



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

DRAFT POLICY ON SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT

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SBST: Plan of Action
SBST: Request for assistance from the District Based Support Team (DBST)

SNA 3: DISTRICT-BASED SUPPORT TEAM (DBST) INTERVENTION

DBST: Guidelines for Support
DBST: Table to rate level of support
DBST: Checklist to help determine the decision on support to be provided to the learner.
DBST: Plan of Action in relation to the learner
DBST: Plan of Action in relation to the school

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ACRONYMS AND ABBREVIATIONS

AAC	Alternative and Augmentative Communication
ABET	Adult Basic Education and Training
DBST	District-based Support Teams
DPO	Disabled People Organisation
DSD	Department of Social Development
ECD	Early Childhood Development
EMIS	Education Management Information Systems
FET	Further Education and Training
FSS	Full-Service School
GET	General Education and Training
SBST / ILST	School-based Support Team (= SBST) / Institution-level Support Team (=ILST)
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
SMT	School Management Team
SNA	Support Needs Assessment
SSRC	Special School Resource Centre

DEFINITIONS

“Additional Support Needs” – Every learner needs support, but some may, for whatever reason, require additional support for learning. Additional support needs can arise from any factor which causes a barrier to learning, whether that factor relates to social, emotional, cognitive, linguistic, disability, or family and care circumstances. For instance, additional support may be required for a child or young person who has learning difficulties, is being bullied; has behavioural difficulties; is a parent; has a sensory or mobility impairment; is at risk of school drop-out or is bereaved. There will be many other examples besides these. Some additional support needs will be long term while others will be short term. The effect they have will vary from child to child. In all cases though, it is how these factors impact on the individual child's learning that is important and this will determine the level of support provision required.

“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, assessing and addressing barriers to learning, leadership and general management.

“Full-service Schools (FSS)” – Ordinary schools that are specially resourced and orientated to address a full range of barriers to learning in an inclusive education setting.

“School Based Support Teams (SBST's)” – Teams established by schools in general, further and higher education, as a school-based support mechanism whose primary function is to put in place co-ordinated school, learner and teacher/lecturer support services.

“Individual Support Action Plan” – A plan designed for learners who need additional support or expanded opportunities, developed by teachers in consultation with the parents and the School-based 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 Provision” – Scope and intensity of support needed at system, school, teacher and learner level. The main organiser for schools, funding and post provisioning in the inclusive education system.

“Monitoring of support provisioning by DBST” – Monitoring of the application of additional support measures to ensure accountability at all levels can be in the form of school and class visits, mentoring and consultation or through requiring written reports on expenditure against support line items.

“School-based Support Teams (SBSTs)” – Teams established by schools in general and further education, as a school-level support mechanism, whose primary function is to put in place co-ordinated school, learner and teacher support services (the same as Institution-level Support Team).

“Special Schools (SSs)” – Schools equipped to deliver a specialised education programme to learners requiring access to high-intensive educational and other support either on a full-time or a part-time basis.

“Special Schools Resource Centres (SSRCs)” – Special schools transformed to accommodate learners who need access to high intensity educational support programmes and services, as well as providing 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 3, 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.

CHAPTER 1

INTRODUCING THE POLICY ON SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT (SIAS)

1. PURPOSE OF THE POLICY

- (1) The purpose of the Policy on Screening, Identification, Assessment and Support (SIAS) is to provide a policy framework for the standardisation of the procedures to identify, assess and provide programmes for all learners who require additional support to enhance their participation and inclusion in school.
- (2) The SIAS policy is aimed at improving access to quality education for vulnerable learners and those who experience barriers to learning, including:
 - a) Learners in mainstream schools who are failing to learn due to barriers of whatever nature (family disruption, language issues, poverty, learning difficulties, disability, etc.)
 - b) Learners with disabilities in special schools where disability could act as a barrier to their learning
 - c) Children of compulsory school-going age and youth who may be out of school or have never enrolled in a school due to their disability and other related barriers
- (3) The main focus of the policy is to manage and support teaching and learning processes for learners who experience barriers to learning within the framework of the *National Curriculum Statement Grades R –12*.
- (4) The policy is closely aligned to the Integrated School Health Policy to establish a seamless system of early identification and effective intervention to minimize learning breakdown and potential dropout.
- (5) The policy directs the system on how to plan, budget and programme support at all levels.
- (6) The policy must further be seen as a key procedure to ensure the transformation of the education system towards an inclusive education system in line with the prescripts of *Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System (2001)*.

- (7) Another objective of the policy is to provide clear guidelines on enrolling learners in special schools and settings which also acknowledge the central role played by parents and teachers (Education White Paper 6, p.7).
- (8) The policy includes a protocol as well as a set of official forms to be used in the process of screening, identifying and assessing barriers experienced by learners as well as by teachers and schools with a view to planning the support provision according to programme domains and to monitoring by the District-based Support Team.
- (9) The protocol outlines the role functions of staff appointed in district as well as school structures responsible for planning and provision of support.
- (10) It also regulates the composition and operations of the key coordinating structures required for the implementation of an inclusive education system, namely School-based Support Teams and District-based Support Teams which are transversal structures aimed at rationalising and maximising support provision at school and district level.
- (11) The Policy on Screening, Identification, Assessment and Support (SIAS) aligns with other Department of Basic Education strategies which aim to support teachers, managers, districts and parents in schools.

2. RELATED LEGISLATION AND POLICIES

- (1) This policy document is aimed at rationalising and standardising admissions and support services and must be read in conjunction with the following treaties, legislation and policy documents:
 - a) The Constitution of South Africa (Act No. 108 of 1996);
 - b) The South African Schools Act (Act 84 of 1999);
 - c) Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System (2001);
 - d) The Convention on the Rights of Persons with Disabilities (2006), specifically Article 24;
 - e) The Convention on the Rights of the Child (1989) specifically Article 23;
 - f) The Education White Paper 5 on Early Childhood Development (2001);
 - g) The Children's Act (Act 38 of 2005);
 - h) The National Curriculum Statement, Gr R–12 (2011);
 - i) HIV and Aids in Education Policy;
 - j) Integrated School Health Policy (2012);
 - k) The Care and Support for Teaching and Learning (CSTL) Programme;

- l) School Nutrition Policy;
- m) Minimum Uniform Norms and Standards for Public School Infrastructure (2013); and
- n) Mental Health Care Act, Act 17 of 2002.

CHAPTER 2

RATIONALE OF THE POLICY ON SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT (SIAS)

1. DETERMINING THE SUPPORT NEEDS OF ALL LEARNERS

- (1) The Screening, Identification, Assessment and Support (SIAS) policy framework is structured in such a way that it ensures that teachers and schools understand the support needs of all learners to enhance the delivery of the National Curriculum Statement.
- (2) The Screening, Identification, Assessment and Support (SIAS) process outlined in this policy is intended to assess the level and extent of support required in schools and in classrooms to maximise learners' participation in the learning process.
- (3) Firstly, 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.

2. ADDRESSING BARRIERS TO LEARNING AND DEVELOPMENT

- (1) Secondly, it outlines a process to enable access to and provide such support at different levels.
- (2) Through a set of forms, this policy outlines the protocol that has to be followed in identifying and addressing barriers to learning that affect individual learners throughout their school career.
- (3) It further identifies the roles and responsibilities of teachers, managers, district-based support teams and parents/caregivers.
- (4) It also guides how further support and interventions must be provided to learners who have been identified through the screening processes conducted through the Integrated School Health programme.
- (5) 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 health conditions or disability. These challenges are referred to as 'barriers to learning and development'.
- (6) Barriers to learning and development may include:
 - a) Socio-economic aspects (such as a lack of access to basic services, poverty and under-development);

- b) Factors that place learners at risk, for example, physical, emotional, and sexual abuse, political violence, HIV and AIDS and other chronic health conditions;
 - c) Attitudes;
 - d) Inflexible curriculum implementation at schools;
 - e) Language and communication;
 - f) Inaccessible and unsafe structural environments;
 - g) Inappropriate and inadequate provision of support services;
 - h) Lack of parental recognition and involvement;
 - i) Disability;
 - j) Lack of human resource development strategies; and
 - k) Unavailability of accessible learning and teaching support materials and assistive technology.
- (7) Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System (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).
- (8) Based on the current situation outlined above, this policy 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.
- (9) The policy will support the implementation of the main principles of Education White Paper 6 which aims to:
- a) Correct discriminatory practices and imbalances of the past and promote the principles of inclusion;
 - b) Promote human rights, social justice, access, equity and redress;
 - c) Promote quality education for all to enable all learners to participate actively in the classroom;
 - d) Develop an integrated education system at all levels from Early Childhood Development through General Education and Training to Further Education and Training, Higher Education and Adult Education;
 - e) Infuse "special needs and support services" throughout the system;
 - f) Align special schooling with mainstream schooling;
 - g) Foster the development of inclusive centres of learning, care and support;
 - h) Ensure a barrier-free physical environment;
 - i) Develop the capacity of teachers, support personnel and other relevant human resources;
 - j) Promote the rights and responsibilities of teachers, parents and learners;

- k) Indicate how learners with disabilities will be identified, assessed and incorporated into special, full-service and ordinary schools in an incremental manner;
- l) Introduce strategies and interventions that will assist teachers to cope with a diversity of learning and teaching needs to ensure that transitory learning difficulties are ameliorated; and
- m) Provide clear signals about how current special schools will serve identified disabled learners on site and also serve as a resource for teachers and schools in the area.

3. IMPLEMENTATION OF THE POLICY IN THE SHORT TERM

- (1) The implementation of this policy will be accompanied by the following activities in the short term:
 - a) Training of all teachers, managers and provincial and district officials in the use of the policy;
 - b) Extended consultation and collaboration with other government departments, especially the Departments of Health and Social Development to align services and procedures at all levels; and
 - c) Alignment of the policy to the Integrated School Health Policy.

CHAPTER 3

PRINCIPLES OF THE POLICY ON SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT (SIAS)

1. ORGANISING PRINCIPLES

- (1) The organising principle for the Screening, Identification, Assessment and Support process is that every child has the right to receive quality basic education and support within his or her local community.
- (2) The process is aimed at guiding how reasonable accommodation can be made available in an inclusive setting.
- (3) Decisions about the child should be in his or her best interests at all times.
- (4) No child may be refused admission to an ordinary school on the basis of decisions taken through this policy without recourse to a process of appeal.
- (5) The policy is intended to determine how support can be most appropriately provided and should not be seen as a referral process.
- (6) The child must be viewed within his or her context and the extent to which intrinsic factors, the home and school context are impacting on his or her accessing education, remaining enrolled and achieving to his or her optimum potential must be evaluated.

2. PRINCIPLES OF SUPPORT

- (1) Support delivery can be optimally efficient and cost-effective if it is based on intersectoral collaboration.
- (2) Support provision can be provided along a continuum of intensity ranging from low to moderate to high.
- (3) A support package for a learner can consist of a range of additional support provisions that may not be equal in respect to their level of intensity.
- (4) Support should no longer focus on 'deficits' that have been 'diagnosed' in individual learners, who are assumed to be in need of 'remediation' through individual attention by specialist staff. The SIAS shifts the focus to a holistic approach where a whole range of possible *barriers to learning* that a learner may *experience* (such as extrinsic barriers in the home, school or community environment, or barriers related to disabilities) are considered. The aim is to design support programmes so that the learner gain access to learning.

- (5) Support includes 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.
- (6) Support also takes place when schools review their culture, policies and practices in terms of the extent to which they meet individual teacher, parent and learner needs.
- (7) Support takes place when teachers plan lessons in such a way that they accommodate all learners.
- (8) Support must thus focus broadly on the learning and teaching process by identifying and addressing learner, teacher and school needs.
- (9) Though the major responsibility for coordinating support may rest with a limited number of people, all staff needs to be involved in support activities.
- (10) Five specific support provision areas are identified:
 - (i) The availability of specialist support staff;
 - ii) The availability of assistive devices, specialised equipment and teaching and learning support materials;
 - iii) The extent to which the curriculum is differentiated to meet the individual needs of learners;
 - iv) The delivery of initial and on-going training, orientation, mentorship and guidance; and
 - v) Environmental access (once-off and not necessarily ongoing).
- (11) Determination of a support package is dependent on the findings of the range of assessments conducted and the outcomes of support plans implemented by several role players in consultation with the parents and the learner whilst following the SIAS process.
- (12) The nature and extent of the support needed to address the barrier are determined by evaluating:
 - i) The existing resources or support available to the learner and the school;
 - ii) The additional support that is still required; and
 - iii) What is available within the province or district that could be made available at school level through a range of means.

3. PRINCIPLES OF ASSESSMENT

- (1) Teachers, parents and learners need to be centrally involved in the process.

- (2) Assessment needs to be multi-dimensional or systemic in nature, located within the framework of barriers at the individual (learner and teacher), curriculum, school, family, community and social contextual levels.
- (3) Assessment needs to be varied, including various forms and drawing from various perspectives.
- (4) Standardized tests, provided they are culturally fair, can be used as part of the range of strategies used in the assessment process with the aim to inform the teaching and learning process in respect to the nature and level of educational support that needs to be provided to the learner as part of the Individual Support Plan.
- (5) Any request from the SBST for specialist assessment (e.g. medical, psychological, occupational therapeutic, speech therapeutic, physiotherapeutic, psycho-social) must stipulate the nature of the assessment query and motivation for such an assessment.
- (6) Assessment procedures need to be guided by the principle of respect for all concerned.
- (7) The purpose of the assessment should be clear and open.
- (8) Assessment needs to be appropriate and relevant to the realities and context of the person or school concerned.
- (9) Assessment must be fair, bias-free and sensitive to gender, race, cultural background and abilities.
- (10) Assessment needs to identify barriers to learning, with the purpose of improving the teaching and learning process.
- (11) Assessment needs to be a continuous process that is built into the teaching and learning process.
- (12) The different levels of the system that are involved in the assessment process (e.g. School-based Support Teams and District-based Support Teams) need to work closely together, ensuring that assessment processes are smoothly pursued.
- (13) Assessment must be manageable and time-efficient.
- (14) Assessment results must be clearly, accurately and timeously documented and communicated to those affected.

4. GUIDING PRINCIPLES FOR DECISION MAKING

- (1) Accessing of additional support, irrespective of the range of intensity, is not site restricted.
- (2) No child can be excluded from admission to a school or to support on only the basis of standardised tests.

- (3) Outplacement of a learner to access support provisions is the last resort and should not be seen as permanent.

5. COMPETENCIES RELATED TO THE SIAS PROCESS

- (1) Certain competencies of the SIAS process lie with different levels of authority within the system:
 - (a) Teachers
 - (b) School-based support teams
 - (c) District-based Support Teams

CHAPTER 4

LEVEL AND NATURE OF SUPPORT

1. SHIFTING FOCUS FROM THE INDIVIDUAL LEARNER TO THE SUPPORT PROGRAMME

- (1) The Screening, Identification, Assessment and Support Policy aims to facilitate the shift from the individual learner as the driving organiser for support provision to that of the range, nature and level of support programmes, services, personnel and resources that will be made available for special and ordinary schools.
- (2) Consequently the range, nature and level of support programmes, services, personnel and resources rather than the individual learner will be the focus of budgets, norms and standards for support provision.
- (3) The availability of the range, nature and level of support programmes, services, personnel and resources can be at site level or at nodal sites to be accessed by a cluster of schools. This will be one of the main mechanisms to ensure that learners can access support without the need to move to any other than their ordinary neighbourhood school.
- (4) Highly specialised support resources, personnel, programmes and facilities for a group of learners with high support needs requiring access to the same support programme or resources, can be provided at site level such as in special schools or specialised settings attached to ordinary schools.
- (5) Specialised support resources, personnel, programmes and facilities that are more portable and require less operational and organisational planning will be provided at circuit or district level to be accessed by learners at mainstream schools, e.g. learning support/remedial education, assistive devices, counselling, rehabilitation and therapeutic services.

2. SCHOOL ARRANGEMENTS FOR DELIVERY OF SUPPORT

- (1) The Special School Resource Centre or emerging Full-service and Inclusive Schools will be the point within a circuit or district from which services will be made available to a cluster of mainstream schools or special care centres.
- (2) Provincial factors such as the range and incidence of barriers experienced by learners, the way it organises or clusters schools, the terrain of the province, availability of specialist services/personnel in the area, available budgets for support provision in relation to the size of the department, will determine the provincial policy

to ensure that the range of support programmes, services, personnel and resources are available and can be accessed by all learners requiring such support provisions.

- (3) Consequently decision making about the resources that will be provided, where and how it will be provided, will not be based on the category of disability but on the level and nature of the support required to address the impact of the barrier.

3. ADDRESSING BARRIERS TO LEARNING

- (1) The support needs related to barriers arising from factors such as disability, psycho-social and contextual conditions need to be addressed to ensure that every learner is in a position to learn and develop optimally.
- (2) The Screening, Identification, Assessment and Support policy specifically aims to identify (1) the barriers to learning experienced, (2) the support needs that arise from barriers experienced and (3) the support programme that needs to be in place to address the impact of the barrier on the learning process.

4. PROGRAMMES OF SPECIALISED SUPPORT

- (1) The following support programmes will deal with the scope of barriers dealt within the SIAS policy:

- Vision
- Hearing
- Motor
- Communication
- Learning and Cognition
- Health (including Mental Health)
- Behaviour and Social Skills
- Skills and Vocational
- Multiple and complex learning support

The provisioning drivers for the support programmes are 1) curriculum and assessment adjustments, 2) training requirements, 3) availability of specialised staff, 4) specialised LTSM/assistive devices and other resources to ensure access to education.

- (2) The policy rates the level of the identified support that is required as a low, moderate or high level of provision. The organisers that guide this rating process include the **frequency, scope, availability and cost of the additional support service, programme or specialised LTSM.**

- (3) The support provisions that are rated low cover, all the support provisions in general departmental programme policies, line budgets and norms and standards for public schools.
- (4) Support provisions that are rated moderate, cover support provisions that are over and above provisions covered by programme policies, line budgets and norms and standards for public schools. Such provisions are provided once-off or for a short-term period or on a loan system. Implementation of such provisions can generally be accommodated within the school or regular classroom.
- (5) Support provisions that are rated high, are over and above provisions covered by programme policies, line budgets and norms and standards for public schools support. These provisions are specialised, requiring specialist classroom/school organisation, facilities and personnel.

5. DESCRIPTORS TO DETERMINE LEVEL AND NATURE OF SUPPORT PROVISION

Level	Support Organisers	Resourcing and implementation implications
Low	Specialist Support: - Provision of any specialist intervention from either other teachers/specialists from within the school or surrounding schools; SBST or DBST or from the school's network of stakeholders. Such interventions can be accommodated within the school's budget and regular organisation of the school/classroom. The minimum frequency of this intervention should be at least once or twice a term. E.g. consultation with SBST or with specialists within the DBST or assistance of the Learning Support Teachers or School Counsellors. Curriculum and Assessment: - Curriculum and assessment adjustments required to allow learners at multiple levels of functioning to access the curriculum and assessment tasks best suited to his/her needs (in terms of Chapter 9 of the Assessment Protocol). Such accommodations can be managed at school or classroom level. The frequency of intervention by DBST which monitors implementation at school level should be at least twice a year. Specialised Learning and Teaching Support Material (LTSM) and other Resources to ensure access: - Adapted LTSM or portable assistive devices which can be accommodated into the LTSM budget of the school. - Once-off physical adjustments or upgrades to the school buildings to broaden access. Such adjustments must be accommodated using the school's budget. Training\Orientation of staff: - Once-off or short-term programme (fewer than 10 sessions) for management and staff on issues of support	- No additional funding provision required - Costs are accommodated as part of the norms and standards of schools and line budgets of sections within the Department - The norms and standards of mainstream schools are to be expanded to accommodate a standard allocation for all schools to address care and support needs for learning (SASA section 23.1); (SASA section 12.4.); (SASA section 20.1) (section 20/21 schools)

	(nature and strategies), awareness programmes and policy implementation. These training/orientation sessions can be provided by either other teachers/specialists from within the school or surrounding schools; SBST or DBST or from the school's network of stakeholders. These training programmes can be accommodated within the school's budget and regular organisation of the school/classroom.	
Moderate	Specialist Support: • Provision of transversal teams (specialist support) at circuit and district level. Such support is required at least once a month for a short-term period (1 year) thereafter a minimum of one consultation per quarter. • Provision of services that are not available to the school or within the district and are sourced outside the Department or outside the school's network of stakeholders. These services are required at least once a month for a short-term period (1 year) thereafter a minimum of one consultation per quarter and are provided as part of the school's in-house and out-reach support programme. These programmes can be accommodated at school level but would require funding as part of the school's Inclusive Education allocation. Curriculum and Assessment: • Adjustments needed to the curriculum, assessment tasks and LTSM that involve additional planning time by teacher, inputs from curriculum and assessment advisors, resources and monitoring by SBST and DBST. Monitoring by DBST should be at least twice a year. Such adjustments can be processed/facilitated through Departmental policy, processes and practices but resourcing will be required to accommodate extra staff provision for planning and supporting such adjustments. Specialised LTSM and other resources to ensure access: • Specialised LTSM or devices (portable) that can be accessed through Full-Service Schools, Special School Resource Centres, or Department of Health. Access to such devices is required daily by the learner. Such resources must also be made available as part of the school's loan system and outreach programme. Resourcing within the school's inclusive education allocation needs to cover the cost of purchasing, maintaining and repairing such resources. Training\Orientation of staff: • Short (fewer than 10 sessions) to long- (more than 10 sessions) term training and outreach programmes for management and teachers on issues of support (nature and strategies), awareness programmes and policy implementation provided by the school's network of stakeholders or specialists outside the Department. These training programmes can be accommodated within the schools but require resourcing in the inclusive allocation.	• Posts of transversal teams at circuit level (Occupational, Speech and Physiotherapists, Psychologists, Learning Support Teachers, Counsellors) are to be created and budgeted for. • An additional allocation as part of the school's funding and post provisioning norms that are to include an allocation for Inclusive Education. • The Inclusive Education allocation to schools that are equipped to offer moderate levels of support provision is to cover the following cost drivers- (1) specialised services/facilities, (2) curriculum and assessment adaptation, (3) Specialised LTSM and assistive devices and (4) Training and outreach programmes • The service conditions of staff at FSSs and SSRCS should factor in the additional outreach support role they have to offer to schools within their cluster or area.

High	Specialist Support: • Access to a range of support specialists (specialist teachers, Occupational Therapist, Speech Therapist, Physiotherapist, mobility and orientation instructor, Psychologist, Nurse, Class Assistants) required on daily or weekly basis and to be available on site full-time • Daily individual or small group support and/or supervision by an adult • Small class size (teacher : learner ratio) • Access to such high specialist support needs to be planned, budgeted and programmed for as part of the Post Provisioning Model Curriculum and Assessment: • Standard provision of complex and on-going adjustments of the regular curriculum programme. • Standard provision for the implementation of a differentiated curriculum • Standard provision for the implementation of assessment concessions Specialised LTSM and other Resourcing to ensure access: • Specialised and individualised assistive devices that are fixed or can only be accessed through a FSS and /or SSRC and needs on-going monitoring, maintenance and adjustment. • On-going use of the devices requires technical support, • Permanent specialised facilities and programmes to be in place. Training\Orientation of staff: • Intensive induction programmes for staff to master competencies that are required in the programme. • On-going specialist mentoring and training of staff needed. • Training programmes are sourced within departmental structures or externally.	• Standard specialised funding and HR norms and standards related to specific support programmes required • Funding norms and standards must allow for costs of outreach activities and provision of assistive devices as part of a loan system for surrounding schools • The PPN needs to be reviewed in relation to the specialised nature of support and admission at such sites.
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6. RATIONALE FOR MOVING FROM CATEGORY OF DISABILITY TO DETERMINING THE LEVEL AND NATURE OF SUPPORT

- (1) The aim of determining the levels of support provision is to ensure (1) that there is a fair distribution of a range of support services and programmes across the country and (2) that additional support is made available to all learners experiencing barriers to learning, who are eligible to receive this, in order for them to access, attend and achieve at a school closest to their home.
- (2) The guiding principle is to bring, as far as it is reasonably practical, support to the child rather than the child to the support.

- (3) The scope of each support programme offered by a school will be determined by assessing the range of the support services and resources required by the programme and will be outlined in funding and post provisioning norms.
- (4) This is in line with the Convention on the Rights of the Child (1989) and the Convention on the Rights of person with Disabilities which advocate for putting “the child first” instead of the disability

CHAPTER 5

SCHOOL ARRANGEMENTS RELATED TO THE POLICY ON SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT (SIAS)

1. INTEGRATED COMMUNITY-BASED SUPPORT PROVISIONING

- (1) As outlined in Education White Paper 6, the implementation of the Policy on Screening, Identification, Assessment and Support proposes an integrated community-based model of support provisioning.
- (2) This entails involving support staff from the education district, circuit (the District-based Support Team (DBST) that includes staff from curriculum, school management and governance, financial, personnel and physical planning, assessment, psycho-social support, care and support in teaching and learning (CSTL), whole school Evaluation, ECD, LTSM, E-Learning, etc. who operate as transversal teams to support schools to identify and address a wide range of systemic and other barriers and mentor and guide schools to implement inclusive education in all its dimensions.
- (3) Collaborating with the District-based Support Teams are the Special School Resource Centres and the Full-service or Inclusive Schools that are also equipped with specialised skills and resources to reach out to all ordinary and special schools in a district as well as to Early Childhood Development Centres and Special Care Centres for children with severe and profound disabilities who are not yet enrolled in schools.
- (4) The delivery arm of the support service at school-level is the School-based Support Team (SBST).
- (5) The support systems depend on a network of Care and Support in Teaching and Learning (CSTL) which coordinates all existing services including, other government departments, community services, private professionals, non-government organisations (NGOs), disabled people's organisations (DPOs), early intervention providers and community-based rehabilitation services.

2. ALIGNMENT TO THE SYSTEMS AND POLICIES WITHIN BASIC AND HIGHER EDUCATION

- (1) Performance agreements of managers will outline the responsibilities related to the implementation of Inclusive Education within their areas of management.
- (2) Legislative provision must be made to determine admission and exit ages for learners with special education needs; appropriate school exit strategies and accompanying

transition to work programmes; conditions for conducting school-readiness tests and authorising late admission to school and prevention of institutionalisation.

- (3) The policy is aligned to the National Curriculum and Assessment Policies but may require the adoption of further regulations.
- (4) The implementation of the policy requires that there are functional transversal District-based Support Teams that are staffed at a minimum level, have been trained and operate within the framework of the District Development Policy.
- (5) The *Policy on the Minimum Requirements for Teacher Education Qualifications* (2011) as well as the *Integrated Strategic Planning Framework for Teacher Education and Development in South Africa* (2011) incorporate inclusive education as a cross-cutting principle of Initial Teacher Education (ITE) as well as Continued Professional Teacher Development (CPTD).
- (6) The principles underpinning the design of ITE programmes as outlined in the *Policy on the Minimum Requirements for Teacher Education Qualifications* incorporates inclusivity as part of pedagogical, practical and situational learning.
- (7) Orientation as well as in-depth understanding of the requirements for effectively implementing the SIAS policy will be a key focus of CPTD programmes in the short term.
- (8) The organisation of early identification and early intervention services will be a key focus in Early Childhood Development (ECD) in both the 0- to 4-year programmes as well as in Grade R.
- (9) Training of all ECD practitioners will include a component on SIAS.
- (10) The policy outlines the smooth transition of learners who have additional support needs from ECD to Grade R and Grade 1.
- (11) The SIAS forms will be incorporated into the SA SAMS system to facilitate its use by teachers and schools.
- (12) The support provided to learners will be tracked through the LURITS system.

3. ALIGNMENT TO THE INCLUSIVE EDUCATION POLICY

- (1) The regulatory process through which special schools are designated to function as resource centres will be outlined in the school funding and post provisioning norms.
- (2) The roles and functions of schools that have been designated as full-service schools will also be outlined in the school funding and post provisioning norms.
- (3) Minimum requirements for a fully functional District-based Support Team and School-based Support Team will be regulated.

- (4) The relationship between the School Management, School Governing Body and School-Based Support Team will be regulated.

4. NORMS AND STANDARDS

- (1) The development of norms and standards for resourcing an inclusive education and training system is an immediate requirement for the successful implementation of the policy.
- (2) Such norms and standards will outline the cost-effective provision and utilisation of personnel as well as services, resources and facilities.
- (3) If conditions of service are affected, these will be regulated by following due process.
- (4) Post provisioning norms and standards will make provision for all categories of staff required in an inclusive education system, including itinerant learning support, therapeutic and psycho-social support professionals as well as teacher and class assistants, therapy assistants, technicians, interpreters and facilitators.
- (5) Measures must be introduced to utilise telemedicine opportunities to support schools in rural areas to conduct assessment and provide support.

5. ALIGNMENT TO HEALTH SYSTEMS

- (1) The procedures for completion and transferral of the Health and Disability Form will be aligned to the Health System procedures to ensure barrier-free access to services and support.
- (2) The SIAS will be aligned to the Disability and Rehabilitation Policy of the Department of Health which will clearly delineate roles and responsibilities of staff in the Departments of Basic Education and Health respectively.
- (3) The assessment, procurement and management of assistive devices and technology will be determined by an integrated policy between the Department of Basic Education and the Department of Health.
- (4) The SIAS will be aligned to the Integrated School Health Programme.
- (5) Health professionals will be given an opportunity to complete their Community Service Year in the Education system in district offices, special, and ordinary schools.

6. ALIGNMENT TO SOCIAL SERVICES

- (1) District-based Support Services will collaborate closely with Social Services to ensure a seamless system of support to learners who experience psycho-social barriers and where the support required goes beyond school level.

7. ALIGNMENT TO THE CARE AND SUPPORT FOR TEACHING AND LEARNING PROGRAMME

- (1) The CSTL Programme intends to prevent and mitigate factors that have a negative impact on the enrolment, retention, performance and progression of vulnerable learners in schools by addressing barriers to learning and teaching.
- (2) In order to realise its goal, nine priority areas have been identified to address barriers to teaching and learning. These priority areas have been identified based on the policy and legislative mandate that the Department has to fulfil on care and support, as well as the most pressing needs in school communities. The priority areas are in line with the areas of support outlined in the SIAS Policy and are as follows:
 - (i) nutritional support
 - (ii) health promotion
 - (iii) infrastructure water and sanitation
 - (iv) safety and protection
 - (v) social welfare services
 - (vi) psychosocial support
 - (vii) material support
 - (viii) curriculum support
 - (ix) co-curricular support

CHAPTER 6

THE PROCESS OF SCREENING, IDENTIFICATION, ASSESSMENT FOR SUPPORT

1. 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 and guidance for support programmes
2. **THE INITIAL SCREENING GUIDED BY THE LEARNER PROFILE**
 - (1) The teacher must screen all children at admission as well as in the beginning of each phase and record their findings in the Learner Profile (LP). The following documents and reports should be used to gather information:
 - Admission form
 - Road to Health Card
 - Integrated School Health Programme reports
 - Year-end school reports (included in the Learner Profile)
 - Parent and/or stakeholder reports
 - The report(s) of the teacher(s) currently involved with the learner
 - (2) Areas in the Learner Profile marked with an asterisk, will indicate when the SNA1 should be started.
3. **IDENTIFYING AND ADDRESSING BARRIERS TO LEARNING AND DEVELOPMENT AT SCHOOL-LEVEL**
 - (1) When a learner has been identified through the initial screening as being vulnerable or at risk (as it was pointed out in the Learner Profile) it is the responsibility of the teacher to assume the role of a case manager who will drive the support process.
 - (2) The parent/caregiver and the learner (in the case of older learners) must be involved throughout in the decision making process of the SIAS. The teacher will be guided by the SIAS forms, starting with the completion of the Support Needs Assessment form 1 (**SNA1**). The teacher captures the following information in the SNA1 in collaboration with the parent/caregiver:
 - (a) The **areas of concern**: The teacher verifies his/her findings by discussing them with the parent/caregiver and also determines whether there has been any earlier intervention;

- (b) An inventory of the **strengths and needs** of the learner across a broad spectrum of areas is put together
 - (c) On the basis of the information gathered, an **action plan** is formulated to support the learner and a review date is set. Such plans should be reviewed at least once a term; and
 - (d) When the support given by the teacher proves to be ineffective he/she will involve the SBST by making an appointment and presenting the needs of the learner to the team for discussion.
- (3) The **SNA 2** form guides the School-based Support Team when a learner is referred to them:
- (a) A **review** is done of the teacher's identification of barriers and the interventions applied;
 - (b) A **plan of action** through which the teacher/school could strengthen the support (with the help of in-house specialists and/or teachers who have a wide range of experience) is formulated; and
 - (c) The support plan is captured and put into action. It must have a review date on which progress (or the lack thereof) will be discussed. On the review date the plan is adjusted and the SBST may decide that a higher level of support is needed in which case the DBST is asked to assist. Such plans should be reviewed *at least* once a term.

4. IDENTIFYING AND ADDRESSING BARRIERS TO LEARNING AND DEVELOPMENT AT DISTRICT LEVEL

- (1) The **SNA3** form guides the District Based Support Team (DBST) in their intervention strategy to:
- (a) **review** the action plan of the teacher and SBST and use the *Guidelines for Support*¹, the *Table to rate the level of support needed*² and the *Checklist to help determine the decision on how support is to be provided to the learner*.³ The DBST put a further action plan together for the learner⁴ and or school⁵ based on the information available. The plan will spell out a suitable support package and includes:
 - Planning and budgeting for additional support programmes determined in SNA 3

¹ See the DBST: GUIDELINES FOR SUPPORT in the SNA3

² See the DBST: TABLE TO RATE LEVEL OF SUPPORT in the SNA3

³ See the DBST CHECKLIST to help determine the decision on support to be provided to the learner in the SNA3

⁴ See the DBST: PLAN OF ACTION IN RELATION TO THE LEARNER in the SNA3

⁵ See the DBST: PLAN OF ACTION IN RELATION TO THE SCHOOL in the SNA3

- Resource and support service allocation to school and learner
- Training, counseling and mentoring of teachers and parents/legal caregivers
- Monitoring support provision
- Use the various tools attached as Annexures to the SIAS to help carry out their decisions

Table 1: Diagram of responsibilities

Forms	Filled in for whom?	Filled in by whom?
Road to Health Card, Reports from Health Screening (ISHP ⁶)	For all learners For learners who have an indication of vulnerability	Health Professionals (The class teacher captures all relevant information on the Learner Profile)
Learner Profile	All learners	Class teacher
Support Needs Assessment Form 1 (SNA1)	For learners • for whom additional support must be put in place from the outset, e.g. learners with disabilities (see also the Health and Disability Assessment Form) • who are identified in the course of teaching and learning as having additional support needs indicated via the Learner Profile	Class teacher or teacher who is tasked to be the case manager
Support Needs Assessment Form 2 (SNA 2)	For learners who have not benefited enough from the teacher's intervention and need additional support from the school's experienced and/or highly qualified teachers	School Based Support Team (SBST) consultation with the teacher and parents
Support Needs Assessment Form 3 (SNA 3)	For learners who need a high level of support from outside the school or placement at a full-Service/inclusive school or special school; or for the training of the school's staff to be able to support the learner.	DBST, in consultation with teacher(s) SBST, and parents
Health and Disability Assessment Form	For learners for whom additional support must be put in place from the outset, e.g. learners with disabilities or health conditions	Health Professionals as outlined in the form Submitted to SBST for information
Annexures	For learners who need a specific support intervention	DBST in consultation with teacher(s) SBST, and parents

CHAPTER 7

ROLE FUNCTIONS AND RESPONSIBILITIES

1. ROLE FUNCTIONS OF SCHOOL STAKEHOLDERS

- (1) *“School-based / Institution-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 and Inclusive Education and Training System, p. 33)
- (2) If there is no School-based Support Team (SBST)/ Institution-level Support Team (ILST) at a school, the District-based Support Teams (DBST) must assist to set it up. SBSTs need to support teachers and caregivers in this process by providing opportunities for regular, collaborative problem-solving of areas of concern, and facilitating the provision of support where needed. In each case a cycle of intervention and support by the teacher facilitated by the SBST needs to be implemented before additional support from outside the site of learning is requested.
- (3) To ensure effective intervention by the SBST, their role must be accommodated in timetabling.
- (4) 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/caregivers, enrolment in a facility where higher levels of support are available, may be considered. However, this option must 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 be applied in the admission 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.

2. THE FUNCTIONS OF THE SCHOOL-BASED SUPPORT TEAMS ARE TO:

- (1) Study the report provided by the teacher on barriers identified and support provided /implemented up to that point, and the impact of the support;
- (2) Assess support needed and develop a programme for teacher and parents;
- (3) Provide training/support to be implemented in the classroom if necessary;

- (4) Evaluate/monitor after the proposed programme has been implemented for a period agreed upon by SBST, teacher and parents. The kind of support to be provided will determine the length of a formal report which should be compiled by SBST;
- (5) Identify further School-Based Support assets and mobilise;
- (6) Encourage collegial support/peer support;
- (7) The core purpose of these teams is to support the teaching and learning process. Key functions that relate to teaching and learning include:
 - (a) Co-ordinating all learner, teacher, curriculum and school development support in the school. This includes linking the SBST to other school-based management structures and processes, or even integrating them in order to facilitate the co-ordination of activities and avoid duplication;
 - (b) Collectively identifying school needs and, in particular, barriers to learning at learner, teacher, curriculum and school levels;
 - (c) Collectively developing strategies to address these needs and barriers to learning. This should include a major focus on teacher development and parent consultation and support;
 - (d) Drawing in the resources needed, from within and outside the school, to address these challenges; and
 - (e) Monitoring and evaluating the work of the team within an 'action-reflection' framework.

3. COMPOSITION OF SCHOOL-BASED SUPPORT TEAMS

- (1) **It is the responsibility of the principal to establish the School-Based Support team and ensure that the team is functional and supported.** It is suggested, that the following people make up the core members of this team:
 - (a) Teachers involved with the teaching of the particular learner(s) who experience barriers to learning;
 - (b) Teachers with specialised skills and knowledge in areas such as learning support, life skills/guidance, or counselling;
 - (c) Teachers from the school: these could be teachers 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;
 - (d) Teachers who are involved directly in the management of the school: this could be the principal, the deputy principal or another member of the management team;
 - (e) Teachers on the staff who have particular expertise to offer around a specific need or challenge;
 - (f) Non-educators from the school: this includes administrative and care-taking staff;

- (g) 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'.
- (h) In addition to the above core team who would meet on a regular basis to 'problem-solve' particular concerns and challenges in the school, the following additional people could be brought into some of the SBST's meetings and processes to assist with particular challenges:
 - (i) Parents/Caregivers at early childhood centre or school levels: the inclusion of interested and specifically skilled parents would strengthen the team;
 - (ii) Specific members of the District-based Support Team (DBST), including special/resource schools;
 - (iii) Members of the local community who have a particular contribution to make to specific challenges; and
 - (iv) Teachers from other education schools, particularly from full-service schools and those that may be in a 'cluster' relationship with the school concerned.

4. THE ROLE OF THE SCHOOL-BASED SUPPORT TEAM IN THE SIAS PROCESS

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

5. EXTERNAL SOURCES OF SUPPORT

- (1) 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:
 - (i) Health Department/health care practitioners
 - (ii) Department of Social Development/social workers
 - (iii) NGO/DPO/HEI programmes
 - (iv) ECD service providers
 - (v) Special School/Resource Centre

6. DEPARTMENT OF HEALTH SERVICES AND HEALTH CARE PRACTITIONERS

- (1) 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.
- (2) 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 Organisations.
- (3) 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 **Disability and Health Assessment Form** and will be reviewed in line with information from SNA 1 and 2 on the form, to distinguish the different levels of support needed.
- (4) The call for formal health assessments will depend on whether previous assessments were carried out before the learner entered the school.
- (5) Parents may also choose to engage professionals privately to carry out assessments for a child who is at the school. Parents should be encouraged to make such information available within the SIAS process.

7. DEPARTMENT OF SOCIAL DEVELOPMENT/ SOCIAL WORKERS

- (1) The 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.
- (2) 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.

8. NON-GOVERNMENTAL ORGANISATIONS, DISABLED PEOPLE ORGANISATIONS AND HIGHER EDUCATION INSTITUTIONS

- (1) 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.

- (2) Disabled People 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 which 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 or Disabled People South Africa.
- (3) 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.
- (4) 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.

9. ECD SERVICE PROVIDERS

- (1) Early Childhood Development (ECD) providers consist of a range of service providers, such as public centres, community centres, or home-based services.
- (2) 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.
- (3) 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.
- (4) Most of these service providers know the children well and can provide useful information to the receiving school, regarding strategies that can be used to support the child in an educational setting.
- (5) An extension of early childhood development services, as envisaged in the Integrated National ECD Policy for training caregivers and educating parents to improve their knowledge and skills in interacting with young children, will play an important part in enhancing competencies to recognise and address barriers to learning.

- (6) Basic skills of practitioners working in community ECD centres must be expanded to include the knowledge and skills to recognise and address barriers to learning including disability.
- (7) 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.

10. THE ROLE OF TEACHERS AND PRACTITIONERS

- (1) The teacher'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.
- (2) 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.
- (3) The Learner Profile document will serve primarily as a tool for teachers to plan interventions and support on a day-to-day basis as part of the teaching and learning process.
- (4) Teachers must take care not to label learners who are identified for additional support, thereby promoting exclusionary practices.
- (5) 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.
- (6) The procedures outlined in the Guidelines for Responding to Diversity in the Classroom will assist teachers to plan support for individual learners who experience barriers to learning.
- (7) The support will include differentiation of content, adjustment of classroom methodologies and classroom environment and applying the necessary accommodations in assessment and examinations.
- (8) Once the teacher has exhausted all strategies, he/she will consult with the SBST.
- (9) 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, School Level Support teams and parents (Education White Paper 6, p. 7).

- (10) What is needed is a change in attitudes, behaviour, teaching methods, curricula and environments to meet the needs of all learners.
- (11) Maximising the participation of all learners in the culture and the curriculum of educational schools, and uncovering and minimising barriers to learning, are central objectives of screening, identification and assessment.
- (12) The teacher and all who are directly involved with the learner on a daily basis are expected to apply the SIAS process. The teacher must assume the role of case manager to drive the support 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.
- (13) The final ratification, monitoring and quality assurance of the support programmes will be the responsibility of the District-based Support Team (DBST).
- (14) The SIAS process (including the Learning Profile) 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.

11. DISTRICT-BASED SUPPORT TEAMS

- (1) The District-based Support Team forms a key component in the successful implementation of an inclusive education support system. This Policy gives 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.
- (2) The Policy is for all support staff in the District-based Support Team (DBST), including curriculum and school managers, human resource planning and development coordinators, social workers, therapists, psychologists and other health professionals, working within the school system.
- (3) The Policy is binding in terms of decision-making around any form of support provisioning to learners, schools and teachers.

12. THE ROLE OF PARENTS/CAREGIVERS⁷

- (1) Acknowledging the pivotal role of parents/caregivers in education and training is the key factor in the early identification of barriers. Parents'/caregivers' observations and comments can lead the teacher 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.
- (2) Parents/care givers should also be free to initiate contact with teachers 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.
- (3) 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.
- (4) 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.
- (5) The responsibility of parents/caregivers
 - i. Parents/caregivers need to take responsibility for the support of their children in the most inclusive setting possible.
 - ii. Parents/caregivers should be empowered to understand how the potential of their child can be optimally developed.
 - iii. They need access to information on the kinds of support needed by their child.
 - iv. They must know their rights in terms of accessing available support.
 - v. Parents/caregivers must make every effort to ensure that their child has access to an appropriate early intervention programme which is available in their area.
 - vi. 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.
 - vii. They must ensure that the relevant sections of the Support Needs Assessment are completed in respect of the child's needs.
 - viii. Documentation to be included in the application of the child can consist of any appropriate reports such as social or medical records, the Health and Disability Assessment Form, or reports from early intervention support providers.

⁷ This refers to any person or persons primarily responsible for the care and development of a child.

- ix. The local school must complete the relevant forms in consultation with the parent/caregiver.
- x. Parents/caregivers must 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.
- xi. Parent/caregiver participation in the SIAS process is not a matter of choice, but is compulsory

13. LEARNERS

- (1) Wherever possible, learners themselves should be involved in assessing their progression. Learners' own perceptions of themselves and their learning are crucial when identifying the need for support.
- (2) 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.
- (3) Consent should always be obtained from older learners who are being assessed and confidentiality should be adhered to.
- (4) 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/legal caregivers or learner.
- (5) In the screening and assessment process it is important for the teacher/school to:
 - (a) Obtain informed consent;
 - (b) 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;
 - (c) Work with learners and parents to reach agreement on how information is recorded, used and shared; and
 - (d) 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 on-going contact, review the consent regularly.

14. APPEAL BY PARENTS

- (1) Parents need to know that they have a right to appeal a decision taken by the SBST. The appeal can be made to the DBST, and must be responded to within three weeks.
- (2) A procedure for an accessible and user-friendly appeal process needs to be developed as part of this Policy.
- (3) Parents should be made aware that the focus is on overcoming barriers to learning.
- (4) They could contribute to this process through formal and informal meetings. They could assist by:
 - (a) Making all records for learner profile available when the need arises;
 - (b) Providing information regarding developmental history, health, home behaviour, emotional state, personality, etc.;
 - (c) Monitoring and reporting progress of the learner at home;
 - (d) Participating actively in all processes;
 - (e) Training and awareness raising; and
 - (f) 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.
- (5) Training of parents should therefore include:
 - (a) Conscientising parents and other community stakeholders to the messages of inclusive education;
 - (b) Understanding inclusive communities;
 - (c) Developing community networks; and
 - (d) Parent participation.

ANNEXURES

FORMS

LEARNER PROFILE

SNA 1: TEACHER ASSESSMENT AND INTERVENTION

Areas of concern
Teacher interventions/Support

SNA 2: SCHOOL-BASED SUPPORT TEAM'S (SBST'S) /INSTITUTION-LEVEL SUPPORT TEAM'S (ILST'S) ASSESSMENT OF SUPPORT NEEDS AND INTERVENTION

SBST: Plan of Action
SBST: Request for assistance from the District-Based Support Team (DBST)

SNA 3: DISTRICT BASED SUPPORT TEAM (DBST) INTERVENTION

DBST: Guidelines for Support
DBST: Table to rate level of support
DBST: Checklist to help determine the decision on support to be provided to the learner.
DBST: Plan of Action in relation to the learner
DBST: Plan of Action in relation to the school

ANNEXURES

- | | |
|--------------|---|
| ANNEXURE A1: | Request by parent/legal caregiver for placement/transfer of learner to a resource centre/special school to access a high level specialist support programme |
| ANNEXURE A2: | Application by the District Based Support Team for placement of learner |
| ANNEXURE B: | Application by the SBST/DBST for a Concession, Exemption or Endorsed NSC |
| ANNEXURE C: | Curriculum Differentiation Schedule |
| ANNEXURE D: | Health and Disability Assessment Form |



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

SUPPORT NEEDS ASSESSMENT FORM (SNA)

SNA 1 & 2: SCHOOL LEVEL

Surname and Names of Learner	DOB: 20.... / / (yy/mm/dd) ID No. LURITS/CEMIS No.
Name of School:	EMIS No.:

CONFIDENTIAL

**This is a confidential document that must be kept in the Learner
Profile**

CONTENTS

SNA 1: ASSESSMENT AND INTERVENTION BY TEACHER

AREAS OF CONCERN

STRENGTHS AND NEEDS OF THE LEARNER

- Communication
- Learning
- Behaviour and social competence
- Health, wellness and personal care
- Classroom
- School environment
- Family, home and community situation

TEACHER INTERVENTIONS/SUPPORT

Curriculum Intervention:

1. Differentiated curriculum content
2. Modified assessment
3. Teaching methods

Other interventions:

1. Learning environment
2. Physical environment was modified/adapted
3. Log of Parent/Legal Caregiver/Learner consultation(s)

SNA 2: ASSESSMENT AND INTERVENTION BY SCHOOL-BASED SUPPORT TEAM (SBST)

Review the teacher's:

- Identification of the barrier experienced
- Interventions provided by the teacher

SBST: Plan of Action

SBST: Request for assistance from the District-based Support Team (DBST)

SNA 3: ASSESSMENT AND INTERVENTION BY DISTRICT BASED SUPPORT TEAM (DBST)

Review the SBST's:

- Identification of the barrier experienced by the learner
- Interventions provided by the SBST

DBST: Guidelines for Support

DBST: Table to rate level of support

DBST: Checklist to help determine the decision on support to be provided to the learner

DBST: Plan of Action in relation to the learner

DBST: Plan of Action in relation to the school

ANNEXURES

- ANNEXURE A1: Request by parent/legal caregiver for placement/transfer of learner to a resource centre/special school to access a high level specialist support programme
- ANNEXURE A2: Application by the District Based Support Team for placement of learner
- ANNEXURE B: Application by the SBST/DBST for a Concession, Exemption or Endorsed NSC
- ANNEXURE C: Curriculum Differentiation Schedule
- ANNEXURE D: Health and Disability Assessment Form

SUPPORT NEEDS ASSESSMENT (SNA 1 & 2)

(School Level Intervention)

Both SNA 1 and 2 must be completed at school level

A Learner Profile, SNA 1 and SNA 2 will be required when support is requested from the District-based Support Team (DBST).

SNA 1: ASSESSMENT AND INTERVENTION BY TEACHER

- *To be completed by the class teacher and/or subject teachers if the learner is taught by more than one teacher*
- *To be completed if the Learner Profile or Screening Report or teacher observation shows that a learner has additional support needs*
- *Captures information that will be needed when support is requested from the School-based Support Team (SBST) by the teacher concerned*

1. AREAS OF CONCERN

Describe your concern about the learner.

When did you become aware of this? _____

How did you become aware of this – own observation or was it reported?

How is this observation currently affecting the learner's learning and development? Describe.

Has any disability been diagnosed by a healthcare professional?

(as captured in the *Medical and Health Assessment Form (Annexure D)*)

If Yes, complete the following and attach reports.

Healthcare Professional	Date of assessment	Summary of results

2. STRENGTHS AND NEEDS OF THE LEARNER

Indicate the strengths and needs of the learner by completing the sections below.

2.1 Communication:

- The learner's ability to understand what other people are saying as well as to express him/herself in a way that other people understand – receptive and expressive language

Strengths	Needs/At risk factors	Support needed

2.2 Learning:

- The learner's ability to participate satisfactorily on grade level regarding subject content and assessment

Strengths	Needs/At risk factors	Support needed

2.3 Behaviour and social competence:

- The learner's ability to interact and work with other learners, as well as follow classroom routines

Strengths	Needs/At risk factors	Support needed

2.4 Health, wellness and personal care:

- The learner's physical appearance (looking healthy, clean, well-fed), emotional well-being and health status (consult School Health Screening Report/Road to Health Card)

Strengths	Needs/At risk factors	Support needed

2.5 Classroom and school:

- Factors within the classroom and school environment (**policies, ethos, attitudes, skills, resources, safety, etc.**) that are impacting on the learner's effective participation in the learning process and programmes offered at the school

Strengths	Needs/At risk factors	Support needed

2.6 Family, home and community situation:

- Factors that may be impacting on the learner's ability to achieve satisfactorily at school (e.g. family structure, family stability, biological parents, siblings, other significant adults, orphan, child-headed household, number of schools attended, homeless, in foster care, refugee, immigrant, substance abuse, domestic violence, divorce, neglect, disabled/ill parents, poverty stricken home background)

Strengths	Needs/At risk factors	Support needed

3 TEACHER INTERVENTIONS/SUPPORT

3.1 Curriculum Intervention:

What curriculum interventions have you as teacher implemented to address your concerns?

3.1.1 Comment/explain how the **curriculum content was differentiated**, e.g. taking into account that every learner should have access to the grade level teaching and assessment best suited to his/her needs: were the learner's needs met by a differentiated curriculum? Did the learner's abilities determine what is expected of him/her without discrimination? Etc.

Successes	Challenges

3.1.2 Comment on how **teaching methods** were adapted/differentiated, e.g. how classroom management was changed to accommodate learners working at different levels of knowledge; how activities were modified to ensure that they are meaningful; how a range of graded materials was used, material was modified to allow for a learner's disability for instance; how the presentation was modified (e.g. by using pictures/pictures with descriptions/explanations etc.)

Successes	Challenges

3.1.3 Comment on how the **assessment** was modified e.g. by organising the learner's tasks, using different methods of assessment, without compromising the curriculum standards.

Successes	Challenges

3.2 What interventions have you as a teacher implemented in the **learning environment**

(classroom/school) to address your observations and concerns about the learner?

Comment, for example, on how the following was modified: classroom management (e.g. culture/class rules/attitudes/awareness of disabilities); playground management, e.g. buddy system, etc.

Successes	Challenges

3.3 Comment on how the **physical environment** was modified/adapted

E.g. the seating arrangement of the learner was changed to limit distractions, use of flexible grouping(s) to accommodate learner, the environment was made wheelchair friendly etc.

Successes	Challenges

3.4 Any additional comments that you want to make about the barrier(s) to learning experienced by the learner, the support/interventions provided and continuing challenges that are experienced.

3.5 What additional support/intervention do you as a teacher require from the School-based Support Team (skills, resources, knowledge about curriculum differentiation (both in teaching and assessing)?

3.6 Schedule/Log of consultation(s) with: Parent/Legal Guardian/Caregiver/Learner himself or herself.

Date	Purpose	Outcome

3.7 Views expressed by Parent/Legal Guardian/Caregiver/Learner during the consultation(s):

Name of Teacher/ Manager:		Signature:	Date: 20... / ... / ... (yy/m/d)
Name of Parent / Legal Caregiver:		Signature:	Date: 20... / ... / ... (yy/m/d)
Name of Learner:		Signature:	Date: 20... / ... / ... (yy/m/d)

SNA 2: ASSESSMENT AND INTERVENTION BY SCHOOL-BASED SUPPORT TEAM (SBST)

- To be completed by the SBST in consultation with the teacher
- To be completed when requesting support from the DBST by the school

1. REVIEW

SBST reviews the information provided by the teacher: Section 1, supporting documents, verbal reporting.

- 1.1 Does the SBST agree with the teacher's **identification** of the learner's barrier(s) to learning, strengths and needs/challenges? If not, provide comments:

YES		NO		Comments:

- 1.2 Does the SBST agree with the teacher's **support** to deal with the barrier(s) to learning? If not, provide comments or suggest alternative support:

YES		NO		Comments:

**SUMMARY OF IDENTIFIED BARRIERS TO LEARNING AND SUPPORT
THAT WAS/IS/WILL BE PROVIDED, BY SBST**

2. PLAN OF ACTION OF SCHOOL-BASED SUPPORT TEAM (SBST)

Select the area(s) in which the support programme(s) will be provided: Communication; Learning; Behaviour and Social Competence; Health, Wellness and Personal Care; Classroom and School; Family, home and community; Teacher Development/Training

[illegible]

3. REQUEST FOR SUPPORT FROM THE DISTRICT BASED SUPPORT TEAM (DBST), BY SBST

- To be completed when requesting support from the DBST
- Attach copies of Learner Profile and all other relevant supporting documents

State reasons why support is needed from the DBST:

Name of SBST

Co-ordinator: Signature: Date: 20... / ... / ...(yy/m/d)

PARENT/LEGAL CAREGIVER SUPPORTS REQUEST FOR DBST ASSISTANCE		Yes	No
Comment:			
Date:		Signature of Parent/Legal Caregiver:	

PRINCIPAL'S PROFESSIONAL JUDGEMENT ON REQUEST FOR SUPPORT FROM DBST			
Request supported		Yes	No
Reason for decision and recommendation:			
Name of Principal:		Signature:	Date: 20... / ... / ...(yy/m/d)



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

SUPPORT NEEDS ASSESSMENT FORM

SNA 3: DISTRICT-BASED SUPPORT TEAM (DBST) LEVEL

Name of School:	EMIS no.:
Name of Learner (Surname and Name)	DOB: / / 20.... ID No LURITS/CEMIS no.

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SNA 3: DISTRICT-BASED SUPPORT TEAM (DBST) INTERVENTION

REVIEW:

- Review the information and supporting documents given in SNA 1 & 2 and discuss it with the SBST. Does the DBST agree with the SBST's **identification of the barrier** experienced by the learner?

YES		NO		Comment:

- Review the **interventions** provided by the SBST to address the identified barrier/s experienced by the learner. Have **appropriate interventions** been taken?

YES		NO		Comment:

DBST: GUIDELINES FOR SUPPORT

When determining the support package for the learner or school, the DBST must use the following guidelines:

- The learner has a right to be supported in his/her current school or the school closest to his/her home
- Irrespective of the level of support required, every effort should be made to make the support available to the learner in his/her current/closest school.
- The DBST may consider accessing Outreach Programmes from Full Service Schools (FSS) and Special School / Resource Centres (SSRC)
- The outplacement of the learner to an alternative setting to access a specialised support programme, should be the last resort.

DBST: TABLE TO RATE LEVEL OF SUPPORT

Use the table below to rate the level of support to be provided to the learner and the school and include in the DBST action plan):

LOW	Specialist Support: - Provision of any specialist intervention from either other teachers/specialists from within the school or surrounding schools; SBST or DBST or from the schools network of stakeholders. Such interventions can be accommodated within the schools budget and regular organisation of the school/classroom. The minimum frequency of this intervention should be at least once or twice a term. E.g. consultation with SBST or with specialists within the DBST or assistance of the Learning Support Teachers. Curriculum and Assessment: - Curriculum and assessment adjustments required to allow learners at multiple levels of functioning to access the curriculum and assessment tasks best suited to his/her needs. (in terms of Chapter 9 of the assessment protocol). Such accommodations can be managed at school or classroom level. The frequency of intervention by DBST to monitor implementation at school level should be at least quarterly. Specialised Learning and Teaching Support Material (LTSM) and other Resources to ensure access: - Adapted LTSM or portable assistive devices which can be accommodated into the LTSM budget of the school. - Once-off physical adjustments or upgrades to the school buildings to broaden access. Such adjustments must be accommodated using the school's budget. Training/Orientation of staff: - Once off or short-term programme (below 10 sessions) for management and staff on issues of support (nature and strategies), awareness programmes and policy implementation. These training/orientation sessions can be provided by either other teachers/specialists from within the school or surrounding schools; SBST or DBST or from the school's network of stakeholders. These training programmes can be accommodated within the schools budget and regular organisation of the school/classroom
MODERATE	Specialist Support: - Provision of transversal teams (specialist support) at Circuit and District level. Such support is required at least once a month for a short-term period (1 year) thereafter a minimum of one consultation per quarter. - To accommodate the services that are not available to the school or within the District that are sourced outside the Department or outside the school's network of stakeholders. These services are required at least once a month for a short-term period (1 year) thereafter a minimum of one consultation per quarter and are provided as part of the school's in-house and out-reach support programme. These programmes can be accommodated at school level but would require funding as part of the school's Inclusive Education allocation. Curriculum and Assessment: - Adjustments needed to the curriculum, assessment tasks and LTSM that involve additional planning time by the teacher, inputs from curriculum and assessment advisors, resources and monitoring by SBST and DBST. Monitoring by DBST should be at least twice a year. Such adjustments can be processed/facilitated through departmental policy, processes and practices but resourcing will be required to accommodate extra staff provisioning for planning and supporting such adjustments. Specialised LTSM and other resources to ensure access: - Specialised LTSM or devices (portable) that can be accessed through Full-Service Schools, Special School Resource Centres, or the Department of Health. Access to such devices is required daily by the learner. Such resources must also be made available as part of the school's loan system and outreach programme. Resourcing within the school's inclusive education allocation needs to cover the cost of purchasing, maintaining and repairing such resources. Training / Orientation of staff: - Short (fewer than 10 sessions) to long (more than 10 sessions) term training and outreach programmes for management and teachers on issues of support (nature and strategies), awareness programmes and policy implementation provided by the school's network of stakeholders or specialists outside the Department. These training programmes can be accommodated within the schools but require resourcing in the inclusive allocation.

HIGH	Specialist Support: • Access to a range of support specialists (specialist teachers, Occupational Therapist, Speech Therapist, Physiotherapist, mobility and orientation therapists, Psychologist, Nurse, Class assistants, etc.) required daily or weekly and to be available full-time on site • Daily individual or small group support and/or supervision by an adult • Small class size (teacher learner ratio) • Access to such high specialist support needs to be planned, budgeted and programmed for as part of the Post Provisioning Model Curriculum and Assessment: • Standard provision of complex and on-going adjustments of the regular curriculum programme. • Standard provision for the implementation of a differentiated curriculum • Standard provision for the implementation of assessment concessions Specialised LTSM and other Resourcing to ensure access: • Specialised and individualised assistive devices that are fixed or can only be accessed through an FSS and/or SSRC and needs on-going monitoring, maintenance and adjustment • On-going use of the devices requires technical support • Permanent specialised facilities and programmes to be in place Training/Orientation of staff: • Intensive induction programmes for staff to master competencies that are required in the programme • On-going specialist mentoring and training of staff needed • Training programmes are sourced within departmental structures or externally
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DBST CHECKLIST to help determine the decision on support to be provided to the learner. This must be used and motivated in the **DBST Action Plan**

Support needed from/by:	Support to be provided	Frequency of Provision	Source
Psychological, Social, Therapeutic and Learning Support Services	☐ Psychologist ☐ Occupational therapist ☐ Physiotherapist ☐ Speech language therapist ☐ Audiologist ☐ Learning support teacher ☐ Counsellor ☐ Social worker ☐ Nurse ☐ Other: 	☐ Daily ☐ Weekly ☐ Once per month ☐ Once per term ☐ Twice per annum ☐ Once a year	☐ School budget ☐ Full-service School outreach ☐ Special school resource centre outreach ☐ District advisory service ☐ Outside Source ☐ Outplacement
Curriculum and Assessment Support	☐ Input from curriculum advisors ☐ Inputs from learning support service ☐ Inputs from exams ☐ Granting of Accommodations/ Adapted Assessment (See Annexure B) ☐ Sign Language instruction ☐ Orientation and mobility instruction ☐ Braille instruction and books ☐ Sign Language instruction ☐ Sign Language interpretation ☐ Differentiated curriculum (straddling) (See Annexure C) ☐ Other: 	☐ Daily ☐ Weekly ☐ Once per month ☐ Once per term ☐ Twice per annum ☐ Once a year	☐ School budget, ☐ Full-service school outreach ☐ Special school resource centre outreach ☐ District advisory service ☐ Outside source ☐ Outplacement

Specialised LTSM and Devices	☐ Braille textbooks and materials ☐ Large print ☐ Individual assistive device ☐ Adapted activity sheets ☐ Physical access at site level ☐ Other:	☐ Daily ☐ Weekly ☐ Once per month ☐ Once per term ☐ Twice per annum ☐ Once a year	☐ School budget, ☐ Loan from full-service school ☐ Loan from special school resource centre ☐ District advisory service ☐ Outside source ☐ Outplacement
Training/ Orientation of school staff	☐ School Management Team ☐ School Governing Body ☐ Teacher ☐ School Support Team ☐ Other:	☐ Once off ☐ Periodically ☐ Monthly mentoring and consultation ☐ Mentoring Once per term ☐ Mentoring Twice per annum ☐ Mentoring Once a year	☐ School budget, ☐ Full-service school outreach ☐ Special school resource centre outreach ☐ District advisory service ☐ Outside source

DBST: PLAN OF ACTION IN RELATION TO THE LEARNER:

[illegible]

DBST: PLAN OF ACTION IN RELATION TO THE SCHOOL:

SUMMARY OF SCHOOL NEEDS	WHAT SCHOOL HAS	WHAT SCHOOL NEEDS
Support needs assessment		
1. Staffing		
2. Assistive devices		
3. Curriculum differentiation		
4. Human resource development		
☐ Whole school development		
☐ SMT training		
☐ SBST training		
☐ Teacher development		
☐ Learner Representative Council development		
☐ Specialised support staff development		
☐ Parent development		
☐ Physical access at site level		
Other (Specify)		
☐ Conclusion / recommendation		

PARENT SUPPORTS DBST'S RECOMMENDATIONS		Yes	No
Comment:			
Date:		Signature of Parent/Legal Caregiver:	

DISTRICT/CIRCUIT MANAGER ENDORSES DBST'S RECOMMENDATIONS		Yes	No
Reason for decision and recommendation:			
Date: Signature:			

ANNEXURES

ANNEXURE A1: Request by parent/legal caregiver for placement/transfer of learner to a resource centre/special school to access a high level specialist support programme

(This section must be completed by the Parent/Legal Caregiver/Guardian)

I,.....the Parent / Legal Caregiver / guardian of
(initials and surname)

..... who is at present attending the
(name and surname of learner)

.....
(school),

request the Education Department to transfer my child to

.....
(resource centre/special school/programme)

for the purpose of accessing the

..... programme.

=====

I agree that the said child may remain in the identified school/programme for as long as this level of support is needed and I realise that filling in this form does not guarantee placement in a Special School/Resource Centre.

..... 20 / /
Signature of Parent/Legal Caregiver Date

Witnesses 1. 2.

ANNEXURE A2: Application by the district based support team for **placement** of learner at a resource centre / special school / full service school to access a high level support programme

Attach a copy of the Learner Profile, SIAS 1 – 3, the original Parent/Legal Caregiver Request Form (Annexure A1) and send to the District Central Admissions Committee

DISTRICT / CIRCUIT	1. Initials and surname of learner			
	2. Reason for referral and support programme to be accessed			
	3. Name of current school or institution			
	4. Name of District/Circuit that refers learner			
	5. Name of the District/Circuit where the learner must be placed			
	6. Name of Full Service School/Special School/Resource Centre where learner should be placed			
	7. Motivate the choice of this specific school/programme if the learner will not be attending the facility closest to the learner's residential address			
	8. Does the learner require hostel accommodation? (Circle your choice)		Yes	No
DBST CO-ORDINATOR	Indicate why the recommended support action plan cannot be implemented within the mainstream			
	 Signature of DBST Co-ordinator Initials and surname (print) 20.... / / Date			
DISTRICT CENTRAL ADMISSIONS COMMITTEE				
DISTRICT DIRECTOR	Approved	Y	N	If no, provide alternative recommendation:
	Signature		Date	20 / /

ANNEXURE B: Application by the SBST/DBST for a **Concession, Exemption or Endorsed NSC** to alleviate the learning barrier experienced by the learner

SCHOOL: _____

LEARNER: _____ GRADE: _____

Attach a copy of the Learner Profile and SNA 1 – 3 as background information when applying to the relevant district/provincial structure. Please follow your provincial guidelines in terms of extra information and documentation needed.

LIST OF CONCESSION(S)/EXEMPTIONS YOU ARE APPLYING FOR:

(Mark your choice with an X)

TYPE OF ACCOMMODATION REQUESTED	SUBJECTS								
Adaptation of questions									
Additional Time									
Digital Player/Recorder									
Braille									
Computer/voice to text/text to voice									
Enlarged Print									
Handwriting									
Medication/food intake									
Oral examination									
Personal assistant									
Prompter									
Reader									
Rest breaks									
Scribe									
Separate venue									
Sign Language interpreter									
Spelling									
Transcription of Braille									
Video/DVD recorder/webcam									
Other e.g. :									

Endorsed NSC									
Exemption of a language (immigrant/refugee learner with a study permit)						Language:			

VERIFIED AND SUPPORTED	SURNAME, INITIALS (PRINT)	SIGNATURE	DATE
Parent/Legal Caregiver			20.... / /
Learner (if applicable)			20.... / /
SBST co-ordinator			20.... / /
Principal			20.... / /
DBST co-ordinator			20.... / /
APPROVAL:			
District Office Official			20.... / /
Provincial Official			20.... / /

ANNEXURE C: CURRICULUM DIFFERENTIATION SCHEDULE

To report on the learner's functioning level to alleviate the barrier to learning the learner is experiencing

This schedule can be used after a learner who needs differentiation was assessed and s/he function more than a grade below his/her age cohort in the curriculum, to track his/her progression.

Name of Learner: Date: / / 20....

CURRICULUM DIFFERENTIATION (STRADDLING)					
Quarterly report of the functioning levels of the learner within the curriculum (<i>only for learners up to Gr 9 who, in spite of MT, still do not progress satisfactorily.</i>)					
SUBJECTS	Key:	G: Current grade level of work / C: Code awarded on this level			
	↓	Term 1	Term 2	Term 3	Term 4
Home Language/Literacy	G				
	C				
First Additional Language/Literacy	G				
	C				
Mathematics/Numeracy	G				
	C				
Life Orientation/Life Skills	G				
	C				
Natural Sciences	G				
	C				
Social Sciences	G				
	C				
Technology	G				
	C				
Economic and Management Sciences	G				
	C				
Arts and Culture	G				
	C				
Signatures:					
Principal					
SBST Coordinator					
Parent/Legal Caregiver					
DBST Co-ordinator					

- To be completed by the **Health Professional** for learners who experience medical/physical/sensory/psychological and emotional barriers to learning.
- Learners will be referred to a health professional by the School-based Support Team (SBST) and/or the District-based Support Team (DBST) for further assessment to determine the nature of the disability/health condition.

PART A: PROCEDURE

- PART B: LEARNER AND PRACTITIONER INFORMATION**

PART C: DIAGNOSTIC SECTION

PART D: DECLARATIONS AND RECOMMENDATIONS FOR INTERVENTIONS AND SUPPORT

NB. Please note that this form may not be completed by the teacher

Please write legibly

NAME OF LEARNER:	DATE OF BIRTH: / /
PRESENT SCHOOL:	ASSESSMENT DATE: / /
PATIENT NUMBER:	MALE / FEMALE M/F
ASSESSED BY:	PROFESSION:
FACILITY/PRACTICE:	TELEPHONE NUMBER/S:
MEDICAL HISTORY OR BACKGROUND OF LEARNER/PATIENT:	

C. DIAGNOSTIC CRITERIA

Notes for the health-care professional completing the form	PRACTITIONERS	
* Learners who have been screened through the health system, their parents, the school (SBST) or the District-based Support Team (DBST) and suspected to have a disability and/or health condition need to be referred for further assessment by a health-care professional. * The purpose of such an assessment is to obtain information on the impact of the disability and/or medical condition on the learner's ability to participate meaningfully and productively in the learning process. * Recommendations should be made on the medical/health interventions and support required by the learner. * In accordance with the definition of the Convention on the Rights of Persons with Disabilities (CRPD), persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. * “Moderate to severe limitation”, in the context of disability means a significant restriction on a person's ability to function or perform one or more basic daily activities after maximum correction, except where indicated. Maximum correction in this context means appropriate therapy, medication, educational and personal support and use of devices. * The diagnostic criteria seek to assess the functional impact of the impairment on a learner's ability to perform daily activities and participate in learning. * Please complete the section(s) that apply to your patient/client and falls within your scope of practice.	Disability/ Medical Condition	Duly registered health professional specially trained to deal with condition
	Vision (including eye conditions)	Professional trained in the assessment of vision function in children using specialised assessment tests which at least include LogMAR charts, contrast sensitivity charts and near vision charts (e.g. an optometrist or primary health-care nurse practitioner)
	Hearing (including ear conditions)	Professional trained to perform or conduct a battery of the diagnostic audiometry tests (e.g. Audiologist)
	Physical	Physiotherapist or occupational therapist, medical practitioner and relevant specialists
	Communication	Speech-language therapist, audiologist
	Intellectual	Clinical psychologist, educational psychologist, counselling psychologist, psychiatrist, paediatrician
	Mental	Psychiatrist, clinical psychologist, counselling psychologist, medical practitioner, paediatrician.
	Chronic health condition	Medical practitioner, professional nurse, paediatrician, physiotherapist.

Chronic Health Condition

Condition Diagnosed*: _____

The condition of the learner impacts on his functioning in school in the following areas:

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	School attendance	
☐	Administration of medication and access to medical supplies	
☐	Learning and concentration	
☐	Endurance	
☐	Interpersonal relationships	
☐	Personal care	
☐	Obesity or malnutrition	
☐	Pain	

Notes:

A chronic condition refers to a condition that continues or persists and will require management over an extended period of time and can include:

- Non communicable diseases (diabetes, hypertension, asthma)
- Persistent communicable diseases (HIV & TB)
- Long term mental disorders
- Persistent physical impairments (stroke)

Is the health condition of the learner you have assessed in accordance with the criteria above?	YES	NO
When did your patient meet the above criteria for the first time?	YY/MM/DD	

Mobility

Condition Diagnosed*: _____

- A learner is regarded as a learner with a physical/mobility impairment if he/she experiences activity limitations and participation restrictions in at least two of the domains of gross mobility, fine mobility, self-care and communication, e.g. the learner:

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	Is unable to walk, for example, wheelchair user	

☐	Is only able to walk with the use of assistive devices, for example, callipers, crutches, walking frames and other such devices	
☐	Is able to walk without the use of assistive devices but with a degree of difficulty, for example, learners with cerebral palsy	
☐	Is functionally limited in the use of their upper limbs	
☐	Has a fine mobility restriction	
☐	Has a communication restriction	
☐	Needs assistance with personal care	

Notes:

- Areas in which support can be provided are provision of assistive technology, accessible environment, educational or physical support by peers, teacher, personal assistant or therapist, etc.
- How frequently must support of the above nature be available?

Is the impairment of the learner you have assessed in accordance with the criteria above?	YES	NO
When did your patient meet the above criteria for the first time?	YY/MM/DD	

Mental Illness/Mental Disorder/Behaviour

Condition Diagnosed*: _____

With the exclusion of intellectual disability, a learner is regarded to be a learner with a mental disability if he or she has been diagnosed, in terms of accepted diagnostic criteria (Diagnostic and Statistical Manual IV-TR (DSM-IV-TR) or ICD10) by a mental health-care practitioner authorised to make such diagnosis:

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	A mental impairment that disrupts daily functioning	
☐	An impairment that moderately or severely interferes or limits the performance of major life activities, such as learning, thinking, communicating	
☐	Impairment that interferes with sleeping	
☐	Impairment that interferes with socialisation	
☐	An impairment that limits cooperation	
☐	Effect of medication limits participation	
☐	Conditions that requires access to medication	

☐	Impairment which results in serious behaviour challenges	
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Notes:

- Moderate impairment means a Global Assessment Functioning Score (GAF-Score) between 31 and 60; and
- Severe impairment means GAF-Score of 30 and below.
- Support recommended: educational, social or psychological support by peers, teacher, social worker, psychologist or counsellor, etc.
- Sensitisation of teachers and peers required to support and accommodate learner.

Is the learner you have assessed in accordance with the criteria above?	YES	NO
When did your patient meet the above criteria for the first time?	YY/MM/DD	

Developmental Functioning/Learning Disability/Intellectual Disability

Condition Diagnosed*: _____

A person is regarded to be a person with an intellectual disability if he or she has a moderate to severe impairment in intellectual functioning that is accompanied by a significant limitation in adaptive functioning in at least two of the following skill areas:

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	Communication	
☐	Self-care	
☐	Social/interpersonal skills	
☐	Self-direction impacting on independence at school	
☐	Functional cognitive skills	
☐	Concentration, leisure, health and safety	

Notes:

- An IQ test is not a recommendation but could be administered to determine the actual academic ability of the learner for support planning purposes, provided that the test being used has been standardized in his/her home language
- Support recommended: remedial interventions, assistive technology, adapted learning and teaching support Materials, educational or physical support by peers, teacher, personal assistant or therapist, etc.

Is the impairment of the learner you have assessed in accordance with the criteria above?	YES	NO
When did your patient meet the above criteria for the first time?	YY/MM/DD	

Vision

Condition Diagnosed*: _____

The minimum requirement for a learner to be classified as a visually impaired learner is as follows:

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	Visual acuity in the better eye with best possible correction, less than 6/12 (0.3). <3/60 Snellen in the better eye, after maximum correction, constitutes blind 6/60 to 3/60 Snellen in the better eye = severe visual loss (partially sighted learner, sometimes considered blind, depending on complicating specific eye conditions)	
☐	Visual Field 10 degrees or less around central fixation. 6/6 – 6/18 = normal vision 6/18 to 6/60 Snellen = moderate visual loss (partially sighted learner);	

Notes:

- “6/18” means that what a person with normal vision can read at 18 metres, the person being tested can only read at 6 metres.
- “Best possible correction” refers to the position after a person’s vision has been corrected by means of spectacles, contact lenses or intraocular (implanted) lenses.
- Support recommended: assistive technology, adapted LTSM, orientation and mobility or Braille instruction, educational or physical support by peers, teacher, assistant, ophthalmic nurse or therapist, etc.

Is the learner you have assessed in accordance with the criteria above?	YES	NO
When did your patient meet the above criteria for the first time?	YY/MM/DD	

Communication

Condition Diagnosed*: _____

A learner is regarded as having a moderate to severe communication disability if he or she has any one or a combination of the following, which even with appropriate therapy, medication and devices, substantially limits (that is, more than inconvenient or bothersome) one or more major life activity below age-appropriate:

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	Inability to make him/herself understood to familiar communication partners using speech in a quiet setting	
☐	Inability to make him/herself understood, to familiar and or non-familiar communication partners and to meet communication needs as appropriate for his/her age by using speech, in less than 30 intelligible words	
☐	Problems in understanding meaningful language by familiar communication partners that lead to substantial difficulty in communicating	

☐	Relying on augmentative or alternative communication (AAC), including unaided (Sign language or other manual signs)	
☐	Aided means of communication (ranging from communication boards to speech generating devices)	

Notes

Support recommended: assistive technology, educational support by peers, teacher, interpreter or therapist, etc.

Is the learner you have assessed in accordance with the criteria above?	YES	NO
When did your patient meet the above criteria for the first time?	YY/MM/DD	

Hearing

Condition Diagnosed*: _____

Hearing disability is defined as the functional limitations resulting from a hearing impairment. Hearing impairment is a sensory impairment that will influence verbal communication between speaker and listener.

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	Deaf: Hearing loss without the use of amplification device/s: - Bilateral hearing loss with a pure tone average equal to or greater than 25 dBHL in each ear. - Unilateral hearing loss with pure tone average equal to or greater than 40 dBHL in the affected ear.	
☐	Moderate hearing loss without use of amplification device/s: - Bilateral hearing loss with a pure tone average greater than 15 dBHL in each ear; - Unilateral hearing loss with a pure tone average equal to or greater than 20 dBHL in the affected ear.	
☐	Chronic otitis media	

Notes:

- Hearing impairment is an abnormal or reduced function in hearing resulting from several causes.
- A child is a person between the ages of 0 to 18 years.
- Amplification devices include hearing aids, bone conductors, implantable devices and assistive listening devices.
- Pure Tone Average (PTA): average of hearing sensitivity thresholds (in decibel hearing level) to pure tone signals at 500 Hz & 1000.
- Hz, 2 000 Hz & 4 000 Hz of each ear.
- Bilateral hearing loss is a hearing sensitivity loss in both ears.
- Unilateral hearing loss is a hearing sensitivity loss in one ear only.

Is the learner you have assessed in accordance with the criteria above?	YES	NO
When did your patient meet the above criteria for the first time?	YY/MM/DD	

D. RECOMMENDATIONS BY HEALTH-CARE PROFESSIONAL				
Summary of conditions diagnosed:				
Overall recommendations for support to be provided at school level:				
Specific interventions required by the learner:				
Medication/ medical examination		Assistive devices and consumables		Psycho-social support and counselling
Physiotherapy		Occupational therapy		Family/caregiver support and counselling
Speech language therapy and/or audiology		Psychotherapy		Other

FURTHER NEEDED:	REFERRAL	☐	☐	☐	☐
		Yes		No	

Describe/Explain	

**EFFECT OF MEDICAL CONDITION OR DISABILITY ON PATIENT'S ABILITY TO LEARN
IN A SCHOOL (mark your choice with an X):**

None / minimal		Moderate		High	
<i>Learner ought to cope in an unmodified school environment with recommended assistive devices</i>		<i>Will be able to cope in a slightly modified school environment and may need assistive devices</i>		<i>Will only be able to cope in a modified school environment (modified toilets / ramps / ground level classrooms etc.)</i>	
<i>Learner needs a low level of support in school environment</i>		<i>Needs occasional therapy/treatment/support</i>		<i>Needs frequent, high level of treatment/therapy/support by a medical professional</i>	

Explain your choice	

E. DECLARATION BY HEALTH CARE PROFESSIONAL

PLEASE ATTACH DETAILED REPORTS WHERE APPLICABLE

Signature: Date: 20 / /

Initials and surname (print):Tel no.:

F. HEALTH-CARE PROFESSIONAL WHO COMPILED THE REPORT

PLEASE ATTACH DETAILED REPORTS WHERE APPLICABLE

Signature:Date: 20 / /

Initials and surname (print):Tel no.:

G. PARENT/LEGAL CAREGIVER'S PERMISSION TO SHARE INFORMATION

I hereby give permission to dispose this report, which was discussed with me, to the school or other relevant professionals for the benefit of my child.

Signature of parent/ legal caregiver: Date: 20 / /

Print name: Tel. no.

COMMENT: