Association of Independent Schools of the ACT

Nationally Consistent Collection of Data on Students with a Disability

Information Pack

2015
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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

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.
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?

Yes

No

Does the school team have evidence to show that it has followed *Disability Standards for Education 2005* processes, including consultation with the student and/or their parent or carer to identify the reasonable adjustment to be provided to the student, including where *Support is provided within quality differentiated teaching practice*?

No

Yes

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

No

The school team determines the broad category of disability to be reported in the data collection for the student.

Yes

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).

Student data is **not** included

Student data is included in the collection

Student data is **not** included in the collection
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.

**Reasonable adjustments**

Under the DDA and the Standards, all Australian schools have obligations to ensure that students with disability are able to access and participate in education on the same basis as students without disability. This includes providing reasonable adjustments where needed, in consultation with the student and/or their parents and carers.

Adjustments assist the student to participate on the same basis as students without disability in the school's learning programs or courses and to use or access the school's facilities and services.

**Providing reasonable adjustments**

In providing an adjustment, schools generally assess the functional impact of the student's disability in relation to education. This includes the impact on communication, mobility, curriculum access, personal care and social participation. Other areas that might be considered for some students are safety, motor development, emotional wellbeing, sensory needs and transitions.

Reasonable adjustments reflect the assessed individual needs of the student. Adjustments can be made in both the classroom and whole-school settings as well as at an individual student level.

Quality teaching practice is responsive to the individual 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.

Reasonable adjustments can be made across any or all of the following:

- planning
- Teaching and learning
- Curriculum
- Assessment
- reporting
- Extra-curricular activities
- Environment and infrastructure
- Resources
Reasonable adjustments may involve a combination of:
- addressing physical barriers, including modifications, to ensure access to buildings, facilities and services
- modifying programs and adapting curriculum delivery and assessment strategies
- providing ongoing consultancy support or professional learning and training for staff
- specialised technology or computer software or equipment
- provision of study notes or research materials in different formats
- services such as sign language interpreters, visiting school teams or specialist support staff
- additional personnel such as tutors or aides for personal care or mobility assistance
- Professional learning about the DDA and the Standards will support teachers and school staff in making reasonable adjustments.

What is a disability as defined in the Disability Discrimination Act 1992?
The DDA defines disability broadly as:
  a. total or partial loss of the person’s bodily or mental functions; or
  b. total or partial loss of a part of the body; or
  c. the presence in the body of organisms causing disease or illness; or
  d. the presence in the body of organisms capable of causing disease or illness; or
  e. the malfunction, malformation or disfigurement of a part of the person's body; or
  f. a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
  g. a disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour; and includes a disability that:
      i. presently exists; or
      ii. previously existed but no longer exists; or
      iii. may exist in the future (including because of a genetic predisposition to that disability); or
      iv. 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.

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?*”
The definition of disability in the Nationally Consistent Collection of Data on School Students with Disability

The model for the Nationally Consistent Collection of Data on School Students with Disability is based on the existing obligations of all Australian schools under the DDA and 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 such as obesity, mild allergies or physical sensitivities, and those who wear glasses (www.humanrights.gov.au/frequently-asked-questions-who-protected-dda).

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

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>The presence in the body of disease causing organisms</td>
<td>Physical</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>Sensory</td>
<td>Sensory</td>
</tr>
<tr>
<td>e) the malfunction, malformation or disfigurement of a part of the person’s body</td>
<td></td>
<td></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>
**Which students?**

Students should be included in the Nationally Consistent Collection of Data on School Students with Disability where:

a. the student’s impairment meets the DDA’s broad definition of disability **and**

b. the functional impact of the student’s disability results in the school actively addressing or supporting the student’s specific individual education needs arising from their disability within quality differentiated teaching practice and/or monitoring the student, or providing a ‘supplementary’ or higher level of adjustment or support Step 2: What is the level of adjustment?.

The data collection is **not** intended to count every student who is protected from discrimination under the DDA, including students who have a health or other condition where their condition does not impact on their ability to participate in schooling on the same basis as their peers.

Where the student’s condition does **not** have a functional impact on their schooling or require monitoring for individual adjustments, the student is not included in the national data collection on students with disability. 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.

The definition of disability under the DDA and obligations under the Standards includes those students with disability who are supported by general resources available within the school as well as students who are receiving targeted specialist education services and supports.

Students with disability as defined under the DDA and the Standards are in mainstream or regular schools as well as special schools and specialist support classes and include:

- students who have formally diagnosed disability by a health or allied health practitioner
- students who may not have a formal disability diagnosis but have impairment that requires an adjustment or can be supported through quality differentiated teaching
- students with intellectual, physical, sensory and social/emotional disability as well as students with difficulties in learning or behaviour due to disability
- students who are gifted and talented and who are impacted by disability.

Students with a disability confirmation or verification who are receiving targeted, specialist supports are only a subset of those students who may be included in the national data collection on students with disability. For this reason it is important for schools to have processes in place to identify whether the student who is receiving an adjustment meets the DDA definition of disability and the school’s obligations under the Standards. Professional learning about the DDA and the Standards and ongoing discussion in the school will support teachers in identifying and responding to students with disability.

**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
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 study 1 and 2 (pg. 35)
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 discussions?
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 learning to real world purposes?
Do you use questioning strategies to encourage student’s development of critical thinking?
Do you provide written instructions?
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 ensure all text and materials are clear and legible?
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 study 3 and 4 (pg. 38)
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 departmental 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 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?
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 study 5 and 6 (pg.40)
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 allow structured opportunities for generalisation or 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 need, 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 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

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 study 7 and 8 (pg.43)
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 solation 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.

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.

Privacy and consent
The collection, transfer and storage of data are subject to a range of Commonwealth and/or state and territory legal requirements.

Information/advice about the privacy and consent arrangements that may apply to your school in relation to this data collection is available through your education authority/sector and school principal.
Manual Input into SSP Screens

Schools will have the option to directly input students with disability data through the SSP portal.

- School-level data entry (Table 2)

Table 1: An example of school-level student with disability data reporting

<table>
<thead>
<tr>
<th>Disability Category</th>
<th>Level of adjustment</th>
<th>Support provided within quality differentiated teaching practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Supplementary</td>
</tr>
<tr>
<td>Physical</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cognitive</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Social</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sensory</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

Upload of Data Using a CSV Template

Schools and systems will have the option to upload csv files through the SSP portal. The file structures for the upload are shown below:

Table 2: File structure for single school upload
(Do not include a header row in the upload file)

<table>
<thead>
<tr>
<th>Field</th>
<th>Possible values</th>
<th>format</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGEID</td>
<td>As allocated to the Head Campus of the school</td>
<td>num</td>
</tr>
<tr>
<td>State</td>
<td>NSW, VIC, QLD, SA, WA, TAS, NT, ACT</td>
<td>char</td>
</tr>
<tr>
<td>Systemic/Non Systemic status</td>
<td>IND, SYS</td>
<td>char</td>
</tr>
<tr>
<td>Student Level Indicator</td>
<td>Primary/Secondary</td>
<td>char</td>
</tr>
<tr>
<td>Disability category</td>
<td>Physical, Cognitive, Social, Sensory</td>
<td>char</td>
</tr>
<tr>
<td>Level of Adjustment</td>
<td>No Adjustment, Supplementary, Substantial, Extensive</td>
<td>char</td>
</tr>
<tr>
<td>Number of students (head count)</td>
<td></td>
<td>num</td>
</tr>
</tbody>
</table>

Please note: uploads should exclude records with zero students.
Table 3: Example of CSV file for a combined school – 32 records (The actual upload should not have a header row).

<table>
<thead>
<tr>
<th>AGEID</th>
<th>State</th>
<th>Systemic/Non Systemic status</th>
<th>Student Level indicators</th>
<th>Disability category</th>
<th>Level of Adjustment</th>
<th>Number of students (head count)</th>
</tr>
</thead>
<tbody>
<tr>
<td>87654</td>
<td>QLD</td>
<td>IND</td>
<td>Primary</td>
<td>Physical</td>
<td>No Adjustment</td>
<td>1</td>
</tr>
<tr>
<td>87654</td>
<td>QLD</td>
<td>IND</td>
<td>Primary</td>
<td>Cognitive</td>
<td>No Adjustment</td>
<td>1</td>
</tr>
<tr>
<td>87654</td>
<td>QLD</td>
<td>IND</td>
<td>Primary</td>
<td>Social</td>
<td>No Adjustment</td>
<td>1</td>
</tr>
<tr>
<td>87654</td>
<td>QLD</td>
<td>IND</td>
<td>Primary</td>
<td>Sensory</td>
<td>No Adjustment</td>
<td>2</td>
</tr>
<tr>
<td>87654</td>
<td>QLD</td>
<td>IND</td>
<td>Primary</td>
<td>Physical</td>
<td>Supplementary</td>
<td>3</td>
</tr>
<tr>
<td>87654</td>
<td>QLD</td>
<td>IND</td>
<td>Primary</td>
<td>Cognitive</td>
<td>Supplementary</td>
<td>4</td>
</tr>
<tr>
<td>87654</td>
<td>QLD</td>
<td>IND</td>
<td>Primary</td>
<td>Social</td>
<td>Supplementary</td>
<td>2</td>
</tr>
<tr>
<td>87654</td>
<td>QLD</td>
<td>IND</td>
<td>Primary</td>
<td>Sensory</td>
<td>Supplementary</td>
<td>2</td>
</tr>
<tr>
<td>87654</td>
<td>QLD</td>
<td>IND</td>
<td>Primary</td>
<td>Physical</td>
<td>Substantial</td>
<td>2</td>
</tr>
<tr>
<td>87654</td>
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<td>Primary</td>
<td>Cognitive</td>
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<td>87654</td>
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<td>Secondary</td>
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<td>No Adjustment</td>
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<tr>
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<td>Sensory</td>
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<td>IND</td>
<td>Secondary</td>
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<td>Supplementary</td>
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</tr>
<tr>
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<td>Secondary</td>
<td>Sensory</td>
<td>Extensive</td>
<td>1</td>
</tr>
</tbody>
</table>
Do you have evidence to support the student's inclusion in the data collection?

When schools are determining the inclusion of a student’s details in the data collection, teachers consider:

- the level of adjustment to address a disability under the Disability Discrimination Act 1992 (DDA)
- the broad disability category and the available evidence for each student. This evidence is used in conjunction with the descriptions of levels of adjustment

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.

This evidence will reflect a wide range of practices of teachers and schools in meeting the educational needs of their students consistent with obligations under the DDA, the Disability Standards for Education 2005 and best teaching practice.

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

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

This includes evidence in 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.
- The evidence listed below is not an exhaustive list. Some evidence may cover more than one element of the process, while others may only address one aspect.

Evidence of assessed individual needs of the student

This evidence demonstrates that the student’s needs for adjustment have been identified and arise from a disability. Evidence of this aspect can include:

- 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
- 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 or dialect, socio-economic or non-disability related causes
- Parental report of disability in conjunction with evidence of an assessed individual need
- Specialist diagnosis or reports e.g. medical practitioner such as paediatrician, or a specialist, e.g. guidance officer/counsellor, speech pathologist, audiologist
- Discussion and reflection on evidence of reasonable adjustments to meet the learning and
support needs of students with disability will also help schools to determine the level of
adjustment being provided for a student and their broad category of disability when
completing the data collection.

In keeping with best practice, schools should retain relevant evidence of their provisions for
students at the school.

Evidence that adjustments are being provided to the student to address their individual
needs based on their disability

Teachers document adjustments in a number of ways. Evidence of the provision, frequency and
intensity of adjustments can include:

- Adjustments to teaching noted on teacher unit, weekly or term planning
- Adjusted timetable/ staff timetables
- Record of educational and/or social-emotional interventions provided
- Individualised/personalised learning planning e.g. individual education plan, individual learning
  plan, individual curriculum plan, communication plan, behaviour plans, transition plans/ goals
  and strategies in program planning
- Therapy or disability-specific programs in place with an educational focus e.g. orientation and
  mobility program
- Records of meetings to plan for adjustments with specialist staff e.g. advisory visiting teachers,
guidance officers/counsellors, psychologists, speech-language pathologists, physiotherapists
- Records of advice sought or conversations with the student or family/carer
- Adjustments or supports required in assessment settings
- Adjustments to learning materials e.g. alternate format, adjusted worksheets, reworded tasks
- Manual handling/personal care/health plans
- Specific resources developed to support individualised learning e.g. visual supports,
augmentative and alternative communication supports, accessible materials
- Personalised organisational devices e.g. diary use, pictorial sequences
- Documentation of environmental adjustments beyond those already in place in the school e.g.
  personalised learning spaces, sound field amplification systems
- 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

Documentation that may support school judgements about the monitoring and review of adjustments
can include:

- Records of meetings to review adjustments with families/carers and specialist staff, where
  appropriate
- Student progress data which may include both formative and summative assessments
- Progress or file notes by teacher, specialist staff or paraprofessionals
- Behaviour monitoring data
- Evidence of interventions provided over time, with monitoring of the effectiveness of the
  intervention and changes to intervention occurring as required
- Health plan provided by medical specialist that is reviewed regularly.
Evidence of consultation and collaboration with the student and/or parents and carers or associates

Documentation that may support school judgement that consultation and collaboration in the provision of adjustments has occurred can include:

- Meeting minutes or notes
- Documented meetings
- Records of phone calls, conversations or meetings with parent/carer
- Documented student plans signed by parent/and or student
- Record of parent-teacher interviews
- Parent-teacher communication books
- Emails between student and/or parents and carers or associates.

Where a student has newly enrolled in the school and has attended the school for less than 10 weeks, schools may include that student only 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.

Schools are encouraged to consider and discuss the types of evidence available in their setting to support their judgements about the inclusion of students in the data collection.
Case Studies

Support provided within quality differentiated teaching practice:

Case study 1: Gemma, Year 4, anaphylaxis
Case study 2: Corey, Year 9, hearing aid

Supplementary adjustments:

Case study 3: James, Year 1, performing at least 12 months behind his peer group
Case study 4: Cindy, Year 10, Asperger’s Syndrome

Substantial adjustments:

Case study 5: George, 8 years old, Down syndrome and kidney disease.
Case study 6: Sam, 15 years old, Duchenne muscular dystrophy

Extensive adjustments:

Case study 7: Jane, 6 years old, cerebral palsy and severe intellectual disability
Case study 8: Tristan, 16 years old, severe intellectual disability and autism spectrum disorder
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.
Supplementary Adjustment

Case Study 3: 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 4: 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.
**Substantial Adjustment**

**Case Study 5: 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 6: 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.
Extensive Adjustment
Case Study 7: 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 8: 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.
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](http://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](http://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).

The data entry date for the 2015 national data collection on students with disability is 7 August 2015. The process of identifying evidence can occur at any time in the 12 months preceding this date. Schools are encouraged not to leave this process to the weeks immediately preceding 7 August 2015.

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 on 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
decision? (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.

A student who was in the collection has just left to go to another school. Are they
included in my school’s collection?
Schools should only include students who are enrolled in that school at the 7th August 2015. If a
student has left at any time between 7th August 2014 and 7th August 2015 then they should not
be included as the student would be included in the collection of data at their new school.
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.
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/.

Kind regards

Principal
For a student to be included in the data collection there should be evidence that the student has been or is being provided with an adjustment for a minimum of ten weeks. Staff in schools use a wide range of practices in meeting the educational needs of their students with disability. These should meet the obligations under the *Disability Discrimination Standards for Education 2005* across four broad areas:

- The assessed identified needs of the student;
- Adjustments provided to the student to address their individual needs;
- Monitoring and review of the adjustments provided to students; and
- Consultation and collaboration.

Evidence of personalised adjustments which are in place to meet the learning and support needs of students with disability cover a range of activities and records in schools. Evidence may include but is not limited to the following.

<table>
<thead>
<tr>
<th>Evidence of Personalised Adjustments</th>
<th>Current Evidence</th>
<th>Evidence to be Collected</th>
<th>Done</th>
<th>Filed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation that reflects classroom curriculum-based assessments, <em>other school or classroom assessments, system-wide assessments</em> and extra-curricular activity assessments.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation from recognised medical professional/s (if available).</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Documentation from clinicians, therapists or paraprofessionals.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of school engagement and collaborative planning with the student, parents/carers or associate.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Documentation of the student’s individual learning and support provisions, including access issues and adjustments required.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Evidence that adjustments have been provided to the student.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records showing that the impact of adjustments has been regularly monitored and adapted where needed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports that detail adjustments being made for the student in the areas such as health or personal care and social development, including adjustments to the environment and infrastructure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other relevant supporting documents e.g. staff, timetables, professional learning and support for staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Adapted with permission from Jeanne Gallagher*
Sample Template to assist Teachers
*Nationally Consistent Collection of Data*

To be completed by Class Teacher or Year Advisor in consultation with Learning Support Teacher.

**STEP 1: Identify the Disability**

Is the student being provided with a reasonable adjustment to address a disability as defined by the Disability Discrimination Act 1992?

Tick the categories you feel are appropriate for the student

- a. total or partial loss of the person's bodily or mental functions
- b. total or partial loss of a part of the body
- c. the presence in the body of organisms causing disease or illness
- d. the presence in the body of organisms capable of causing disease or illness
- e. the malfunction, malformation or disfigurement of a part of the person's body
- f. a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
- g. a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour

Regarding the disability, choose the most appropriate description:

- presently exists
- previously existed but no longer exists
- may exist in the future (including because of a genetic predisposition to that disability)
- is imputed to a person (no official diagnosis)

**STEP 2: Identify the Level of Adjustment**

Use descriptors to determine which level best describes the adjustments currently implemented for the student most of the time in the last 10 weeks:

- Support provided within quality differentiated teaching practice
- Supplementary adjustments
- Substantial adjustments
- Extensive adjustments

Do you have evidence to support your decision in that:

- it assesses the identified needs of the student
- it demonstrates that adjustments have been provided to address individual needs
- monitoring and review of the adjustments has occurred
- adjustments have been determined through consultation and collaboration

**Documentation:**

Tick the type of documentation you have to support your decision:

- Individual Plans (IP)
- Health Care Plans (HCP)
- Risk assessment adjustments
- Learner profiles
- Reports from medical professional
- Reports from allied professional (OT, SP)
- Adjustments notated in class programs - evidence that adjustments have been implemented in
classes
☑ Samples of adjusted learning, teaching and assessment experiences
☑ Learning support intervention programs
☑ Evidence of school engagement and collaborative planning with the student and/or their parents and carers
☑ Evidence of use of disability provisions
☑ Evidence of student involvement in social skills programs
☑ Evidence of adjustments to infrastructure
☑ Evidence of professional learning and support for staff
☑ Evidence of ongoing counselling support

**STEP 3: Identify the Category of Disability**

☑ Physical
☑ Cognitive
☑ Sensory
☑ Social/emotional

**STEP 4: Evidence and Submission of Data**

☑ There is sufficient evidence to support this form

**Details:**

☑ The parent/carer has been informed through the collaborative planning process that data will be used anonymously
☑ The parent/carer has request that information not to be shared
☑ The Principal has verified the evidence/documentation
☑ Student data is ready for NCCD inclusion
### Examples of adjustment

#### Curriculum Adjustments

- Include movement breaks and exercise (daily aerobic).
- Additional time for tasks
- Adjustment to content or volume of work
- Allow extra time to complete activities
- Allow extra time to respond
- Allow oral responses to tasks
- Allow scribing
- Allow short breaks for long tasks
- Ask for instructions to be repeated
- Assessments read (except comprehension)
- Assist with analytical tasks
- Assist with beginning tasks
- Assist with bilateral tasks
- Assist with gross motor tasks
- Assist with planning for larger task
- Assist with starting tasks
- Assist with tracking
- Assistive Technology
  - Be aware of physical symptoms and provide activities to distract the child
  - Break task down into achievable goals/manageable chunks.
  - Catering to preferred learning styles
  - Checklists and notes provided
  - Visual prompts
  - Clarify understanding of task
  - Coach the student to demonstrate positive strategies
  - Colour code material by subject
  - Consistent routine with consistent reminders
  - Determine what the triggers for the student’s anxiety are, and reduce these as much as possible
  - Directly teach anxiety management/stress reduction coping strategies
  - Documentation of ‘Teaching moments’ in daily plan or elsewhere.
  - Encourage student to use visual cues such as what peers are doing
  - Exams: separate supervision
  - Facilitate peer tutoring to support learning.
  - Fine motor skills/perceptual motor/sensory program.
  - Focus on student interests and talents
  - Forewarn about change
  - Give less homework
  - Handouts/class notes provided
  - Highlight key words on whiteboard – different colours.
  - Incorporating Curriculum around IEP goals
  - Input from AVT to provide modifications to activities (eg larger lines to cut along)
  - Limit choices
  - LSTA support
  - Meet with parents/guardians to discuss actions that could be undertaken at home
<table>
<thead>
<tr>
<th>Modelling - hand over hand</th>
</tr>
</thead>
<tbody>
<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
<table>
<thead>
<tr>
<th>Supply hard copy of class notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support concrete goal setting.</td>
</tr>
<tr>
<td>Support throughout written tasks</td>
</tr>
<tr>
<td>Teach labeling of feelings, e.g. Zones of Regulation Programme</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Use a range of communication techniques (eg speaking and signing)</td>
</tr>
<tr>
<td>Use a structured and predictable program where possible</td>
</tr>
<tr>
<td>Use behaviour chart</td>
</tr>
<tr>
<td>Use computer programs (Audacity, Ghotit, Dragon, Inspiration)</td>
</tr>
<tr>
<td>Use concept maps</td>
</tr>
<tr>
<td>Use concrete materials</td>
</tr>
<tr>
<td>Use dyslexia friendly font/size</td>
</tr>
<tr>
<td>Use incentives/reward system</td>
</tr>
<tr>
<td>Use literature and multi-media examples to teach anxiety management</td>
</tr>
<tr>
<td>Use multisensory activities to teach concepts</td>
</tr>
<tr>
<td>Use of Auditory Cues</td>
</tr>
<tr>
<td>Use of concrete Materials</td>
</tr>
<tr>
<td>Use of peers to support learning</td>
</tr>
<tr>
<td>Use of Physical Supplements</td>
</tr>
<tr>
<td>Use of Visual Strategies</td>
</tr>
<tr>
<td>Use sensory tools</td>
</tr>
<tr>
<td>Use spacious layout on tests</td>
</tr>
<tr>
<td>Video clips to consolidate concepts</td>
</tr>
<tr>
<td>Visual prompts and instructions</td>
</tr>
</tbody>
</table>
### Health and Personal Care Adjustments

- Access to nurse if insulin pump alarm is triggered
- Adapt environment in toilets etc. to facilitate access.
- Adaptive furniture.
- Adjustments to lesson times re toileting; fatigue.
- Administration of medication and monitoring side effects – medication register.
- Administration of medication daily (eg Ritalin) and emergent (eg epi-pen, rectal valium etc)
- Allow extra time after activities to change (swimming, etc)
- Assistance with taking off/putting on socks and shoes
- Awareness & management of skin picking, self-mutilation, sticking things in mouth.
- Awareness of tactile defensiveness & activities to reduce sensitivity.
- Consultation with occupational and physiotherapists, speech language pathologists, AVT/PI, DAC, DOCS, DSQ, CPLQ etc and medical specialists
- Consultation with parents
- Dressing prompts.
- Encourage alternatives to stress habits
- Encourage good posture
- Explicit teaching re hygiene issues
- Feeding
- Frequent repositioning (for comfort, drainage and participation)
- Health Management Plan
- High supervision of fluid intake
- Jelly beans kept in class
- Lifting and handling (for positioning, toileting, participation, in/out of vehicles, in/out of equipment
- Modelling use of drink taps.
- Monitor food intake at breaks
- Monitor for stress/fatigue
- Monitor hygiene issues
- Monitoring allergies, seizures, sugar levels
- Monitoring eating times & tuck-shop. Alternative lunch programs.
- Monitoring gastrostomy tubes, tracheostomy etc
- Monitoring of temperature (environmental and child) and adequacy of clothing on child in response to this
- Monitoring restricted diet
- Parent group and whole-school education
- Part-time attendance (less than that for others children of same age) due to health
- Peer/Classmate education (discussion with peers about impact of disability)
- Permission to leave class to test blood sugar
- Permission to sit on chair rather than floor
- Provide breaks to relieve discomfort
- Provide ice/heat pack for joint relief
- Provision to eat food in class
- Reminders to monitor blood sugar after, before sport
| Requires guidance to re-focus on task |
| Requires reassurance |
| Sports Teacher to carry fruit popper |
| Support when not feeling well |
| Timetable personnel to meet students upon arrival at school. |
### 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 (eg stranger danger)  
Increased environmental supports (eg safety fencing).  
Liaise with district personnel (eg 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  
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 eg 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  
Supervision for at-risk activities  
Supervision with use of equipment & materials (e.g. scissors and glue).
<table>
<thead>
<tr>
<th>Support oral instruction with print or visual aides where possible</th>
</tr>
</thead>
<tbody>
<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>
<tr>
<td><strong>Assessment and Reporting Adjustments</strong></td>
</tr>
<tr>
<td>-----------------------------------------</td>
</tr>
<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><strong>Laptop / Scribe</strong></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>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Use alternative forms of assessment</td>
</tr>
</tbody>
</table>
### Social And Emotional Adjustments

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

<p>| 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 &amp; 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. |</p>
<table>
<thead>
<tr>
<th>Monitor for appropriate interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Picture cues</td>
</tr>
<tr>
<td>Practise speaking for different purposes (e.g. asking for clarification, initiating, maintaining and concluding conversations)</td>
</tr>
<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>
<tr>
<td>Learning Environment Adjustments</td>
</tr>
<tr>
<td>---------------------------------</td>
</tr>
<tr>
<td>1:1 support as needed</td>
</tr>
<tr>
<td>Adapt environment in toilets etc to facilitate access</td>
</tr>
<tr>
<td>Adaptive furniture - special seating.</td>
</tr>
<tr>
<td>Additional typing skills training.</td>
</tr>
<tr>
<td>Adjust positioning lights/fans etc</td>
</tr>
<tr>
<td>Allocate easy access bag space</td>
</tr>
<tr>
<td>Allocate locker with easy access</td>
</tr>
<tr>
<td>Allow access to technology</td>
</tr>
<tr>
<td>Allow extra time to move between classes</td>
</tr>
<tr>
<td>Allow for extra time and practise to master tasks</td>
</tr>
<tr>
<td>Allow for movement breaks when activities require the student to be seated for a period of time</td>
</tr>
<tr>
<td>Allow use of headphones</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Alternative/additional equipment (scissors, slope board etc.)</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>Assist student to organise belongings and equipment</td>
</tr>
<tr>
<td>Assistance for mobility.</td>
</tr>
<tr>
<td>Check homework is written in diary</td>
</tr>
<tr>
<td>Clear area of objects/distractions</td>
</tr>
<tr>
<td>Consultation with district office staff (eg Facilities personnel for environmental modifications)</td>
</tr>
<tr>
<td>Consultation with outside agency/specialists.</td>
</tr>
<tr>
<td>Consultation with therapists, AVTs etc</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Designated area within classroom for low distraction workplace.</td>
</tr>
<tr>
<td>Encourage the student to organise materials by subject and colour code as necessary</td>
</tr>
<tr>
<td>Enlarged font size</td>
</tr>
<tr>
<td>Ensure provision for time out/quiet relaxation areas if needed</td>
</tr>
<tr>
<td>Facilitating independence – task cards, class/activity schedules.</td>
</tr>
<tr>
<td>Implementation of programs/recommendations from specialists</td>
</tr>
<tr>
<td>Incentive choice cards (e.g. ‘If – Then’ cards).</td>
</tr>
<tr>
<td>Incorporate addition motor breaks, heavy work and proprioceptive input activities into program.</td>
</tr>
<tr>
<td>Installation of amplification sound system/field</td>
</tr>
<tr>
<td>Link the student with a suitable peer to assist in defining/confirming expectations</td>
</tr>
<tr>
<td>LSTA support at Sport</td>
</tr>
<tr>
<td>Managed proximity to other students</td>
</tr>
<tr>
<td>Monitor out of class activities</td>
</tr>
<tr>
<td>Monitor sensitivities</td>
</tr>
<tr>
<td>Needs pre-warning of fire drills/lockdowns etc</td>
</tr>
<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 environment (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>
**Quality teaching strategies**

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

**Teaching**

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

**Assessment and Reporting**

| 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 portfolio where appropriate? |   |   |   |
| Do you use a range of assessment methods? |   |   |   |
| Do you use checklists? |   |   |   |
| Do you use the standard reporting format? |   |   |   |

**Environment**

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

**Resources**

| Do you ensure all text and materials are clear and legible? |   |   |   |
| Do you integrate technologies to support curriculum? |   |   |   |
| Do you use a task schedule and daily calendar? |   |   |   |

**Supplementary adjustments**

**Planning**

<p>| Do you provide extra time to complete work tasks? | ✓ | Every Day | Periodically | Occasionally |
| 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? |   |   |   |   |</p>
<table>
<thead>
<tr>
<th>Teaching</th>
<th>Assessment and Reporting</th>
<th>Environment</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you regularly review and refine adjustments?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you prearrange frequent breaks for the student?</td>
<td>Do you set practical tasks for assessments?</td>
<td>Do you adjust the physical surroundings eg: lighting, furniture positioning?</td>
<td></td>
</tr>
<tr>
<td>Do you collaborate with departmental support staff?</td>
<td>Do you provide ongoing feedback on academic performance?</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>Do you integrate key speech or occupational therapy strategies into your lesson?</td>
<td>Do you offer assignments in alternative formats eg: role-play, oral presentation?</td>
<td>Do you provide separate learning areas?</td>
<td></td>
</tr>
<tr>
<td>Do you organise regular case conferences?</td>
<td>Do you substitute assignments in specific circumstances?</td>
<td>Do you provide support to enable students to move around the school eg: maps, colour coding?</td>
<td></td>
</tr>
<tr>
<td>Teaching</td>
<td>Do you teach self-regulation strategies in your class program?</td>
<td>Resources</td>
<td></td>
</tr>
<tr>
<td>Is teaching are reinforcing resilience embedded in all programs?</td>
<td></td>
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<tr>
<td>Do you decrease the amount of oral and mitten information?</td>
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<tr>
<td>Do you reduce the amount of workload expectation of the student?</td>
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<tr>
<td>Do you limit amount of choice?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Do you use key cues — pictorial/colour coding or tactile?</td>
<td></td>
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<tr>
<td>Do you assign a peer tutor to support the student?</td>
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<tr>
<td>Do you provide additional time to complete work tasks?</td>
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<tr>
<td>Do you provide course information prior to the commencement of the course where appropriate?</td>
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<tr>
<td>Do you use a Sound Amplification System (SAS)/FM system?</td>
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<tr>
<td>Do you provide a study guide for students with key terms and concepts where appropriate?</td>
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</tr>
<tr>
<td>Do you provide access to online versions of course outlines and/or relevant material where appropriate?</td>
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<tr>
<td>Do you teach self-regulation strategies in your class program?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment and Reporting</td>
<td>Do you substitute assignments in specific circumstances?</td>
<td>Resources</td>
<td></td>
</tr>
<tr>
<td>Do you provide individual advanced notice of assignments?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>------------------------------------------------------------------------</td>
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<tr>
<td>Do you use specific classroom equipment eg: pencil grip, positional seat, electronic dictionaries?</td>
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<tr>
<td>Do you colour code books and materials?</td>
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<tr>
<td>Do you use graphic organisers eg: visual representation of task? Do you enlarge print or change font size and line spacing?</td>
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<tr>
<td>Do you support the student by photocopying other notes? Do you use adaptive computer software eg: audio book?</td>
<td></td>
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<tr>
<td>Do you use concrete examples to explicitly teach certain skills? Do you allow think time before expecting an answer?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Do you use graphic organisers eg: visual representation of task? Do you enlarge print or change font size and line spacing?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you provide a daily timetable eg: visual/pictures?</td>
<td></td>
</tr>
<tr>
<td>Do you plan for the student to move towards independently managing their health care needs?</td>
<td></td>
</tr>
<tr>
<td>Do you use an individual behaviour plan to modify behaviour?</td>
<td></td>
</tr>
<tr>
<td>Do you record daily incidences of behaviour eg: SIS?</td>
<td></td>
</tr>
<tr>
<td>Do you use a boundary training program?</td>
<td></td>
</tr>
<tr>
<td>Do you use on desk goals and reminders?</td>
<td></td>
</tr>
<tr>
<td>Do you use social stories to teach concepts?</td>
<td></td>
</tr>
<tr>
<td>Do you use a boundary training program?</td>
<td></td>
</tr>
<tr>
<td>Do you use on desk goals and reminders?</td>
<td></td>
</tr>
<tr>
<td>Do you use social stories to teach concepts?</td>
<td></td>
</tr>
<tr>
<td>Do you use a help card/time out/or respite card?</td>
<td></td>
</tr>
<tr>
<td>Do you use picture cues to support the student?</td>
<td></td>
</tr>
<tr>
<td>Do you support students in appropriately using equipment eg: orthotics, hearing aids?</td>
<td></td>
</tr>
<tr>
<td>Do you use assistive technology to allow access to the curriculum eg: braille computer, notetaker?</td>
<td></td>
</tr>
</tbody>
</table>
## Substantial Adjustments

<table>
<thead>
<tr>
<th>Planning</th>
<th>✓</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>
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<tr>
<td>Do you regularly meet the school team and support services to discuss individual learning needs?</td>
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<tr>
<td>Do you collaborate with departmental support staff eg: behaviour centre, SSEND? Do you collaborate with external agencies at least monthly?</td>
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<tr>
<td>Has an emergency/critical incident plan been developed as part of a treatment plan?</td>
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</table>

### Teaching

<table>
<thead>
<tr>
<th></th>
<th>✓</th>
<th>Every Day</th>
<th>Periodically</th>
<th>Occasionally</th>
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</thead>
<tbody>
<tr>
<td>Do you use an interpreter for the students to access the curriculum?</td>
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<tr>
<td>Do you allow frequent breaks from work tasks throughout the day?</td>
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<tr>
<td>Do you provide an individualised program for part of the day?</td>
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<tr>
<td>Do you provide intensive individualised social skills instruction eg: one on one task analysed mastery of individual skills?</td>
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<tr>
<td>Do you use another form of communication eg: augmentative communication, Auslan, PECS?</td>
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<tr>
<td>Do you use individualised visual/tactile supports for implementing the curriculum?</td>
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<tr>
<td>Do you provide some level of support with personal care needs eg: toileting, dressing eating?</td>
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<tr>
<td>Do you provide support for students travelling to and from school?</td>
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<tr>
<td>Do you provide individualised instruction over a number of areas of the curriculum for part of the day?</td>
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<tr>
<td>Do you provide individualised toileting support?</td>
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<tr>
<td>Do you use individual prompting throughout the school day to target a range of social skills?</td>
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<tr>
<td>Do you use strategies such as role-play, social stories, levels of prompting and task analysis to explicitly teach social skills?</td>
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<tr>
<td>Do you break down target skills into 1 or 2 stage instructions?</td>
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<tr>
<td>Do you use a reinforcement schedule to teach targeted skills?</td>
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<tr>
<td>Do you allow structured opportunities for generalisation or targeted skills?</td>
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<tr>
<td>Do you require support in addition to the classroom teacher to manage a health condition on a daily basis?</td>
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<tr>
<td>Do you implement therapy program goals in the individual education plan?</td>
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<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>
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<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>Do you teach, monitor and review strategies for resilience for students in collaboration with support staff?</td>
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<tr>
<td>Do you use strategies to manage sensory input/integration? Do you provide alternative programs to suit individualised?</td>
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<tr>
<td><strong>Assessment and Reporting</strong></td>
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<tr>
<td>Do you have daily communication with parents/carers?</td>
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<tr>
<td>Do you provide finely sequenced individualized assessment and reporting?</td>
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<tr>
<td><strong>Environment</strong></td>
<td></td>
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<tr>
<td>Do you provide individualised support for movement around the school eg: buddy system / escort by class teacher/ education assistant?</td>
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<tr>
<td>Do you provide support for the student to access all areas of the school environment?</td>
<td></td>
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</tr>
<tr>
<td>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?</td>
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<tr>
<td>Do you use a withdrawal space/low stimulus to support your student needs?</td>
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<tr>
<td><strong>Resources</strong></td>
<td></td>
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</tr>
<tr>
<td>Do you use assistive technology devices to allow access to the curriculum eg: notetaker, braille writer, speech recognition software?</td>
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</tr>
</tbody>
</table>
### Extensive Adjustments

<table>
<thead>
<tr>
<th>Planning</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>
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<td></td>
</tr>
<tr>
<td>Do you collaborate with departmental support and therapist's daily/weekly?</td>
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<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>
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</tbody>
</table>

#### Teaching

<p>| Do you create opportunities for generalization daily? |               |              |              |
| Do you develop, monitor and review individualized strategies for resilience for students in collaboration with support staff? |               |              |              |
| Do you have an intensive individualised behaviour management plan that requires additional training? |               |              |              |
| Do you have an intensive individualised health care plan that requires additional training? |               |              |              |
| Do you have an intensive individualised risk management plan that requires additional training? |               |              |              |
| Do you include highly individualised self-care strategies in the curriculum eg: toileting, hygiene, eating, dressing? |               |              |              |
| Do you need additional trained support pervasively throughout the day to manage a health condition? |               |              |              |
| Do you provide an alternative curriculum eg: functional/life skills program? |               |              |              |
| Do you provide individual/physical prompting pervasive throughout the day? Do you use concrete materials to implement the curriculum? |               |              |              |
| Do you provide sensory diets? |               |              |              |
| Do you provide work skills/community access programs? |               |              |              |
| Do you require one on one physical support for the student to access the curriculum? |               |              |              |
| Do you use 1 or 2 stage instructions throughout the day? |               |              |              |
| Do you use alternative methods of communication eg: Auslan, Braille, Augmentative communication? |               |              |              |
| Do you use approved restraint techniques at least once per day? |               |              |              |
| Do you use highly individualised strategies including functional behaviour analysis and input from support services to support complex behavioural for mental health needs? |               |              |              |</p>
<table>
<thead>
<tr>
<th><strong>Do you use individual teaching strategies eg: discrete trial training, TEACCH, Applied Behaviour Analysis?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do you use intensive reinforcement schedules eg: every 1 — 3 minutes?</strong></td>
</tr>
<tr>
<td><strong>Do you use real life or photograph symbols pervasive throughout the day?</strong></td>
</tr>
<tr>
<td><strong>Do you use significantly reduced learning outcomes in all learning areas?</strong></td>
</tr>
<tr>
<td><strong>Assessment and Reporting</strong></td>
</tr>
<tr>
<td><strong>Do you provide finely sequenced individualised assessment and reporting? Do you use an intensive communication process in regards to reporting?</strong></td>
</tr>
<tr>
<td><strong>Environment</strong></td>
</tr>
<tr>
<td><strong>Do you use an alternative learning environment?</strong></td>
</tr>
<tr>
<td><strong>Do you use low stimulus/focus stimulus areas?</strong></td>
</tr>
<tr>
<td><strong>Do you use protective solation room (with approval from Director School)?</strong></td>
</tr>
<tr>
<td><strong>Resources</strong></td>
</tr>
<tr>
<td><strong>Do you provide equipment or support to move around and access all the areas of the school environment?</strong></td>
</tr>
<tr>
<td><strong>Do you require highly individualised equipment for the student to access the curriculum eg: hoist, standing frame?</strong></td>
</tr>
<tr>
<td><strong>Do you use highly specialised assistive technology eg: eye gazing technology, switch access to on-screen keyboards, head tracking?</strong></td>
</tr>
</tbody>
</table>
## Student Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>DoB:</th>
<th>Class:</th>
<th><strong>Category:</strong></th>
<th>Physical</th>
<th>Cognitive</th>
<th>Sensory</th>
<th>Social/Emotional</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Level:</strong></td>
<td>Support within QDTP</td>
<td>Supplementary</td>
<td>Substantial</td>
<td>Extensive</td>
</tr>
</tbody>
</table>

## Clinical Information

<table>
<thead>
<tr>
<th>Diagnosis:</th>
<th>By whom:</th>
<th>Date:</th>
<th>Review date:</th>
</tr>
</thead>
</table>

## Statement of Aspirations:
(vision for the student’s future)

## Student Competencies:
(across class curriculum-include skills such as social, self-management, communication)

## Review of Support Plan:

<table>
<thead>
<tr>
<th>Date:</th>
<th>Parent:</th>
<th>Class/Form Teacher:</th>
<th>Learning Support Teacher:</th>
<th>Therapist:</th>
<th>Other:</th>
<th>Next Review Date</th>
</tr>
</thead>
</table>

## Signatures:

<table>
<thead>
<tr>
<th>Parent:</th>
<th>Date:</th>
<th>School Representative:</th>
<th>Date:</th>
<th>Principal:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of disability on learning</td>
<td>Adjustments (e.g. curricular, instructional, ecological) to access general curriculum, including special considerations for formal assessment</td>
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<td></td>
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<tr>
<td>➢ Curriculum</td>
<td>➢ Curriculum</td>
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<tr>
<td>➢ Communication</td>
<td>➢ Communication</td>
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<tr>
<td>➢ Social Participation &amp; Emotional Well-being</td>
<td>➢ Social Participation &amp; Emotional Well-being</td>
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<tr>
<td>➢ Safety</td>
<td>➢ Safety</td>
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<tr>
<td>➢ Health and Personal Care</td>
<td>➢ Health and Personal Care</td>
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<tr>
<td>➢ Learning Environment and Access</td>
<td>➢ Learning Environment and Access</td>
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<tr>
<td>Consultations</td>
<td>Notes:</td>
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<tr>
<td><strong>Parent:</strong></td>
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<tr>
<td><strong>Class/Form Teacher:</strong></td>
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<tr>
<td><strong>Support Teacher:</strong></td>
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<tr>
<td><strong>Therapist:</strong></td>
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<td><strong>Other:</strong></td>
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<td><strong>Therapist:</strong></td>
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<td><strong>Other:</strong></td>
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</table>
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*

*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

*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