National Strategy on Screening, Identification, Assessment and Support

School Pack

education

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National Strategy on Screening, Identification, Assessment and Support

School Pack

2008

This Strategy forms part of the Implementation of Education White Paper 6 – Special Needs Education: Building an Inclusive Education and Training System

Department of Education

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Foreword

It is my pleasure to introduce the National Strategy on Screening, Identification, Assessment and Support to all South African education officials, schools, teachers, learners and parents.

When Education White Paper 6: Special Needs Education – Building an Inclusive Education and Training System was approved by Cabinet in 2001, the Department set out to implement in an incremental way the main elements of an inclusive education system of which the National Strategy on Screening, Identification, Assessment and Support (SIAS) is one. The SIAS, like all the other key strategies of the policy, aims to respond to the needs of all learners in our country, particularly those who are vulnerable and most likely to be marginalised and excluded.

A process that had to be completed before an inclusive education system could become a reality in all parts of the country, was to overhaul the current process of identifying, assessing and enrolling learners in special schools and specialised sites and replace it with a system that acknowledges the central role played by educators and parents in the process. The National Strategy on Screening, Identification, Assessment and Support provides a response to this need.

The Strategy has been developed over a period of four years through a rigorous process of consultation with all stakeholders, including schools, districts, provincial offices, higher education institutions and professional bodies. The inputs of organizations, including those for and of disabled people, were incorporated in this Strategy so as to ensure that it would respond to the needs of all learners whose lives will be affected by its implementation.

The introduction of this Strategy will allow large numbers of children of school-going age who experience barriers to learning, including those who are disabled, to exercise their right to basic education and to access the necessary support in their local schools as far as possible.

At the same time, the Strategy introduces new roles and responsibilities for the education support system in the country, including the District-based Support Teams, Special School Resource Centres, Full-service Schools and the Institution-level Support Teams.

The successful implementation of the Strategy will ensure that we begin to realise our obligations as a government in respect of the United Nations Convention on the Rights of Disabled People as ratified by President Mbeki in November 2007. The Convention affirms that persons with disabilities have a right to access an inclusive, quality, free, primary and secondary education on an equal basis with other young people in the communities in which they live (Article 24).

The Department of Education believes that the Strategy will also benefit special schools by providing clarity on which learners should be admitted to particular special schools and how their educational needs should be supported. When fully implemented, the Strategy should ensure that no-one is refused admission to a special school because of the severity of his or her disability but it should also ensure that ordinary schools will acquire policies, cultures and practices which are welcoming to all learners.

The development of the National Strategy on Screening, Identification, Assessment and Support would not have been possible without the hard work and dedication of hundreds of teachers, principals, researchers, lecturers, parents, disabled persons and provincial education officials who participated in the Inclusive Education Field Test during 2005 to 2007. We are pleased to know that we can rely on all these stakeholders to implement the processes to ensure that all learners receive appropriate support to enhance their learning.

D Hindle
Director-General
Pretoria, South Africa

Table of Contents

1. **Preamble** 1

2. **Terminology** 3

3. **Acronyms** 5

4. **Summary Outline of Strategy** 8

5. **SIAS Process** 10

   Stage 1: Gain background information on the learner 12

   Stage 2: Identify barriers to learning and development 13

   Stage 3: Establish levels of support and an action plan with a 'support package' 15

   Stage 4: Action planning for provision and monitoring of additional support 15

   – SIAS Process Diagram 22

   – Learner identification and assessment process flow chart 23

6. **SIAS Toolkit** 26

   General guidelines for filling in of forms 26

   Learner Profile (not included in this document, but available at schools) .....

Planning for Support at School Level 33

   SNA: Diagnostic Profile 35

SNA: Sections 1 and 2 (Support Needs Assessment Form) 45

SNA: Individual Support Plan (ISP) 55

Requesting and Provisioning of Additional Support 61

SNA: Section 3a (Assessment of Support Requirements) ... 63

SNA: Section 3b (School Request form for Additional Support) 73

SNA: Section 4 (Action Plan for Additional Support Provision and Monitoring) 79

7. Guidelines 87

SNA – Guideline 1 (Guidelines for institutional level support teams) 87

SNA – Guideline 2 (Guidelines for educators) 91

SNA – Guideline 3 (Guidelines for parents) 95

SNA – Guideline 4 (Guidelines for District-based Support Teams) 99

References 107

1. Preamble

Purpose of the Screening, Identification, Assessment and Support (SIAS) Strategy

Systemic intervention

The aim of introducing the SIAS strategy in the education system is to overhaul the process of identifying, assessing and providing programmes for all learners requiring additional support so as to enhance participation and inclusion. One of the key objectives of the strategy is to provide clear guidelines on enrolling learners in special schools and settings which also acknowledge the central role played by parents and educators (Education White Paper 6, p.7).

Identification of barriers

This document provides a strategic policy framework for screening, identifying, assessing and supporting all learners who experience barriers to learning and development within the education system, including those who are currently enrolled in special schools.

Support to maximise learners' participation in schools and classrooms

The policy framework is to develop a profile for each learner from the day that he/she enters Grade R or Grade 1. It is structured in such a way that it ensures that teachers and schools understand the support needs of all learners so as to enhance the delivery of the National Curriculum Statement.

The Screening, Identification, Assessment and Support (SIAS) process outlined in this document is intended to assess the level and extent of support needed to maximise learners' participation in the learning process.

First, it outlines a process of identifying individual learner needs in relation to the home and school context, **to establish the level and extent** of additional support that is needed. Second, it **outlines a process for enabling** the accessing and provisioning of such support at different levels.

Through a set of forms, this strategy outlines the protocol that has to be followed in identifying and addressing barriers to learning that affect individual learners throughout their school career. It further identifies the responsibilities of teachers, managers, district-based support teams and parents/care-givers through a set of accompanying guidelines.

The current situation

A general overview of how learners are currently being identified, assessed and supported within the system reveals the following challenges:

Increasing access in a range of sites

1. There is an increasing number of learners being referred to special schools from their local mainstream schools. In the space of three years (2004 to 2007), the number has increased by more than 15 000 learners (from 77 752 to 93 000[1]).
2. Access to special services or facilities is limited (special schools and education support services are not always within reach of communities). This leads to marginalisation and exclusion of children with additional support needs, including a large number with disabilities. Some are being admitted into mainstream schools, with varying levels of success.
3. There is no system of rigorous assessment and identification to ensure a consistent process of screening, identification and referral of learners into special schools.

Involving educators, parents and learners in the assessment process

4. Generally, there is a lack of involvement of teachers, parents and learners in the assessment process.
5. Current assessment practices fail to outline the nature and level of support needed, so it is difficult to fund that support appropriately.

Based on the current situation outlined above, this strategy is intended to ensure a more rigorous and consistent process of screening, identification, assessment and support of learners across the system. This will enable more equitable practice in terms of admission, support and funding.

The implementation of this strategy will be supported by the following activities over the next two to five years:

Ongoing training and consultation

- Training of all educators, managers and Provincial and District officials in the use of the strategy
- Extended consultation with other government departments, especially the Departments of Health and Social Development to align services and procedures at all levels

[1] Statistics have been extracted from the Audit of Special Schools (2004) and from recent EMIS (DoE) data from the annual schools survey, respectively.

2. Terminology

Augmentative and Alternative Communication (AAC)	AAC strategies describe the way people supplement their communication when they cannot speak clearly enough to be understood by those around them. These strategies include a wide range of communication methods ranging from gestures and communication boards to assistive communication devices.
Barriers to learning	Refer to difficulties that arise within the education system as a whole, the learning site and/or within the learner him/herself which prevent access to learning and development for learners.
Category of disability	The current organiser for schools, funding and post provisioning in the special education system. These organisers have been weighted and they include: Multiply disabled, deaf, hard of hearing, blind, partially sighted, deaf/blind, cerebral palsy, specific learning disability, behavioural disorder, mild or moderate intellectual disability, severe intellectual disability, physical disability, autistic spectrum disorders, epilepsy, attention deficit disorder, with/without hyperactivity.
District-based Support Teams (DBST)	Groups of departmental professionals whose responsibility it is to promote inclusive education through training, curriculum delivery, distribution of resources, identifying and addressing barriers to learning, leadership and general management.
Full-service Schools (FSS)	Ordinary schools which are specially equipped to address a full range of barriers to learning in an inclusive education setting.
Institution-level Support Teams (ILSTs)	Teams established by institutions in general, further and higher education, as an institution-level support mechanism whose primary function is to put in place co-ordinated school, learner and educator support services.
Individual Support Plan	A plan designed for learners who need additional support or expanded opportunities, developed by teachers in consultation with the parents and the Institution-level Support Team.
Lead Professional	A Lead Professional is a member of the DBST who will coordinate the assessment process and decision-making on support packages needed and support provision and monitoring for learners.
Level of support needs	Scope and intensity of support needed at a system, school, educator and learner level. The main organiser for schools, funding and post provisioning in the inclusive education system.
Special Schools (SSs)	Schools equipped to deliver education to learners requiring high-intensive educational and other support either on a full-time or a part-time basis.

Special Schools/ Resource Centres (SpS/RCs)	Special schools transformed to accommodate learners who have high intensity support needs, as well as provide a range of support services to ordinary and full-service schools.
Support Needs Assessment (SNA)	Process of determining the additional support provision that is needed. The process is guided by the various sections of the SNA form
Support Package	A package of support needed to address the barriers identified for each child or school to address the challenges/barriers experienced by learners. Packages vary from level 1 to level 5, in terms of intensity and variety. Each consists of a variety of resources which may be human, physical, or material, or a combination of these.
Support programmes	Support programmes refer to structured interventions delivered at schools and in classrooms within specific time frames.

3. Acronyms

AAC	Alternative and Augmentative Communication
ABET	Adult Basic Education and Training
DBST	District-based Support Teams
DPO	Disabled People Organisation
ECD	Early Childhood Development
EMIS	Education Management Information Systems
FET	Further Education and Training
FSS	Full-Service School
GET	General Education and Training
ILST	Institution-level Support Team (= SBST/EST/TST)
ISP	Individual Support Plan
NCS	National Curriculum Statement (Schools Grade R–12)
NGO	Non-governmental Organisation
NPO	Non-profit organisation
OSDP	Office on the Status of Disabled People
SAPS	South African Police Service
SASA	South African Schools Act (Act 79 of 1996)
SASL	South African Sign Language
SBST	Site/school-based Support Team
SGB	School Governing Body
SIAS	Screening, Identification, Assessment and Support

Summary Outline of SIAS Strategy

Stage 1: Gain background information on the learner

Stage 2: Identify barriers to learning and development

Stage 3: Establish levels of support and an action plan with a 'support package'

Stage 4: Action Planning for Provision and Monitoring of Additional Support

SIAS

4. Summary Outline of SIAS Strategy

To increase participation by all learners

The Strategy on Screening, Identification, Assessment and Support (SIAS) aligns with other Department of Education strategies which aim to support teachers, managers, Districts and parents in schools. The SIAS is designed to manage and support teaching and learning processes which affect learners within the system. It offers guidelines on how to screen, identify, assess and support learners who experience barriers to learning, including those with disabilities, and thereby improve the teaching and learning environment for maximum participation by all learners.

Often learners are faced with challenges in the learning process which are a result of a broad range of experiences in the classroom, at school, at home, in the community, and/or as a result of disability. The report of the joint National Commission on Special Needs in Education and Training (NCSNET) and the National Commission on Support Services (NCSS) (1997) referred to these challenges as 'barriers to learning and development'. These barriers may include:

Barriers to learning and development

- socio-economic aspects (such as the lack of access to basic services, poverty and under-development),
- factors that place learners at risk, for example, physical, emotional, and sexual abuse, political violence, HIV/AIDS epidemic,
- attitudes,
- inflexible curriculum at schools,
- language and communication,
- inaccessible and unsafe built environments,
- inappropriate and inadequate provision of support services,
- lack of parental recognition and involvement,
- disability,
- lack of human resource development strategies.

Education White Paper 6 (2001) is a response to these challenges and focuses on *'overcoming barriers in the system that prevent it from meeting the full range of learning needs'* (p.17).

Two key purposes of SIAS

The SIAS strategy forms part of the implementation of White Paper 6 and serves two key purposes:

- to screen and identify learners who experience barriers to learning and development, and
- to establish a support package to address these barriers.

Purpose of the SNA form

The strategy includes a **SIAS tool-kit** which consists of a single form **Support Needs Assessment** (**SNA**; see below) to be completed by teachers, parents, schools (including special schools) and Districts. The form is a tool which enables the engagement of the different partners in the process to:

- establish barriers affecting the learners' participation in the learning process,
- decide on the level of support needed, and the 'support package' to address these barriers, and to
- track progress and impact of implementation of the support package.

Guidelines for role players

The SIAS tool-kit also includes **guidelines** which accompany the form to assist various partners in engaging in the process. Guidelines are provided for teachers (including the Institutional Level Support Team – ILST), managers, parents and District-based support teams (DBSTs). The ILST and the DBST are two structures established as part of the overall implementation of the Inclusive Education policy. They play a key role in the SIAS process, as do teachers, parents/caregivers, managers and other support services within the local community.

Learner Profile

Diagnostic Profile

Once the **Learner Profile** form is completed for a learner, and it is clear that the learner might have additional support needs, the SIAS toolkit is used to achieve a deeper understanding of his/her needs. All information will be recorded on the SIAS form (SNA). All diagnostic information will be provided by a doctor, medical practitioner, or health clinic on the **Diagnostic Profile**. Any other supporting information, for example, professional assessments, psychologists' or therapists' reports, selected curriculum and any other relevant information, should be kept together with the SNA form, for each learner. This profile will follow the learner throughout the GET and FET phase, so that information regarding the learner's experience and his/her progress is readily available. Such information should be held by the ILST and made available to teachers only if this is necessary, and if consent is granted by the parent/caregiver and/or learner[2] involved, or if the parents/caregiver and/or the learner requests that the information be shared with teachers to make them aware in advance of the needs of the learner.

[2] The learner should be given the opportunity to exercise his/her right to participate in decision-making processes, where possible.

5. SIAS Process

The SIAS process consists of the following four stages:

Stage 1

Learner Profile

School and teacher gain background information of learner to understand basic needs, talents and aspirations

Toolkit:

Learner Profile
SNA: Section 1
Diagnostic Profile
Any other reports

Stage 2

Identify barriers to Learning and Development

- Teacher reflection
- Parent consultation and involvement
- Identify learner support needs
- Identify contextual barriers
- Review teaching and classroom practices and arrangements
- Review whole school changes and support strategies
- Identify community resources
- Track Support

Toolkit:

SNA: Section 2
SNA: Individual Support Plan

Stage 3

Assessment of support requirements – Determining level and nature of support needed

Consultation by DBST with Institution level support team, teachers and parents:

- Review impacts on the school's and teacher's work
- Analyse school capacity within existing resources to meet needs and achieve school improvement
- Identify community resources
- In depth assessment of learner support needs
- Determine Support Package
- Application for additional resources
- Determine eligibility for access to alternative specialised programmes
- Make inputs to action plan

Toolkit:

SNA: Section 3 a and b

Stage 4

Action Planning, Provisioning and Monitoring of Additional Support

- Review and analyse SNA: Section 4
- Verify ILST assessment
- Decision making by DBST
- Provision of additional support to school and learner
- Resource allocation
- Training, counseling and mentoring of school, teachers and parents
- Monitoring support provision

Toolkit:

SNA: Section 4

The SIAS assumes four stages, that is, screening, identification, assessment, and support provisioning and monitoring. There is only one form for support needs assessment: the Support Needs Assessment (SNA). This form is divided into four sections, not all of which will be completed for every child who requires learning support. This is illustrated in Table 1 below.

Table 1: Diagram of responsibilities

Stage of SIAS	Section of SNA1	Filled in for whom?	Filled in by whom?
1	Learner profile Section 1	– For all learners – For learners who have an indication of vulnerability	Class teacher DBST and Health Professionals Class teacher with support from the ILST and in consultation with Parents/caregivers
2	Section 2a and 2b Individual Support Plan	For learners: – for whom additional support must be put in place from the outset, e.g. learners with disabilities – who are identified in the course of teaching and learning as having additional support needs	ILST, in consultation with teacher and parent

Table 1: Diagram of responsibilities (continued)

Stage of SIAS	Section of SNA1	Filled in for whom?	Filled in by whom?
3	Section 3a: Determining nature and level of support Section 3b: Request for Additional Support Provision	For learners who need additional support	DBST, in consultation with ILST, school and parents
4	Section 4: Action plan for support provision and monitoring	For schools, educators and learners requiring high levels of support	DBST in consultation with school

Stage 1: Gain background information on the learner

Stage 1 applies to all learners upon entry to school, particularly those in Grade R and Grade 1. When the Learner Profile is completed and initial risk factors or indications of exceptional talent and giftedness, or the need for additional support is identified, the school must make arrangements for an interview with the parent/caregiver during which **SNA: Section 1** is completed.

Getting to know the learner and his/her context

Basic information is required at this stage which will inform an overall picture of who the child is, what his/her experience has been before arriving at the school, what his/her family and home circumstances are, and what his/her strengths, weaknesses and interests are (in the parents' view). The information in this section can be drawn in part from, and serves to supplement, information already gathered in the **'Learner Profile'.**

The second category of information relates to the **learner's family and home situation**, recognising that the child's identity is influenced by his/her family structure, the level and nature of contact with immediate family members or care-givers, such as siblings, parents, extended family, etc. Information on significant home circumstances may bear light on the level of support available, or not.

The parent's/ caregiver's perspective

Finally, the **parent/caregiver's understanding of the child** is sought to provide a perspective on the child's strengths and weaknesses, goals and aspirations, interests, personality, etc. Such information is necessary to provide a picture of the child through the way he/she is able to present him/herself at home and in other environments. Such information serves various purposes. It may suggest, for

example, what activities may be included to accommodate the child's learning preferences, if appropriate and feasible within the learning environment, to further stimulate the child's interest and learning. It also provides the parent/caregiver's perspective which, when weighed against the teacher's and other perspectives at a later stage, will assist in the overall assessment of the child's support needs. In some cases the parent/caregiver's understanding of the child may in fact emerge as the barrier to learning and development, or a teacher's perspective may present as a barrier in the classroom. Such assessments demand extreme sensitivity to reach a non-biased, balanced appraisal.

The completion of the other sections of SNA will only be necessary for those learners identified from the outset or at a later stage as experiencing a challenge in the learning process or having exceptional talents that need to be nurtured and supported. The form should accompany the learner in the event of a transfer to another school. Section 1 will provide valuable information for teachers on the background of the learners. More importantly, it forms the first part of the overall assessment for learners who experience barriers to learning and development.

Diagnostic Profile of learners with disability and health needs

In this stage of the SIAS process a **Diagnostic Profile (SNA, DP)** must be filled in for a child who is at risk. The format of the profile is in line with similar forms used by the Department of Health to determine the severity or exact nature of a learner's disability or health support needs. It is based on the International Classification of Functions. The DBST must ensure that this form is completed by a health professional working in the district or at special schools or by medical doctor, medical practitioner, therapist in a hospital, primary health care clinic and/or private practice; it will help to provide a clearer understanding of the extent of the functional limitations experienced by children who are disabled or ill. In itself, this diagnostic profile provides no indication of the education support that is needed by learners, and it may not serve as a recommendation for educational placement or indication of level of support needs. Learners with one or more moderate or severe impairments should be reviewed for Level 4 or Level 5 support provision.

Stage 2: Identify barriers to learning and development

Extended learner profile

Stage 2 applies to learners who have been identified by the teacher as experiencing challenges in the learning process. Initial identification of learner needs would be based on accumulated evidence from the curriculum assessment process which includes observation, documentation from the learner's portfolio, workbooks, and consolidated verbal and written information from other teachers, parents/caregivers, etc.

Once the learner has been initially identified, teachers will fill in **Section 2** of the SNA form, in consultation with the ILST, parents/caregivers and even learners, where this is possible. Information gathered in Stage 2 of the process will enable the balancing of factors, both negative and positive, to inform a clearer understanding of the context in which the learner is experiencing a range of barriers to his/her learning and development. It focuses on barriers to learning and development which are related to the learner and his/her contextual needs, recognising that the context is a significant influence on the way in which learners learn and develop.

Identification of personal and contextual barriers

The first part of Stage 2 (Section 2a) of the form requires a review of **curriculum challenges** experienced by the learner in one or more areas of learning. Essentially, this is a summary of the accumulative assessment conducted by relevant teachers for each learner, which forms part of the everyday teaching and learning process. Documentary evidence might include extracts from the learner's portfolio, workbooks, etc., and should be readily available to support information provided in this section. Information is also required about barriers experienced by the learner in terms of his/her ability to communicate, his/her behavioural and social competencies, health, wellness and personal care, and/or the level of physical access.

Identification of barriers and enabling factors in school and classroom

The second part of Stage 2 (Section 2b) focuses on **contextual factors** which negatively and/or positively impact on the learner's potential for learning and development. The strategy recognises the need to provide support to address the barriers which may negatively affect the learner, such as a poor or violent home environment, poor parenting, poor teaching, a lack of teacher knowledge of the new curriculum and curriculum differentiation, an exclusionary school ethos, etc. At the same time it makes provision for accessing the available support where this is forthcoming, and creates possibilities for strengthening and using such positive support. For example, supportive parents, access to community-based support structures, a responsive teacher who is able to differentiate the lessons to accommodate diverse learner needs, an open and welcoming school ethos which allows children to feel welcome and valued, etc. All these may assist the learner in overcoming barriers to learning.

Communication between role-players

Stage 2 enables a process which encourages teachers, parents and the ILST to communicate about contextual barriers which exist for the learner, not just those perceived to be within the learner.

It allows teachers, parents and the ILST to decide whether or not the learner's additional support needs are as initially perceived, and whether or not these may be a concern for school or home improvement. Decision-making around the exact nature and extent of support needed, and to whom or what and how, is the focus of the next stage.

Individual Support Plan

For many learners, stage 2 of the process of identification of support needs will provide sufficient information on how the school and teachers can effectively support a learner. In order to make sure that this support is actually provided and followed up through an ongoing review process, an **Individual Support Plan (ISP)** must be completed to outline what support will be provided at school level and how it will be monitored is attached. This Individual Support Plan of the Learner will be used at the end of each year when making decisions about progressions. The tracking process should include quarterly consultation with and involvement of parents/caregivers.

Once the teacher identifies a learner as having support needs, she draws up an ISP to keep track of support given and progress made. The ISP is an important record maintained by the school of a learner's needs, goals and progress.

The learner, parents, teachers, the ILST, LSE, counsellor or other support specialists could all be involved in drawing up, implementing and monitoring the document which will later be filed in the learner profile.

Stage 3: Assessment of support requirements – establishing levels and nature of support

Assessing level and nature of support needed

Stage 3 is a formal assessment and review of the information provided in Stages 1 and 2. It is in this stage that decisions can be made about the level of support needed and the type of support package needed. This stage is managed and coordinated by the DBST. The approach is a multi-agency one, which requires that all significant partners are involved in decisions about the support package needed.

Stage 4: Action planning for support provisioning and monitoring

What support will be provided and where it will be accessed, and how it will be implemented and monitored. These decisions and plans around implementation

and responsibilities of each partner, should be recorded in Section 4 of the form. It would also serve as a tracking tool to monitor progress. In terms of the support needs, these are classified as in White Paper 6:

Support packages consist of varying combinations of physical, human, and material resources. These packages may be simple or complex, and they correspond to the levels of support needed. In other words, levels 1 to 3 of support needs correspond with support packages for levels 1 to 3.

Levels 1 to 2	=	low
Level 3	=	moderate
Level 4 and 5	=	high

Some sources of support (physical, human and material), apart from those within the school and the home, can be located in the local community. These may include:

a) Health Department/ health care practitioners
b) Department of Social Development/ social workers
c) NGO/DPO/HEI programmes
d) ECD service providers
e) Special School/Resource Centre

Each of these will be discussed below:

a) Department of Health Services and Health Care Practitioners

Alignment with health services

Department of Health services include all primary health care units attached to hospitals, clinics, community centres, as well as all other services involved in maternal and child health, rehabilitation and school health. Community-based rehabilitation workers are a valuable source of information and support, particularly in rural communities.

Health care practitioners could range from private medical and para-medical practitioners (e.g. psychologists, therapists) to primary health care workers employed by NGOs or Disabled People's Organisations.

Health professionals play a significant role in the SIAS process. Where necessary, schools may require the support of health professionals such as psychologists, speech therapists, occupational therapists and other therapists, to conduct more

formal assessments. These assessment results should be recorded in the **Diagnostic Profile** form (as outlined in Stage 2 above) and will be reviewed in line with information from Sections 1 and 2 on the form, to distinguish the different levels of support needed. The call for formal health assessments will depend on whether there were previous assessments carried out before the learner entered the school. Parents may also choose to engage professionals privately to carry out assessments whilst the child is at the school. Parents should be encouraged to make such information available within the SIAS process.

b) Department of Social Development/Social Workers

Disability grants

Department of Social Development services include social workers working within local communities and providing support to families and communities. In the case of children with disabilities, Care Dependency Grants are allocated through the Department of Social Development. These allocations are made after a medical examination to determine the level of intensity of the support needed in relation to the financial status of the family. Other social welfare grants are available to families affected by unemployment and poverty.

c) NGO/DPO/HEI programmes

NGOs

Non-governmental/non-profit organisations (NGOs/NPOs) refer to national or local organisations which provide services or support to children and/or families. They can operate either on a voluntary basis or run services on a contract basis for certain government departments. A significant number of services through the Department of Social Development are outsourced to such organisations.

Disabled People's Organisations

Disabled People's Organisations (DPOs) refer to organisations that represent the rights of people with disabilities. They may be organised as rights-based organisations or they may also be service providers. There are also a number of Parents Organisations which fall within this sector, and are organised to provide support to parents and represent the rights of parents and families of children with disabilities who find it difficult to speak for themselves. Most DPOs in South Africa are affiliated to the South African Disability Alliance.

Higher Education

Certain Higher Education Institutions (HEI) provide services in rural and disadvantaged contexts as part of their community outreach and student training programmes. Many of these HEI programmes are run in close collaboration with NGOs/DPOs.

Increasing early intervention services

Because of the limited availability of early intervention programmes in the country, the key role played by NGOs, DPOs and HEIs must be recognised in the admissions process of learners when these learners who have additional support needs enter education for the first time. These service providers are very often the only agencies that have interacted with parents, families and children; they are often able to provide information that assists in admission and programme planning.

d) ECD service providers

Early Childhood Development (ECD) providers consist of a range of service providers such as public centres, community centres, or home-based services. In most cases these services concentrate on addressing the immediate basic development needs of children, and they focus on systemic barriers to learning, such as poor nutrition, family breakdown, health issues, etc. However, there is limited knowledge and availability of intervention programmes which can address barriers to learning arising from disability and developmental delays in a systematic and concentrated manner. Most of these service providers know the children well and can provide useful information to the receiving school, regarding strategies that can be used in supporting the child in an educational setting.

Training and educating ECD practitioners and parents

An extension of early childhood development services, as envisaged in the Integrated National ECD Strategy for training care-givers and educating parents to improve their knowledge and skills in interacting with young children, will play an important part in enhancing competencies to recognize and address barriers to learning.

The further recommended strategy of empowering women to set up childcare facilities in their immediate communities, could incorporate basic skills to recognize and address barriers to learning including disability. There are many such community-based centres that have been established by DPOs, such as the Disabled Children's Action Group and Inclusion South Africa. It is crucial that such centres become included in the network of other centres in an area and that all measures are taken to ensure that children progress from there into formal compulsory education once they reach school-going age.

e) Special School/Resource Centre

Some special schools, especially those for learners with specific disabilities such as blindness or visual impairment, deafness or hearing impairment, or physical

disability, are equipped with technical equipment such as apparatus to assess hearing loss, conduct early physical and sensory stimulation, or assistive devices such as Braille typewriters. Within their emerging role as resource centres, these roles can be enhanced and extended to provide services to communities consisting of:

Being a resource for all schools in an area

- facilitating access to formal schooling and support programmes
- providing initial training in skills that would facilitate their inclusion into the local ordinary school, such as Braille literacy, orientation and mobility, progress in sensory integration, etc.
- parent guidance and empowerment
- information sharing with community organisations and local schools on equipment needed to assist learners in their learning, or ways to differentiate the curriculum to accommodate learners' needs
- formal assessment and support from Health Professionals located at some of these schools, for example, psychologists, school nurses, therapists, etc.

It will be the responsibility of the District-based Support Team (DBST) to coordinate and integrate the services of special schools into the comprehensive community-based support system, involving local schools and other sources of support.

Support needs at various levels

Levels 1–2

Low levels of support

A basic but critical package of support is needed at Levels 1 to 2, for learners identified as having low support needs. At this level, the process is linked to day-to-day class teaching strategies, changes of culture in the school, and appropriate attitudes within the school community. It is in many ways the most essential stage as it could enhance inclusion and participation. The SNA form serves as a tool for enabling quick and uncomplicated decisions. Based on the information collected in Stages 1 and 2 (Sections 1 and 2 of the form), teachers, parents and the ILST are made aware of what the barriers within the context might be, not just those perceived to be within the learner. In the process, it may become clear that minor modifications are necessary either at home or in the school or classroom to improve conditions which affect the child's learning and development. This may relate to an improvement in school effectiveness, provisioning, planning and collaboration to improve teaching and learning to the benefit of all learners. Many of the changes that need to be made will affect the whole school with the purpose

Day-to-day support in the classroom

of developing inclusive cultures, policies and practices. The extent to which schools are able to become inclusive schools will have an impact in the long term on the levels of support needs that they will be able to cater for.

Resources within this package will be primarily located within the classroom, school, home or local community. A formal **application for external support,** requiring additional funding, will be required only in cases where the identified support cannot be provided by the school without some support from the District office.

Coordination of support at school-level by the Institution-level Support Team

The decision-making process should involve the ILST (including the Principal or Senior Manager) and parent/care-giver. Where external support is required, the process will also involve the inputs of the DBST. DBST involvement at levels 1 to 2 should be forthcoming only where decision-making support is needed to assist the school or ILST, or where minimal physical or material support is required and this is located at, or can only be accessed through the District office. The DBST is responsible for providing information on support available within the local community around the school. A list of these services should be made available to the ILST at each school. Where needed, the DBST is responsible for assisting the school in accessing such support, or coordinating the provision of such support. The DBST will also assist the school through facilitating educator development to assist educators in addressing common barriers to learning in their school community.

An appointed member of the ILST will act as a Lead Professional (LP) in coordinating the meetings with significant partners identified from both within and outside the school (this will include the parent/caregiver). Agreements should be made on what support is needed, where and how to access this, and a process for implementing and monitoring in relation to the impact on the learner and his/her learning.

Level 3

Moderate level of support

The decision-making process about levels of support and support-packages will involve the ILST, parent/care-giver and member of the District-Based Support Team (DBST). The Lead Professional (LP) will be a member of the DBST appointed to coordinate meetings with significant partners, including a member of the ILST and the parent/caregiver.

Level 4–5

High levels of support

The decision-making process about levels of support and support-packages will involve the ILST, parent/care-giver and member of the District-Based Support Team (DBST). The Lead Professional (LP) will be a member of the DBST appointed to coordinate meetings with significant partners, including a member of the ILST and the parent/caregiver.

Stage 4: Action plan and support provision

Planning, providing and monitoring support

In Stage 4 (SNA: Section 3b) of the process, the District-based Support Team (DBST) reviews the motivation for additional support which is outlined in the form. There are a number of steps involved in verifying whether the assessment – which has been conducted by the DBST in consultation with the school – is valid, mainly by reviewing whether all supporting documents are attached. If necessary a further interview is conducted with the ILST, the learner and the parent.

After verification, the proposals for support are analysed and captured into the Action plan (SNA Section 3b). This form is filled in by using the Guidelines for Planners. Care must be taken to review what is already available in the school. If the necessary support can be provided to the school in the form of training, mentoring and resources, this is where it should take place. It is only when the DBST feels that the learner could be more effectively supported in a site where there is more concentrated and full-time support available that a decision is made on placement.

The Resource allocation and monitoring of support is the next most important responsibility of the DBST.

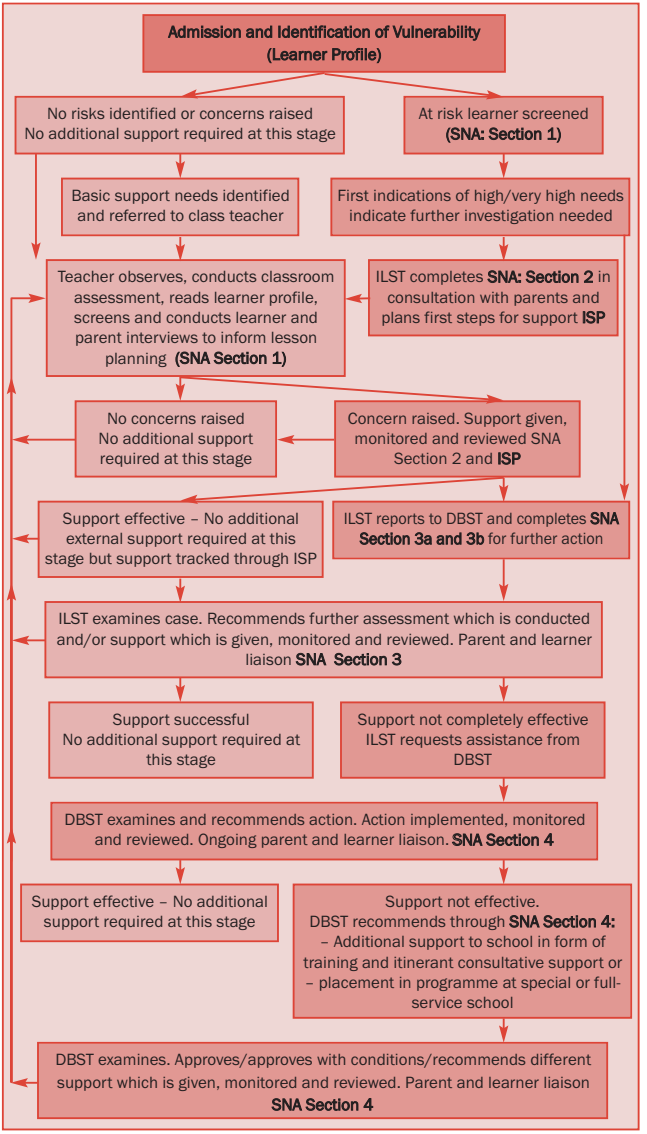
Quality assurance and continuous improvement of services will be taken into consideration at the regular reviews before the support programme is renewed.

The figure on next page summarises the distribution of learners, requiring varying levels of support, and persons/groups responsible for providing that support.

Figure 1: Screening, Identification, Assessment and Support Process

All learners	**Screening in Early Childhood Education (ECD)** Early identification of barriers, developmental delays, perceptual problems, disability, health needs, etc. By ECD practitioner, Health Services, Social Welfare **Outcome:** **Early intervention is provided**	Teachers, practitioners, parents
10% of learners	**Identification of Moderate Support Needs** At Admission to School/Gr R Learner Profile completed for all learners At Risk Learners are identified (e.g. learners who are disabled, receive social grant, etc) **Diagnostic Profile** is requested from Health Services ILST in consultation with parent and teacher completes **SNA Section 1** **Outcome:** **ILST assists teacher to plan support for learner** **Support is tracked and monitored by ILST**	Institution Level Support Teams
1% of learners	**Motivation for High Needs Support** For Learners who are identified as potentially having high/very high needs (e.g. if their level of functionality on the **Diagnostic Profile** is moderate or severe) DBST in Consultation with ILST initiates SIAS Process by completing **SNA Section 2** **SNA Section 3 a and b** Develop Action Plan **Outcome:** **Official DBST Decision on level and nature of support: How the school can be supported to provide additional support – allocation of staff, training, devices, accessibility features in buildings, accessing support from Special School** **Support is tracked, monitored and reviewed**	DBST in consultation with ILST

Figure 2 : Learner Screening, Identification, Assessment and Support Process Diagram



SIAS
Toolkit

SIAS

6. Introduction

These Guidelines will assist teachers, Institution-level Support Teams (ILSTs) and District-based Support Teams (DBSTs) to fill in all sections of the Support Needs Assessment Form related to the further assessment of learners who need additional support.

The Toolkit consists of the following forms:

- Learner Profile (not included in this document, but available at schools)

Planning for Support At School Level

- SNA: Diagnostic Profile
  SNA: Sections 1 and 2 (Support Needs Assessment Form)
- SNA: Individual Support Plan (ISP)

Requesting and Provisioning of Additional Support

- SNA: Section 3a (Learner profile relating to nature and intensity of support
- SNA: Section 3b (School Request form for Additional Support)
- SNA: Section 4 (Action Plan for Additional Support Provision and Monitoring)

Guidelines for filling in of forms

It must be noted by all stakeholders involved that these forms are not to be seen as referral forms but as the first steps of planning and providing support to learners.

The main purpose of the SIAS process is to:

- **plan how to bring support to the learner rather than take the learner to the support**
- **provide indicators for support programme design**

Forms in Stage 1:

The class teacher fills in a Learner Profile Form for every learner who is admitted to school.

The school, supported by the DBST, must assist the parents to have the **Diagnostic Profile** completed by health professionals. (These could be accessed at the DBST level or through a private medical practitioner, therapist, hospital, primary health care clinic, etc.)

The Diagnostic Profile indicates the severity of the disability as well as the functional limitations of the child. However, it is only one part of understanding the level and nature of the educational support that the child needs. No official decision may be made solely on the basis of the Diagnostic Profile.

While this form is optional for lower levels of support, it ***must*** be completed for all learners who are being considered for the official decision for high to very high levels of support, as part of the verification process.

Indicators of risk

When it is ascertained at admission (preferably in August of the year prior to admission) that a learner is **disabled, receives a social grant, needs support in any area,** or **has received early intervention,** it is the responsibility of the school admissions committee to arrange a meeting between the parents/caregivers and the ILST so that the **Support Needs Assessment Form 1, Section 1** can be completed for the learner. (In the case of older learners who enter school late, the learner must also be present during the meeting.) **SNA: Section 1**

SNA Section 1: Learner Needs Assessment Form

Guide for parent interview

When the Learner Profile is completed at admission, initial risk factors and the need for additional support are identified. These factors may indicate vulnerability or indications of exceptional talent and giftedness. The school then must make arrangements for an interview with the parent/caregiver, during which **SNA Section 1** should be completed. This form is to be used as an interview schedule and cannot be completed by the school without involving the parents or someone who knows the child well. If the parents are not available, any person who knows the background of the child and has his/her best interests at heart can participate in the interview.

The form is intended to provide the school and the teacher/s with a clearer understanding of the barriers that the learner may be experiencing, but also the strengths that he/she has, and the aspirations that the parents/caregivers have

for him/her. It is also a school self-evaluation schedule which can guide the school on what could be done from the outset to assist the child and to maximise his/her participation in all activities.

It is compulsory to complete the form for any learner who will be formally eligible for additional support, because this is the first stage of a statutory process which informs decisions about the most appropriate site in which support should be provided to a learner, as well as the kind of support that must be provided.

Forms in Stage 2:

SNA: Section 2: Extended profile of the learner's needs

This section has two parts – Section 2a and Section 2b:

SNA: Section 2

Section 2a gathers information about the learner's potential support needs in the following areas:

Learner needs

- Learning
- Behavioural and social competence
- Health, wellness and personal care
- Physical access

Once all the information has been gathered by the teacher or the Institution-level Support Team (ILST), a summary can be made of the barriers to learning that impact on the learner's capacity for learning and development.

Section 2b records information about the contextual factors that may impact positively or negatively on the learner's participation and development. It looks at both the enabling factors as well as the barriers that are present for the learner

Contextual factors

- in the community and family
- in the classroom
- in the school

Once all the information has been gathered by the teacher or the Institution-level Support Team (ILST), a summary must be made of all contextual barriers that impact on the child's capacity for learning and development.

The completed form will form the basis of planning of support by the ILST so as to ensure that support will be in place on the first day that the learner arrives at school. It is crucial for parents/caregivers to know that a learner will be welcome in school, and that s/he is not being admitted provisionally or conditionally.

For most learners who need additional support, the process does not need to go beyond this stage. Therefore, an **Individual Support Plan (ISP)** is provided to assist the ILST with tracking and monitoring the support that is provided by the teachers throughout the year.

Forms in Stage 3:

SNA Section 3: Assessment of Support Requirements

This form should be filled in by the District-based Support Team (DBST), in consultation with the Institution-level Support Team (ILST), teacher and parents/caregivers for all learners who have been identified in the initial screening and identification process as possibly having high or very high needs (See **SNA Sections 1 and 2**). The purpose is to obtain a more thorough understanding of the **nature** of the support that they need, as well as the **level of intensity** of the support that has to be provided.

SNA 3a: Obtaining more information about the level and nature of support

This Profile (SNA 3a), together with the school and learner profile (**SNA Sections 1 and 2**) aims to assist the team (parent/caregiver, classroom teacher/s and ILST) to identify the teaching adjustments and supports needed to ensure that the learner can access the curriculum, participate in school activities, and progress towards planned learning outcomes.

SNA 3b: School request to district

It will furthermore serve to inform the action plan for the school (outlined in the SNA Section 3b: School Request for Support Forum) to respond to these support needs and provide an indication to the DBST of the level of support needed (together with **SNA Sections 1 and 2** and all medical diagnostic **[Diagnostic Profile]** and/or psycho-social reports that are available).

Time frames

SNA: Sections 1, 2 and 3 must be filled in for the first time:

For learners not yet in the system

a. By the end of August of the year preceding the learner's first admission to a new education institution (ECD, Grade R or primary school)
b. Within 8 weeks after the start of school in January of each year.

For learners in the system:

c. Within 6 weeks of identifying a support need, the school must have an ISP in place
d. For learners requiring additional support, the process must be completed between 8 and 12 weeks.
e. For learners whose support must be tracked when they move on to another school, before their departure.

Reviews:

- For learners who are already at school, the form must be reviewed and revised in **February** and **September** of every year.

Once Section 3a is completed, the school must submit the School request for support (SNA Section 3b) to the DBST who has the responsibility of translating it into an Action Plan for the provision of support to the school where the learner is.

Forms in Stage 4:

SNA, Section 4 (Action Plan)

In compiling the Action Plan, each area is reviewed to determine the level and nature of support that is required by not only taking into account the rating (on the 5 point scale) but also capturing the detail of curriculum differentiation, devices, environmental access, staff and training that are needed.

For learners who need additional support

The Action Plan is developed for all learners in the school who have been identified as needing additional support. This does not mean that the service that is rendered will focus only on these learners. A holistic service will be delivered to all the schools in the District, from which the individually identified learners will also benefit. The Action Plan will also serve the purpose of deciding where best learners can access the support. If the decision is made that placement in a special school is advisable, it must be understood that this decision will also be **temporary and reviewable.**

This process is not a placement process but support provision process.

Official decision

The whole Section 4 constitutes the **Official Decision** for learners who are eligible for high level support and where it can most effectively be provided by the district.

It is critical that the District has a record of all learners who have an Official Decision. This record will inform planners on resource allocation for each year and will also serve as the basis for tracking of support provision.

Assessment must ensure ongoing access to support

No assessment is meaningful if it does not ensure access to support. The Support Tracking component of the **SNA 4 form** is a critical tool of both the DBST and the ILST to ensure that the learner is being effectively supported. It will also be the basis for annual decision making on whether the school which has applied for the resource allocation is still eligible to receive it.

This form must be updated throughout the year during each consultation session of the ILST or Monitoring Visit of the DBST.

No end-of-year decisions on **progression or promotion** can be made without having the tracking tool available.

Planning for Support at School Level

SNA: Diagnostic Profile

SNA: Sections 1 and 2

SNA: Individual Support Plan

SIAS

SNA: DP

DIAGNOSTIC PROFILE	
Name of learner:	Date of birth:
Disability:	
Ensure relevant documents accompany this form. This form should be filled in by health professionals in the DBST, special schools, hospitals, primary health care clinics and/or private practice to provide a clearer understanding of the extent of the functional limitations experienced by children who are disabled or ill. It must be understood that in itself it provides no indication of the education support that will be needed by learners and may not serve as a recommendation for educational placement or indication of level of support needs. Note to ILST/ DBST: Learner with one or more moderate or severe impairments should be reviewed for Level 4 or Level 5 support needs.	

A. Health Professional Report (To be completed by health professional)				
1. Medical records	Viewed		Attached	
Is the impairment temporary or permanent?	Temp		Perm.	

Summary of functional limitations experienced by learner (as outlined in the Department of Health Guidelines for Disabled People at hospital Level).

2. Areas of impairment and activity limitation			
NA= not applicable	Mild impairment/ activity limitation	Moderate impairment / activity limitation (Level 4 within SIAS framework	Severe impairment/ activity limitation (level 5 within SIAS framework)
2.1 Mobility			
2.2 Self-care			
2.3 Communication			
2.4 Vision			
2.5 Hearing			
2.6 Mental- psychiatric diagnosis			
2.7 Cognition			
2.8 Health care needs			
Further Comments			
Date:	Name of Health Professional:		

B. Criteria for selection

- Score Activity Limitations by entering a rating for each sub-section of the Activity Domains according to severity. If a 'moderate' or 'severe' limitation is noted, move on to the next section.
- Choose which Activity Domains need to be included for each Applicant; not all will apply.
- Capture the global score for each domain in the table on the first page of this form.
- The developmental age of the child is taken into account when scoring – generally assess in relation to the norm.

NB: All questions assume that the applicant is not using any assistive devices or does not have any help from another person (with some exceptions e.g. a wheelchair). Indicate under **Further comments** on the first page, whether the learner has an assistive device and whether it is in good operating order (this must be taken into account when filling in SNA Section 3a and b.

See http://www.who.int/classifications/icf/site/checklist/icf-checklist.pdf

Use the above guidelines when scoring each section below:

Activity limitations:
1 = None or mild
2 = Moderate
3 = Severe

Activity domain	None or Mild limitation	Moderate impairment/activity limitation	Severe impairment/activity limitation	Score
Mobility	Can the child move his/her body, arms and legs freely and move around inside and outside of the home?			
Transfer	No difficulty, or may need help occasionally	Can move, but must be assisted, is slow, or gets very tired	Unable to move alone	
Moving from one body position to another	No difficulty, or may need help occasionally	Can move, but must be assisted, or slow	Unable to move alone	
Getting in and out of bed and/or chair (moving from one surface to another)	Moves around without any difficulty; or slow, but manages without discomfort	Manages if holding onto something stable, or assisted	Unable to manage alone	
Walking/wheel-chair	Moves around without any difficulty; & manages without discomfort	10 to 200 meters, with a stop for rest and some discomfort	Unable to move around alone, or very restricted e.g. < than 10 meters; very slow	
Stairs, or lift (if using wheelchair)	No difficulty, or manages given time	Manages, but is slow and must stop to rest or be helped.	Unable to climb steps or use a lift	

Activity domain	None or Mild limitation	Moderate impairment/activity limitation	Severe impairment/activity limitation	Score
Self care	Can the child manage his/her own self care activities e.g. eating, getting dressed etc?			
Dressing: Upper body	Manages most; may ask for help with buttons or zip fastenings. Can undress	Needs help with underwear, fastenings and tie; or tries but nor always successful	Attempts to put on shirt or jersey but does not usually manage.	
Lower Body	May need help with shoes and socks/stockings	Manages pull-on and loose clothing; needs help with fastenings, shoes and belt	Cannot put on underwear or other items properly. Kicks off shoes.	
Washing	Manages in reasonable time; or occasional help	Manages partly but not hair or feet	Assist with washing face and upper body; or cannot do this alone	
Feeding	Eats and drinks without help	Can eat and drink but needs help with cutting food and uses a special cup	Can eat only with hands or drink from a straw; or unable to manage	
Use the toilet	Manages independently; needs occasional help	Requires help with handling paper and/or sanitary aids	Cannot do personal hygiene associated with toileting	
Bowel and Bladder Control	No problem or might lapse occasionally	Loses control occasionally; bowel control; no bladder control or vice-versa; uses aids; social embarrassment	Needs to be reminded regularly; or incontinent	

Activity domain	None or Mild limitation	Moderate impairment/activity limitation	Severe impairment/activity limitation	Score
Communication	Can the child understand what people are saying to him/her) and is he/she able to express himself/herself in a way that others understand?			
Understanding "Can the child understand what other people are saying in his/her family or with friends and neighbours"?	Understands everything that is said or misses just a few meanings	Able to understand basic, simple sentences	Unable to understand any meaningful language- please see appendix for detail	
Producing language "Can he/she make him/herself understood by others who know him/her as well as strangers"?	Person is generally intelligible at the level of articulation, grammar and meaning.	Able to produce basic, simple sentences	Difficulty due to severe disturbance or no voluntary control of speech muscles (dysarthria) or Has no voice due to structural impairment (e.g. laryngectomy, tracheotomy, tracheostoma)	
Initiating and maintaining a conversation "Can you have a meaningful conversation with others who know you or with strangers"?	Can hold a meaningful conversation	Can initiate and maintain a conversation about familiar subjects with some assistance from listener; Frequent failure to convey idea	Fragmentary expression with great need for inference, questioning and guessing by listener; Can engage only with alternative, augmentative communication	

Activity domain	None or Mild limitation	Moderate impairment/activity limitation	Severe impairment/activity limitation	Score
Vision	This domain must be assessed through a vision test + observation + asking of questions			
Classification of Visual impairment after maximum correction 6/24 – 6/36 = moderate 6/60 – 3/60 in the better eye =severe				
< 3/60 in the better eye, after maximum correction = blind				
Visual acuity e.g. ability to identify objects and shapes at close range and distance; thread a needle "Can you see well enough to recognise people and objects?"	Some difficulty that is resolved with use of Spectacles;	Recognises familiar person across a street; Can see to read and write (incl. learning these skills); Can manage to get around in a low lit area	Cannot recognise any object at arm's length; familiar person across the street; Unable to read or write; Cannot get around other than in familiar places	

Activity domain	None or Mild limitation	Moderate impairment/activity limitation	Severe impairment/activity limitation	Score
Hearing	This domain must be assessed through an auditory test + observation + asking of questions. "How well can you hear when you are alone, with one person, and a group?"			
Decibel loss >31dB persons under the age of 15 = Moderate >41dB persons 15 years and older = Moderate >61 dB at 0,5; 1; 2 and 4KHz in the better ear = Severe				
Sound recognition e.g. words; nature; warning sounds "Can you hear any noise nearby? If so, what is it?"	Hears sounds and can usually identify them correctly	Cannot always localise sounds or hear warnings e.g. alarm ringing; traffic	Severe difficulty or complete inability to hear warning sounds	

Activity domain	None or Mild limitation	Moderate impairment/activity limitation	Severe impairment/activity limitation	Score
Hearing (continued)	This domain must be assessed through an auditory test + observation + asking of questions. "How well can you hear when you are alone, with one person, and a group?"			
Following a conversation in noise e.g. subject and general content of conversation with more than one person, and at varying distances "Are you able to hear and understand when people speak to you?"	Follows conversation with one person and more than one if speech is clear even if there is some noise	Some difficulty in oral communication because of impairment especially if there is some noise and/or in a group; uses lip-reading	Conversation very limited or not possible except with one other person in a quiet room with good lighting; relies heavily on lip-reading	

Activity domain	None or Mild limitation	Moderate impairment/activity limitation	Severe impairment/activity limitation	Score
Mental-psychiatric status	This domain must be assessed by a psychologist or psychiatrist, considering Psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.			
Interpersonal interactions and relationships	Absent or minimal symptoms (e.g. mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially	Moderate difficulty in social, occupational, or schooling functioning (e.g. few friends, conflicts with peers or co-workers).	e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting OR any serious impairment in social, occupational, or schooling functioning, no friends, unable to pay attention to work	

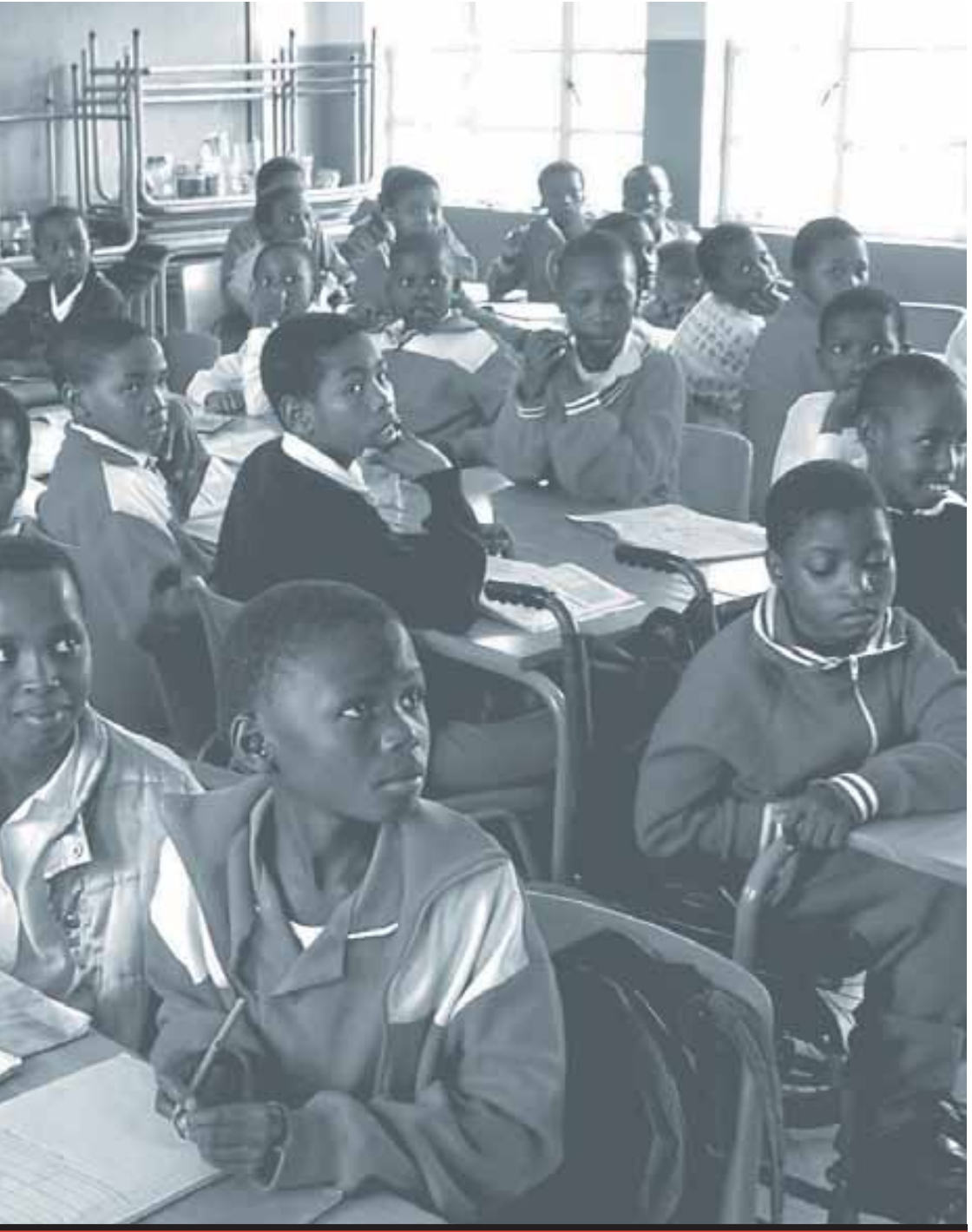
Activity domain	None or Mild limitation	Moderate impairment/activity limitation	Severe impairment/activity limitation	Score
Mental-psychiatric status (continued)	This domain must be assessed by a psychologist or psychiatrist, considering Psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.			
Basic interpersonal interactions	Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g. occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.	Moderate symptoms (e.g. depressed mood and mild insomnia) OR moderate difficulty in social, occupational, or school functioning (e.g. regular truancy, or theft within the household), has some trouble to enter into meaningful interpersonal relationships.	Behaviour is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgement (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost	
Family relationships	Effective, generally satisfied with life, no more than everyday problems or concerns (e.g. an occasional argument with family members).	Has regular friction and conflict with family. Struggle to sort out problems in the family and becomes moody and withdrawn.	Some impairment in reality testing or communication (e.g. speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school family relations, judgement, thinking, or mood (e.g. depressed avoids friends, neglects family, and is unable to work, child frequently beats younger children, is defiant at home and is failing at school)	

Activity domain	None or Mild limitation	Moderate impairment/activity limitation	Severe impairment/activity limitation	Score
Mental-psychiatric status (continued)	This domain must be assessed by a psychologist or psychiatrist, considering Psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.			
Handling stress and other psychological demands	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family argument) no more than slight impairment in social, occupational, or school functioning (e.g. temporarily falling behind school work.)	Symptoms appear more often (e.g. withdrawn and/or anxious when faced with stressful situations), moderate impairment in social, occupational or school functioning (e.g. regularly falling behind with work)	Some danger of hurting self or others (e.g. suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g. smears faeces) OR gross impairment in communication (e.g. largely incoherent or mute).	

Activity domain	None or Mild limitation	Moderate impairment/activity limitation	Severe impairment/activity limitation	Score
Cognition	This domain is assessed with practical examples. Each provides a way of scoring to facilitate a decision about severity. DBST staff could assist with further verification.			
Problem solving e.g. simple task that needs solution or explanation "Listen to this puzzle and see if you can think of a way to solve it".	Able to solve the problem; or, had the right idea; score between 8 and 10	Didn't get the answer, even with one prompt, but went about solving the puzzle in a systematic way; score between 5 and 7.	Unable to solve the problem, even with two prompts; score between 0 and 4	

Activity domain	None or Mild limitation	Moderate impairment/activity limitation	Severe impairment/activity limitation	Score
Cognition (continued)	This domain is assessed with practical examples. Each provides a way of scoring to facilitate a decision about severity. DBST staff could assist with further verification.			
Memory e.g. short and long-term recall of events and personal details. "How many objects that you saw in the picture card can you remember?	Fairly good recall: 12/15	Moderate recall: 9/15 One prompt	Poor recall: Less than 7 Two prompts	

Activity domain	None or Mild limitation	Moderate impairment/activity limitation	Severe impairment/activity limitation	Score
Health care needs	This domain needs to be assessed by a medical practitioner			
Chronic illness	Does not affect school attendance and participation	Occasional absence from school, needs frequent rest periods	Frequent absence due to hospitalisation or illness	
Medication needed	Can be administered by educator	Should be administered by health practitioner	Requires medical practitioner or senior nurse	
Surgery undergone	Educator can support by reducing work load	Should be monitored by health practitioner	Should frequently be monitored by medical practitioner or senior nurse	
Surgery still to be undergone	Does not affect school attendance and participation	Occasional absence from school, needs frequent rest periods	Frequent absence due to hospitalisation or illness	
Allergies	Can be monitored by ordinary educator	Should be monitored by health practitioner	Intervention may be required from medical practitioner or senior nurse	
Other medical conditions				



SUPPORT NEEDS ASSESSMENT FORM

Section 1: Background information on learner

This section must be filled in at school level, in respect of learners who have additional support needs. The form must be filled in by the educator, supported by the ILST in consultation with the parent/caregiver.

1.1 Early intervention services

(including Early Childhood Development [ECD] programmes)

Nature of support received	Name of provider (organisation/department)	Contact details

1.2 State disability (if any) .....

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1.3 Family and home situation

Include information on family structure, including siblings, other significant adults etc.
For example: Who lives with the child? Who does not live with the child? Any other significant home circumstances, etc..

1.4 Parent's understanding of the child

In this section the parent provides information of how they understand their child's strengths and challenges. For example: What are parent's goals for their child and the child's goals? What are the interests of the child? What support do they need? How would they describe their child's personality? etc

Section 2: Extended profile of learner needs

The form must be filled in by the educator in collaboration with the ILST, parents/care-givers and learners where this is possible. Members of the District-Based Support Team may assist if such support is needed.

2.1 Barriers to learning and development

What barriers does the learner experience in terms of the following?

Learning:

In this section provide information about curriculum challenges relating to learning areas and assessment of learning. Refer to your classroom assessment records and summarise key challenges for learner. Attach supporting evidence, learner profiles, extracts of portfolios, class records and evidence of learning.

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Communication

Provide information on the child's ability to understand and express information (i.e. needs, ideas, feelings) using the language system of the community or LOLT). Also include information on the learner's mode of communication, e.g. speech or signs, with or without signed support systems, e.g. Makaton, SASL or pictorial systems, e.g. Compic, etc.

Behavioural and social competence

Provide information on the behaviour of the learner. For example: Unable to work with others, difficulty working in class, bullies, aggressive, very shy, substance abuse, withdrawn, positive attitude, friendly nature, etc....

Health, wellness and personal care

Provide information such as: Does the child look healthy, clean, well-fed? What is his/her personal grooming? Is he/she dressed appropriately? Emotional well-being? Does the child have any illness? Is the child on medication?

Physical access

In this section, describe whether the child can move around the school freely. e.g. does he/she require ramps, rails, level ground, signage, etc.? Availability of relevant assistive devices? Access to appropriate toilet facilities.

Is the learner's attendance at school dependent of the availability of transport? Distances travelled by learner on foot to get to school.

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2.2 Contextual factors impacting on the learner, community and family

What factors in the community and family are impacting on the child's learning and development?

Positive influences	Barriers
e.g. good relationships with family members caregiver present, community based support structures, home based care, etc.	e.g. poverty, violence, physical abuse, substance abuse, sexual abuse, poor parenting or absence of parental figures, trauma, illnesses.

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Classroom

What factors in the classroom are impacting on the learner's capacity to participate in the learning process?

Enabling factors	Barriers
Your answer may include a description of any one or more of the factors below, which have a positive impact on the learner's capacity for learning, for example: • Teaching methodology • Curriculum differentiation • Differentiation in assessment procedures • Classroom management • Learning and teaching materials • Language of teaching and learning • Knowledge of NCS delivery • Peer relationships • etc	Your answer may include a description of any one or more of the factors below, which have had a negative impact on the learner's capacity for learning, for example: • Teaching methodology • Curriculum differentiation • Classroom management • Learning and teaching materials • Language of teaching and learning • Knowledge of NCS delivery • Peer relationships • etc

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School

What factors in the school are impacting on the learner's participation in the programmes offered at the school?

Enabling factors	Barriers
Your answer may include a description of any one or more of the factors below, which have a positive impact on the learner's capacity for learning, for example: • Ethos of the school • Policies • Attitudes • School buildings and additional rooms • Space, class size • Access e.g. ramps, appropriate toilets / sanitation • Safe environment • Facilities • Issues of Governance • Etc.	Your answer may include a description of any one or more of the factors below, which have a negative impact on the learner's capacity for learning, for example: • Ethos of the school • Policies • Attitudes • Inadequate school buildings/ rooms • Overcrowding, lack of space • Restrictive access e.g. lack of ramps, appropriate toilets/sanitation • Unsafe environment • Lack of facilities • Issues of Governance • Etc.

Summary of barriers to learning

In this section, use the information above and create a summary of the barriers (namely, health & personal care, physical access,, curriculum content, teaching & assessment strategies, materials and resources, contextual & school factors) and enabling factors that impact on the learner's capacity for learning and development.

Barriers

Enabling factors

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INDIVIDUAL SUPPORT PLAN

Barrier/s or concern:
Strengths:
Ensure relevant documents accompany this form, e.g. Examples of learner's work, diagnostic profile form, reports by professionals, etc. (List)
Support targets (To be completed by the educator in consultation with the ILST, parents and learner)
Interventions planned by school, class educator with inputs from the Learning Support educator or counsellor/social auxillary worker, parent and learner

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1. Action to be taken to address Learner's Additional Support Needs

	Target to be achieved	Strategy/resources	Achievement criteria	Person responsible	Review date	Review comments
Whole school development intervention						
Educator training or other educator support to be given						

	Target to be achieved	Strategy/resources	Achievement criteria	Person responsible	Review date	Review comments
Learner support to be given (e.g. curriculum differentiation, adapted assessment strategies, emotional, health or social support).						
Consultation with parents/caregivers						

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	Target to be achieved	Strategy/resources	Achievement criteria	Person responsible	Review date	Review comments
Consultation with parents/caregivers (continued)						
Support to be provided by DBST						

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Name of class educator:	
Signature of class educator:	Date:

Name of the school's ILST Coordinator:	
Signature of ILST Coordinator	Date:

Parent/caregiver: Name(s) of parent(s)/caregiver(s)	
Signature(s) of parent(s)/caregiver(s)	Date:

Learner (in the case of a high school learner) Name(s) of learner:	
Signature(s) of learner:	Date:

Name of principal of school:	
Signature of principal:	Date:

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Requesting and Provisioning of Additional Support

SNA: Section 3a – Assessment for Support Requirements

SNA: Section 3b – School Request Form for Additional Support

SNA: Section 4 – Action Plan for Additional Support Provision and Monitoring

SIAS

ASSESSMENT FOR SUPPORT REQUIREMENTS

The profile 3a is to be completed by the **District Based Support Team** (DBST) in consultation with the Institution Level Support Team (ILST), the educator and parents/caregivers/learner.

The purpose of Section 3 is to:

- Identify additional support requirements of the learner on the basis of SNA :Section 2
- Develop an action plan for the school to respond to these support needs
- Provide an indication of the level of support needed
- Assist the DBST in determining additional support requirements for the school and district

Personal Information
If learner has a disability – describe (attach any diagnostic reports by hospitals/specialists if available):
Psycho-social Support Needs (attach report of social worker if available)

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To complete the Section 3A use the following rating KEY (If no intervention is needed indicate NA (Not applicable)		
Level 1	Very Low	Low frequency intervention by ILST, specialist staff, DBST consultation – once per annum Low cost shared assistive devices Minimal adjustments needed Structures in place and minimal training needed
Level 2	Low	Low frequency intervention by ILST, specialist staff, DBST consultation – once per term Low cost individual assistive devices Reasonable adjustments needed Structures not yet in place and training needed
Level 3	Moderate	Moderate frequency intervention by ILST, specialist staff, DBST consultation – once per month Moderate cost individual assistive devices Moderate adjustments needed Structures not yet in place and a series of training needed to equip staff
Level 4	High	High frequency intervention by ILST, specialist staff, DBST consultation – once per week High cost individual assistive devices High level of adjustments needed Specialised structures in place and substantial training needed
Level 5	Very High	High frequency intervention by ILST, specialist staff, DBST consultation – once per day High cost individual assistive devices needed to support several functions Extensive adjustments needed Specialised Structures and extensive staff training required

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Assessment of nature and intensity of additional support needs

After reviewing possible areas of support, rate the support needed in the relevant column according to the rating scale above.Mark all sections. If no support is needed in any particular area indicate NA. The sections which would not be applicable under each sub-area of support are blocked out. Provide an aggregate rating for each area of support at the end of each section. Aggregate scores are then captured in the school request for support form.

Areas of support	Specialised/ additional staff	HRD	Assistive devices	Differentiated Curriculum & assessment	Environmental access
1. Management and planning					
a. Meetings and consultation sessions to plan & implement Individual Support Plan (ISP) goals E.g. • *Consultation sessions with parents/caregivers;* • *Planning sessions by ILST/SMT* to address learning, behaviour or social participation of learner within the school context; • *Planning sessions by grade/phase educators;* • *Consultations with service providers and itinerant specialists/therapists e.g. speech therapist/learning support educator* • *The development &* Implementation of school-community intervention programmes					
b. ISP Review and monitoring E.g. • *Review session with parents/caregivers;* • *Review session by ILST/SMT;* • *Review session by grade/phase educators;* • *Educator review of areas to be addressed in ISP and updating of ISP*					

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Areas of support	Specialised/ additional staff	HRD	Assistive devices	Differentiated Curriculum & assessment	Environmental access
2. Assistive technology and materials					
a. Assessment of learner's barrier to determine choice of appropriate assistive technology or materials					
b. Ordering and supply of assistive technology					
c. Maintenance and/or checking assistive technology					
d. Development/production of adapted materials E.g. • *Educator transcribing LTSM into Braille,* • *Preparation of adapted work sheets;* • *Produce charts to support vocabulary, picture prompts*					
e. Planning integrated use of assistive technology in lesson activities					
f. Assistance required with monitoring and integration of assistive technology for communication e.g. • *Educator/educator assistant assists the learner to be actively engaged with the learning environment through AAC device* • *Educator or educator assistant checks batteries, ensuring equipment such as hearing aids, FM systems, or loop systems is in working order*					
g. Individual support in the use of specialised or adaptive equipment, e.g. • Supervision of stair chair/lift; training/supervision on use of assistive technology					

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Areas of support	Specialised/ additional staff	HRD	Assistive devices	Differentiated Curriculum & assessment	Environmental access
3. Curriculum differentiation					
3.1 Adjustments to regular curriculum					
a. Adjustments to regular curriculum are made E.g. • *Lesson may occasionally be modified by reducing complexity within the planned* ***context****.* • *Lesson* ***content*** *is adjusted*					
b. Learner needs access to adapted **learning programmes that are** for groups of learners within school E.g. • *Learning Areas in relation to skills training programmes; planning of accelerated learning programmes for gifted learners*					
c. Planning specific goals within the ordinary classroom programmes E.g. • *Introduce symbol reading, social language skills, use of AAC*					
3.2 Additional Classroom Support Strategies					
a. Teaching the use of specific language skills e.g. • *Reinforce phonemic awareness, sentence structure and social functions of Language*					
b. Assistance through the use of visual aids and other adapted LTSM is provided					
c. Assistant required to collaborate with the class educator in curriculum delivery.					
d. Extra time allowed for a learner to process and comprehend work e.g. • How often should flexible time arrangements be made for this learner					
e. Majority of learner's learning activities are individual or small group based, with adapted teaching strategies					

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Areas of support	Specialised/ additional staff	HRD	Assistive devices	Differentiated Curriculum & assessment	Environmental access
3.2 Additional Classroom Support Strategies (continued)					
f. Learner requires access to specific support such as • *Scribe for handwriting; SASL interpreter; Educator trained in SASL; Braille instructor; Educator assistant; Orientation and mobility instructor*					
g. Other special assessment support required e.g. Tape recorder, reader, special seating arrangements					
h. Management of behaviour challenges in the school or classroom e.g. • *Learner has to receive psycho-social support which will enhance life skills*					
i. Monitor and provide wellness interventions for learner/s, e.g. • *Monitor learner's wellness* • *Monitor trauma debriefing*					
j. Assistance is required with the administration of personal health care					
k. Development, implementation & monitoring of a health & wellness programme required					
l. Administration of specialised health care procedures that require specific training, e.g. • Administration of medication • Management of seizures					
m. Support and guide learner's administration of procedures, e.g. • nursing assistance in self-catheterisation					

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Areas of support	Specialised/ additional staff	HRD	Assistive devices	Differentiated Curriculum & assessment	Environmental access
4. Assessment					
a. Adapted assessment **procedures** with clear links to the regular curriculum completed.					
b. Adapted assessment **materials** with clear links to the regular curriculum completed.					
c. Information and data on adapted assessment strategies is recorded, analysed and updated.					
5. Environmental access					
a. Adaptations are made to physical structures/spaces in the school or utilisation of spaces, e.g. • *Building of environmental access in terms of ramps, accessible toilets; time tabling to ensure access to all classrooms; availability of spaces for support activities; availability of rooms for computer access.*					
b. Adaptations are made to school-wide information sharing so that learner is not excluded from any school activities, e.g. • *accessible signage; buzzers, bells and accessible public information sharing*					
c. Assistance to access all areas of the learning environment is required, e.g. • *assistants have to assist learners to move on the school grounds; access toilets; learn to transfer*					
d. Transport to and from school needs monitoring, e.g. • supervision for learner on public or school transport; • transport equipped with portable ramps is needed for transport of wheelchair with learner					
e. Additional supervision is needed in workshops and specialised rooms					
f. Additional supervision & maintenance is needed in School ground/facilities e.g. • *School ground supervision, security*					

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Areas of support	Specialised/ additional staff	HRD	Assistive devices	Differentiated Curriculum & assessment	Environmental access
5. Environmental access (continued)					
g. Additional hostel/residential facility supervision & monitoring is needed e.g. • Learner requires individualised hostel supervision at day or night time; hostel cleaning, health supervision at night time					
h. Teaching of specific safety & access skills e.g. • specific teaching to cross a road or line up for the bus at the start of a term; • reminding a learner about safe behaviour if he/she becomes upset; • appropriate movement around the classroom; • orientation and mobility instruction					
Overall Ratings: **Extent and/or Frequency of teaching/support adjustments** On a scale of 1–5 (with 1 indicating minor adjustments and 5 indicating extensive adjustments) rate the overall extent and frequency of teaching/support adjustments in each support category					

List what is needed in each support category:	What is available at the school	What is needed by the school
Specialised staff		
HRD		
Assistive devices		
Curriculum differentiation		
Environmental access		

Name of principal of school:

Signature of principal: Date:

Name of class educator

Signature of class educators: Date:

Name of ILST Coordinator of local school

Signature of ILST Coordinator: Date:

Consent by Parent/caregiver: Name(s) of parent(s)/caregiver(s):

Signature(s) of parent(s)/caregiver(s): Date:

Consent by Learner (in the case of a high school learner) Name(s) of learner:

Signature(s) of learner: Date:

Approval by Circuit/Cluster Manager

Name of Circuit/Cluster:

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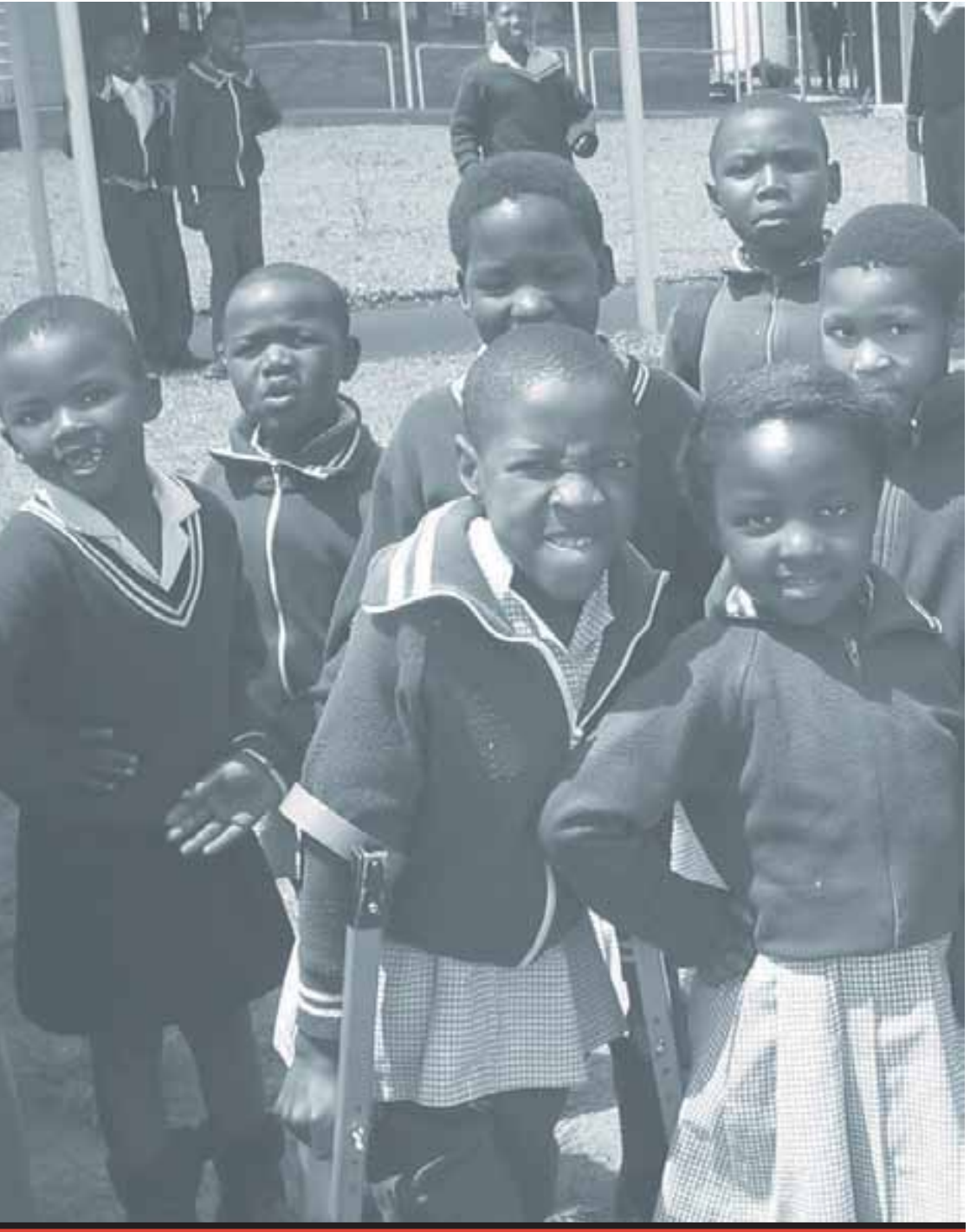


SCHOOL REQUEST FORM FOR ADDITIONAL SUPPORT

School:.....

District/Circuit/Ward: .....

Date: .....

The following request is made to the DBST in relation to the comprehensive package of additional support that is needed to promote the inclusion of learners who experience barriers to learning in the school in..... (Year)

Name and grade of learner who requires high needs support:.....

1. Summary of school needs in terms of levels	Low/Moderate/High level	What School has	What School Needs
1. Staffing			
2. Assistive Devices			
3. Curriculum Differentiation			
4. Human Resource Development (excluding learners)			
• Whole School Development			
• SMT training			
• ILST training			

1. Summary of school needs in terms of levels (continued)	Low/Moderate/High level	What School has	What School Needs
• Educator development			
• Learner Representative Council development			
• Specialised Support Staff development			
• Parent development			
5. Environmental Access			
• At site level			
• Specialised facilities			

ILST RECORD OF INTERVENTIONS TAKEN AND MOTIVATION FOR ASSISTANCE FROM DBST (To be completed by the ILST)

Summary of interventions so far

1. Action taken to address learner's additional support needs
Comment on whole school development intervention taken (if applicable).
Comment on any educator training or other educator support given (if applicable).

Comment on any learner support given (e.g. curriculum differentiation, Individual Support Plan, emotional, health or social support).

2. Discussions held with parent/caregiver and learner:	Yes	No
Brief comment on learner's and parent/caregivers' responses including goals, aims, hopes and wishes for the learner:		
Date:		

3. ILST Analysis of action taken and recommendations to DBST	Yes	No
Brief comment:		
Date: Name of chairperson of ILST: Signature:		

4. Principal approves request for DBST support		Yes	No
Reason for decision and recommendation			
Date:	Signature:		

5. Circuit manager endorses request for DBST support		Yes	No
Reason for decision and recommendation			
Date:	Signature:		

ACTION PLAN FOR ADDITIONAL SUPPORT PROVISION AND MONITORING

The following action plan is to be completed by the District-Based Support Team in consultation with a representative from theInstitution Level Support Team. It should be based on what the school is currently able to provide, what they will need to be supported in providing and what they do not have available at this stage

The plan will guide decision making around the following:

- Resource and support allocation to the school
- Most appropriate site in which support can be provided for certain identified learners

Name of school:	EMIS no.:
Name of learner:	Date of birth: ID No.
Barriers or concern:	

Ensure relevant documents accompany this form

1. DBST reviews ILST request		
1.1 Coordinator of ILST and educator discussed with parent/caregiver and learner request made to DBST	Yes	No
1.2 Parent or caregiver accepts the recommendations of ILST	Yes	No
Reason (if no):		
1.3 ILST request approved with the following amendments (as per action plan below)		
1.4 Not approved and reason (See action plan below for DBST recommendations)		

2. DBST support strategy action plan for school (refer to SNA: Section 3b)						
Type of support needed Fill in where applicable	Support level L, M, H	Steps to be taken		Person responsible	Timeframe	Budget
		School level	Learner level			
Specialised staff e.g. Learning Support Educator, counsellor, etc.						

2. DBST support strategy action plan for school (refer to SNA: Section 3b) (continued)						
Type of support needed Fill in where applicable	Support level L, M, H	Steps to be taken		Person responsible	Timeframe	Budget
		School level	Learner level			
Assistive devices e.g. wheelchair, FM system						
Curriculum differentiation e.g. access to therapy programmes						
Training e.g. educators need info on ADHD and implications for classroom management						
Environmental access e.g. ramps, support rails						
Social support e.g. grants, nutrition						

DBST support strategy to be implemented at school/site level (Mark relevant block)	completely	partially	Alternate site

Date:	Chairperson of DBST:	Signature:
3. Approval by District Senior Manager		
Comment:		
Date:	District Senior Manager:	Signature:

4. School discussed DBST recommendation with parent/caregivers and learner:	**Yes**	**No**
Brief comment on learner and parent/caregiver response including goals, aims, hopes and wishes for the learner:		
Date:		

5. Review of action taken

Name:	Outcome of actions taken	Signature:	Designation:	Review Dates:

5. Review of action taken (continued)				
Name:	Outcome of actions taken	Signature:	Designation:	Review Dates:

Guidelines

SNA – Guideline 1: Guidelines for institutional level Support Teams (ILSTs)

SNA – Guideline 2: Guidelines for Educators

SNA – Guideline 3: Guidelines for Parents

SNA – Guideline 4: Guidelines for District based Support Teams

References

SIAS

7. Guidelines

SNA – Guideline 1: Guidelines for Institution-level Support Teams (ILSTs)

Introduction

"Institutional-level support teams should be involved centrally in identifying 'at risk' learners and addressing barriers to learning. With respect to the school system, early identification of barriers to learning will focus on learners in the Foundation Phase (Grades R-3) who may require support, for example through the tailoring of the curriculum, assessment and instruction." (Education White Paper 6: Building an Inclusive Education and Training System, p. 33)

ILST support at school level

If there is no **Institutional-level Support Team** (ILST) at a school, the **District based Support Teams** (DBST) must assist to set it up. ILSTs need to support educators and care givers in this process by providing opportunities for regular, collaborative problem-solving around areas of concern, and facilitating the provision of support where needed. In each case a cycle of intervention and support by the educator/s facilitated by the ILST needs to be implemented before additional support from outside the site of learning is requested.

To ensure the effective intervention by the ILST, their role must be accommodated in timetabling.

Only where high-level support cannot be organised in any practical and cost-effective way, and it is the preferred option of the learner and/or his parents/care givers, enrolment in a facility where higher levels of support are available, can be considered. This option must, however, be validated by the DBST and will have to be based on a thorough evaluation of the learner and school profiles. No decision may be based solely on the category of disability of the learner. Aptitude/psychometric tests may only be applied in the admissions process if they are appropriate and enhance the understanding of the learner's needs. No learner whose support needs can be answered in an ordinary or full-service school close to his/her home may be admitted to a special/resource centre

Functions

The **functions** of the ILST are to:

- Study the report provided by the educator on barriers identified and support provided /implemented up to that point, and the impact of the support.

- Assess support needed and develop a programme for educator and parents.
- Provide training/support to be implemented in the classroom if necessary.
- Evaluate/monitor after the proposed programme has been implemented for a period agreed upon by ILST, educator and parents. The kind of support to be provided will determine the length of a formal report which should be compiled by ILST.
- Identify further Institutional Based Support assets and mobilise.
- Encourage collegial support/peer support.
- Determine the level of support needed.

.

Purpose

The core **purpose** of these teams is to support the teaching and learning process. Key functions that relate to teaching and learning include:

- Co-ordinating all learner, educator, curriculum and institution development support in the institution. This includes linking the ILST to other school-based management structures and processes, or even integrating them so as to facilitate the co-ordination of activities and avoid duplication.
- Collectively identifying institutional needs and, in particular, barriers to learning at learner, educator, curriculum and institutional-levels.
- Collectively developing strategies to address these needs and barriers to learning. This should include a major focus on educator development and parent consultation and support.
- Drawing in the resources needed, from within and outside of the institution, to address these challenges.
- Monitoring and evaluating the work of the team within an 'action-reflection' framework.

Composition of ILSTs

Composition of core team

It is suggested, that the following people make up the core members of this team:

- educators with specialised skills and knowledge in areas such as learning support, life skills/guidance, or counselling;
- educators from the school/institution: these could be educators who volunteer because of their interest, or who represent various levels of the programme, e.g. Foundation Phase, or who represent various learning areas, e.g. language and communication;

educators who are involved directly in the management of the school/institution: this could be the principal, the deputy-principal or another member of the management team;

- educators on the staff who have particular expertise to offer around a specific need or challenge;
- non-educators from the institution: this includes administrative and care-taking staff;
- learner representatives at senior, further education or higher education levels: this is an important addition to the team if one wishes to encourage 'peer-support'.

In addition to the above core team who would meet on a regular basis to 'problem-solve' particular concerns and challenges in the institution, the following additional people could be brought into some of the ILST's meetings and processes to assist with particular challenges:

Other role players to be involved

- parents/caregivers at early childhood centre or school-levels: the inclusion of interested and specifically skilled parents would strengthen the team;
- specific members of the district-based support team (DBST), including special/resource schools;
- members of the local community who have a particular contribution to make to specific challenges;
- educators from other education institutions, particularly from full-service schools and those that may be in a 'cluster' relationship with the school/institution concerned.

The role of the ILST in the SIAS process

- Where high-level support cannot be organised in any practical and cost-effective way at institutional level, the DBST is the next level to provide additional support.
- The ILST should provide the DBST with evidence of support provided to the learner at institutional level.
- ILST should always involve and inform the parent about decisions taken to support the learner.
- The DBST should establish what kind of support is needed by ILST in order to support the learner, what the strength of the ILST is and explore ways in which additional support can be obtained, and also assist the ILST to recognise further community-based support and facilitate collaboration.

SNA – Guideline 2: Guidelines for Educators

The role of educators and ECD practitioners

The educator's role in an inclusive assessment is crucial. What is really required is a conceptual understanding of inclusion and the diverse needs of learners, including those with disabilities. Learning programmes and materials as well as assessment procedures must be made accessible to all learners, and must accommodate the diversity of learning needs in order to facilitate learners' achievement to the fullest. The learner profile document will serve primarily as a tool for educators to plan interventions and support on a day-to-day basis as part of the teaching and learning process. Educators must take care not to label learners who are identified for additional support, thereby promoting exclusionary practices.

The uncovering of barriers to learning must be based on sound observation, interviews and consultation, reflection, formative actions, previous records and should also be grounded in the curriculum.

Barriers to learning could arise from interrelated intrinsic, extrinsic, curriculum, systemic and social factors which impact on learners. The teacher must explore all these strategies in partnership with parents/caregivers, and as far as possible should also involve the learner.

When planning activities the following steps can be taken to effectively address diversity in the classroom:

Steps to address diversity

- Consider individual past experiences, learning styles, and preferences;
- Develop questions and activities that are aimed at different levels of ability;
- Modify expectations for some learners, including adapted objectives or outcomes;
- Provide opportunities for a variety of participation levels such as individual, pairs and small group activities;
- Give learners choices in determining what methods they use for gathering, synthesizing information and in demonstrating their understanding of a concept, or performance of a skill or task;
- Accept that the individual methods are of equal value;
- Evaluate learners based on individual objectives and progress.

Once the educator has exhausted all strategies, he/she will consult with the ILST. This can be a short verbal report that can be done in an informal way, where educators involved with the learner can make their inputs and advise each other on how to support the learner. If, after having consulted with other educators, and provided the learner with the necessary support, the learner is still experiencing difficulties, the matter will be referred back to the ILST.

The SIAS process clearly outlines how the process of screening, identifying and assessing learners for eligibility to receive additional support in special schools or specialised sites is being replaced by structures that acknowledge the central role played by teachers, Institutional level support teams and parents (Education White Paper 6, p. 7).

Inclusive school cultures, curricula and practices

What is needed is a change in attitudes, behaviour, teaching methods, curricula and environments to meet the needs of all learners.

Maximising the participation of all learners in the culture and the curriculum of educational institutions, and uncovering and minimising barriers to learning, are central objectives of screening, identification and assessment.

The educator and all who are directly involved with the learner on a day-to-day basis are expected to apply the SIAS process. Information gained from other external assessments should serve only to enhance the understanding of the interventions needed and should not be central in decision making around support. The knowledge and wishes of the parents/caregivers must carry the ultimate weight in any decision making process.

The final ratification, monitoring and quality assurance of the support programmes will be the responsibility of the District-based Support Team (DBST).

SIAS as tool for early intervention

The SIAS process is a tool for early intervention. It is designed specifically to help practitioners assess needs at an earlier stage, and then work with families, alongside other practitioners and service providers, to meet those needs.

We all want better lives for children. Most children do well, but some have important disadvantages that currently are addressed only when they become serious. Sometimes parents know there is a problem, but struggle to know how to get help. It is important to identify these children early and to help them before things reach a crisis point. Everyone whose job involves working with children and

families should keep an eye out for their well-being, and be prepared to help if something is going wrong.

ECD practitioners should identify developmental delays

The ECD practitioner, who is the first person who could identify developmental delays or health needs in a child, is well positioned to ensure that the information is recorded and follow-up action is planned. The learner portfolio is designed to capture as much information as possible about the child prior to entry into Grade 1. When the child reaches school-going age, at a minimum of 3 years of age, the ECD practitioner must assist the parent/care giver to complete the relevant sections of the SNA form. This information must be forwarded to the local neighbourhood school so that action can be taken to provide the necessary support to the school, teachers and the learner. The ECD practitioner must ensure that the name of the child requiring additional educational support is placed on the register of the local ordinary school.

Providing information to receiving schools

ECD providers consist of a range of service providers such as public centres, community centres, or even home-based services in some cases. In most cases these services concentrate on addressing the immediate basic development needs of children, and very little attention is given to intervention programmes which address developmental delays or barriers to learning in a systematic and concentrated manner. However, most of these service providers know the children well and can provide useful information to the receiving school, regarding strategies to be used to support him /her in an educational setting.

An extension of ECD services, as envisaged in the Integrated National ECD Strategy to train care-givers and educate parents to improve their knowledge and skills in interacting with young children, will be able to enhance competencies to recognize and address barriers to learning.

The further recommended strategy of empowering women to set up childcare facilities in their immediate communities, can incorporate basic skills to recognize and address barriers to learning. There are many such community-based centres that have been established by Disabled Peoples' Organisations (DPOs), such as the Disabled Children's Action Group and Inclusion South Africa. It is crucial that such centres are included in the network of other centres in an area, and that all measures are taken to ensure that learners progress from there into formal compulsory education once they reach school-going age.

The strategy of strengthening institutional resources, capacity and the skills of those who are involved in public ECD centres, must also incrementally ensure that inclusive education content is considered when drawing up programmes.

Recording and reporting support needs

Each of the role players mentioned above has the responsibility of ensuring that learners who need additional support when entering Grade R or Grade 1, will be recorded and reported to the education authorities outlined in the strategy, namely the local ordinary school and/or the DBST. The whole sector can raise community awareness about the strategy of accessing support through the processes outlined in this strategy.

The role of parents/care givers[4]

Parents as equal partners

Acknowledging the pivotal role of parents/care givers in education and training is the key factor in the early identification of barriers. Parents'/care givers' observations and comments can lead the educator to find the exact nature of the barriers that a learner experiences. Parents/care givers should at all times be involved in the identification and assessment processes involving their child, and should be regarded as equal partners in this process.

Parents/care givers should also be free to initiate contact with educators regarding their child's progress. When choices have to be made about the learner's enrolment into a site where additional support is available, parents/care givers need to have full information about all options so that they can make informed choices. The unwillingness or inability of the system to support the learner in the current site should never be a primary motivation to move a learner, especially if it is necessary for the child to attend school far from home. The financial situation of the family and their capacity to pay (especially in terms of transport) for the choice of school should be taken into account.

The responsibility of parents/caregivers

- Parents need to take responsibility for the support of their children in the most inclusive setting possible.
- Parents should be empowered to understand how the potential of their child can be optimally developed.

- They need access to information on the kinds of support needed by their child.
- They must know their rights in terms of accessing available support.
- Parents must make every effort to ensure that their child has access to an appropriate early intervention programme which is available in their area.
- Parents/caregivers who suspect that their child has additional support needs, but has not accessed early intervention programmes prior to the child turning 3 years old, must report to the local ordinary school as early as possible but no later than the age of 5 years.
- They must ensure that the relevant sections of the Support Needs Assessment are completed in respect of the child's needs.

[4] This refers to any person or persons primarily responsible for the care and development of a child.

Parent participation is not a choice

- Documentation to be included in the application of the child can consist of any appropriate reports such as social or medical records, the Diagnostic Profile, or reports from early intervention providers.
- The local school must complete the relevant forms in consultation with the parent/caregiver.
- Parents/caregivers must be play a meaningful role in forming a partnership with the teacher to ensure that the support outlined in the Individual Support Plan is successfully implemented.
- Parent/caregiver participation in the SIAS process is not a matter of choice, but compulsory

Learners

Wherever possible, learners themselves should be involved in assessing their progression. Learners' own perceptions about themselves and their learning are crucial when identifying the need for support. The learning needs, social relationships and emotional growth of learners all need to be taken into account when decisions are made about the site where they are to receive additional support. Such decisions cannot be made without consulting the learners themselves.

Seeking consent, and confidentiality

The SIAS process aims to enable and support better information sharing about the support needs of learners as part of preventative services. Sharing of such information should never violate the right of privacy of families or learners. In most circumstances, information should only be recorded and shared with the informed consent of the parent/s or learner.

In the screening and assessment process it is important to:

Explicit consent

- Obtain informed consent
- Ensure that the information shared is accurate and up-to-date, necessary for the purpose for which it is being shared, shared with people who need to see it, and stored securely
- Work with learners and parents to reach agreement on how information is recorded, used and shared
- Where possible, obtain explicit consent if the information held is sensitive. Explicit consent can be oral or written; written consent is preferable, e.g. through a signature on the SNA Forms. If you have ongoing contact, review the consent regularly

Appeal by parents

Response to appeal within three weeks

Parents need to know that they have a right to appeal a decision taken by the ILST. The appeal can be made to the DBST, and must be responded to within three weeks. A procedure for an accessible and user friendly appeals process need to be developed as part of this Strategy.

Parents should be made aware that the focus is on overcoming barriers to learning and not on witch-hunting. They could contribute to this process through formal and informal meetings. They could assist by:

- making all records for learner profile available when the need arises
- providing information regarding developmental history, health, home behaviour, emotional state, personality, etc.
- monitoring and reporting progress of the learner at home
- participating actively in all processes.

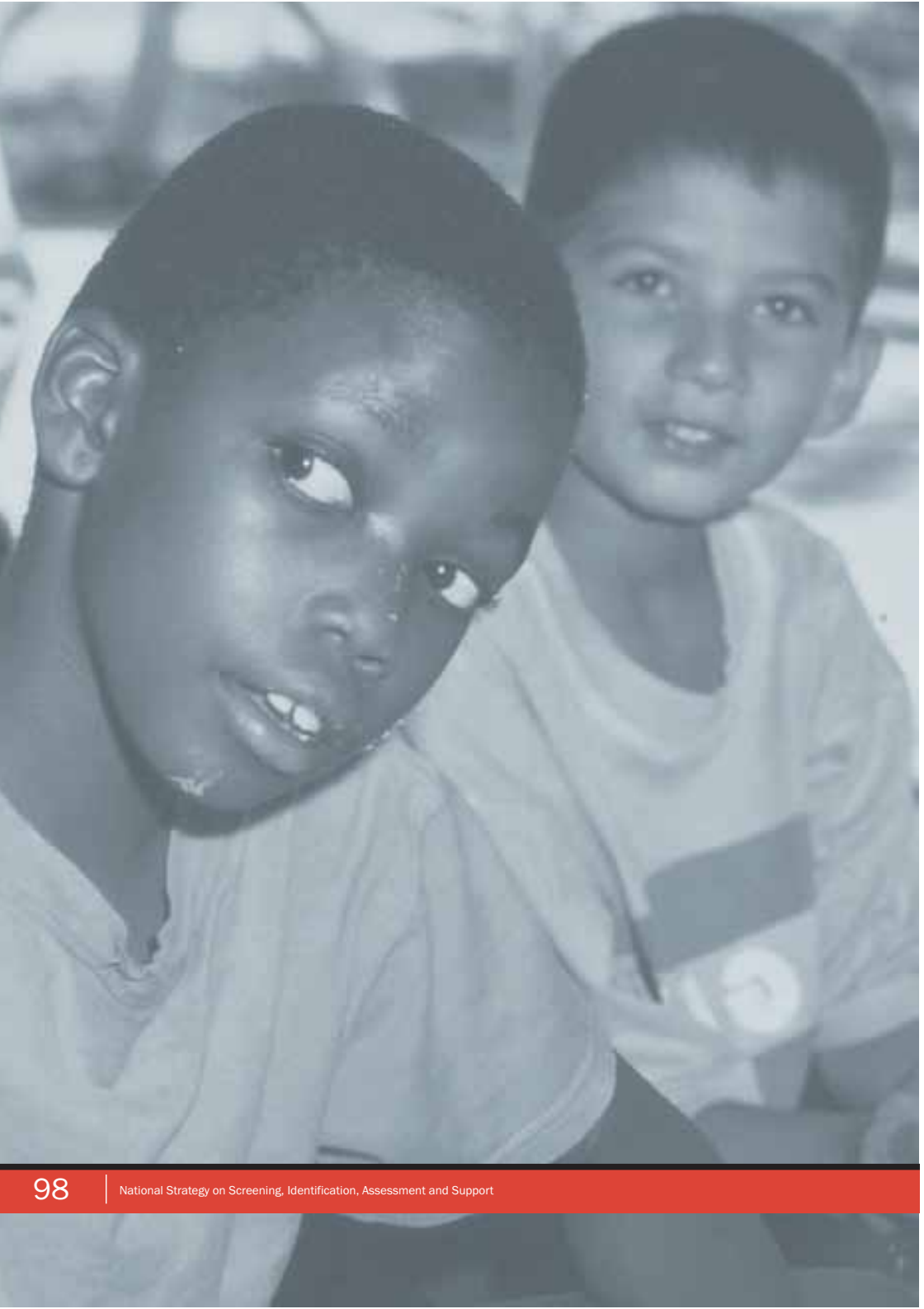
Training and awareness raising

Parents are regarded as important role players in support of inclusive education. The intended paradigm shift is needed not only amongst teachers, but also amongst parents and the community as a whole.

Understanding inclusive education

Training of parents should therefore include:

- Conscientising parents and other community stakeholders to the messages of inclusive education
- Understanding inclusive communities
- Developing community networks
- Parent participation



SNA – Guideline 4: Guidelines for District-based Support Teams

1. Purpose of the guidelines

The District-based Support Team forms a key component in the successful implementation of an inclusive education support system. These Guidelines give an overview of the role functions of District-Based Support teams with regard to the management of the Screening, Identification, Assessment and Support Process as a measure to establish such a support system.

Transversal team

An **Operational Manual** will be provided to give more detailed information on the procedures and protocols to be followed when assessing the nature and level of support that must be planned and provided for learners who are in need of additional support.

These Guidelines are for all support staff in the District-based Support Team (DBST), including curriculum and institutional managers, human resource planning and development coordinators, social workers, therapists, psychologists and other health professionals, working within the school system. The Guidelines are binding in terms of decision-making around any form of support provisioning to learners, schools and teachers.

2. Inclusive Education policy and expectations

Support as close as possible to home

The Inclusive Education policy aims to provide support to all learners in an educational setting as close as possible to their homes. This policy is intended to bring support to the learner, rather than take the learner to the support. (See **Introduction and Overview of the SIAS**).

Any decision making process which would result in the outplacement of a learner to a Full-Service or Special School must be rigorous. It needs to take into account not only the individual impairment or psycho-social condition of the learner, but also all the contextual factors that may hinder or enhance his/her capacity to learn, to develop and to participate. Furthermore, there must be evidence that the school has taken all possible measures to support a learner at the ordinary school before an outplacement can be approved by the DBST.

The role of staff of the District-based Support Team (DBST) is to:

- Discuss and evaluate the request by the school for additional support in consultation with the parents/care-givers, teachers and institution-level support team members
- Plan support provision to schools, teachers and learners
- Monitor support provision in a mentoring and consultative way

Official process

The Screening, Identification, Assessment and Support (SIAS) Strategy is an official process which is one of the core functions of the District-based Support Team (DBST). The delegation for final approval of decisions made in the process lies with the District senior manager.

3. Principles of support and assessment

All activities that increase capacity of schools to respond to diversity

Support is defined as all activities in a school which increase its capacity to respond to diversity. Providing support to individuals is only one way of making learning contexts and lessons accessible to all learners. Support also takes place when schools review their culture, policies and practices in terms of the extent to which they meet individual educator, parent and learner needs. Support takes place when educators plan lessons in such a way that they accommodate all learners. Support then, must focus broadly on the learning and teaching process by identifying and addressing learner, educator and institutional needs. Though the major responsibility for coordinating support may rest with a limited number of people, all staff are involved in support activities.

3.1 The principles of assessment

Effective assessment is guided by the following principles:

- Educators, parents and learners need to be centrally involved in the process.
- Assessment procedures need to be guided by the principle of respect for all concerned.
- The purpose of the assessment should be clear and open.

- Assessment needs to be appropriate and relevant to the realities and context of the person or institution concerned.

Assessment to improve teaching and learning process

- Assessment must be fair, bias-free, and sensitive to gender, race, cultural background and abilities.
- Assessment needs to identify barriers to learning, with the purpose of improving the teaching and learning process.
- Assessment needs to be a continuous process, that is built into the teaching and learning process.
- Assessment needs to be multi-dimensional or systemic in nature, located within the framework of barriers at the individual (learner and educator), curriculum, institution, and family, community and social contextual levels.
- The different levels of the system that are involved in the assessment process (e.g. institution-level support teams and District-based Support Teams) need to work closely together, ensuring that assessment processes are smoothly pursued.
- Assessment must be manageable and time-efficient.
- Assessment needs to be varied, including various forms and drawing from various perspectives.
- Assessment results must be clearly, accurately and timeously documented and communicated to those affected.

3.2 Purpose of assessment procedure

The core purpose of all assessment within education is to promote effective teaching and learning. Within this context assessment can be used for different purposes, including:

3.2.1 contributing towards the development of profiles of learners, educators and institutions, which can be used for the following purposes:

Indicating how barriers can be addressed

- determining learning needs and whether learning is successfully occurring;
- identifying barriers to learning, and pointing to where and how these barriers could be addressed. This could include various interventions at any level of the 'system', such as an intervention with the learner or educator; transformation of some aspect of the curriculum; development of the institutional environment; or addressing particular family, community or social factors.

3.2.2 contributing to strategic management planning and decision-making within the Department of Education, including identifying support needs for the purposes of post-provisioning and general resourcing; and informing where and how learners can obtain the most appropriate learning programmes.

4. Composition and roles of DBST within the SIAS process

4.1 Composition

Education White Paper 6 proposes an integrated community based model of support provisioning. This entails involving support staff from the Education District, Circuit or Ward, staff from Curriculum, Institutional Development and Support, Systemic Support and Psycho-Social and Specialised Learning Support and special school resource centres in the process.

Community based model of support

The structures through which support is delivered are the:

- Special School Resource Centres
- Full-Service Schools
- District-based Support Teams

The support system depends on a network which coordinates all existing services including, in addition to the above, other government departments, community services, private professionals, non-government organizations (NGOs), Disabled People's Organisations, early intervention providers and Community-bed Rehabilitation services.

4.2 Broad roles of the DBST

Training ILSTs

- Training **institution-level support teams in all schools** in the broad and specific principles and approaches to addressing barriers to learning and development – focusing to a large extent on curriculum delivery for diverse learner needs.
- Assisting educators in specific interventions for individual learners with high support needs (itinerant staff of the DBST).
- Providing direct support to learners in terms of specialised interventions.
- Monitoring whether support funding measures are being appropriately applied at sites of learning (refer to guidelines for planners).
- Coordinating and managing the systems for the identification of levels of needs of individual learners with high intrinsic needs at District, Circuit and school level.
- Co-ordinating the services of the extended network of support staff comprising the newly established DBSTs, e.g. staff from resource schools, full service schools, social and health officials, etc.

4.3 More specific roles and procedures of the DBST in relation to the assessment and support provision process

Verifying SIAS recommendations and decisions

- Analysing assessments submitted by ILSTs to determine whether the school:
  - has exhausted all support measures at school level
  - requests further assessment
  - requires endorsement of decisions around support provision or placement
  - requests support provision
- Conducting further assessment in collaboration with other relevant partners
- Conducting a verification process
- Identification and provision of support in collaboration with relevant partners
- Monitoring and review of support provision

Framework and Functions of the District-based Support Team

Programmes	Focus Area 1	Focus Area 2	Focus Area 3	Focus Area 4
	Classroom-based Support	Institutional Support	Administrative Support	Psycho-Social, Environmental and Health Support
Programme 1: Developing enabling environments through capacity building	Training/orientation of teachers	Development and monitoring of school policies that would enhance inclusivity and minimise exclusion	Training in financial management	Monitoring the development and implementation of prevention and intervention programmes to children who are vulnerable and in need of care
	Consultative and mentoring support to teachers	Staff development	Information systems and technology support	Capacity building in management of challenging and anti-social behaviour
	Training and Monitoring of ILSTs	Whole school and organisational development	Admin training	Programmes for HIV and Aids
				Developing strategies for schools, teachers and institutions on whole school development and classroom support
	Coordinating and monitoring of assessment of learner needs	Establishment and management of school-based support structures	Personnel supply, management, training and support	Health promotion and safety, including child justice, support for street children, prevention of child labour
	Planning and monitoring learning support programmes for identified learners/groups of learners	Managing enrolment and admissions	Transport management	Developing networks for social support and counselling
		SGB and parent development		The coordination at an inter-sectoral level of all support services and intervention programmes which address barriers to learning and development

Programmes	Focus Area 1	Focus Area 2	Focus Area 3	Focus Area 4
	Classroom-based Support	Institutional Support	Administrative Support	Psycho-Social, Environmental and Health Support
Programme 2: Developing and monitoring curriculum support programmes	Curriculum development Monitor implementation of guidelines for curriculum differentiation Assessment of learner achievement and planning support programmes	Development of curriculum leadership Monitoring assessment and promotions	Administration of assessment	Development, implementation and monitoring of guidelines for Inclusive Learning Programmes Development, implementation and monitoring of dynamic and adaptive assessment
Programme 3: Resource provisioning	Provisioning of LTSM Development of LTSM	Managing and monitoring LTSM budgets and supply Managing and monitoring development of LTSM	Management of physical facilities Provisioning of assistive devices	Selection, Procurement and Monitoring provisioning of LTSM Development of LTSM to address specific barriers

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SCHOOL PACK