
Cindy is a Year 10 student attending a regional Kindergarten to 12 College.

Cindy was diagnosed with Asperger’s Syndrome in Year 3 after her parents and teachers noticed she appeared highly anxious in some situations at school and in the community, and had increasing difficulties socialising with her peers.

Each term, the school schedules a Student Support Group meeting to plan for Cindy’s educational adjustments and to review her progress. Cindy’s needs have changed over the years. At times she requires intensive support and management, at other times she functions with a high degree of independence.

During Year 5, Cindy’s parents suggested the information about her diagnosis should be shared with her peers and the school community to raise their awareness of Asperger’s Syndrome and the challenges it can pose for Cindy at school. This was also an opportunity to share information about Cindy’s abilities with numbers and her recall of numerical facts, an interest area for her.

Currently Cindy is participating in the full Year 10 curriculum at her school. The Student Support Group noted that she requires minimal support in numeracy-based subject areas. In fact, Cindy at times requires extension in this area. However, in most other subject areas, as a result of her disability, Cindy requires a degree of educational adjustment to participate on the same basis as her peers. Some adjustments currently identified in her Individual Learning Plan include:

- access to a laptop for extended writing tasks in literacy-based subject areas
- additional time to complete literacy-based tasks, including assessment tasks
- seating near the front of the classroom to reduce distraction
- access to a locker in the school’s ‘learning hub’, separate from the large busy locker area
- permission (along with some other students) to listen to her iPod during quiet work time in class
- provision of an individualised, simplified timetable of Cindy’s subjects, along with a simple list of organisational requirements for each subject
- weekly email communication between Cindy’s parents and teachers to ensure homework tasks are properly documented and tracked
- modification of the Physical Education curriculum for Cindy, normally by providing her with record keeping, scoring or organising duties
- review of the adjustments in place for Cindy each term by an educational autism consultant to ensure the school is adopting the most appropriate autism friendly strategies to support her needs
- fortnightly ‘checking in’ with Cindy by the college’s welfare officer to gauge her emotional wellbeing and to provide support or consider referral as necessary.

Despite these supports, Cindy still exhibits high anxiety due to the social and sensory demands placed on her in the school setting. The Student Support Group devised a strategy of Cindy and her teacher withdrawing from class and into the student’s ‘learning hub’, to help Cindy cope with her anxiety. Here, Cindy can choose to rest on a bean bag listening to her iPod until she feels prepared to return to class. The additional needs coordinator checks in with her and provides assistance as necessary.

Currently Cindy relies on these supplementary adjustments to access education on the same basis as her peers. Her needs are monitored with a view to enabling her to complete an accredited senior secondary course.

46
Case Study 7: Jayden and Connor

Jayden and Connor are both Year 2 students at a metropolitan primary school. They both have significant delays in their academic achievement in all areas of the curriculum. Jayden has been diagnosed with a mild intellectual disability while Connor’s parents have chosen to not have him assessed. Jayden requires greater support than Connor to manage social situations and undertake activities of daily living.

Connor and Jayden are in the same class and often work in a small group on a differentiated program with and without direct support.

To support the boys to access the curriculum the teacher:
- has an IEP for each student targeting skills at each child’s current literacy and numeracy level and implements a program targeting these skills;
- uses a task reward system with the boys combining both direct instruction and independent activities to consolidate skills;
- supports the boys to access content material on the same topic as other students by providing material at their reading level or providing alternate means of accessing content such as a screen reader for specific content.

Both boys take part in regular classes for specialist subjects such as music and library but an education assistant supports Jayden at this stage while he learns self-management skills in less structured environments.
Case Study 8: Russell
Russell is a Year 10 student who was diagnosed with dyslexia in Year 5. In the past Russell has had extensive private tutoring for him at different points in his education and while his ability to spell and his reading fluency and accuracy have improved he still has difficulty with these skills, particularly when there are large volumes of text, he is expected to work under time pressure or when having to remember a large number of steps/instructions in an activity.

Russell’s school is aware that although he has difficulties in specific areas of literacy and organisation, he is very capable in other areas. The school aims to provide a variety of accommodations for Russell that focus on modifications and other accommodations to promote his learning rather than reducing the academic standards and expectations.

The teaching and learning adjustments provided for Russell include:
- the use of assistive technology including screen readers and word prediction software;
- assessing content not spelling errors where the task is not a specific spelling task;
- allow the examination questions to be read to Russell and providing extra exam time in a separate room to reduce distractions;
- provide practice exam questions that demonstrate the format of questions;
- allow for alternative presentation of exams such as less information on a page or split exam papers to reduce fatigue;
- consider Russell’s academic load and ensure he is given assignments in advance and assist him to time plan;
- where appropriate allow alternative assignment formats ie recorded oral reports or allow dot points’ in writing etc;
- provide scaffolding to ensure that Russell is able to demonstrate knowledge, skills and understanding; and
- provide explicit teaching of essay-writing formats and provide examples of well-structured essays to the students.

While Russell still finds literacy tasks a struggle he is currently keeping up with the curriculum requirements expected of a Year 10 student.
Substantial Adjustment

Case Study 9: George

George is an eight-year-old boy diagnosed with Down syndrome and kidney disease. He has attended the same primary school since Kindergarten. As George has grown and developed, his medical and educational needs have become more complex. As a result, his ability to engage with his educational program has become increasingly compromised.

Currently George benefits from a highly specialised educational program supported by highly modified curricular materials appropriate for students at younger year levels. Though he spends significant amounts of time engaged in mainstream class activities along with his peers, George also receives frequent instruction in Foundation literacy and numeracy skills from the school’s additional needs teacher. These skills are then practised and consolidated during time spent with education support officers. George requires additional supervision in unstructured activities, such as during recess and lunch, to ensure he participates safely and can practise positive social behaviours.

George’s parents have always worked closely with the school to plan for his transition and develop his educational plan and adjustments. George’s school also receives consultation from a Student Support Services’ speech pathologist, to develop his communication abilities, and regular advice from Down syndrome Victoria’s Inclusion Support Service.

George’s kidney disease has recently progressed, and he now requires surgery to his bladder that will result in him urinating via a catheter. He will be required to do this for a period of six weeks before surgery and permanently following the surgery. Catheterisation will commence in approximately four weeks. This will present a significant behavioural and learning challenge for George. He will be absent from school for a significant period of time and will be supported via the Royal Children’s Hospital (RCH) Education Institute while an inpatient there.

After receiving news of the need for surgery, George’s parents requested an urgent Student Support Group meeting to prepare and plan for the subsequent impact on his access and participation in education. The principal, additional needs coordinator, classroom teacher, support officer and parents attended the meeting. The family provided the latest paediatric kidney specialist (nephrologist) report for the school. It was determined that the following actions needed to occur:

- update George’s Personal Care Medical Advice Form with the input of his medical specialists to reflect his changing continence care needs
- apply to have key school staff undertake competency training in catheter management via the (Victorian) Department of Education and Training’s School care Program
- refer George to the regional visiting teacher service to assist with planning educational supports for the period he will be absent from school
- liaise with the RCH Education Institute to ensure smooth transition for George back to school
- review George’s educational program for the coming 10 weeks to consider which course materials and goals may need to be modified to ensure he can continue to have access and progress against the goals established for him.

George is a young boy with significant needs associated with his disability. These needs present significant barriers to his access and participation in many aspects of his education. They represent a range of academic, social-emotional and personal care differences to be addressed by the school in implementing substantial adjustments to his educational program.
**Case Study 10: Sam**

Sam is a 15-year-old boy with a diagnosis of Duchenne muscular dystrophy. He has attended the same secondary college since commencing in Year 7.

As he has grown, Sam’s physical and emotional needs have become more complex and his ability to demonstrate his understanding of the curriculum has reduced.

Sam recently transitioned from a manual wheelchair that he was able to self-propel for periods of the school day to a fully automated wheelchair, which is larger and makes access to some areas of the school more difficult.

Sam’s personal care needs have also recently increased and he is no longer able to self-transfer when using a universal access toilet and is becoming physically fatigued more quickly, leading to shortness of breath. Recently Sam’s medical specialist team advised that he should avoid using his hands for fine motor activities and make greater use of mechanical devices. As a result of his physical deterioration, Sam is feeling very low and is concerned about the additional burden he is placing on his family and school support staff.

Due to the recent rapid deterioration and the changing recommendations from Sam’s medical specialist team, an urgent Student Support Group meeting was scheduled to review and plan for his educational needs and adjustments. In preparation for the meeting, the school’s additional needs coordinator requested interim reports from all of his teachers regarding his progress, and liaised with Sam’s occupational therapist and speech pathologist, inviting them to attend the meeting or to provide written recommendations for the school to consider in planning for Sam.

With consent from Sam’s parents, the school welfare coordinator also liaised with Sam’s private clinical psychologist to discuss what school-supports and strategies may assist in addressing Sam’s social-emotional needs.

The Student Support Group occurred the following week, with Sam and his mother attending, along with the school principal, additional needs coordinator, year level coordinator, welfare coordinator, regional visiting teacher and hospital occupational therapist. A written summary report with recommendations was provided by the speech pathologist, who was unable to attend.

At the meeting, the following additional educational adjustments were identified:

- Sam would use tablet technology to replace pen and paper and other fine motor tasks for a significant amount of his educational program
- the speech pathologist and occupational therapist would assist the school in selecting the appropriate tablet based on Sam’s access and educational needs
- Sam’s teachers and Education Support Staff would be required to undertake professional development in the use of tablet technology in education
- a hoist would be fitted in the universal access toilet to enable better access for Sam
- key staff would be trained in the appropriate use of the hoist
- Sam would be provided with access to the senior school common room to rest when he became fatigued during the school day
- key staff would be trained in wheelchair use and maintenance
- the school welfare coordinator would continue to liaise with Sam’s psychologist to ensure appropriate and timely information could be provided to Sam’s school friends and staff to best support his social-emotional needs
- school staff would be provided with support as necessary, including access to the (Victorian) Department of Education and Training’s Employee Assistance Program.
- Another Student Support Group was scheduled in eight weeks to review the progress of the above adjustments and to discuss Sam’s progress. Sam would be invited to attend the meeting to provide feedback and raise any other suggestions for the group.
Case study 11: Andrew

Andrew is a Year 11 student at a large rural senior high school. Andrew was diagnosed with major depression, generalised anxiety and obsessive compulsive disorder 12 months ago. Andrew meets with his psychiatrist every six months to review his medication which he administers himself. He accesses a clinical psychologist weekly to receive Cognitive Behaviour Therapy. Andrew’s teachers are aware that he has been diagnosed with a severe mental health disorder and are very supportive of his attendance at school. Andrew has granted permission for the School Psychologist to liaise with his doctor and clinical psychologist to consult on school based adjustments and teacher understanding.

Andrew is currently working on a reduced curriculum focusing on core subjects with alternate assessments. Due to his high levels of anxiety he has not attended school consistently for the past 12 months. Andrew has developed strong functional relationships with his year coordinator and the learning support coordinator in the school and is able to attend half days with regular “touch base” times with either of these mentors.

Andrew’s sessions with his clinical psychologist have focused on identifying unhelpful thoughts and replacing them with positive adaptive ones. Andrew monitors his thinking while at school and attempts to replace thoughts and emotions that interfere with his engagement in schooling. When he feels his thoughts are becoming compulsive he seeks out “safe” people and areas of the school such as the school psychologist’s office before leaving the school site. Andrew understands that if teachers notice he appears distressed or demonstrates anxieties based behaviours that they can approach him and ask if he would like to take a break.

Andrew’s parents, year leader, clinical psychologist and school psych communicate fortnightly regarding adjustments to Andrews’ curriculum and self-management program in school. The current program has seen him increase his attendance from two half days to five half days over a 10 week period. The next term is considered by his support team to be a stabilisation period. He is not expected to increase this attendance over the next 10 week period.
Case study 12: Daniel

Daniel is a Year 10 boy with Duchenne Muscular Dystrophy. He has attended the same district high school since he started school. The school has adapted to Daniel’s changing needs as his physical condition has deteriorated. In 2013 Daniel was in a wheelchair but was still able to toilet himself with minimal support to transfer to the toilet. While he would become fatigued when writing and typing he was able to keep up with the mainstream curriculum. In the 2013 census the school rated Daniel as having supplementary needs.

During 2014 Daniel has experienced a rapid deterioration in his physical condition. He now experiences significant weakness in his arms and can no longer transfer to the toilet as before and will require a hoist and change table. The school has recognised that Daniel will now require further support with his self care as well as more significant changes to the way he accesses the curriculum.

The school has held case conferences each term with Daniel, his parents, his occupational therapist, school psychologist LSC and year coordinator for several years as well as using email to communicate between all parties when necessary.

To ensure Daniel’s needs are being met given his recent deterioration the school discussed and implemented the following:

- contacted the consulting teacher from School of Special Education Need Disability (SSEND) and occupational therapist to access the required equipment such as hoists and change tables;
- accessed training for staff and implemented Daniel’s new toileting/manual handling plan provided by the therapists;
- accessed technology and training in the utilisation of software and hardware such as onscreen keyboards, adapted trackpads and electronic text books/books to enable Daniel to access the curriculum;
- modified class notes, worksheets, timetables etc so Daniel can access classroom resources on his laptop;
- teachers where appropriate, allow alternate assignment or assessment formats such as oral assessments; and
- school psychologist liaises with school staff and parents to discuss what school-supports and strategies staff can put in place to assist in addressing Daniel’s social-emotional needs.

The school has updated Daniel’s IEP and Health Care Plans to reflect these changes and will continue termly case conference meetings to review Daniel’s progress as well as the usual communication through emails between key parties.
Case study 13: Tyra

Tyra is a year 6 student in a large mainstream metropolitan primary school. Tyra was diagnosed with generalised anxiety disorder in year 4. Since this diagnosis Tyra’s parents have worked collaboratively with the school psychologist, her clinical psychologist, the classroom teacher and the deputy principal to discuss ongoing support and the implementation of a risk management plan. Tyra demonstrates anxiety mostly around social situations. The classroom teacher has observed the following:

- Tyra does not enter the classroom with all the other students;
- At recess and lunch breaks Tyra does not move far from the classroom entrance;
- Tyra avoids social interactions with most students in the class and seeks reassurance from one student in particular;
- Tyra struggles to complete tasks given to her as she focuses on perfecting her work to a very high internal standard;
- Tyra displays on a daily basis physical symptoms of her anxiety including short shallow breathing, stiffening of the body and limbs, leading to reduced cognitive functioning and emotional regulating.

The agreed strategies in the management plan are:

- Two formal case conferences will be held each term with all stakeholders present;
- A reduced workload and Tyra is given alternative options to present her work;
- Tyra’s teachers consider varied assessment methods to suit Tyra’s needs eg: oral presentations to the teacher only, not the whole class;
- Tyra attends weekly sessions with the clinical psychologist to access cognitive behaviour therapy;
- The school psychologist in consultation with her clinical psychologist had developed sessions for school staff regarding the use of support languages and strategies that complement the ongoing cognitive behaviour therapy;
- Tyra’s classroom teacher communicates regularly with her parents regarding Tyra’s triggers and responses to strategies;
- Tyra’s classroom teacher has worked with the school psychologist to understand the constructs and principles of cognitive behaviour therapy and reflect those with her communication with Tyra and model helpful thinking processes in trigger situations;
- Tyra engages in the PATHS program which is delivered in a small group situation twice a week;
- Tyra has an identified staff member who is her safe person who understands her worries and with whom she checks in with on a daily basis;
- A buddy system has been established for recess and lunch for Tyra to encourage her to participate in organised structured activities eg: netball game, board games. The duty staff have been made aware of strategies to assist Tyra in the playground;
- Tyra has had seven episodes this year where she has not been able to regulate her emotions resulting in these instances where she has not been able to reach a level of calm for over two hours both physically and verbally.
Case study 14: Rosie

Rosie is a Year 10 student who is profoundly deaf. She attends a mainstream school full time and is an Auslan user. She has the support of school based Teachers of the Deaf, SSEND school psychologists and Audiologists and Educational Interpreters to implement and provide access to the curriculum. This team also meets regularly with the mainstream teachers and Rosie’s family. Staff from SSEND provide at least monthly support with Rosie’s mental health as she comes to terms with her identity of being Deaf in a hearing world. The Deaf centre staff and Rosie’s parents, communicate with each other in writing on a weekly basis. Rosie receives a mainstream school report and it is accompanied by a report from the Deaf centre. She has regular auditory and psychological assessments that Teachers of the Deaf use to fine tune their individual lessons.

Rosie requires an Educational Interpreter at all times when she is in classes with mainstream staff, and also with deaf education staff (psychologists, audiologists, speech teachers) who don’t use Auslan and to access the curriculum. This also extends to her after hours sport as well as socials and concerts. She tires in the afternoon, as her visual concentration requires more muscles than using the auditory channels. Rosie requires support with the vocabulary of her mainstream classes. She has to learn new words as well as the new concepts being taught in the class. The level of concentration Rosie requires is both intense and concentrated but Rosie is capable of this with appropriate assistance. She receives additional time and support for the core subjects. As Rosie cannot take notes and watch the Interpreter at the same time, she requires an Educational Notetaker for her core subjects.

Rosie has an individual social skills program as well as working with the principal of the Deaf centre once a week for individual support targeted towards appropriate and subtle social commentary which is a linguistic issue. Role play, social stories and analysis of behaviour in the home and at school need to be reviewed and practised each week. Mainstream staff have attended regular professional learning regarding working with Deaf students so that they too can remediate clumsy linguistic responses from Rosie.

Rosie does not require any assistance with personal care and travels to and from school independently. Rosie will require surgery in the near future which may interrupt her school program significantly. In the past, Rosie has self-harmed so all staff have received training in four mental health programs. The school has an emphasis on teaching resilience and positive thinking. These programs are ongoing.
Extensive Adjustment

Case Study 15: Jane

Jane is a six-year-old girl with a diagnosis of cerebral palsy and severe intellectual disability. Jane also experiences epilepsy seizures, which are mostly controlled with medication. She has just commenced Kindergarten at her local mainstream primary school.

Jane is non-verbal and has not yet developed a consistent form of communication. Jane uses a wheelchair for mobility and requires an adult to push her, and to transfer in and out of her chair when she is fully supported in a standing frame for a period of time each day. Jane is fully dependent on others for all of her self-care activities, including toileting, dressing, bathing and feeding.

After selecting a mainstream setting for Jane to commence her formal schooling, Jane’s parents began transition planning with the school very early in her kindergarten pre-school year. Since birth, Jane has received significant early intervention support from a wide range of medical and allied health professionals and agencies. These professionals were able to support Jane’s transition planning by providing the school with information to help understand Jane’s ongoing medical, physical, cognitive, language and social-emotional needs.

At the start of the school year, Jane’s Student Support Group developed a highly individualised educational plan taking into account the information provided by her family and supporting professionals. On commencing at school, her teacher completed a range of observational and functional assessments, including the Abilities Based Learning and Education Support (ABLES) assessment linking Towards Level 1 of the Australian Curriculum in Victoria (AusVELS).

Current Individual Learning Plan goals for Jane include:

- recognising and showing response to a range of sounds
- fixating on objects and moving her head or eyes as the object is moved
- reaching towards an object
- showing recognition of her favourite toys, objects, and familiar people
- responding to changes in position
- exploring different materials and textures through touching, rubbing, tearing, scrunching, rolling
- anticipating and cooperating with her carer when eating and drinking
- responding to visual and auditory stimulation from an ICT device
- operating, with assistance, an ‘on/off’ input device using a switch.

Some current adjustments enabling Jane to access and participate in her educational program include:

- use of a universal access toilet fitted with a hoist and change table
- intensive speech pathology, occupational therapy and physiotherapy, including direct support and consultation with teachers
- monthly consultation from a visiting specialist education teacher to assist Jane’s classroom teacher in designing and delivering a curriculum that best supports her needs
- frequent periods of teacher support throughout the school day
- intensive adult supervision and assistance with personal safety and care throughout the school day
- mealtime assistance and assistance with all feeding activities
- assistance to mobilise and with all transfers
- highly targeted Individual Learning Plan
- regular consultation between Jane’s family and the school via monthly Student Support Groups, a daily communication book between school and the home, and informal discussion with the teacher and support staff at school drop off and pick up times.

As a result of Jane’s disability and complex needs, she requires ongoing extensive adjustments to access and participate in her highly individualised educational program.
Case Study 16: Tristan
Tristan is a 16-year-old boy with a diagnosis of severe intellectual disability and autism spectrum disorder. He attends a specialist school in a large regional city and participates in some mainstream programs as part of the school’s satellite unit situated in a secondary college campus near his school.

Tristan is non-verbal, communicating his needs using gestures, some key-word signing, and the Picture Exchange Communication System (PECS). Though Tristan generally enjoys attending school, he has difficulties with sensory integration and requires significant supervision and assistance at all times and in all settings.

Tristan requires extensive support to manage his behavioural responses to sensory stimuli. It is difficult to predict his reaction to any given sensory input. As a result, staff regularly undertake functional behaviour analyses to evaluate Tristan’s engagement with his environment in all settings – school sites, the community and the home. From these analyses, a comprehensive Behaviour Management Plan is put in place to ensure Tristan is provided with consistent responses and strategies that best support his complex needs.

Tristan’s educational program focuses on functional skills in the key areas of self-care, communication, personal safety and preparing for post-school options. Tristan requires intensive adult assistance for all components of his educational program.

Current Individual Learning Plan goals for Tristan include:

- independently completing some steps when dressing and undressing
- indicating personal needs associated with being ‘hot’, ‘cold’, ‘hungry’, or ‘thirsty’ by using gesture, sign, or PECS
- indicating feelings such as ‘happy’, ‘sad’, ‘angry’, ‘worried’, ‘scared’ or ‘confused’ by using gesture, sign, or PECS
- completing some steps associated with preparing his own meals
- with prompting, following visual steps in basic hygiene procedures
- finger-feeding independently and attempting to use utensils when eating
- responding to single word safety instructions from a familiar adult, such as ‘stop’, ‘wait’ and ‘come’
- recognising and communicating when feeling unsafe
- recognising warning signs in the environment.

The regular adjustments Tristan receives in working towards these learning outcomes include:

- frequent short periods of intense specialist teacher instruction throughout the day
- personal care and safety support from education support officers throughout the day
- preparation of individualised social stories, visual scripts, visual schedule and PECS communication materials
- provision of a withdrawal sensory space with individualised materials for Tristan to engage in calming activities. The space will also be used for specialist consultation and support from the school’s occupational therapist and speech pathologist, including review of Tristan’s communication, self-care and sensory needs and the recommendation of ongoing adjustments
- regular consultation from a community-based agency specialising in functional behaviour analysis for young people with autism.

As a result of Tristan’s disability, he requires ongoing extensive adjustments to access and participate in his highly individualised educational program.
Case study 17: Flynn
Flynn is a 16 year old boy with a diagnosis of severe intellectual disability and autism. Flynn attends a mainstream secondary school in a large regional city but accesses some specialised programs at the onsite Education Support Centre.

Flynn is nonverbal and typically communicates his needs using gestures, some basic signing and visual–pictorial communication systems. He enjoys attending school but finds it difficult to manage his sensory integration and requires significant supervision and assistance to recognise when he needs to take a break from an activity, communicate his feelings or make a request for assistance. His current IEP and BMP are focused on learning to learn behaviours, functional skills in the community and transition to community based activities over the next three years. His functional program centres on self-care, hygiene, communication and personal safety. Flynn requires full adult assistant for all aspects of his program.

Key learning outcomes for Flynn include:
- daily routines such as help to unpack his school bag upon arrival, and pack upon departure;
- tolerate touch/speech cues used in the routines for greeting, meal time, toileting and home time;
- relate concrete objects to a particular classroom activity such as nappy – toilet or bowl and spoon – cooking; and
- indicating his needs and responding to verbal interactions.

Flynn requires extensive support to manage his behavioural responses to sensory stimuli. He will not always act predictably to any given sensory input and therefore regular functional behaviour analysis is performed with all staff across both sites to re-evaluate his engagement with all aspects of his environment across all settings (school, community and home) to ensure that Flynn is provided with a consistent set of responses and strategies that support his changing behaviour needs.

Flynn has as one of his goals to increase his engagement with the disability service provider in his community as chosen by his family. This requires cross training between disability service staff and school staff to ensure that there is consistent and detailed understanding of Flynn’s individual program. Shared professional learning, planning and collaborative case meetings occur monthly to ensure a highly individualised transition program for Flynn.
Case study 18: Zac

Zac is a 6 year old boy with Cerebral Palsy. He is in a wheelchair and totally dependent on staff for all his self-care needs. Zac is non-verbal and currently has no reliable form of communication apart from smiling for ‘yes’, head shaking for ‘no’ and some eye pointing for simple choice making.

Zac does not appear to have an intellectual disability and his teacher is working hard with his therapists to develop a communication system and the ability to better access the curriculum through assistive technology.

To cater for Zac’s needs:
- the school holds termly case conferences with Zac’s parents and when required his therapists, to review his IEP goals and any issues/progress;
- his teacher meets frequently with Zac’s therapists and is actively implementing therapy programs including daily mat sessions and standing frames as well trialling communication options;
- Zac’s staff are trained in manual handling and follow the manual handling plan provided by the therapists for all transfers and toileting procedures;
- Zac is dependent on staff for all mealtimes and his staff are trained to implement his meal-time Management Plan. Zac also has a Risk Management Plan to manage choking risks;
- while Zac’s teacher finds it difficult to ascertain the extent of Zac’s ability, she ensures that Zac is part of the regular class curriculum by modifying all questions directed to Zac so he can answer either yes/no or can eye point between two options;
- provides Zac with a switch that he can press to gain attention; and
- Zac’s teacher also ensures that she takes into consideration physical access for Zac and adapts when necessary.

In the short term Zac’s program will remain focused on his self-care, developing a way for Zac to communicate and increasing his access to the curriculum. It is envisaged that once Zac has a reliable communication system and is utilising assistive technology to enable him to demonstrate his skills and knowledge that he will be able to access a mainstream curriculum.
Case Study 19: Alistair

Alistair is a profoundly deaf student who attends a specialist Deaf centre at a mainstream secondary college. He is in year 9. He undertakes study in the core subjects within the Deaf centre and participates in mainstream options with extensive support.

Alistair is non-verbal and uses Auslan based signs with prompting. He does not understand facial expression, body language or other social cues nor can he lip read. He also finds it difficult to read sign language. He uses the support services of school based Teachers of the Deaf, SSEND school psychologists and audiologists, Educational Interpreters and Deaf mentors to implement and provide access to the curriculum. This team also meets regularly with mainstream teachers and Alistair’s family to ensure he is motivated and “comfortable”. “Comfort” for a deaf student means that they are not stressed by the environment and can therefore maintain eye contact.

He appears stressed when over stimulated and prefers not to watch and/or mix with others. Alistair has sensory and socialisation issues. Officers from SSEND provide monthly support with Alistair’s mental health as he learns how to deal with each new context he faces. Communication between his Teacher of the Deaf and with Alistair’s family occurs daily or weekly as deemed necessary, as Alistair has very low communication skills. Alistair receives a report from the Deaf centre as well as a report from his mainstream options classes. These reports are also translated into sign language on disc so he can understand his own progress.

Alistair requires an Educational Interpreter at all times. In addition, he requires a deaf mentor to relay the Educational Interpreter’s message. He tires easily in the afternoon as many deaf students do, because his visual concentration requires more muscles than the auditory channels. Alistair requires support with the vocabulary of his mainstream classes. He is learning new words at the same time as new concepts which hearing students do not need to do. Alistair requires tuition in a small class of six students but must be accompanied by his Educational Interpreter and Deaf mentor. He will work quietly on task if he has the appropriate support.

Alistair initially required 1:1 support 100% of the time, but this has reduced slightly to 90–95% and he responds positively with that amount of support. He finds it difficult to work independently at any time. His intellectual functioning indicates good non-verbal skills which allow the school to build on this skill to give Alistair challenges at school. His literacy and numeracy skills are at a very low primary school level. However, with support, his photography skills are excellent.

Alistair has access to a small withdrawal room if he requires a break and time away from other people. This is particularly useful if he cannot make it through the whole of the mainstream classes. The Deaf centre rooms do not have the visual or auditory distractions found in the mainstream classes.

At recess times Alistair prefers to stay by himself and just observe the other students. He does not attempt to communicate with others without being prompted. The Deaf centre provides staff on duty to encourage him to communicate with his peers.
Section 6: FAQs

What is the Nationally Consistent Collection of Data on School Students with Disability?
The Nationally Consistent Collection of Data on School Students with Disability (the national data collection) is an annual collection that counts the number of school students with disability and the level of reasonable educational adjustment they are provided with. It has been progressively implemented from 2013. From 2015 all schools will participate in the annual national data collection.

The national data collection will count students who have been identified by a school team as receiving an adjustment to address a disability under the Disability Discrimination Act 1992 (the DDA). The DDA can be viewed or downloaded from the ComLaw website at www.comlaw.gov.au.

Why has the Nationally Consistent Collection of Data on School Students with Disability been introduced?
Until now there has been a lack of nationally comparable data about school students with disability. The national data collection will mean that, for the first time, this information is transparent, consistent and reliable at a national level.

More information about school students with disability will help parents, carers, teachers, principals and education authorities to support students with disability to take part in school on the same basis as other students. The national data collection will better enable all levels of government to effectively target resources for students with disability wherever they live and whatever school they attend.

The national data collection is also an opportunity for schools to review their learning and support systems and processes and continually improve education outcomes for students with disability.

Over time, the processes underpinning the national data collection will help to reinforce the actions required of schools under the Disability Discrimination Act 1992 (the DDA) and the Disability Standards for Education 2005 (the Standards). Both the DDA and the Standards are available to view or download via the ComLaw website at www.comlaw.gov.au.

How will the data from the Nationally Consistent Collection of Data on School Students with Disability be used?
The information provided through the national data collection will help education authorities and schools better target programmes and resources and contribute to enhanced learning outcomes for students with disability.

The national data collection is also an opportunity for schools to review their learning and support systems and processes and continually improve education outcomes for students with disability.

In addition, the national data collection will provide governments with greater insight into the number of students with disability in Australian schools, where they are located and what reasonable adjustments are provided for them.

Who is overseeing implementation of the Nationally Consistent Collection of Data on School Students with Disability?
Implementation of the national data collection is overseen by the Australian Government Department of Education and Training in partnership with all state and territory governments and non-government education authorities.

The Education Council Joint Working Group to Provide Advice on Reform for Students with Disability (the Joint Working Group) has provided advice and oversight on this work since 2011. The Joint Working Group is chaired by the Australian Government Department of Education and Training and includes representation from all state and territory government education authorities, the Independent Schools Council of Australia (ISCA), the National Catholic Education Commission (NCEC) and the Australian Curriculum, Assessment and Reporting Authority (ACARA).

Isn't data on students with disability collected now? Why do we need to be involved in another data collection process at the national level?
The Nationally Consistent Collection of Data on School Students with Disability is focused on building an evidence base that will provide teachers, schools and sectors with more information and a better understanding at the national level about how many school students with disability there are in our schools; where they are; and the level of adjustment being provided for them to participate in schooling on the same basis as other students.

When does a school need to start collecting evidence for this data collection?
To include a student in the data collection, there should be evidence that the student has been or is being provided with an ongoing, long-term educational adjustment for a minimum of one school term (or at least 10 weeks).

When and how often will the national data be collected?
The national data collection on students with disability first took place in October 2013. From 2014, the data collection has been aligned with the National Schools Statistical Collection in August each year. Education ministers have agreed that the Nationally Consistent Collection of Data on School Students with Disability will occur annually in all schools across Australia from 2015.

How does a school decide if a student is being provided with the lowest level of adjustment (support provided within quality differentiated teaching practice)?
Students whose disability requires that the school actively monitor the need for reasonable adjustments or who are provided with adjustments that are reasonably expected as part of quality teaching or school practice would be included in this category.

For example, a student who is short-sighted and has this condition corrected through glasses or contact lenses would not be included in the count because the condition does not have a functional impact on their schooling and does not require monitoring by the school. However a student with a vision impairment that does have a functional impact on their schooling and who thus needs educational adjustments in one or more areas such as planning, teaching, assessment, reporting, the environment and /or resources, would be included in the national data collection on students with disability.

A decision to include the student in the lowest level of adjustment would reflect that the teacher/school is undertaking ongoing monitoring and making minor adjustments in relation to the student’s disability related needs.

Some students with disability may not need educational adjustments beyond those that are reasonably expected as part of quality teaching or school practice to address disability related needs (e.g. allowing a student with dyslexia additional reading time during a test, using graphic organisers...
to support writing). These students should be recorded under the “Support provided within quality differentiated teaching practice” level of adjustment for the purposes of this collection.

This category enables the collection of data on students who require active monitoring or provision of low-level support/s. While the student’s needs as a result of the disability are being met through quality differentiated teaching practice during the period they are being considered for the data collection, those needs necessitate ongoing monitoring and review.

What if an adjustment was provided for a past student and is now being used for a current student (i.e. a wheelchair ramp)?
A facility such as a building modification, which already exists in the school and caters for a student’s physical disability where no additional action is required to support the student’s learning would be an example of support provided within quality differentiated teaching practice.

What is the difference between “Support provided within quality differentiated teaching practice” and the “Supplementary” level of adjustment categories?
The national data collection on students with disability reinforces the existing obligations that schools have towards students under both the Commonwealth Disability Discrimination Act 1992 (DDA) and the Disability Standards for Education 2005 (The Standards).

Students may be counted in the national data collection where they meet the DDA’s broad definition of disability and the functional impact of their disability is addressed by the school actively responding to their specific individual education needs within quality differentiated teaching practice. These students should be counted under the “Support provided within quality differentiated teaching practice” level of adjustment.

Examples might include a student with a health condition such as asthma and diabetes, or a mental health condition who has strategies in place to manage the condition in consultation with medical professionals that can be provided within quality differentiated teaching practice. In both examples, the student requires no adjustments beyond support provided within regular practices and resources of the school.

I don’t think the student meets the definition of ‘disability’ under the Disability Discrimination Act 1992.
Only those students who meet the broad definition of ‘disability’ under the DDA, and whose disability has a functional impact on their schooling, are eligible for inclusion in the national data collection on students with disability. If a student does not meet this broad definition, they should not be included.

I don’t think the student fits into the disability categories provided in the list.
If a student has multiple disabilities or does not fit within one category, you should select whichever disability category has the greatest impact, based on your professional judgement, on the student’s education and is the main driver of adjustments to support their access and participation.

Do schools include students with foetal alcohol spectrum disorder (FASD)?
If this student requires ongoing long-term support, your school should identify the disability that is present as a result of the FASD, and then determine the appropriate disability category.

Do schools include a student with a hearing impairment?
If the student requires ongoing long-term support to participate in education, then record the details relevant to this student. A student who has a hearing impairment that is corrected through a hearing
aid and who requires no adjustments by the school, would not be included in the count where the
condition does not have a functional impact on their schooling. However, a student with a hearing
impairment that does have a functional impact on their schooling (e.g., one of a substantial cohort of
students in a class who suffer from otitis media) and subsequently needs educational adjustments in
one or more areas that may include planning, teaching, assessment, reporting, the environment
and/or resources, would be included in the collection.

Do schools include a student with dyslexia?
If the student requires ongoing long-term support to participate in education, then record the details
relevant to this student. Some students with dyslexia may not need educational adjustments beyond
those that are reasonably expected as part of quality teaching or school practice to address disability
related needs (e.g. allowing such a student additional reading time during a test). These students
should be counted under the “Support provided within quality differentiated teaching practice” level
of adjustment for the purposes of this collection.

Should someone review the information before completing the data collection process?
Your school principal can advise you of the review processes that apply to your school prior to the
submission of data.

When considering the level of adjustment provided to the student, consider all adjustments that the
student receives in order to access and participate in schooling on the same basis as other students.

Do schools include a student with a medical condition?
The nature of the medical condition will determine whether or not a student is included in the
collection. A student should be included if the student’s needs remain subject to close monitoring
and review/require adjustment (and there is evidence to support this). If the school does not need
to make any adjustments to accommodate the student then they should not be included in the
collection. If staff need to be constantly aware of the student, adjust teaching and learning delivery
or adjust activities to accommodate the student’s medical condition, or have regular contact with
the parents, in regards to the medical condition, then the student should be included and evidence
identified to support the reasons for the inclusion. (Refer to case study 1: Gemma, of the AISACT
NCCD Information Pack)

What is the difference between general differentiation and the first adjustment level of ‘support
provided within quality differentiated teaching practice’?
‘Support provided within quality differentiated teaching practice’ means that support is being
provided for students who have a disability under the DDA. Schools and teachers make adjustments
and provide support for a range of students. Not all adjustments and supports are provided to
address disability.

For example:
- A student who is experiencing difficulty with learning as a result of external factors such as
  limited school attendance or acquisition of English as a second language whilst learning in
  English, would not be included in the NCCD.

- A student who is experiencing difficulty with learning as a result of a disorder or malfunction
  that results in them learning differently from other students without the disorder or
  malfunction would be included in the data collection.
Do schools include in the collection a student who has high needs and has a lot of adjustments being made for him/her, however, has no diagnosis?

There are many reasons why a student may not have a diagnosis at the time of the collection, including:

- Parents/guardians choosing not to take their child to obtain a diagnosis
- Waiting for results/still undergoing testing
- Parents not wanting their child to be labelled as having a disability
- Refusal to acknowledge that the student has a disability
- Cultural or religious reasons

Regardless of the reason behind not having a diagnosis, if a teacher/parent feels that the student has a disability (in line with the definition under the DDA), and there is supporting evidence adjustments have been or will be made an on-going basis (min. 10 consecutive weeks), then the student could be considered as having an imputed disability. This may come down to professional teacher judgement and having the in-school evidence to support the judgement. Evidence can be drawn from four general areas:

- assessed individual needs of the student
- adjustments being provided to the student to address the disability – this includes support provided within quality differentiated practice
- ongoing monitoring and review of the adjustments
- consultation and collaboration with the student and/or parents and carers or associates.

What evidence is required?

For a student to be included in the data collection there needs to be evidence that adjustments have been made for a minimum of one school term (10 weeks) in the 12 months prior to the census date. Schools are not required to create new or additional evidence for the purposes of the data collection. School principals are responsible for verifying or confirming that there is evidence at the school to support the inclusion of a student in the data collection.

The evidence could include notes from meetings, standardised test results, evidence of curriculum adjustments, observation notes, school counsellor reports, and other information pertaining to what made the teacher/parent consider that the student might have a disability.

To determine the amount of evidence needed for a student who does not have a diagnosis but is imputed, it is recommended that the school considers, “If we were challenged to explain our decision would we feel we had reasonable ground and documentation to support our judgement?” (Refer to step 1: is the student being provided with a reasonable adjustment to address a disability on the NCCD website)

Do schools take the diagnosis into account when determining the adjustment level?

The NCCD model was designed to assist schools to identify and to support students with disability so they can access and participate in education on the same basis as their peers. Schools need not be influenced by the diagnosis; but should be guided by what adjustments are being provided to a student (to address a disability) to ensure he/she can access and participate in education on the same basis as other students in the class. (Refer to the data collection model on the NCCD website)

The focus of the data collection is on the adjustments to support functional needs of students rather than on the category of disability.
There is a student who is enrolled in my school who refuses to attend school. Do I include them in the collection?
Schools must determine whether or not the student has a disability or disorder that is preventing them from attending school, or whether or not the student is a consistent school avoider. If it is the former, then you should consider whether adjustments are being made to accommodate for that student, and if yes, whether there is a minimum of 10 weeks evidence to support their inclusion.

If a student has a disability does every teacher in the school (high school, junior school etc) need to be informed or just those in direct contact with the student?
This can vary from school to school due to variances in school policies and the wishes of the parents. There is no right or wrong answer as long as the student and other students are safe at all times and the adjustments that are needed are being implemented and recorded.

There is a student at the school who has Autism. Should they be counted in the cognitive category, or the social and emotional category?
With the changes from the DSM IV to the DSM V, Aspergers is now referred to as Autism therefore the answer is dependent on the student and their diagnosis of Autism as well as the specific adjustments being made. In determining the category schools should consider the category in which the majority of the adjustments fit. If more adjustments are provided to address the cognitive needs of the student, schools count them in the cognitive category. If more adjustments are provided to address the social and emotional needs of the student, schools would count them in the social and emotional category.

It is term 3 and a student has just started at the school. They have a diagnosis of a disability. Are they included in the collection?
Schools can include them in the count if there is evidence that they were receiving adjustments at their previous school over a period of 10 weeks. This evidence should be obtained from the previous school from the student’s parents.

There is a student at my school who has ADHD. Should I count them in the cognitive category or the social and emotional category?
The adjustments made for the student will determine the category in which they are counted. If more adjustments are provided to address the cognitive needs of the student, a school would count them in the cognitive category. If more adjustments are provided to address the social and emotional needs of the student, schools would count them in the social and emotional category.

Does all the evidence the school has on a student need to be located in one folder? How long does it need to be kept?
There are no regulations in regards to where the evidence is kept or for how long. This is a school-based decision. Some schools may have one folder containing all the information on the students who are included in the NCCD. Others may prefer to keep different documentation in different locations as the information may need to be accessed by a number of staff. However, in all cases the evidence should, at minimum, be kept for the duration of the student’s time at the school and in accordance to school record keeping policies. Sensitive information should be kept in a secure location.
Section 7: Resources

Example Letter for Schools to send to parents

Dear Parents/Guardian,

RE: Nationally Consistent Collection of Data on School Students with Disability

Our school is taking part in the nationally consistent collection of data on school students with disability (NCCD).

What is the NCCD?
The NCCD is aimed at providing all Australian schools, education authorities and the community with a clear picture of the number of students with disability in schools and the adjustments they require to enable them to participate in education on the same basis as other students. The NCCD is being phased in over a three year period. The first data collection occurred in 2013, the second in 2014, and the 3rd will occur in the second half of 2015.

What will the 2015 data collection involve?
Like last year, the 2015 data collection will involve the collection of the following information at the school level:

- the number of students receiving adjustments to enable them to participate in education on the same basis as other students
- the level of adjustment provided (quality differentiated teaching practice, supplementary, substantial or extensive adjustment); and
- the student’s category of disability.

Once this data has been collated, our school will de-identify the data so that no student names are captured before providing to the Australian Government Department of Education. No names or identifying information are collected as part of the collection process.

What will the data be used for?
The Australian Government Department of Education will use the information collected for the purposes of preparing reports for briefing Education Ministers.

For the purposes of preparing these reports or briefing material, the Australian Government Department of Education will ensure that the data is aggregated sufficiently so that no student’s identity could reasonably be ascertained. The aggregated data held by the Australian Government Department of Education may also be used to inform policy development for future funding and other policy requirements.

Your child’s data
If you do not want our school to provide de-identified data about your child to the Australian Government Department of Education, you can ‘opt-out’ by completing and returning the attached opt-out form to the school or contacting the school on the number below.

If you do not advise you wish to opt-out, de-identified information about your child will be included in the 2015 data collection.

If you have any questions about the 2015 data collection please contact [insert contact person at school] on [insert phone number]. Further information about the project can be found at http://www.schooldisabilitydatapl.edu.au/.
### Examples of adjustment

<table>
<thead>
<tr>
<th>Curriculum Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include movement breaks and exercise (daily aerobic).</td>
</tr>
<tr>
<td>Additional time for tasks</td>
</tr>
<tr>
<td>Adjustment to content or volume of work</td>
</tr>
<tr>
<td>Allow extra time to complete activities</td>
</tr>
<tr>
<td>Allow extra time to respond</td>
</tr>
<tr>
<td>Allow oral responses to tasks</td>
</tr>
<tr>
<td>Allow scribing</td>
</tr>
<tr>
<td>Allow short breaks for long tasks</td>
</tr>
<tr>
<td>Ask for instructions to be repeated</td>
</tr>
<tr>
<td>Assessments read (except comprehension)</td>
</tr>
<tr>
<td>Assist with analytical tasks</td>
</tr>
<tr>
<td>Assist with beginning tasks</td>
</tr>
<tr>
<td>Assist with bilateral tasks</td>
</tr>
<tr>
<td>Assist with gross motor tasks</td>
</tr>
<tr>
<td>Assist with planning for larger task</td>
</tr>
<tr>
<td>Assist with starting tasks</td>
</tr>
<tr>
<td>Assist with tracking</td>
</tr>
<tr>
<td>Assistive Technology</td>
</tr>
<tr>
<td>Be aware of physical symptoms and provide activities to distract the child</td>
</tr>
<tr>
<td>Break task down into achievable goals/manageable chunks.</td>
</tr>
<tr>
<td>Catering to preferred learning styles</td>
</tr>
<tr>
<td>Checklists and notes provided</td>
</tr>
<tr>
<td>Visual prompts</td>
</tr>
<tr>
<td>Clarify understanding of task</td>
</tr>
<tr>
<td>Coach the student to demonstrate positive strategies</td>
</tr>
<tr>
<td>Colour code material by subject</td>
</tr>
<tr>
<td>Consistent routine with consistent reminders</td>
</tr>
<tr>
<td>Determine what the triggers for the student’s anxiety are, and reduce these as much as possible</td>
</tr>
<tr>
<td>Directly teach anxiety management/stress reduction coping strategies</td>
</tr>
<tr>
<td>Documentation of ‘Teaching moments’ in daily plan or elsewhere.</td>
</tr>
<tr>
<td>Encourage student to use visual cues such as what peers are doing</td>
</tr>
<tr>
<td>Exams: separate supervision</td>
</tr>
<tr>
<td>Facilitate peer tutoring to support learning.</td>
</tr>
<tr>
<td>Fine motor skills/perceptual motor/sensory program.</td>
</tr>
<tr>
<td>Focus on student interests and talents</td>
</tr>
<tr>
<td>Forewarn about change</td>
</tr>
<tr>
<td>Give less homework</td>
</tr>
<tr>
<td>Handouts/class notes provided</td>
</tr>
<tr>
<td>Highlight key words on whiteboard – different colours.</td>
</tr>
<tr>
<td>Incorporating Curriculum around IEP goals</td>
</tr>
<tr>
<td>Input from AVT to provide modifications to activities (eg larger lines to cut along)</td>
</tr>
<tr>
<td>Limit choices</td>
</tr>
<tr>
<td>LSTA support</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>Meet with parents/guardians to discuss actions that could be undertaken at home</td>
</tr>
<tr>
<td>Modelling - hand over hand</td>
</tr>
<tr>
<td>Modification to content or volume of work</td>
</tr>
<tr>
<td>Modified activities</td>
</tr>
<tr>
<td>Modified homework/assignments</td>
</tr>
<tr>
<td>Modified outcome expectations</td>
</tr>
<tr>
<td>Needs positive feedback</td>
</tr>
<tr>
<td>Over-learning of expectations and consequences</td>
</tr>
<tr>
<td>Pair oral with visual instructions</td>
</tr>
</tbody>
</table>

Post the daily routine in the classroom and let students know in advance any changes in the schedule. Letting students know exactly what is expected will help lessen anxiety. For a student with anxiety, a sudden change can cause a panic attack. Knowing in advance what the day will be like will help in transitions.

Pre-teaching concepts/vocabulary.

Prompt to re-focus

Provide additional scaffolding (e.g. visual organisers)

Provide audio books

Provide concrete materials to support concepts Visual cues

Provide developmental/alternative equipment

Provide electronic format

Provide extra sensory learning experiences.

Provide instructional prompts during the teaching of a task

Provide opportunities for 1-1 and small group teaching.

Provide repeated opportunities for the student to practise

Provide short breaks for tasks/tests

Provide tracing guides

Provide Visual Aids (e.g. daily timetable - can use symbols, colour coding etc.)

Reduce amount reading/writing required - designated reader/scribe; use of assistive technology (text to speech & speech to text applications).

Relate instructional material to the student’s life and to other real life situations

Relate learning activities to student’s interest areas.

Remove tasks that are not critical eg colouring, copying

Repeated teaching to consolidate learning

Repetition to assist with missed information

Reproduce instructional material instead of requiring the student to copy it

Requires consistency

Resource adjustments – e.g. large print, less words on a page.

Scaffolding/Transformations

Separate supervision for assessment

Sequence the steps involved in learning a skill, concept or completing a project, e.g. first, second

Set realistic expectations. Feeling pressure to be perfect is common for children with anxiety disorders.

Short/simple instructions

Specialised materials

Structure class groupings specifically with students with disabilities in mind.

Supply graphic organisers
Supply hard copy of class notes
Support concrete goal setting.
Support throughout written tasks
Teach labeling of feelings, e.g. Zones of Regulation Programme
Teach positive self-talk to the entire class. Help children to be aware of the negative way they talk to themselves, such as the use of “I can’t” and help them to develop a more positive way of talking to themselves.
Use a range of communication techniques (e.g. speaking and signing)
Use a structured and predictable program where possible
Use behaviour chart
Use computer programs (Audacity, Ghotit, Dragon, Inspiration)
Use concept maps
Use concrete materials
Use dyslexia friendly font/size
Use incentives/reward system
Use literature and multi-media examples to teach anxiety management
Use multisensory activities to teach concepts
Use of Auditory Cues
Use of concrete Materials
Use of peers to support learning
Use of Physical Supplements
Use of Visual Strategies
Use sensory tools
Use spacious layout on tests
Video clips to consolidate concepts
Visual prompts and instructions
<table>
<thead>
<tr>
<th><strong>Health and Personal Care Adjustments</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to nurse if insulin pump alarm is triggered</td>
</tr>
<tr>
<td>Adapt environment in toilets etc. to facilitate access.</td>
</tr>
<tr>
<td>Adaptive furniture.</td>
</tr>
<tr>
<td>Adjustments to lesson times re toileting; fatigue.</td>
</tr>
<tr>
<td>Administration of medication and monitoring side effects – medication register.</td>
</tr>
<tr>
<td>Administration of medication daily (eg Ritalin) and emergent (eg epi-pen, rectal valium etc)</td>
</tr>
<tr>
<td>Allow extra time after activities to change (swimming, etc)</td>
</tr>
<tr>
<td>Assistance with taking off/putting on socks and shoes</td>
</tr>
<tr>
<td>Awareness &amp; management of skin picking, self-mutilation, sticking things in mouth.</td>
</tr>
<tr>
<td>Awareness of tactile defensiveness &amp; activities to reduce sensitivity.</td>
</tr>
<tr>
<td>Consultation with occupational and physiotherapists, speech language pathologists, AVT/PI, DAC, DOCS, DSQ, CPLQ etc and medical specialists</td>
</tr>
<tr>
<td>Consultation with parents</td>
</tr>
<tr>
<td>Dressing prompts.</td>
</tr>
<tr>
<td>Encourage alternatives to stress habits</td>
</tr>
<tr>
<td>Encourage good posture</td>
</tr>
<tr>
<td>Explicit teaching re hygiene issues</td>
</tr>
<tr>
<td>Feeding</td>
</tr>
<tr>
<td>Frequent repositioning (for comfort, drainage and participation)</td>
</tr>
<tr>
<td>Health Management Plan</td>
</tr>
<tr>
<td>High supervision of fluid intake</td>
</tr>
<tr>
<td>Jelly beans kept in class</td>
</tr>
<tr>
<td>Lifting and handling (for positioning, toileting, participation, in/out of vehicles, in/out of equipment</td>
</tr>
<tr>
<td>Modelling use of drink taps.</td>
</tr>
<tr>
<td>Monitor food intake at breaks</td>
</tr>
<tr>
<td>Monitor for stress/fatigue</td>
</tr>
<tr>
<td>Monitor hygiene issues</td>
</tr>
<tr>
<td>Monitoring allergies, seizures, sugar levels</td>
</tr>
<tr>
<td>Monitoring eating times &amp; tuck-shop. Alternative lunch programs.</td>
</tr>
<tr>
<td>Monitoring gastrostomy tubes, tracheostomy etc</td>
</tr>
<tr>
<td>Monitoring of temperature (environmental and child) and adequacy of clothing on child in response to this</td>
</tr>
<tr>
<td>Monitoring restricted diet</td>
</tr>
<tr>
<td>Parent group and whole-school education</td>
</tr>
<tr>
<td>Part-time attendance (less than that for others children of same age) due to health</td>
</tr>
<tr>
<td>Peer/Classmate education (discussion with peers about impact of disability)</td>
</tr>
<tr>
<td>Permission to leave class to test blood sugar</td>
</tr>
<tr>
<td>Permission to sit on chair rather than floor</td>
</tr>
<tr>
<td>Provide breaks to relieve discomfort</td>
</tr>
<tr>
<td>Provide ice/heat pack for joint relief</td>
</tr>
<tr>
<td>Provision to eat food in class</td>
</tr>
<tr>
<td>Reminders to monitor blood sugar after, before sport</td>
</tr>
<tr>
<td>Requires guidance to re-focus on task</td>
</tr>
<tr>
<td>Requires reassurance</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>Sports Teacher to carry fruit popper</td>
</tr>
<tr>
<td>Support when not feeling well</td>
</tr>
<tr>
<td>Timetable personnel to meet students upon arrival at school.</td>
</tr>
</tbody>
</table>
**Safety Adjustments**

1:1 supervision during excursions.

Allocate buddy system

Alternative programs because of safety concerns

Break down tasks into small steps

Careful monitoring during PE lesson, on play equipment, using sharp utensils

Complete environmental scans

Development and monitoring of Risk Assessment

Escort to travel with child

Establish predictable routines

Explicitly teach safe practices/strategies for management

Face student when giving directions/instructions

Feedback to student. Reward system.

Increased emphasis on protective behaviours (e.g., stranger danger)

Increased environmental supports (e.g., safety fencing).

Liaise with district personnel (e.g., Workplace Health and Safety Officer)

Liaise with parent regarding medication.

Liaising with school personnel, parents, AVTs, specialists and outside agencies.

Management plan (specialist teachers & teachers on playground duty have a copy).

Manual Handling - input from OT and PT

Mobility training

Modified PE curriculum

Modify classroom activities to allow for extra time to complete tasks

Monitor self-harming behaviours.

Parent group and whole-school education

Peer/Classmate education (discussion with peers about impact of disability).

Possible withdrawal from playground

Pre-warn student of any changes to daily school routine

Prior planning for excursions/camps

Provide alternative safe routes around school (e.g., ramps)

Provide direct adult supervision during special activities (e.g., sports day, fire drills)

Provide fun and practical activities when developing vocabulary knowledge

Provide safe place to de-stress

Provide the student with a buddy and a plan for emergencies (e.g., fire drills)

Provision of safe area, restricted play area.

Raise awareness of student’s needs at staff meeting.

Requires LSTA support for excursions/camps

Risk Management Plan for excursions/camps/Science lab etc

Role playing

Rules displayed (pictorial/symbol).

Social skills training

Specialised vehicle for student to travel in
<table>
<thead>
<tr>
<th>Supervision for at-risk activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision with use of equipment &amp; materials (e.g. scissors and glue).</td>
</tr>
<tr>
<td>Support oral instruction with print or visual aides where possible</td>
</tr>
<tr>
<td>Teach how to ask for help</td>
</tr>
<tr>
<td>Teach peers to assist with tasks eg. carrying books into class</td>
</tr>
<tr>
<td>Use highlighters to allow to focus and track progression of work</td>
</tr>
<tr>
<td>Use of alternate equipment</td>
</tr>
<tr>
<td>Use of specialised equipment</td>
</tr>
<tr>
<td>Wheelchair training and safety for child, class and staff</td>
</tr>
<tr>
<td>Written incident reports.</td>
</tr>
</tbody>
</table>
### Assessment and Reporting Adjustments

<table>
<thead>
<tr>
<th>Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allow extra time or breaks</td>
</tr>
<tr>
<td>Allow for reference materials to be used</td>
</tr>
<tr>
<td>Allow student to use assistive devices and technology resources</td>
</tr>
<tr>
<td>Allow the student flexibility, as appropriate, in the number of questions to be answered relating to the same skill</td>
</tr>
<tr>
<td>Ask questions that demand knowledge of content information, as opposed to “yes” or “no” answers</td>
</tr>
<tr>
<td>Avoid unnecessary movement to ensure the teacher’s face is visible to the student and avoid communicating when the student is moving, as the visibility of the teacher’s face to the student may be reduced</td>
</tr>
<tr>
<td>Change question types from essay to fill in the blank, multiple choice and short answer</td>
</tr>
<tr>
<td>Clarify questions for the student and encourage them to provide a response or rephrase questions in their own words</td>
</tr>
<tr>
<td>Divide the test into parts and give to the student one section at a time</td>
</tr>
<tr>
<td>Encourage the student to ask for clarification, to express opinions, and to contribute to discussions</td>
</tr>
<tr>
<td>Encourage the student to turn around to see classmates as they speak or answer questions</td>
</tr>
<tr>
<td>Enlarged font size</td>
</tr>
<tr>
<td>Ensure you have the attention of the student before speaking</td>
</tr>
<tr>
<td>Establish a home-college communication book</td>
</tr>
<tr>
<td>Extend the time allowed for the student for completion of assignments or tests</td>
</tr>
<tr>
<td>Give the student frequent short quizzes in lieu of long tests that cover a broad base of content base</td>
</tr>
<tr>
<td>Give the student practice questions prior to the test</td>
</tr>
<tr>
<td>Help students break assignments down into smaller segments. This can help to decrease feeling overwhelmed by large assignments and help a student work on each section.</td>
</tr>
<tr>
<td>Highlight key words or instructions for emphasis</td>
</tr>
<tr>
<td>Laptop / Scribe</td>
</tr>
<tr>
<td>Offer an alternative location</td>
</tr>
<tr>
<td>Plan to have student pre-read materials before the lesson</td>
</tr>
<tr>
<td>Provide advance notice for tests/assignments</td>
</tr>
<tr>
<td>Provide choice of assignments</td>
</tr>
<tr>
<td>Provide the student with a quiet location free from distractions</td>
</tr>
<tr>
<td>Provide the student with assistive technology, e.g. calculators or other learning aids</td>
</tr>
<tr>
<td>Provide written instructions with rubrics for assignments</td>
</tr>
<tr>
<td>Read test questions aloud</td>
</tr>
<tr>
<td>Refrain from speaking while writing or facing the Smartboard</td>
</tr>
<tr>
<td>Repeat questions or statements from other students</td>
</tr>
<tr>
<td>Rephrase questions or instructions if not understood by the student the first time, rather than repeating the sentence</td>
</tr>
<tr>
<td>Simplify the wording of test questions, without changing the intent of the expectations</td>
</tr>
<tr>
<td>Stand still in front of the student, articulate clearly and speak in a moderate rate without exaggeration</td>
</tr>
<tr>
<td>Turn off any appliances as humming noises can be distracting</td>
</tr>
<tr>
<td>Use alternative forms of assessment</td>
</tr>
</tbody>
</table>
## Social And Emotional Adjustments

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to alternative learning areas.</td>
</tr>
<tr>
<td>Additional prompts for changing activities, sharing, turn-taking and</td>
</tr>
<tr>
<td>remaining on task</td>
</tr>
<tr>
<td>Additional supervision in less structured activities</td>
</tr>
<tr>
<td>Anger Management program.</td>
</tr>
<tr>
<td>Buddy system.</td>
</tr>
<tr>
<td>Chill-out procedure to reduce stress levels.</td>
</tr>
<tr>
<td>Choose group/team carefully to allow full participation</td>
</tr>
<tr>
<td>Communication with parents. Open phone contact.</td>
</tr>
<tr>
<td>Consistent routine with consistent reminders.</td>
</tr>
<tr>
<td>Constant monitoring of emotional status/mood.</td>
</tr>
<tr>
<td>Consultation with outside agency (CYMHS, DOCS); specialists.</td>
</tr>
<tr>
<td>Daily report for behaviour.</td>
</tr>
<tr>
<td>Develop skills to seek help when needed</td>
</tr>
<tr>
<td>Do not force a child to take on something that is too overwhelming.</td>
</tr>
<tr>
<td>Documentation of 'teaching moment' and resources need in daily planning</td>
</tr>
<tr>
<td>Encourage ‘having a go’</td>
</tr>
<tr>
<td>Encourage whole class awareness and understanding</td>
</tr>
<tr>
<td>Exit plan (chill out card)</td>
</tr>
<tr>
<td>Explicit teaching of socially appropriate behaviour</td>
</tr>
<tr>
<td>Extra supervision in the playground/outside play activities.</td>
</tr>
<tr>
<td>Facilitate, model and encourage appropriate social skills</td>
</tr>
<tr>
<td>Foster opportunities and provide strategies for the student to make</td>
</tr>
<tr>
<td>and maintain friendships</td>
</tr>
<tr>
<td>Generous use of positive reinforcement for effort, improvement and</td>
</tr>
<tr>
<td>appropriate behaviours (if necessary)</td>
</tr>
<tr>
<td>Group with supportive peers</td>
</tr>
<tr>
<td>Identify high risk activities and times and develop strategies</td>
</tr>
<tr>
<td>accordingly</td>
</tr>
<tr>
<td>Implementation of programs/recommendations from specialists.</td>
</tr>
<tr>
<td>In class discussions and &quot;Show and Tell&quot; presentations, teacher asks</td>
</tr>
<tr>
<td>a sequence of familiar structured questions to develop and scaffold</td>
</tr>
<tr>
<td>oral comprehension and confidence</td>
</tr>
<tr>
<td>Incentive choice cards</td>
</tr>
<tr>
<td>management: picture cues, sensory programs and, Stop Think Do)</td>
</tr>
<tr>
<td>Modelling/practising socially appropriate language and behaviour</td>
</tr>
<tr>
<td>Monitor fatigue</td>
</tr>
<tr>
<td>Monitor for anxiety</td>
</tr>
<tr>
<td>Monitor group work</td>
</tr>
<tr>
<td>Monitor social interactions</td>
</tr>
<tr>
<td>One-on-one support</td>
</tr>
<tr>
<td>Over-learning of expectations and consequences.</td>
</tr>
<tr>
<td>Peer/classmate education (discussion with peers about impact of</td>
</tr>
<tr>
<td>disability).</td>
</tr>
<tr>
<td>Physical provision (eg cushion, beads worn on wrist) to promote</td>
</tr>
<tr>
<td>inclusion and sense of well-</td>
</tr>
<tr>
<td>Playground programs. Friendship support groups.</td>
</tr>
<tr>
<td>Praise strength areas</td>
</tr>
</tbody>
</table>
Pre-warn re: changes in routine or activities.

Prompting self-regulation.

Provide buddies to support unstructured time such as lunch breaks

Provide frequent opportunities for the student to learn and practise appropriate behaviours in social situations

Provide opportunities for students to take on special responsibilities that help them support their view of themselves as capable

Provide structured time out

Provide the student with as many opportunities as possible to experience positive self expression

Reassure when feeling vulnerable/ frustrated

Reinforce positive behaviour

Remove class focus during outbursts

Smaller group composition to allow for needs

Social Skills lessons for child with disability and peers.

Socially appropriate language modelled

Specific planned activities (may be to allow the child to access the same activities)

Specific Social Skill training lessons for child with disability and peers

Structure classroom routine with preferred activities on arrival

Support in group work

Supportive Individual Behaviour Management Plans.

Teach the student how to initiate, maintain and conclude a conversation

Teach the student to notice, interpret and respond appropriately to body language

Teach the student to see situations from another person’s perspective, making use of role playing and modelling

Teach/prompt use of step plan for solving problems.

Teaching protective behaviours to other children

Teaching strategies for self-identification of feelings and regulation of emotions (e.g. stress management: picture cues, sensory programs and, Stop Think Do).

Timetabling personnel to meet students upon arrival at school.

Transition plans.

Use a buddy system that promotes social engagement language

Use of consistent language.
**Communication Adjustments**

- Accept word approximations from the student and shape their vocalisations
- Adequate instruction/time to process
- Advance warning of daily routines and changes
- Allow additional processing time and extra time for verbal responses
- Articulation/Oromotor sessions.
- Ask frequent questions at the right level of complexity to ensure a high success rate and to build confidence
- Ask student to retell & review
- Auditory Training Program
- Break into smaller tasks
- Choice making
- Communication with Case Manager
- Communication with parents (email, phone, letter)
- Cueing and modelling responses
- Demonstrate and explicitly teach good listening behaviours (e.g. eyes are watching, bodies are still, ears are listening, mouth is quiet)
- Develop a positive rapport with the student
- Diary used to communicate home
- Documentation of 'teaching moments' (such as the modelling an appropriate communication skills to use with peers) in daily planning or elsewhere.
- Encourage the student to self-advocate his/her needs appropriately
- Ensure positive reinforcement for when targeted skill is used, e.g. (Name), I really liked it when you.....
- Ensure you have the student’s attention before giving an instruction and checking for understanding
- Facilitate and support the student’s use of augmentative communication devices
- Frequently check understanding/comprehension of instructions.
- Give multimodal directions. Provide extended modelling/demonstration.
- Give short, clear verbal instructions, with visual reinforcement and then check for understanding
- Help student practise speaking to a partner, then a small group, than a larger group
- Implementing programs between school/home
- Implementing speech language pathologist programs and recommendation
- Inform parents of progress on tasks
- Interest areas defined to encourage conversation.
- Laptop access for written tasks/exams
- Limiting stimuli/simplifying environment
- Listening for comprehension emphasised.
- Make presentations using slides and pictures instead of text
- Management of Cochlear Implant
- Management of hearing aids/FM system
- Modelling
- Modification allowed for presentations.
- Monitor for appropriate interaction
- Picture cues
<table>
<thead>
<tr>
<th>Practise speaking for different purposes (e.g. asking for clarification, initiating, maintaining and concluding conversations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prompt most language responses – scaffolding, cueing, modelling and response to meaning.</td>
</tr>
<tr>
<td>Prompt to re-focus</td>
</tr>
<tr>
<td>Provide preferential seating to teacher/speaker to reduce distractions</td>
</tr>
<tr>
<td>Questioning techniques to check understanding</td>
</tr>
<tr>
<td>Reduce sentence length</td>
</tr>
<tr>
<td>Repeat missed information</td>
</tr>
<tr>
<td>Routine cue cards (pictorial timetables/contacts)behavioural cues</td>
</tr>
<tr>
<td>Scribe, laptop or electronic recording</td>
</tr>
<tr>
<td>Short explicit instructions/ delivered same way every time</td>
</tr>
<tr>
<td>Sign Language/Makaton</td>
</tr>
<tr>
<td>Speak calmly and concisely</td>
</tr>
<tr>
<td>Special programs (eg. Earobics)</td>
</tr>
<tr>
<td>Staff training in specialist communication strategies (eg Hanen; Makaton; PECS) and/or communication devices (AAC) -training in programming and use</td>
</tr>
<tr>
<td>Start instructions with student’s name</td>
</tr>
<tr>
<td>Suggest positive interaction skills</td>
</tr>
<tr>
<td>Talk with the student in order to develop interventions that they would find helpful</td>
</tr>
<tr>
<td>Target social language such as turn taking in conversation.</td>
</tr>
<tr>
<td>Teach appropriate ways to express needs and frustrations</td>
</tr>
<tr>
<td>Teach assertive communication skills</td>
</tr>
<tr>
<td>Use ‘wh’ questions as prompts to help the student relate information orally</td>
</tr>
<tr>
<td>Use a slower rate of speech as this assists the processing of information</td>
</tr>
<tr>
<td>Use comprehension checks throughout activities to question the student’s understanding and ask the student to repeat or rephrase information</td>
</tr>
<tr>
<td>Use gestures /concrete examples to help emphasize the meaning of new words, e.g. Mathematics (between/before/after)</td>
</tr>
<tr>
<td>Use language that elaborates and clarifies as much as possible</td>
</tr>
<tr>
<td>Use of high tech communication devices</td>
</tr>
<tr>
<td>Use of micro skills</td>
</tr>
<tr>
<td>Use of role playing as a regular feature of oral language learning</td>
</tr>
<tr>
<td>Use very literal language</td>
</tr>
</tbody>
</table>
### Learning Environment Adjustments

1:1 support as needed  
Adapt environment in toilets etc to facilitate access  
Adaptive furniture - special seating.  
Additional typing skills training.  
Adjust positioning lights/fans etc  
Allocate easy access bag space  
Allocate locker with easy access  
Allow access to technology  
Allow extra time to move between classes  
Allow for extra time and practise to master tasks  
Allow for movement breaks when activities require the student to be seated for a period of time  
Allow use of headphones  
Allowing a student to come to school for shorter periods will give them a chance to face their fears but may make it easier if they know they will be able to return home at lunchtime.  
Alternative/additional equipment (scissors, slope board etc.)  
Ask the student and parents/carers to describe anything that may be distressing in the environment - dietary, noise, smell, light levels, crowds, and manage where possible  
Assist student to organise belongings and equipment  
Assistance for mobility.  
Check homework is written in diary  
Clear area of objects/distractions  
Consultation with district office staff (eg Facilities personnel for environmental modifications)  
Consultation with outside agency/specialists.  
Consultation with therapists, AVTs etc  
Create a “safe” place for the child to go when anxiety symptoms are high or during stressful times. This may be the LE room or a withdrawal space. Establish rules for the use of the “safe” place. These rules should include items such as: the student must inform the teacher they are going because they need a few minutes to calm down and that they will return within the agreed timeframe.  
Designated area within classroom for low distraction workplace.  
Encourage the student to organise materials by subject and colour code as necessary  
Enlarged font size  
Ensure provision for time out/quiet relaxation areas if needed  
Facilitating independence – task cards, class/activity schedules.  
Implementation of programs/recommendations from specialists  
Incentive choice cards (e.g. ‘If – Then’ cards).  
Incorporate addition motor breaks, heavy work and proprioceptive input activities into program.  
Installation of amplification sound system/field  
Link the student with a suitable peer to assist in defining/confirming expectations  
LSTA support at Sport  
Managed proximity to other students  
Monitor out of class activities  
Monitor sensitivities
<table>
<thead>
<tr>
<th>Needs pre-warning of fire drills/lockdowns etc</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-on-one assistance to initiate tasks</td>
</tr>
<tr>
<td>Organisational and self-direction support</td>
</tr>
<tr>
<td>Permission to use school lifts with peers/adult</td>
</tr>
<tr>
<td>Planning prior to excursions/camps.</td>
</tr>
<tr>
<td>Preferential placement in classroom for visual prompts</td>
</tr>
<tr>
<td>Preferential seating (e.g. No turning of their head, check for glare and lighting)</td>
</tr>
<tr>
<td>Pre-warn of change to routine/teacher</td>
</tr>
<tr>
<td>Provide space for students to work quietly with an adult volunteer or aide</td>
</tr>
<tr>
<td>Provide space to enable work with concrete materials</td>
</tr>
<tr>
<td>Provide stress reduction tools (e.g. stress ball, doodling paper, iPod)</td>
</tr>
<tr>
<td>Redirection to task</td>
</tr>
<tr>
<td>Reduce background noise where possible (keep classroom doors and windows closed)</td>
</tr>
<tr>
<td>Reminder tags on bag/desk etc</td>
</tr>
<tr>
<td>Seat at front of room to assist access to information on board</td>
</tr>
<tr>
<td>Seat next to conscientious buddy</td>
</tr>
<tr>
<td>Seat the student in an area of the classroom that will minimise distractions</td>
</tr>
<tr>
<td>Seating is in a low traffic zone to minimise distractions</td>
</tr>
<tr>
<td>Secure enviroment (fences, doors etc)</td>
</tr>
<tr>
<td>Seek alternatives for the playground if this environment is problematic - supervised play, quiet space in the resource centre, Chill Zone</td>
</tr>
<tr>
<td>Slip mats for wet areas</td>
</tr>
<tr>
<td>Special consideration for sport choice to enable participation</td>
</tr>
<tr>
<td>Teach/prompt use of timer to assist own time awareness.</td>
</tr>
<tr>
<td>Use timer to assist work completion</td>
</tr>
<tr>
<td>Visual markings on stairs/steps/rails</td>
</tr>
<tr>
<td>Visual signs around school/centre of how to access</td>
</tr>
<tr>
<td>Visual timetable</td>
</tr>
</tbody>
</table>
### WA Adjustment Level questions

#### Quality teaching strategies

<table>
<thead>
<tr>
<th>Planning</th>
<th>Evident</th>
<th>Every Day</th>
<th>Periodically</th>
<th>Occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you cater for student’s learning strengths when planning adjustments?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you group students according to educational need?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you link new information to background knowledge?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you negotiate with students, whenever possible, regarding their requirements?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use strategies to support the student’s organisational skills?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use whole class programs to address specific student needs eg: PATHS program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you met with parents to discuss the child’s program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you met with previous teachers to discuss transition?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Teaching

<p>| Do you adjust the pace of presentation?                                   |         |           |              |              |
| Do you allow think time (take-up time) before expecting an answer?        |         |           |              |              |
| Do you break down instructions into small steps?                         |         |           |              |              |
| Do you build background by linking concepts to student’s background, past learning and key vocabulary? |         |           |              |              |
| Do you create the opportunity for student/teacher discussions?           |         |           |              |              |
| Do you highlight keywords/concepts?                                      |         |           |              |              |
| Do you link learning to real world purposes?                             |         |           |              |              |
| Do you link pedagogies to curriculum goals?                              |         |           |              |              |
| Do you modify the complexity of the task to meet different student needs?|         |           |              |              |
| Do you present information in a variety of modes?                        |         |           |              |              |
| Do you prompt students to use equipment property eg: science equipment, hearing aids? |         |           |              |              |
| Do you provide written instructions?                                     |         |           |              |              |
| Do you remind students to use any necessary medical equipment eg: asthma puffer after lunch? |         |           |              |              |
| Do you reward students individually?                                     |         |           |              |              |
| Do you take into account different learning styles in your course?       |         |           |              |              |</p>
<table>
<thead>
<tr>
<th>Do you use a class based behaviour management plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use a cool off strategy?</td>
</tr>
<tr>
<td>Do you use a variety of teaching styles eg: modelling, rephrasing, repetition, chunking?</td>
</tr>
<tr>
<td>Do you use basic curriculum visual supports eg: timetables, phonic charts, graphs?</td>
</tr>
<tr>
<td>Do you use cooperative learning groups?</td>
</tr>
<tr>
<td>Do you use multi-level instructions?</td>
</tr>
<tr>
<td>Do you use pair/group discussions?</td>
</tr>
<tr>
<td>Do you use preferred activities to motivate students?</td>
</tr>
<tr>
<td>Do you use pre-teaching of vocabulary and concepts?</td>
</tr>
<tr>
<td>Do you use questioning strategies to encourage student’s development of critical thinking?</td>
</tr>
<tr>
<td>Do you use transition cues eg topic changes?</td>
</tr>
</tbody>
</table>

**Assessment and Reporting**

<table>
<thead>
<tr>
<th>Do you provide immediate, specific and constructive feedback?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you provide multiple opportunities for students to demonstrate what they know to do?</td>
</tr>
<tr>
<td>Do you use a portfolio where appropriate?</td>
</tr>
<tr>
<td>Do you use a range of assessment methods?</td>
</tr>
<tr>
<td>Do you use checklists?</td>
</tr>
<tr>
<td>Do you use the standard reporting format?</td>
</tr>
</tbody>
</table>

**Environment**

<table>
<thead>
<tr>
<th>Do you provide a quiet area within your classroom where appropriate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you provide opportunities for your students to move around the room? Do you provide individual and group seating where appropriate?</td>
</tr>
<tr>
<td>Do you use specific seating arrangements to support students?</td>
</tr>
</tbody>
</table>

**Resources**

<table>
<thead>
<tr>
<th>Do you ensure all text and materials are clear and legible?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you integrate technologies to support curriculum?</td>
</tr>
<tr>
<td>Do you use a task schedule and daily calendar?</td>
</tr>
</tbody>
</table>
### Supplementary adjustments

<table>
<thead>
<tr>
<th>Planning</th>
<th>Evident</th>
<th>Every Day</th>
<th>Periodically</th>
<th>Occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you provide extra time to complete work tasks?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you involve support services in planning eg: LSC?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use a risk management plan?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use a health care plan?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use student specific data collection?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you provide students with work ahead of time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you regularly review and refine adjustments?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you prearrange frequent breaks for the student?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you collaborate with departmental support staff?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you integrate key speech or occupational therapy strategies into your lesson?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you organise regular case conferences?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Teaching

| Is teaching are reinforcing resilience embedded in all programs?           |         |           |              |              |
| Do you decrease the amount of oral and mitten information?               |         |           |              |              |
| Do you reduce the amount of workload expectation of the student?         |         |           |              |              |
| Do you limit amount of choice?                                           |         |           |              |              |
| Do you use key cues — pictoriaVcolour coding or tactile?                 |         |           |              |              |
| Do you assign a peer tutor to support the student?                       |         |           |              |              |
| Do you provide additional time to complete work tasks?                   |         |           |              |              |
| Do you provide course information prior to the commencement of the course where appropriate? |         |           |              |              |
| Do you use a Sound Amplification System (SAS)/FM system?                 |         |           |              |              |
| Do you provide a study guide for students with key terms and concepts where appropriate? |         |           |              |              |
| Do you provide access to online versions of course outlines and/or relevant material where appropriate? |         |           |              |              |
| Do you teach self-regulation strategies in your class program?           |         |           |              |              |

### Assessment and Reporting
<table>
<thead>
<tr>
<th>Do you set practical tasks for assessments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you provide ongoing feedback on academic performance?</td>
</tr>
<tr>
<td>Do you offer assignments in alternative formats eg: role-play, oral presentation?</td>
</tr>
<tr>
<td>Do you substitute assignments in specific circumstances?</td>
</tr>
<tr>
<td>Do you provide individual advanced notice of assignments?</td>
</tr>
</tbody>
</table>

**Environment**

| Do you adjust the physical surroundings eg: lighting, furniture positioning? |
| Does your student sit near the door so they can access breaks outside the classroom? Do you provide a number of accessible safe/quiet areas around the school? |
| Do you provide separate learning areas? |
| Do you provide support to enable students to move around the school eg: maps, colour coding? |
| Is an adult mentor provided to support students? |

**Resources**

<p>| Do you use specific classroom equipment eg: pencil grip, positional seat, electronic dictionaries? |
| Do you colour code books and materials? |
| Do you use graphic organisers eg: visual representation of task? Do you enlarge print or change font size and line spacing? |
| Do you support the student by photocopying other notes? Do you use adaptive computer software eg: audio book? |
| Do you use concrete examples to explicitly teach certain skills? Do you allow think time before expecting an answer? |
| Do you use supports to introduce changes in routine eg: social story, advanced warning given? |
| Do you provide a daily timetable eg: visual/pictures? |
| Do you plan for the student to move towards independently managing their health care needs? |
| Do you use an individual behaviour plan to modify behaviour? |
| Do you record daily incidences of behaviour eg: SIS? |
| Do you use a boundary training program? |
| Do you use on desk goals and reminders? |</p>
<table>
<thead>
<tr>
<th>Do you use social stories to teach concepts?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use a help card/time out/or respite card?</td>
</tr>
<tr>
<td>Do you use picture cues to support the student?</td>
</tr>
<tr>
<td>Do you support students in appropriately using equipment eg: orthotics, hearing aids?</td>
</tr>
<tr>
<td>Do you use assistive technology to allow access to the curriculum eg: braille computer, notetaker?</td>
</tr>
</tbody>
</table>
### Substantial adjustments

**Planning**

<table>
<thead>
<tr>
<th>Question</th>
<th>Evident</th>
<th>Every Day</th>
<th>Periodically</th>
<th>Occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use a number of support services to implement the curriculum eg: therapists, consulting teachers, school psychologists?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you regularly meet the school team and support services to discuss individual learning needs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you collaborate with departmental support staff eg: behaviour centre, SSEND? Do you collaborate with external agencies at least monthly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has an emergency/critical incident plan been developed as part of a treatment plan?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Teaching**

<table>
<thead>
<tr>
<th>Question</th>
<th>Evident</th>
<th>Every Day</th>
<th>Periodically</th>
<th>Occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use an interpreter for the students to access the curriculum?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you allow frequent breaks from work tasks throughout the day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you provide an individualised program for part of the day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you provide intensive individualised social skills instruction eg: one on one task analysed mastery of individual skills?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use another form of communication eg: augmentative communication, Auslan, PECS?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use individualised visual/tactile supports for implementing the curriculum?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you provide some level of support with personal care needs eg: toileting, dressing eating?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you provide support for students travelling to and from school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you provide individualised instruction over a number of areas of the curriculum for part of the day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you provide individualised toileting support?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use individual prompting throughout the school day to target a range of social skills?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use strategies such as role-play, social stories, levels of prompting and task analysis to explicitly teach social skills?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you break down target skills into 1 or 2 stage instructions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use a reinforcement schedule to teach targeted skills?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you allow structured opportunities for generalisation or targeted skills?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you require support in addition to the classroom teacher to manage a health condition on a daily basis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you implement therapy program goals in the individual education plan?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use highly individualised strategies including functional behaviour analysis and input from support services to support complex behavioural need, including self-harm?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you teach, monitor and review strategies for resilience for students in collaboration with support staff?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use strategies to manage sensory input/integration? Do you provide alternative programs to suit individualised?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assessment and Reporting**

| Do you have daily communication with parents/carers? |
| Do you provide finely sequenced individualized assessment and reporting? |

**Environment**

| Do you provide individualised support for movement around the school eg: buddy system / escort by class teacher/ education assistant? |
| Do you provide support for the student to access all areas of the school environment? |
| Have you made significant adjustments to the school environment to meet the students’ needs eg: painted boundary markers, adjusted timetables and room access to suit students with restricted mobility? |
| Do you use a withdrawal space/low stimulus to support your student needs? |

**Resources**

| Do you use assistive technology devices to allow access to the curriculum eg: notetaker, braille writer, speech recognition software? |
### Extensive adjustments

<table>
<thead>
<tr>
<th>Planning</th>
<th>Evident</th>
<th>Every Day</th>
<th>Periodically</th>
<th>Occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you collaborate on teaching and learning strategies with external agency support frequently?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you collaborate with departmental support and therapist's daily/weekly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you require a high level of input from support services to implement the education plan eg: therapists, school psychologist, external agencies?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Teaching

<table>
<thead>
<tr>
<th></th>
<th>Evident</th>
<th>Every Day</th>
<th>Periodically</th>
<th>Occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you create opportunities for generalization daily?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you develop, monitor and review individualized strategies for resilience for students in collaboration with support staff?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have an intensive individualised behaviour management plan that requires additional training?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have an intensive individualised health care plan that requires additional training?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have an intensive individualised risk management plan that requires additional training?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you include highly individualised self-care strategies in the curriculum eg: toileting, hygiene, eating, dressing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you need additional trained support pervasively throughout the day to manage a health condition?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you provide an alternative curriculum eg: functional/life skills program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you provide individual/physical prompting pervasive throughout the day? Do you use concrete materials to implement the curriculum?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you provide sensory diets?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you provide work skills/community access programs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you require one on one physical support for the student to access the curriculum?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use 1 or 2 stage instructions throughout the day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use alternative methods of communication eg: Auslan, Braille, Augmentative communication?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use approved restraint techniques at least once per day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use highly individualised strategies including functional behaviour analysis and input from support services to support complex behavioural for mental health needs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use individual teaching strategies eg: discrete trial training, TEACCH, Applied Behaviour Analysis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use intensive reinforcement schedules eg: every 1 — 3 minutes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use real life or photograph symbols pervasive throughout the day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use significantly reduced learning outcomes in all learning areas?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assessment and Reporting**

| Do you provide finely sequenced individualised assessment and reporting? Do you use an intensive communication process in regards to reporting? |

**Environment**

| Do you use an alternative learning environment? |
| Do you use low stimulus/focus stimulus areas? |
| Do you use protective solution room (with approval from Director School)? |

**Resources**

| Do you provide equipment or support to move around and access all the areas of the school environment? |
| Do you require highly individualised equipment for the student to access the curriculum eg: hoist, standing frame? |
| Do you use highly specialised assistive technology eg: eye gazing technology, switch access to on-screen keyboards, head tracking? |
Providing Your School’s Data
to the Nationally Consistent Collection of Data on Students with Disability (NCCD SWD)

Non-Government Schools User Guide
With the exception of the Commonwealth Coat of Arms, the Department’s logo, any material protected by a trade mark and where otherwise noted all material presented in this document is provided under a Creative Commons Attribution 3.0 Australia (http://creativecommons.org/licenses/by/3.0/au/) licence.

The details of the relevant licence conditions are available on the Creative Commons website (accessible using the links provided) as is the full legal code for the CC BY 3.0 AU licence (http://creativecommons.org/licenses/by/3.0/au/legalcode).

The document must be attributed as the Procedure Manual for the Nationally Consistent Collection of Data on School Students with Disability (NCCD SWD) 2016: Non-Government Schools
Contents

1 About this Document ........................................................................................................ 95
  1.1 Audience ................................................................................................................... 95
  1.2 Purpose .................................................................................................................... 95
  1.3 Document design ...................................................................................................... 95
  1.4 Related References ................................................................................................. 95
  1.5 Meaning of the term ‘data’ ....................................................................................... 96

2 Collection Overview ....................................................................................................... 97

3 About the Data Collection ............................................................................................. 98
  3.1 Counting Students .................................................................................................... 98
  3.2 Collection Data Level and Campus Data ................................................................. 98
  3.3 Data Collection Reference Date ............................................................................. 98
  3.4 Data Submission ....................................................................................................... 98
  3.5 Required Data .......................................................................................................... 98
  3.6 Options for Providing Data .......................................................................................100

4 Appendix A: Preparing to provide your school’s NCCD SWD data using Schools Service Point 101

5 Appendix B: Accessing the Schools Service Point ......................................................... 101
  5.1 Already Registered as a User ................................................................................... 102
  5.2 New User – need to register ................................................................................... 103
  5.3 Requesting Access to the NCCD SWD module in Schools Service Point ................. 103
  5.4 Log into Schools Service Point and access the NCCD SWD Collection ..................... 105
    5.4.1 .......................................................................................................................... Step 1: Log In to Schools Service Point ........................................................................ 105
    5.4.2 . Step 2: Access the Nationally Consistent Collection of Data for Students with Disability ............................................................................................................. 105

6 Appendix C: Entering Your School’s Data using the Schools Service Point ................. 107
  6.1 Step 1: Students with Disability Home .................................................................... 108
  6.2 Step 2: Report Students with Disability ................................................................. 109
  6.3 Step 3: Completing Your School’s Declaration ...................................................... 111

7 Appendix D: Providing Your School’s Data using CSV File Upload through the Schools Services Point .................................................................................................................. 114
  7.1 CSV File Templates (Optional) ................................................................................ 114
  7.2 CSV File Template Location ................................................................................... 114
  7.3 Creating your own CSV file ..................................................................................... 114
  7.4 Uploading a CSV file through Schools Service Point ............................................. 114
7.4.1 Step 1: Log in to the Schools Service Point and access the NCCD SWD module

7.4.2 Step 2: Students with Disability to report

7.4.3 Step 3: Upload your CSV file

7.4.4 Step 4: Declare the data

8 Appendix E: Who do I call for help?

9 Appendix F: How to view last year’s NCCD data in SSP

9.1 STEP 1: Log into SSP

9.2 STEP 2: Go to the NCCD SWD Module

9.3 STEP 3: Go to Select Period

9.4 STEP 4: Choose the period required

9.5 STEP 5: Go to the Data Entry page to view the data

9.6 STEP 6: Return to the most recent year’s data
1 About this Document

1.1 Audience
The audience for this document is:

- Staff and Principals at non-government schools who are submitting their school’s data directly to the Australian Government Department of Education and Training (the department) for the Nationally Consistent Collection of Data on School Students with Disability (NCCD SWD).

This guide is NOT used by schools providing their data for the collection to their system office. System offices will be provided with a different user guide for submitting data to the collection.

1.2 Purpose
The purpose of this document is to describe how to provide a school’s data for the 2016 NCCD SWD either by:

- Manually entering an individual school’s data into the Schools Service Point on the individual school’s record; or
- Completing a comma-separated value (CSV) file and uploading it into the Schools Service Point.

1.3 Document design
This document is designed to enable easy use when reading online. Throughout this document hyperlinks have been used to make it easy for you to find information. Hyperlinks are also used within the document to enable you to jump to related information contained within this document. You can also move around this document online by clicking on VIEW in the navigation tabs at the top of the screen and then choosing NAVIGATION PANE. This will show you the table of contents which you can click on to jump to the required part of the document.

The document is structured to provide:

- Key information about the data collection (page 8)
- Things to check before you provide your school’s data (Appendix A) (page 12)
- Accessing the Schools Service Point (check registration, registering as a new user, requesting access to NCCD SWD, and logging into Schools Service Point) (Appendix B) (page 13)
- Entering your school’s data directly into the Schools Service Point (Appendix C) (page 18)
- Using a comma-separated value (CSV) file to provide your data to the Schools Service Point (Appendix D) (page 25)
- Who to call if you need help meeting the requirements of the NCCD SWD (Appendix E) (page 29).
- How to view your school’s previous year’s data in SSP (Appendix F) (page 30)

Yellow boxes in this document identify the important information you need to know.

Step by step instructions for providing data to the collection and screen shots of what you should see in the Schools Service Point are provided in the appropriate appendices.

1.4 Related References
Readers of this document may want to refer to the following related information:

- Nationally Consistent Collection of Data – School Students with Disability; 2016 Guidelines (Education Council)
- Nationally Consistent Collection of Data – School Students with Disability; Data Specification (for those using CSV files)
- NCCD SWD professional learning material and other related information (this Internet site also contains the steps to follow to determine if a student should be included in the collection)
1.5 Meaning of the term ‘data’

For the purpose of this guide, the word ‘data’ means the answers schools provide to the information sought for the NCCD SWD.

IMPORTANT! Changes to SSP

SSP was upgraded at the end of 2015. The look and feel of the Schools Service Point is different. Key things to note in the new version are:

1. The navigation menu is across the top of the screen.
2. The help information is accessed from the bottom right of the Schools Service Point home screen.
3. Modules (e.g. NCCD SWD) are accessed through the SSP Home navigation item on the navigation menu
4. Contact details for the helpdesk are located at the bottom left of the Schools Service Point screens under Get Assistance.
2 Collection Overview

The NCCD SWD was established to capture, at a national level, the number of school students across Australia being provided with educational adjustments under the Disability Discrimination Act 1992 and the Disability Standards for Education 2005. The program operates on an informed consent basis with due consideration to privacy and confidentiality consistent with Australian and State/Territory privacy legislation.

The implementation of the NCCD SWD provides a nationally consistent picture of the number of school students with disability in Australia, and the level of educational adjustment with which they are provided. Further detail about the NCCD SWD can be found in the related references.

IMPORTANT!

1. The NCCD SWD uses the Disability Discrimination Act 1992 definition of disability. This is different to the definition of disability used by the Census on the Internet.

2. The 2016 NCCD SWD opens to receive data on Friday 05 August 2016.

3. You must provide your school’s data to the collection by Friday 23 September 2016.

4. Schools are advised to check with their system office/Association of Independent Schools about how they are to provide their school’s NCCD SWD data to the collection.

5. Please review Appendix A: Getting ready to provide your school’s data to the NCCD SWD collection before you start entering data into the Schools Service Point.

6. It is highly recommended schools providing only their school’s data enter it directly into the NCCD SWD module through SSP. This process is a lot simpler and quicker than using a CSV file, particular if student numbers to report are small. Entering data directly into SSP is detailed in Appendix C.

7. Use/read Appendix D only if you are going to complete a comma separated value (CSV) file for upload to the Schools Service Point.

8. The Internet address for the Schools Service Point is https://ssp.education.gov.au
3 About the Data Collection

3.1 Counting Students
A student counted in the NCCD SWD must:

a. be enrolled\(^1\) at the school on the first Friday in August; and
b. have been counted in the school’s National School Statistic Collection (NSSC) School Census submission for the collection year\(^2\); and
c. be identified by the school as eligible for inclusion in the NCCD SWD

A student cannot be counted more than once. The NCCD SWD is a headcount collection not a full-time equivalent collection. This means the student can be a part time or full time student.

If a count of students for any combination of level of adjustment and category of disability is zero, leave the associated count field blank. For example, if the number of students with a physical disability requiring a supplementary level of adjustment is zero, then leave the count field (the part where you put in the number) blank.

3.2 Collection Data Level and Campus Data
The collection is at school level. This means the data to be submitted to the collection must be collated into a single, school level submission.

Where a school has multiple campuses, the Head Campus must collect and collate the student data from each campus into a single school level submission. For example: School A has Campus 1, Campus 2, and Campus 3. Thus, School A’s completed response is the total of Campus 1 + Campus 2 + Campus 3 response.

3.3 Data Collection Reference Date
The data collection reference date is 05 August 2016. This is the date at which the student must meet the eligibility requirements to be included in the NCCD SWD submission from your school.

Please note that while this is the same reference date as the Census on the Internet:

- the NCCD SWD and Census on the Internet are separate collections; and
- the definition of student with disability for the two collections is not the same.

3.4 Data Submission
Data for the NCCD SWD must be entered in the Schools Service Point between Friday 05 August 2016 and Friday 23 September 2016.

3.5 Required Data
For EACH school, the NUMBER of students identified at primary and/or secondary education level within a specific disability category requiring a specific level of adjustment is to be provided. In the Schools Service Point this is presented as a table similar to Diagram 1 on the next page. In a comma-separated value file (CSV

---

\(^1\) Enrolled has the same meaning as used in the National School Statistics Collection/Census on the Internet under the definition of student

\(^2\) It is noted, for School Census purposes the student must have attended at least one day in term 3 to be counted. For NCCD purposes the student would need to have been supported for at least 10 weeks or one term in the year preceding the collection date. It is also noted that a student enrolled at a non-government school who has an approved ‘Special Circumstances’ application for NSSC and is eligible to be counted in the NCCD may need to be added to the school’s NCCD response once the ‘Special Circumstances’ application for NSSC has been approved. These may cause data anomalies.
file), it is represented by rows aligned to the 16 possible combinations of disability category and level of adjustment.

**Diagram 1:** Example of Schools Service Point data entry matrix for a school with both primary and secondary school levels
3.6 Options for Providing Data

**IMPORTANT!**

_Schools_ are advised to check with their system office/Association of Independent Schools about how they are to provide their school’s NCCD SWD data to the collection.

Data can be provided to the NCCD SWD using Schools Service Point by schools in one of two ways:

1. Manually entering an individual school’s data on the individual school’s record (see Appendix B for detailed instructions); or

2. Uploading a comma-separated value (CSV) file on the individual school’s record (see Appendix C for detailed instructions).
4 Appendix A: Preparing to provide your school’s NCCD SWD data using Schools Service Point

The following are things you should check before providing your school’s data to the collection. Checking these will make providing your data to the collection quicker and easier:

Generally, Independent schools and Non-systemic Catholic schools will provide their data directly to the collection. However, Independent schools should check with their local Association of Independent Schools (AIS) to confirm the arrangements that apply to them.

Non-systemic Catholic schools should check the arrangements that apply to them with their local Association of Independent Schools (AIS) and/or their Catholic Education System office as applicable.

Catholic Systemic schools should check the arrangements that apply to them with their Catholic Education System Office.

If you are advised by your local Association of Independent Schools (AIS) and/or Catholic Education System Office to provide your school’s data to them, then you don’t need to do any of the following checks. If you are advised to provide your school’s data directly to the collection then you need to do the following checks.

1. Check that you have Schools Service Point Login ID and valid password. Schools Service Point login ID’s and passwords are allocated to individuals, not by schools. If you don’t have a Schools Service Point login ID and password, or you have them but they don’t work, please contact the Schools Service Point support desk on 1800 677 027 then Option 1 and Option 1.

2. Check that you have access to the NCCD module in Schools Service Point. To provide NCCD SWD data, you must have access to the NCCD SWD module in Schools Service Point. If you log into Schools Service Point and can’t see the NCCD SWD link at the top left side of the SSP Home screen then you don’t have access to the module and you will need to request it. To do this follow the steps at Section 5.3 below.

   Please check your access 24 hours later. If you do not have access to the NCCD SWD module after a few days, please contact the Schools Service Point support desk on 1800 677 027 then Option 1 and Option 1.

3. Are your school’s details are up to date and correct in Client Details? The NCCD SWD uses the school and school characteristic details recorded in Client Details to identify your school to the collection. Inaccurate or out of date information in Client Details can affect your ability to provide data to the collection using Schools Service Point. You should check that Schools Service Point has the correct and up to date details, including contact details, recorded in Client Details for your school. You can do this by calling the Schools Service Point support desk (contact information is at the bottom of the page) and dial Option 1, then Option 1.

4. If you are going to download a report from your school’s technology system to then upload to the Schools Service Point, check with the provider of that system that it meets the data requirements for the NCCD SWD for 2016.

5 Appendix B: Accessing the Schools Service Point

Anyone using the Schools Service Point must be a registered user. This appendix provides instructions about:

1. How to check your user details if you are already registered as a user of the Schools Service Point.
2. How to register as a user of the Schools Service Point.
3. Requesting access to the NCCD SWD module in Schools Service Point.
4. Logging into the Schools Service Point and accessing the NCCD SWD module.

5.1 Already Registered as a User

If you are ALREADY REGISTERED as a user of Schools Service Point, you are encouraged to check your Log In Identifier (Login ID) and password are correct and current. You can do this by:

1. Go to the Schools Service Point website.
2. Enter your login ID and password into the respective fields under ‘Log In’, click on the terms and conditions check box (circled in purple) and click on the ‘Log In’ button. If you have logged on successfully, you will be taken to the SSP Home page.

3. If you know your Login ID but have forgotten your password or cannot remember your Login ID and password, click on the Can’t access your account? link (circled in red) shown in the screen shot above. Read the information presented on the Forgotten Logon or Password screen and complete the fields as appropriate and click on the submit button.
5.2 New User – need to register

If you are a NEW USER (i.e. you’ve never used SSP before), go to the Schools Service Point Internet site and click on the “Register Now” link near the bottom of the page (circled in green) in the screen shot on the previous page (page 13).

You will need:

- **Your school’s AGEID** (Australian Government Education ID number) which can be found on documents sent to your school or education authority (e.g. payment details, certificates or similar reports); and

- **Your school’s name, suburb, state and postcode** which can be found on the Australian Government Department of Education and Training documentation.

Please allow about 10 minutes to complete the registration. All fields on the registration form with an * (asterisk) must be completed.

Once you have completed the registration process and the registration request is confirmed the Schools Service Point will send you a registration confirmation via email which will include your LogIn ID and an initial password that you must change when you log in for the first time. Follow the prompts when you log in for the first time to change your password.

5.3 Requesting Access to the NCCD SWD module in Schools Service Point

If you cannot see the link for NCCD SWD Home under the SSP Home link on the navigation menu, you will need to request access to it by clicking on My Details (circled in red) in the picture below.

This will open a Request Additional Access form (see screen shot below) for you to choose to request access to the Nationally Consistent Collection of Data for Students with Disability under Additional Applications.

Once you have completed the form and chosen NCCD SWD, click on the SAVE button at the bottom right of the screen. You will see the New Access Request Acknowledgement screen (similar to the screen shot below) which includes instructions about notification of the change to you.
5.4 Log into Schools Service Point and access the NCCD SWD Collection

5.4.1 Step 1: Log In to Schools Service Point
The first step is to log in to your Schools Service Point (SSP) account. Enter your Login ID and Password (circled in green), click on the Terms and Conditions (circled in red) and click on the Login button. These fields are circled in the screen shot below.

5.4.2 Step 2: Access the Nationally Consistent Collection of Data for Students with Disability
Once you have logged in, you will see the SSP Home screen which looks like the screen shot below. You should see a dropdown arrow beside SSP Home link (circled in red). Click the dropdown arrow and select NCCD SWD
Home link (circled in blue) from the list (circled in green). If you can’t see NCCD in the list, go to Section 5.3 above to request additional access.
Appendix C: Entering Your School’s Data using the Schools Service Point

You can enter (type) your school’s data directly into the Schools Service Point. The following pages explain how to do this. Each step contains a screen shot which is a picture of what you should see when you are on the identified screen in the Schools Service Point. This is a quick and simple way to provide the data, particularly if you have a small number of students to report.

If you opted to use the CSV file templates (either downloaded from your school system or in SSP Help) for uploading your NCCD SWD data to Schools Service Point please go to Appendix D.

IMPORTANT!

1. **DO NOT USE THE BACK BUTTON** in your browser to go back or undo the action taken.

   To move around in the Schools Service Point, use the link buttons on the navigation menu (the list at the top of the SSP Home screen)

2. **Help information** is available in the Schools Service Point from the Help link at the bottom right hand side of the screen. When you click on the link it will open a new browsing session so that you can have Help and the Schools Service Point application open at the same time.

3. The **AGEID** of your school, **name** of your school and your school’s **NCCD SWD data status** (when you are in the NCCD SWD module) will appear at the top of all Schools Service Point screens.

4. The NCCD SWD data collection process is not finished until your school’s status at the top of the screen says DECLARED.

5. You can change your school’s data provided you have not completed the Declaration.

6. The **Declaration item** in the navigation (the list) at the top of the screen will only appear once you have entered and saved data. Note, if you choose ‘no’ to the question on the first page of the NCCD SWD module you will be taken directly to declaration.

7. When the status for your school shows as DECLARED you cannot change any data on the Data Entry page. If you realise you have made an error, please contact the Schools Service Point Hotline on 1800 677 027 and choose Option 1 and the Option 5.
6.1 Step 1: Students with Disability Home

This step assumes you have logged into Schools Service Point using the instructions at Section 5.4 above.

You are now in the Nationally Consistent Collection of Data on Students With Disability (NCCD) module of the Schools Service Point. You should see the NCCD SWD Home screen similar to the one below. The reporting period and select client box will have your school’s details in it. On this screen you need to tell us whether you have Students with Disability to report by clicking the arrow in the drop down box at the bottom of the page (circled in red) and choose yes or no to the question. Once you have chosen your answer, click on the Save and Continue button located below the red circle.

![NCCD SWD Home Screen](image)

**IMPORTANT!**

The instructions from here split into two paths. If you chose NO to the question on the screen shot above (meaning you have zero students with disabilities to report ) go to Step 3 on page 21.
6.2 Step 2: Report Students with Disability

If you chose YES (there are students with disability to report) at Step 1, you will be taken to the Data Entry screen (on the next page). If your school is primary only, then you should see the primary table only; if secondary only, then you should see the secondary table only; if your school is both primary and secondary you should see both primary and secondary tables. If what you see is incorrect, please contact Schools Service Point support on 1800 677 027 and choose Option 1, then Option 1 and advise them that you cannot see the correct school type information in NCCD SWD. They will help you to correct your record and then you will be able to continue with providing your data to the collection.

In the example on the next page, this school has both primary and secondary students (i.e. it is a combined school).

The status of your questionnaire will show Initial (Circle in green in the screen shot on the next page).

On this screen enter your school’s response. Note, if the figure for a specific box in the table is zero then leave it blank. To read and complete each box:

1. Select the disability category in the first column (circled in red), then find the corresponding level of adjustments in the next four columns (Support within QDTP\(^3\), Supplementary, Substantial and Extensive).
2. Click in the corresponding level of adjustment box and type in the figure for your school.
3. Repeat steps 1 to 3 for each figure you need to provide.
4. Check your answers. If you are happy that it is all correct, click on the SAVE button (circled in green).

Note:

1. You can change the figures anywhere in the table by typing over the figures and then clicking on SAVE button (circled in green on the next page).
2. You can completely re-do the data table by using the RESET button (circled in blue in the screen shot on the next page) to clear all data at any time. The RESET button will function even after clicking on the SAVE button.
3. Make sure you SAVE your changes so that you can go to the next step (the Declaration process).

---

\(^3\) Support within QDTP is short for Supported within Quality Differentiated Teaching Practices
You will notice that until you press **SAVE** there is no ability to choose ‘Declaration’ (circled in green) in the navigation menu on the top side of the screen. (see screen shot on the next page).

Once you have entered at least one figure greater than zero on the screen **AND** have pressed the **SAVE** button to indicate you have finished entering data, the Declaration option will appear in the navigation menu at the top of the screen.

Your Questionnaire status will also change from **Initial** (circled green) in the screen shot above to **Complete** (circled green) in the screen shot on the next page.
6.3 Step 3: Completing Your School’s Declaration

The next, and final step, is to complete your school’s declaration. Declaring the data confirms to the department that you are satisfied with your response to the department, that it is correct, and have therefore met your obligations for the NCCD.

If you have entered data into Schools Service Point (or you have loaded a CSV file using Appendix D) you have to manually navigate to the Declaration page by clicking on the Declaration link in the navigation item on the top of the screen (see screen shot on the previous page). If you answered no, at Step 1 above you should be automatically taken the declaration screen. If you are not, click on the Declaration link in the navigation item on the top of the screen.
On the Declaration page (see screen shot above):

1. Your school AGEID and name of person providing and declaring the data will appear at the top of the screen under the Declaration heading.

2. The total number of students with disability (SWD) will show in the first table (see green arrow). Schools Service Point automatically calculates this based on the information you put into the larger table below it.

3. Review the data you entered into the table(s) to ensure your NCCD data is correct.

4. You must click on the check box (circled in red) to confirm the data provided is complete and correct. Make sure you read the declaration words.

   NOTE: If you declare the data without clicking the check box, a dialog box with message reminder “Please confirm before Declare” will appear. You have to click OK then click the check box and proceed to declare your data.

5. If you wish to keep a copy click on PRINT (circled in blue) BEFORE submitting your declaration.

6. Click SUBMIT DECLARATION button (circled in red) to finalise your data submission.

Once you have submitted your declaration the screen will update to look like the screen shot on the next page. You will see a similar message to that circled in red telling you the data was declared. This means your data has been finalised and registered into the Schools Service Point.
You can also print this screen by clicking on the PRINT button at the bottom of the page.

You have now completed the requirements for the NCCD and can log off by choosing LOG OFF in the navigation list (circled red) at the top of screen.
7 Appendix D: Providing Your School’s Data using CSV File Upload through the Schools Services Point

Education Authorities can upload their schools’ data using a comma-separated value (CSV) file through the Schools Service Point. Individual schools can also use this option; however we highly recommend to manually enter the data into SSP.

If you have zero students with disability to report, please follow the instructions at Appendix C.

7.1 CSV File Templates (Optional)

Two CSV file templates are available for use (note, they are not mandatory but are recommended). They comply with the collection’s data technical specification and have been designed to be easy to use and to ensure the correct information is captured. Each template contains a READ ME tab with instructions about how to use the template. The templates available are:

1. Individual school data collection template. This template is used by Education Authorities to request schools to provide their data to the Education Authority for submission or by individual schools to
provide their data to the collection.

2. Multiple schools data provision template. This template is used ONLY by Education Authorities to collate individual school data into a single file for submission. It is designed to submit two or more
schools’ data in one csv file upload.

7.2 CSV File Template Location

The CSV file templates are available within the Schools Service Point in the Help section. To access the templates:

1. Go to the Schools Service Point.
2. Click on the Help item at the bottom right of the screen. This will open the Help area of Schools Service Point in a new window.
3. Click on NCCD SWD in the help navigation menu at the top of the screen. You should be on the NCCD SWD help home screen
4. At the right of the screen is the navigation menu. Click on Providing your schools NCCD data. Toward the bottom of the screen are links to the CSV templates. Click on the CSV template you require.
5. Save the template to a location within your system.
6. Follow the instructions on the READ ME tab within the template to create your CSV file.

7.3 Creating your own CSV file

If you decide not to use the available templates, you will need to ensure your file complies with the NCCD SWD data technical specification available in NCCD SWD Help within the Schools Service Point.

7.4 Uploading a CSV file through Schools Service Point

The following steps describe how to upload a CSV file through the Schools Service Point.

7.4.1 Step 1: Log in to the Schools Service Point and access the NCCD SWD module
Log in to the Schools Service Point using your unique Login ID and password. See Section 5.4 for instructions.

7.4.2 Step 2: Students with Disability to report

*If you have zero students with disability to report, please follow the instructions at Appendix C.*

On the NCCD SWD home page, answer YES to the question *Do you have any students with disability to report?* Then click the **Save and Continue** button.

You should now see the **Data Entry** screen similar to the screen shot below. The screen screen also shows your current submission status as **Initial** (circled in green). This status will change to **Complete** once your NCCD SWD data has been uploaded.

On this screen you need to:

1. Click the drop down box through the arrow beside **Data Entry** link (circled in red) at the top of the page.
2. Click the **Upload +** link.
3. The **Upload NCCD SWD Data** screen will display similar to the screen shot on the next page.
7.4.3 Step 3: Upload your CSV file

To upload your **School Level or System Level data** using a CSV format file:

1. Click **Browse** (circled in green in the screen shot above). The list of files saved in your computer software will emerge in your computer screen.

2. Choose the file you wish to upload. This is your saved CSV formatted **School Level or System Level** NCCD SWD data file.

3. Double click the csv file that you wish to upload. The location and name of the file will appear in the **Selected File** field (circled in blue in the screen shot above).

4. Click **Upload** (circled in red in the screen shot above). This will upload your file to the Schools Service Point.

**NOTE:**
- If you wish to replace the chosen file in the Selected File field, highlight and delete the file name and start the Upload process again. Until you click on **upload** the file will not upload to the Schools Service Point.
- Templates are available by clicking on the link highlighted (in blue).

- Once the NCCD SWD csv file data has been successfully uploaded
  - The heading **Information** (circled in green) will appear at the top of the screen
  - An information message (circled in blue) will confirm that your upload has been successfully completed.
  - The **Declaration** button (circled in red in the picture below) will appear in the navigation list located on top side of the page.
7.4.4 Step 4: Declare the data

Please see Section 6.3 in Appendix C, Completing Your Schools Declaration for instructions for declaring your data.

You have now completed the requirements for this request and can log off by choosing LOG OFF in the navigation (the list) at the left of screen.
8 Appendix E: Who do I call for help?

The table below will help you work out the contact for the problem you are experiencing.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Who to Contact</th>
</tr>
</thead>
</table>
| Whether to include a student in the collection (including questions about  | See [http://www.schooldisabilitydatapl.edu.au/](http://www.schooldisabilitydatapl.edu.au/) or contact your
| medical conditions)                                                       | Education Authority / Association of Independent Schools                                        |
| Questions about the NCCD (e.g. purpose, talking with parents, assessing   | See [http://www.schooldisabilitydatapl.edu.au/](http://www.schooldisabilitydatapl.edu.au/) or contact your
<p>| students, etc)                                                            | Education Authority / Association of Independent Schools                                        |
| Understanding/have questions about the guidance material on the          | Your Education Authority / Association of Independent Schools                                   |
| professional learning Internet site                                       |                                                                                                |
| How to provide my schools’ data                                          | Some Approved Authorities prefer their schools to provide the data for the NCCD to their system office, who will then provide it to the Australian Government Department of Education and Training on behalf of their schools. Generally, independent schools and non-systemic Catholic schools will provide their data directly to the collection. However, independent schools should check with their local Association of Independent Schools (AIS) to confirm the arrangements that apply to them. Systemic Catholic schools should check the arrangements that apply to them with their Approved Authority. If your Approved Authority/AIS advised you to provide your data directly to the collection you will need to do this using the NCCD SWD module in School Services Point. |
| When do I have to provide the data by? (data for the collection must be   | If providing data to your Approved Authority or AIS for submission to the collection, please check with your Approved Authority or AIS. If providing the data directly to the collection (i.e. not through an Approved Authority), you must provide your data by <strong>Friday 23 September 2016</strong>. The collection opens to receive data on <strong>Friday 05 August 2016</strong>. |
| provided by Friday 23 September 2016)                                     |                                                                                                |
| I can access the NCCD SWD module in SSP but I am having difficulty putting | Contact the Australian Government Department of Education and Training NCCD Data Help Desk at <a href="mailto:AttendanceHelpdesk@education.gov.au">AttendanceHelpdesk@education.gov.au</a> or 1800 677 027 (choose Option 1, then Option 5). |</p>
<table>
<thead>
<tr>
<th>Situation</th>
<th>Who to Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can’t access the NCCD SWD module in the Schools Service Point (SSP)</td>
<td>Contact the Schools IT Help Desk on 1800 677 027 (choose Option 1, then Option 1 again)</td>
</tr>
<tr>
<td>I am an education authority and I can’t see some of my schools in the NCCD SWD module in SSP</td>
<td>Contact the Schools IT Help Desk on 1800 677 027 (choose Option 1, then Option 1 again)</td>
</tr>
<tr>
<td>My school has different education levels, but I can only see one education level (e.g. can only see primary but should also be able to see secondary) in SSP</td>
<td>Contact the Schools IT Help Desk on 1800 677 027 (choose Option 1, then Option 1 again)</td>
</tr>
</tbody>
</table>

9 Appendix F: How to view last year’s NCCD data in SSP

If your school provided data to the NCCD through SSP in 2015 you can view the data on your school’s record in SSP.

9.1 STEP 1: Log into SSP
Log into SSP using your login ID and password. For instructions, see Section 5.4 of Appendix B.

9.2 STEP 2: Go to the NCCD SWD Module
Once you have logged in, you will see the SSP Home screen which looks like the screen shot below. You should see a dropdown arrow beside SSP Home link (circled in red). Click the dropdown arrow and select NCCD SWD Home link (circled in blue) from the list (circled in green). If you can’t see NCCD in the list, go to Section 5.3 above to request additional access.
You are now in the Nationally Consistent Collection of Data on Students With Disability (NCCD) module of the Schools Service Point. You should see the NCCD SWD Home screen similar to the one on the next page, with your school’s details shown in the box. The reporting period and selected client box will have your school’s details in it.

9.3 STEP 3: Go to Select Period

On the beige navigation bar at the top of the screen below, click on Select Period.
9.4 STEP 4: Choose the period required

Click on the year of data that you want to view. The NCCD Home screen will be displayed with the reporting period showing as the year you have selected, your school’s details (Name, AGEID, Location – blank in the example below), the status of declare or completed and the answer YES to the question. The screen shot below shows the 2014 reporting period, declared and the YES answer circled in red. You will also be able to see the Data Entry navigation option on the beige navigation bar at the top of the screen.
Please note, if your school did not provide data for the reporting period selected, then you will see the NCCD Home screen but there will be no answer to the question at the bottom of the screen and you will not see the Data Entry option on the beige navigation bar at the top of the screen. It will look similar to the screen shot on the next page.
Welcome to the Nationally Consistent Collection of School Students with Disability (NCCD SWD) Online System.

This system is used to report to the collection the number of students identified at your school meeting the requirements of Nationally Consistent Collection of Data on School Students with Disability Guidelines 2016. It is assumed that your school has already evaluated students according to these guidelines.

This collection is a different collection to the data provided by schools about students with disability through Census on the Internet.

This collection opens to receive data on Friday 05 August 2016.

Before beginning, please read the information at Providing your school's NCCD data to decide if your school is required to provide its data using this system. If you decide you should be using this system to provide your school's NCCD data please also read the information at Preparing to Provide Your School's NCCD Data.

Data submitted using this system must be entered and declared by Friday 23 September 2016.

Reporting Period and Selected Client

Reporting Period: 2014

Client Name:
AGEID:
Location:

Do you have any Students with Disability to report? 

Save and Continue
9.5  **STEP 5: Go to the Data Entry page to view the data**
Click on Data Entry in the beige navigation bar. This will display the requested data. You will notice that the reporting period have changed and it shows the year you have selected, your school’s details and the NCCD data your school submitted for that reporting period.

9.6  **STEP 6: Return to the most recent year’s data**
Once you have finished viewing the data, to go to the most recent data, click on Select Period on the beige navigation bar and choose the most recent period. Check you are in the correct period by looking at the Reporting Period field in the box with your school’s name and AGEID under the paragraphs on the page.
References

*Independent Schools Queensland*
- Adjustments for Support Students
- Adjustment List
- Support Plan ISQ
- Data Collection Tool
- Levels of Adjustment
- NCCD Evidence Record

*Western Australia Department of Education*

*Manual for Victorian Government Schools*

*Education Council – Nationally Consistent Collection of Data School Students with Disability Website*
- Legislation
- Data collection model
- Steps for completing the data collection
- Additional resources
- Frequently asked questions
- 2016 Guidelines

*Emmanuel College Queensland*
- Sample Education Adjustment Plan: Cognitive
- Sample Education Adjustment Plan: Physical
- Sample Education Adjustment Plan: Sensory
- Sample Education Adjustment Plan: ADHD
- Sample Education Adjustment Plan: Social
- Sample Education Adjustment Plan: ASD
- Sample Education Adjustment Plan: Dyslexia
- Sample Education Adjustment Plan: Hearing
- Sample Education Adjustment Plan: Intellectual
- Sample Education Adjustment Plan: Physical
- Sample Education Adjustment Plan: Speech Language
- Sample Education Adjustment Plan: Vision
- Sample Education Adjustment Plan: Anxiety