



Ministry of Education

# A Teacher's Guide to **Disability-Inclusive Education in Fiji**

This Guide is part of the Toolkit for Disability-Inclusive Education - Fiji



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Prepared by the Ministry of Education and funded by the Australian Government.







# Acknowledgements

*A Teacher's Guide to Disability-Inclusive Education in Fiji* is the main document within the *Toolkit for Disability-Inclusive Education - Fiji*.

The first handbook was developed in 2015. This updated edition encompasses knowledge gathered over the past seven years by the Ministry of Education (MoE) and schools implementing disability-inclusive education.

Special thanks for contributions and reviews from: Western Division Allied Health Team (Australian Volunteers for International Development) 2015-2016, Suzanne Hopf, Sarah Masso, Joanne Webber, Jenny Finemore, Gabriel Fuller, Umesh Sharma, Rebekah McCullough, Lanieta Tuimabu (Disability Inclusion specialist), Seema Naidu (GEDSI advisor), Carol Young (Gender specialist), Michelle King (Literacy & Numeracy specialist) and participants at a national consultation on special and inclusive education in Suva, May 2022.

The following special educators in Fiji played an instrumental role in reviewing and contributing to the Guide: Kailash Pillay (Lautoka School for Special Education), Mereoni aDaveta, Kitone Ravulo, Jone Robanakadavu (Fiji Technical Vocational Training Centre), Bishwa Sidal (Fiji Special Olympics), Makereta Musukasau, Akanisi Vueti, Elenoa Vunitabua, Ana Tuiova (Ba School for Special Education), Shiromani Felix, Fairul Shaheed, Nanise Ravisa, Paulo Vueti, Saleshe Deo (Senior Education Officer - SIE), Alumeci Seruisavou (Curriculum specialist – SIE), staff of Nadi Centre for Special Education, Lautoka School for Special Education and Ba School for Special Education.

For more information, please contact MoE Special and Inclusive Education Unit. <http://www.education.gov.fj/contacts/>

Authors: Beth Sprunt, Merelesita Qeleni, Jennifer McAleer, Sally Baker, Loretta David, Jovesa Korovulavula, Megan Steele and Litea Naliva.

Citation: Sprunt, B., Qeleni, M., McAleer, J., Baker, S., David, L., Korovulavula, J., Steele, M., & Naliva, L. (2023). *A Teacher's Guide to Disability-Inclusive Education in Fiji*. In: *Toolkit for Disability-Inclusive Education – Fiji*. Ministry of Education, Suva, Fiji.







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# Acronyms

<b>ADHD</b>	Attention Deficit and Hyperactivity Disorder
<b>AQEP</b>	Access to Quality Education Program
<b>ASD</b>	Autism Spectrum Disorder
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>CRT</b>	Culturally Relevant Teaching
<b>ECD</b>	Early Childhood Development
<b>ECE</b>	Early Childhood Education
<b>FALD</b>	Foundation Areas of Learning and Development
<b>FEMIS</b>	Fiji Education Management Information System
<b>HITS</b>	High Impact Teaching Strategies
<b>ICF</b>	International Classification of Functioning, Disability and Health
<b>IEP</b>	Individualised Education Plan
<b>JAWS</b>	“Job Access With Speech” screen reader software
<b>MCH</b>	Maternal Child Health
<b>MoE</b>	Ministry of Education
<b>NCF</b>	National Curriculum Framework
<b>NVDA</b>	“NonVisual Desktop Access” screen reader software
<b>PacREF</b>	Pacific Regional Education Framework
<b>PRIEF</b>	Pacific Regional Inclusive Education Framework
<b>SDG</b>	Sustainable Development Goals
<b>SIEG</b>	Special and Inclusive Education Grant
<b>SLD</b>	Specific Learning Disabilities
<b>SLP</b>	Student Learning Profile
<b>STEM</b>	Science, Technology, Engineering and Mathematics
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organisation
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>WHO</b>	World Health Organisation





# Purpose of the Guide

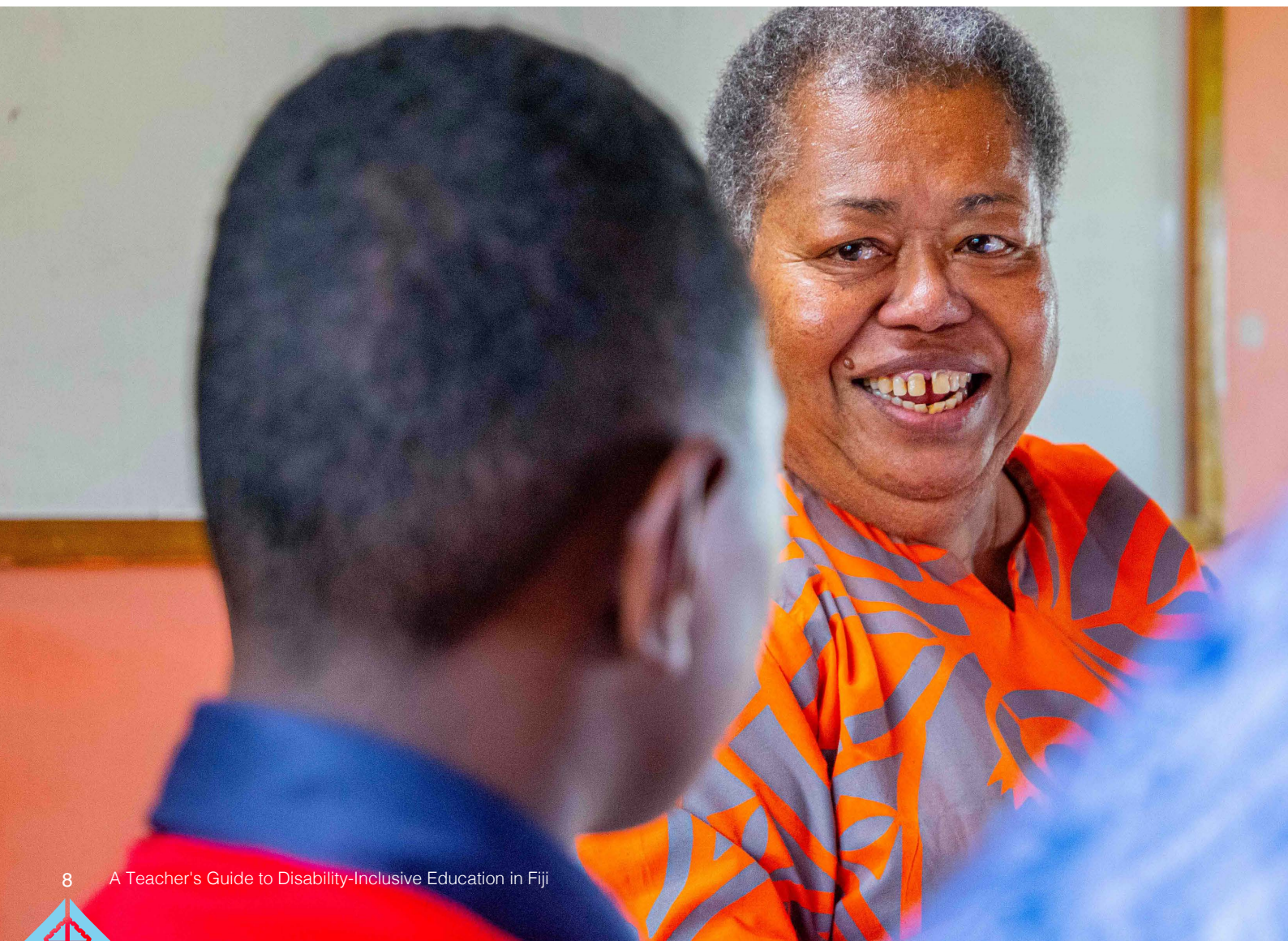
*A Teacher's Guide to Disability-Inclusive Education in Fiji* is a resource to enable teachers to improve the inclusiveness of their schools and classrooms so that children with disabilities benefit from a quality education alongside other children. It contains general information about creating an inclusive school, information about a range of different types of disabilities, case studies and a selection of reproducible resources in the Appendices. We hope this provides a balance between general information to make the school a place of quality education and participation for all children, along with a degree of specific information on common impairments and approaches that may help in working with students with these impairments.

The Guide is designed to give you some tips for recognising the needs of students with disability, then using their strengths and interests to help guide your teaching to suit their needs. Incorporating some of the strategies in the Guide will help improve the education of all the students in your class, not only those who have disability.

## Who is the Guide designed for?

The Guide is designed for all teachers in Fiji to assist schools to be inclusive for all children. Teachers with qualifications and expertise in special or inclusive education will also find the Guide useful in training other teachers, volunteers, teacher aides and in working with caregivers.

Throughout this manual, the term “caregivers” is used. It refers to everyone who takes care of a child, including parents, extended family members, guardians and friends.





## How to use the Guide

We suggest that you skim through the whole manual to understand its structure and the resources in different sections, including the Appendices. Section 4 - “General Principles and Strategies of Inclusive Education” provides information that will help make the classroom inclusive for all children - it is critical everyone read this section. Section 9 describes specific impairments and health conditions. If you believe one of your students may have difficulty hearing for example, you can turn directly to the part on Deafness and Hearing Loss.

**The Guide does not take the place of formal assessment and diagnosis.** If you identify a student who may have disability, it is important to refer them to the appropriate specialist (for example, the doctor, physiotherapist, psychologist, community rehabilitation assistant, vision or hearing services) to receive accurate assessment, diagnosis and treatment. The Fiji *National Directory and Information for Disability Services* will help you to refer appropriately for services ([www.ncpdfiji.org](http://www.ncpdfiji.org)).








# Section 1

## Disability and Disability-Inclusive Education

- 1.1 What is Disability?
  - 1.2 Disability-Inclusive Education
  - 1.3 Benefits of Inclusive Education
- 

# 1.1 What is Disability?

The United Nations Convention on the Rights of Persons with Disabilities (2006) defines people with disability as “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”.

The World Health Organisation’s International Classification of Functioning, Disability and Health (ICF) (WHO, 2001) defines disability as “the outcome or result of a complex relationship between an individual’s health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives” (p. 17). Both functioning and disability (problems in functioning) arise from this dynamic interaction. Functioning is an “umbrella term” which includes three concepts: (i) *body function and structures* (the anatomical and physiological characteristics of the body), (ii) *activities* (the ability to perform tasks or actions) and (iii) *participation* (involvement in life situations).

*Impairments* are problems in body function or structure, *activity limitations* are difficulties the individual may have in performing tasks and actions, and *participation restrictions* are problems an individual may experience in participating in life situations. Disability is an “umbrella term” used when a person’s impairment limits activity and participation due to environmental, attitudinal, policy or other barriers. Environmental barriers which can impact on disability include physical barriers, for example, an inaccessible school building; institutional barriers, for example, school policies that exclude children with disability; or attitudinal barriers, for example, a teacher who does not believe a child with disability has the ability to learn.

## 1.2 Disability-Inclusive Education

International frameworks such as the Salamanca Statement (1994), the Convention on the Rights of Persons with Disabilities (CRPD, 2006), the Incheon Declaration and Framework for Action (UNESCO, 2015) and the Sustainable Development Goals (SDGs, 2015) refer to Inclusive Education as the provision of quality education for all learners. It is about the removal of barriers, the provision of a student-centred curriculum and an enabling learning environment.

Whilst inclusive education refers to all learners (listed in Sustainable Development Goal 4, below), for the purposes of the Guide the term “inclusive education” is used primarily to describe disability-inclusive education, which focuses on the efforts that relate specifically to ensuring the inclusion of children with disabilities.



Sustainable Development Goal 4 aims to

ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. Target 4.5 seeks to eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations. All people, irrespective of sex, age, race, colour, ethnicity, language, religion, political or other opinion, national or social origin, property or birth, as well as persons with disabilities, migrants, indigenous peoples, and children and youth, especially those in vulnerable situations or other status, should have access to inclusive, equitable quality education and lifelong learning opportunities. Vulnerable groups that require particular attention and targeted strategies include persons with disabilities, indigenous peoples, ethnic minorities and the poor” (United Nations, 2015).



UNESCO (2005) defined inclusive education as a process of focusing on and responding to the diverse needs of all learners through increasing participation in learning and reducing exclusion within and from education. It involves modifications in content, approaches, structures and strategies, and embraces the responsibility of the regular system to educate all children.

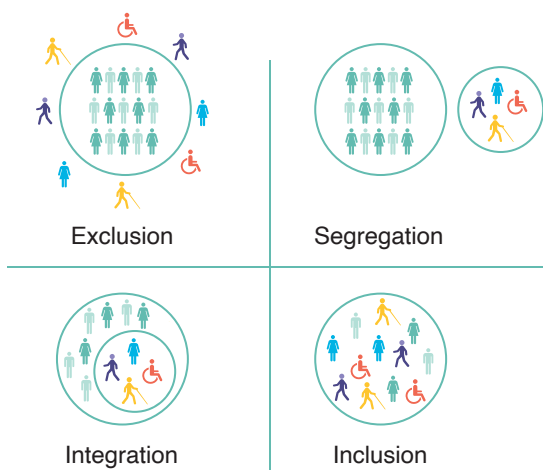
Inclusive education allows all children to be educated within their neighborhood schools, the schools they would be attending if they did not have a disability, in the appropriate class based on their age range.



Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system” (UNESCO, 1994).

True inclusion is where all children, including those with disabilities, are students in regular classrooms with their same age peers (see Figure 1). Exclusion is when they are not in the school; segregation is when they are in schools only for children with disabilities; and integration is when they attend the mainstream school but are separated into classes only for children with disabilities. It can be useful to withdraw some children with disabilities from the classroom for a short amount of time for specific purposes, such as undertaking particular remedial work. However, the proportion of time spent outside of the regular classroom should be limited.

**Figure 1. Four Dimensions of Exclusion, Segregation, Integration and Inclusion**



The role that special schools have played in Fiji has been central to provision of education for children with disabilities. Whilst inclusive education may be an aspiration globally, the journey to ensuring regular schools are completely equipped to fulfil this aspiration can be lengthy. The concept of “least restrictive environment” is very important in understanding the options that caregivers and children with disabilities have in deciding the best setting for enrolment. Where regular schools are resourced and built adequately, where teachers have adequate training, skills and positive attitudes, and where policies and other environmental factors are supportive, inclusive education is understood to be socially and academically optimal. However, for some children, the support required to attend many regular schools is currently not available.



For example, if a child needs assistance feeding or toileting or specialist support such as Braille or sign language, teaching staff in regular schools may be unavailable or unskilled to provide this support unless the staff capacity has been strengthened.

The role of special schools in a nationally inclusive system is vital. For a proportion of children and families, special schools remain the environment of best education for the foreseeable future. Until regular schools are able to make the built environment accessible and employ teacher aides (or facilitate and support volunteers), these schools may not be realistic options for some children with disabilities.

Additionally, much of the teaching experience with children with disabilities in Fiji resides in the staff and management of the special schools. The process of expanding inclusive education across Fiji will rely heavily on the sharing of knowledge and expertise by teachers who have gained experience in the special schools (this is discussed further in Section 8.6 – “Linking with special schools”).

## 1.3 Benefits of Inclusive Education

### Inclusive Education:


- Provides opportunities for children with disabilities to develop to their full potential, integrate into the community and contribute to society.
- Benefits all children in the classroom through teaching methods that are based on individual student needs and learning preferences and teachers' ability to adapt the curricula to teach the concepts in different ways. There is an enormous body of research that demonstrates the academic and other benefits of inclusive education to non-disabled children.
- Enhances non-disabled students' cognitive skills by providing opportunities to: think more laterally; learn various ways to communicate; problem-solve ways to include their peers; and deepen their learning during peer mentoring and cooperative learning methods.
- Can improve education for gifted and talented learners by better challenging and engaging them through a more responsive learning environment.
- Enables children and their families to develop practical skills and knowledge which can contribute to creating more opportunities for further study or employment.
- Enables children with disabilities to attend local community schools and stay with their families instead of living away from home to attend special schools.
- Builds skills amongst teachers in developing and tailoring teaching strategies to the needs of individual students, benefiting the whole classroom.
- Promotes team work and partnership between teachers, families, health workers and other community members.
- Can change negative attitudes through allowing children to experience human diversity as normal, positively affecting lifelong acceptance of difference.
- Involves implementation of consistent behavioural supports throughout the school, which helps establish high expectations for all students.
- Promotes cooperative, collaborative activities and cultivation of the classroom as an interdependent community, necessary for life in a peaceful and diverse society.
- Can reduce home-based care-giving responsibilities of the siblings of children with disabilities, thereby increasing overall family school attendance; similarly, the earning capacity of families can increase as caregivers have more time to earn income while children with disabilities are at school.





# Section 2

## Education for Children with Disabilities in Fiji

- 2.1 History of education for children with disabilities in Fiji
  - 2.2 Inclusive Education in Fiji
  - 2.3 Constitutional, legislative and policy support for Inclusive Education in Fiji
  - 2.4 Curriculum for children with disabilities
  - 2.5 Identification of students with disabilities
  - 2.6 Special and Inclusive Education Grant (SIEG)
- 



## 2.1 History of education for children with disabilities in Fiji

The first known education program specifically for children with disabilities in Fiji started in the early 1960s at the Betty Keene Room at the Colonial War Memorial Hospital in Suva. Its humble origins stem from an initiative taken by a group of concerned citizens of Suva to cater for the survivors of the 1958 poliomyelitis epidemic. The group formed the Suva branch of then-named “*The Fiji Crippled Children’s Society*”, and gave birth to the first special school and the special education system in the country.

They worked with the Fiji Red Cross Society to provide services for a mixed group of students at the Betty Keene Room, named in honour of Keene who was instrumental in setting up the services. In October 1963, the clinic was registered as the first Special School, with Mrs Shiu Prasad as its first special education teacher appointed by the Ministry of Education. As the number of students grew, Miss Dianne Clark, a special education teacher from Australia was seconded as head teacher and remained teaching in Fiji until 1966.

In April 1967, following consultation between the Education Ministry and the Australian Embassy, Mr. Frank Hilton was seconded to the Fiji Education Department as head of school of the Suva Crippled Children’s School, under the Commonwealth Cooperation on Education Scheme. Before long, there was a need to relocate the services to a place with more space to implement a comprehensive education program. The school was later renamed Hilton Special School.

Over time, more special schools were established around the country. Currently there are 15 special schools and two vocational training centres. With the schools located in the main town areas on Viti Levu and Vanua Levu, access to education for children with disabilities who live in the outer islands and rural communities has been very limited.

## 2.2 Inclusive Education in Fiji

In Fiji, inclusive education began in the late 1960s where some students with disabilities were enrolled in (mainly Roman Catholic) mainstream schools. Most of the teachers at the time were Catholic brothers and nuns and they were instrumental in ensuring education for those with disabilities. Some of these schools were the Suva-based St Marcellin Primary School, Marist Brothers Primary School, St Joseph’s Secondary School, and Marist Brothers High School. Plus, the Marist Convent School in Lami.

In 2009, the Ministry of Education saw the need to strengthen inclusive education. To be on par with the global trend of inclusive education it worked on developing its *Policy on the Effective Implementation of Special and Inclusive Education in Fiji*. The first draft was launched in 2010 and was fully endorsed in November 2011. The current policy can be downloaded from [www.education.gov.fj](http://www.education.gov.fj).

In 2012, the Access to Quality Education Program (AQEP), an Australian Aid-funded program, developed a Disability Inclusion Strategy which assisted with the implementation of the Ministry of Education’s Special and Inclusive Education Policy. Five mainstream primary schools were selected as inclusive education demonstration schools – four in rural areas and one in Suva. Support was provided in terms of accessible infrastructure, funding for assistive devices, capacity development of teachers and provision of teacher aides to support the inclusion of children with disabilities in the schools. At baseline, only six students with mild disabilities were enrolled. Within 14 months, the number grew to 82 children with a range of disabilities enrolled across the five schools. Today, thousands of children with disabilities are enrolled in mainstream schools, indicating strong community and family support and demand for inclusive education.

## 2.3 Constitutional, legislative and policy support for Inclusive Education in Fiji

The **Rights of Persons with Disabilities Act 2018** (ACT#4 of 2018), Section 43 states that all persons with disabilities have the right to an education which is inclusive and lifelong.

**Section 43, subsection 3 (d – h).** Such a right shall ensure:

- (d) *that persons with disabilities are not excluded from the general education system, including tertiary education on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, or from tertiary education on the basis of disability;*
- (e) *that persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;*
- (f) *that reasonable accommodation of the individual's requirements is provided;*
- (g) *persons with disabilities receive the support required, within the general education system, to facilitate their effective education; and (h) effective individualised support measures are provided in environments that maximise academic and social development, consistent with the goal of full inclusion*
- (h) *Subsection 4 (a-c). Persons with disabilities have the right to learn life and social development skills to facilitate their full and equal participation in education and as members of the community including—*
  - (a) *the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;*
  - (b) *the learning of sign language and the promotion of the linguistic identity of the deaf community;*
  - (c) *ensuring that the education of persons, and in particular children, who are blind, deaf or deaf and blind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximise academic and social development;*

Within the 2013 Constitution of the Republic of Fiji, under the Bill of Rights, Article 42 outlines the rights of persons with disabilities:

**1. A person with any disability has the right to:**

- a. Reasonable access to all places, public transport and information
- b. Use Sign Language, Braille or other appropriate means of communication
- c. Reasonable access to necessary material, substances and devices relating to the person's disability.

**2. A person with any disability has the right to** reasonable adaptations of buildings, infrastructure, vehicles, working arrangements, rules, practices or procedures, to enable their full participation in society and the effective realisation of their rights.

Article 31 states that every person has the right to early childhood education, primary and secondary education and further education.

# Ministry of Education (MoE)

## Mission

To provide a holistic, inclusive, responsive and empowering education system that enables all children to realise their full potential, appreciate fully their inheritance, take pride in their national and cultural identity and contribute fully to sustainable national development.

## Values

Educational provision is based upon a core of intrinsic and enduring values. These are: human rights and human dignity, responsibility, safety and security for all, civic pride, cultural understanding, empathy and tolerance, honesty, fairness and respect for truth and justice, integrity, flexibility, environment sustainability, peace and prosperity, compassion, sense of family and community, faith, creativity and life-long learning.

MoE, through its ***Policy on Special and Inclusive Education***, attempts to improve the educational opportunities for people with disabilities throughout life. The policy objective reflects the spirit of equity, inclusion, access, progress and achievement of educational outcomes. Accountability, monitoring and evaluation are important parts of the Ministry's role in ensuring that children with disabilities are appropriately supported in schools.

### Regional and international frameworks and commitments:

- United Nations Convention on the Rights of Persons with Disabilities (See Appendix 1)
- Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific (2013 – 2022)
- UNESCO The Salamanca Statement and Framework for Action on Special Needs Education (1994)
- Sustainable Development Goals - Goal 4
- Pacific Regional Education Framework (PacREF) 2018 – 2030 : Moving Towards Education 2030
- Pacific Regional Inclusive Education Framework (PRIEF)

## 2.4 Curriculum for children with disabilities

In 1995, a Fiji Special Education Curriculum was launched by the Ministry of Education and rolled out in all special schools. The curriculum was designed to meet the individual, social and academic needs of students with moderate to severe disability and included development checklists, assessment procedures, individual education programs and a record system. The Areas of Development covered in the curriculum were: cognitive; gross motor; fine motor; communication; daily living skills; social; and creative and expressive. Within each Area of Development, links were provided to textbooks from the mainstream curriculum. Teaching Guides intended to accompany the curriculum were never developed.

The current Fiji National Curriculum Framework (NCF)<sup>1</sup> is recognised as an inclusive framework due to the promotion of flexible teaching and assessment approaches. Additionally, it is “culturally inclusive and considers the multicultural and multilingual contexts in which the curriculum is implemented” (p.5), and encourages teachers to be inclusive of gender, ethnicity, culture, disability, socio-economic background and geographical location.

<sup>1</sup>The Fiji National Curriculum Framework was first published in 2007 and revised in 2013. The Fiji National Curriculum Framework. Suva, Fiji: Ministry of Education, Heritage and Arts.



The NCF clarifies that **Special and Inclusive Education does not have its own curriculum**, but aims to enable students with disabilities to gain access to the national curriculum. The NCF embraces the principle that all children can learn and aims to enable students with disabilities to access the curriculum in classroom settings with an enabling and friendly environment, including through the provision of: specific services, instructional strategies, resources, curriculum adaptations and learning opportunities for students so they can participate in the general curriculum. The NCF acknowledges that some students who require customised facilities and services may need to attend special schools, and that provision is made for these students to receive an education in mainstream schools when they are ready and able to do so.

## 2.5 Identification of students with disabilities

To support access to quality and inclusive education for all children with disability, MoE requires information on which schools have students with disabilities. Fiji's Education Management Information System (FEMIS) includes a standardised means of recording and analysing data on student disability. The [Student Learning Profile \(SLP\)](#) is used to assess children identified with functional difficulties and those who may have disability. The SLP form collects information to identify disability type and level of difficulty, learning and support needs, and, where available, to record information on clinical diagnosis, treatment, and referral services. With the growing number of students with disabilities across all levels, it is imperative that teachers arrange a meeting with caregivers to discuss and complete the questions on the SLP.

Tick one column for each row. For detailed descriptions of each category, please refer to Table 1 of the FEMIS Disaggregation Manual

Q3) Compared with children the same age in the general population, does (name of child) have difficulty in the following areas:			No difficulty	A little difficulty*	A lot of difficulty*	Cannot do at all*	*Please write a short description of the difficulty
		EXPLANATION					
3a	Seeing	Difficulty seeing things close up or far away, like objects, faces or pictures. <i>If the child wears glasses, does the child have difficulty seeing even when wearing the glasses?</i>					
3b	Hearing	Difficulty hearing sounds like peoples' voices or music. <i>If the child wears hearing aids, does the child have difficulty hearing even when using hearing aids?</i>					
3c	Gross motor actions	Difficulty walking or climbing stairs					
3d	Fine motor actions	Difficulty using hands and fingers, such as picking up small objects, for example, a button or pencil, or opening and closing containers or bottles?					
3e	Speaking	Difficulty being understood when speaking (in the language that is most usual for the child)					
3f	Learning (general)	Difficulty with general intellectual functions such as learning and remembering. <i>Includes learning a range of things related to school, play, tasks at home, etc.</i>					
3g	Learning (specific)	Difficulties in specific learning areas within literacy or numeracy, e.g., dyslexia or dyscalculia. <i>Child learns most other things normally or above average. Read guidelines carefully, rule out other conditions and factors.</i> <i>** No difficulty or Not Applicable</i>	**				
3h	Behaviour/ Attention / Socialisation	Difficulty controlling his/her own behaviour, and/or focusing and concentrating, and/or accepting changes in routine, and/or making friends					
3i	Emotions	How often does the child seem: Very sad and depressed, and/or very worried and anxious? <i>*Rarely = never or just a few times/year</i>	Rarely <sup>1</sup>	Monthly	Weekly	Daily*	

In addition, if the child has difficulties in areas that are not listed above, or if the child's functional status has changed, please include additional information here:

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Teachers should arrange a meeting with caregivers to discuss and complete the questions on the SLP for all students who have difficulties in any of the following areas: seeing, hearing, moving (gross and fine motor), speaking, learning, behaviour/socialisation, or emotions; and all children who consistently perform very poorly in assessments and class activities. The school should then record the information under the Function/Disability tab in the student's FEMIS record to ensure that the right support is provided to students with disabilities.

It is very important that teachers refer to the FEMIS Disability Disaggregation Guide available on the MoE website <http://www.education.gov.fj/special-inclusive-education/>. This document provides guidance and example descriptions to help teachers determine which levels of difficulty to select on the SLP form.

## 2.6 Special and Inclusive Education Grant

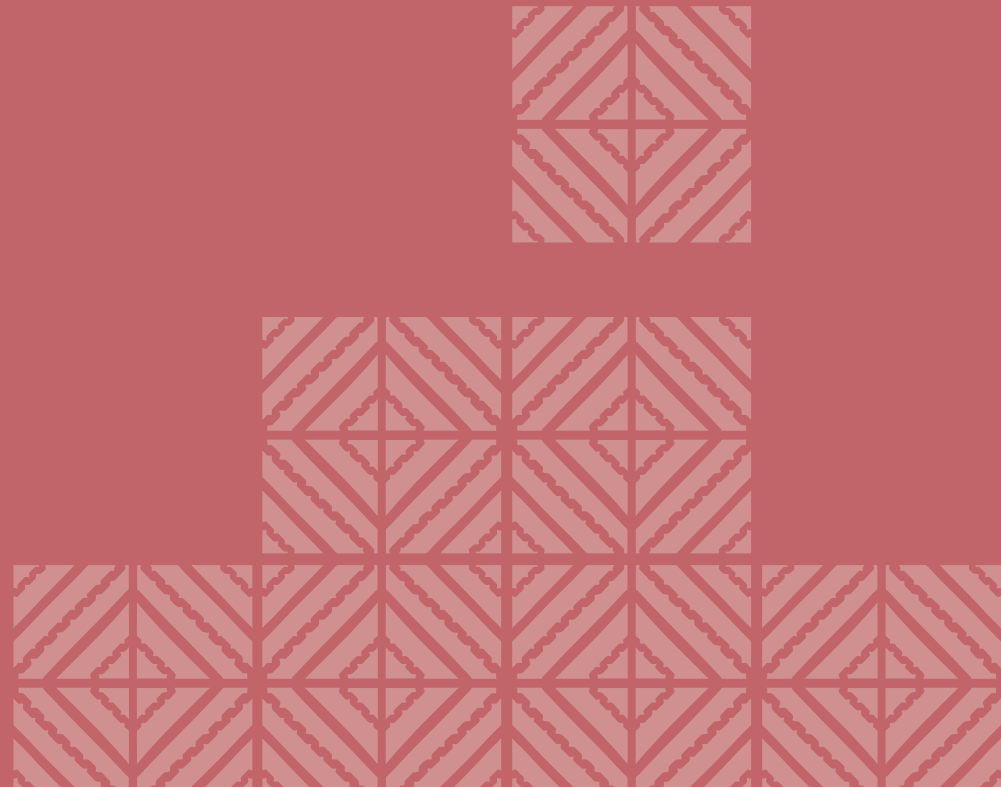
The Special and Inclusive Education Grant (SIEG) is an allocation of funds to special and mainstream schools, aimed at improving educational programs and facilities for students with disabilities. Verification of the information on the SLP, undertaken by the District Education Office, is the enabler for schools to receive this grant. Schools use SIEG for a range of purposes stipulated in the School Management Handbook, including for example, assistive devices such as wheelchairs, communication aids, Braille machines; specialist health assessments and services; adapted furniture; accessible school infrastructure; specialised vehicle costs; and supporting access to sport and recreational activities for students with disabilities.





# Section 3

## Early Childhood Development and Education

- 3.1 Early Childhood Development
  - 3.2 Early Detection and Intervention
  - 3.3 Early Childhood Education
- 

## 3.1 Early Childhood Development

Evidence shows that the first 1,000 days of life (from conception to 2 years) have an especially lasting effect on a child's future. During this time children's brains develop at a rate never to be repeated. The right nourishment, stimulating care and a loving environment (eat, play, love) are critical to giving a child the best start in life.

Early childhood development (ECD) is an important enabler of the healthy development of children from birth to six years of age. Effective ECD requires the involvement of stakeholders across multiple sectors, including health, nutrition, education and child protection. It requires an engaging environment and nurturing care to support and facilitate development.

Children with disabilities risk missing out on the care and stimulation they need in the early years due to poverty, stigma and discrimination, exclusion from early learning opportunities, institutionalization, violence, abuse and neglect. Exclusion from stimulating environments can significantly hinder participation in learning opportunities and negatively impact the achievement of important skills and educational outcomes. Caregivers' knowledge, attitudes, expectations, and skills also influence the amount and quality of stimulation experienced by children. Children with disabilities often require different approaches to play and stimulation for them to find play activities accessible and engaging. (UNICEF, 2022)



**For every \$1 spent on early childhood development interventions, the return on investment can be as high as \$13”.**

This return of investment can boost a nation's shared wealth, promote inclusive economic growth, expand equitable opportunity, and eliminate extreme poverty (World Health Organisation, 2018).

## 3.2 Early Detection and Intervention

Early detection mechanisms aim to identify disability or developmental delay among young children. Early intervention refers to the strategies and services that can help children participate as fully as possible in all aspects of life, including in ECE and school.

Early intervention provides services and support for young children and their families to facilitate cognitive, physical and emotional development and to mitigate developmental disability or delay. It may include services such as speech therapy, occupational therapy or physiotherapy, audiology and/or medical interventions. Importantly, it also ensures that families and other carers are supported to provide children with experiences and opportunities that promote competencies enriching children's development. Early intervention traditionally supports very young, preschool-age children (birth to five years old); however, in locations where there is limited access to services, early detection and intervention is relevant for those of any age, and should happen as soon as the need is identified..

It is important to refer the child to relevant support services early so that they can receive the right support. Early intervention services in Fiji are limited, most especially in rural and remote areas. However, there are some intervention services available through the Ministry of Health, the Hilton Early Intervention Centre on Brown Street in Suva, ECE centres established at some special schools, and through service providers including the Frank Hilton Organisation. Contact details are available through the *Fiji National Directory and Information for Disability Services* [www.ncpdfiji.org](http://www.ncpdfiji.org).



# Fiji Child Health Card

An important mechanism to support early identification of disability and developmental delay is the Fiji Child Health Card, commonly called the Fiji Maternal Child Health card, or MCH card (see Figure 2). Launched in 2012, the Fiji Child Health Card is a tool to capture health and developmental information of children from birth to five years of age.

### Figure 2: Fiji Child Health Card

[illegible]

### 3.3 Early Childhood Education

Young children with disabilities can experience amplified challenges compared to children without disabilities when accessing quality kindergarten /early childhood education (ECE). This can be due to physical inaccessibility at their local ECE centres, the myth that children with disabilities are unable to learn and fear of bullying or social exclusion if a child is sent to a mainstream centre. However, research shows that early investment increases benefits in children across all areas of their development. For example, if a child is identified to have some delay in speech, participation in ECE can provide further opportunities for the child to develop their speech, language, and communication skills with other children their age. This better prepares them for school and results in better educational outcomes.

ECE was recognised in Fiji in the 1960's but was primarily the responsibility of communities and non-government organisations. Alongside the growing global priority of ECE there have been various investments in ECE in the country since the early 2000's:

- i) Establishment of a National Curriculum Guideline – Na Noda Mataniciva (Ministry of Education, 2009) which highlighted six Foundation Areas of Learning and Development (FALD), linked to the National Curriculum Framework (2007).
- ii) Establishment of an ECE grant to support schools enrolling five-year-old children in ECE centres.
- iii) Teacher Training Institutions providing certificate, diploma, and degree courses in ECE.
- iv) ECE Teachers Association offering trainings and workshops for ECE teachers around Fiji.





Despite these initiatives, there are challenges with providing quality and adequately monitored ECE programs and teaching practices for children with and without disabilities. This Guide aims to provide teachers, guardians, and other interested parties with a practical resource to support children with disabilities and/or developmental delay to access educational services at the earliest age. The introduction of educational support or programs at the earliest age possible can provide children with opportunities to have an improved outcome across all areas of development.

## Teaching strategies for children with disabilities in ECE settings

Like any child, children with disabilities enjoy play during the early years. When allowed to share the same classroom with their peers, play, eat and have fun with them, children with disabilities are more able to grow up feeling confident about who they are and to be empowered and engaged in their learning. Including children with disabilities in regular ECE centres with appropriate support results in improved outcomes for those children and also benefits their non-disabled peers. Children learn to accept and befriend each other regardless of their differences and these shared friendships and experiences support mingling with same-age peers in their community. The experience in ECE supports children with disabilities to develop skills that help them participate more successfully as they enter primary and secondary education.

## Enrolling children with disabilities in ECE

When enrolling children with disabilities, heads of schools and teachers should review the child's MCH card to understand their early development, and seek a medical report from caregivers if possible. Important milestones to take note of are: the child's age when he/she was able to turn, sit, crawl, stand and walk, as significant delays in these can suggest potential difficulties in learning. It is important to talk to parents about their child's interests, strengths, challenges, dislikes, fears and things that make the child happy. ECE teachers should observe the child during play and ask questions of the caregivers in order to provide a positive and effective learning environment.

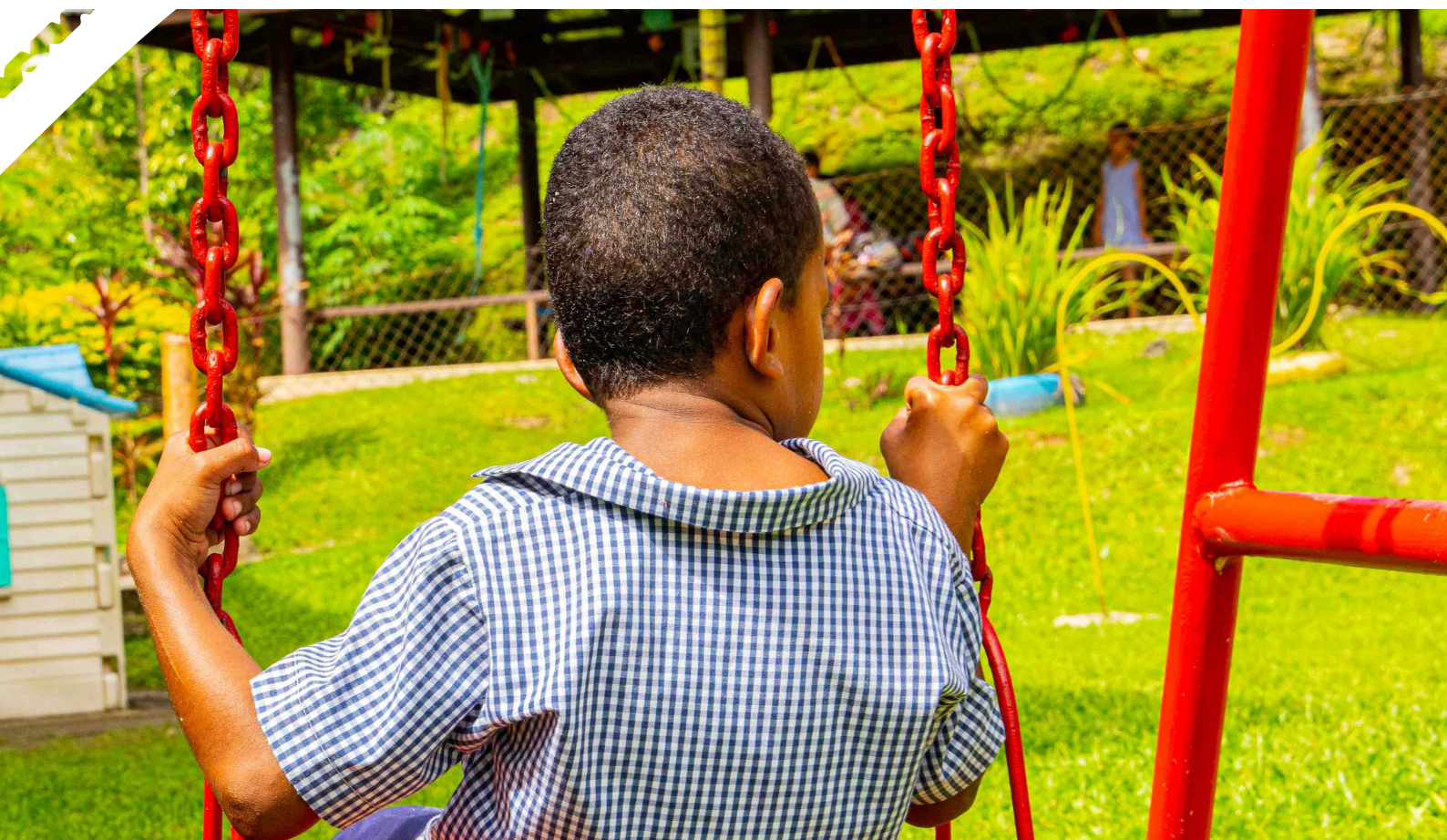
### Considerations:

- Play is an integral part of development and targeted play activities will help any child develop their fine and gross motor skills. Children who are delayed in walking may benefit from strengthening and coordination activities, including games which promote crawling and use of the whole body.
- Role play is important as it builds a child's vocabulary, encourages speaking and participation, promotes thinking, and brings out a child's talent. Use of props, a dress up corner and a box filled with simple play material from the second-hand store can arouse interest in learning, encourage discussions as well as build communication and vocabulary. Ask caregivers for unused clothes that can be used for role play activities, also old pots, coconut scraper and spoons or other utensils.
- Encourage children to use their home language. Start with the language that children are familiar and comfortable with whilst immersing them in a second language. Immersion can be done by labelling parts of the classroom using words from the child's first language as well as in English, and through charts, rhymes, songs etc.
- Art and Craft also enable expression of children's creativity and talents. Encourage children with disabilities to take part in art and craft work. Encourage them to draw or model (using dough) their family and to talk about them. Simple activities as these can enable a child to discuss feelings and ideas, and can highlight hidden talents! Take your art and craft lesson to the beach, under the tree or in a shaded area on the playground. Do not limit activities to the classroom's four walls.
- Book corner – have a space for books ranging from magazines, cook books, story books, religious picture books, and other books you have available locally. Have books that children are familiar with as



well as ones that they may not have seen. Look for a book that talks about a child with a disability, or includes children with disabilities as characters alongside others in the community. Or make your own book. Include newspapers if available so that you can talk about interesting news such as Rugby Sevens or the Fijiana Drua team. Ask questions such as, could a child in a wheelchair play basketball? How?


- Remember that all children (including those with disabilities) come to school with the knowledge they've already acquired from the time they were born until they reach your doorstep. They've been to cultural events such as weddings, birthdays and funerals. They've listened to and participated in conversations at home. Your role is to discover what they know, handle misconceptions sensitively, and introduce them to what they have yet to know. It is an exciting journey in a child's life, so make the most of the time you have with them by being creative with what is readily available.
- Provide counselling and emotional support to children with disabilities, as you would for all children when you see fit. It does not need to take place in a separate space. It can be done during one-to-one teaching sessions so that the child does not feel awkward. Check in with children with disabilities about how they are feeling, if they are feeling included in play, and help them to feel confident to participate.
- Refer to Section 9 of this Guide to understand supports and teaching strategies helpful for different disability types.
- Children with some disabilities may find it difficult to settle into new environments, or have some behaviours of concern and/or difficulty communicating. They may find it difficult to follow instructions or verbally communicate their needs and wants. It is important to discuss your observations of the child's abilities and concerns with their parents and actively work towards achieving small goals. Patience with the child and open communication with parents are paramount.
- For more support and enquiries, call the District Education Office or the MoE Special and Inclusive Education office.





# Section 4

## General Principles and Strategies of Inclusive Education

- 4.1 Setting up the classroom
  - 4.2 Creating a classroom community
  - 4.3 Adapting the lessons
  - 4.4 Communication
  - 4.5 Promoting independence
  - 4.6 Helping students seek help when appropriate
  - 4.7 Behaviour management / positive behavioural support
  - 4.8 Assistive aids and technologies
  - 4.9 Creating a culture of inclusion in the school
  - 4.10 How long does change take?
- 

Many teachers find that implementing inclusive education strategies improves the overall learning of many students in the classroom. This section provides general principles and strategies for inclusive education which are useful not only for students with disabilities but can positively impact learning environments for the majority of students. Subsequent chapters provide ideas which may be relevant to children with particular impairments.

Inclusive education is about identifying barriers to quality education and working towards solutions. Teachers should not feel that they are alone in this quest and it is important to work together with other staff, students, caregivers, specialists and others in the school community to identify solutions. Gather information, plan, try out your plan, evaluate whether it has worked, modify if needed and try again. Don't forget to celebrate successes.

## 4.1 Setting up the classroom

Consider where to locate students in the classroom and how the classroom could be arranged. This may vary considerably depending on the individual's needs, so refer to the chapters on particular impairments for more specific ideas. Some children benefit from sitting closer to the front or near the teacher. Arranging desks in small groups is often useful.



## 4.2 Creating a classroom community

Having opportunities for paired or small group activities supports the students' need for focussed learning, builds valuable classroom friendships and enables children to teach each other, which strengthens skills and knowledge.

## 4.3 Adapting the lessons

Adapting lessons includes changes to the content of the lesson, how the information is presented, and the structure of the school day.

### Some general ideas:

1. Identify what engages and motivates the child.
2. Adapt work to make it achievable - for example, students working on an activity about animals of the Pacific may be expected to write a page about an animal of their choice. This could be adapted for a child with intellectual disability, who could write a short sentence and draw a picture of that animal.
3. Break tasks into steps - if a task is too difficult for a student to achieve, break it down into small achievable steps. Once they have mastered one step, add another. Over time, add multiple steps together so the child learns more complex instructions. This links to the concept of *explicit instruction* outlined in the Literacy Teacher's Guides.
4. Explore the senses - use a range of sensory experiences to encourage the student to engage in their learning. All students have preferred senses and ways of learning. For example, if a child is finding it difficult and becoming frustrated with writing their name, you could let them trace it in sand, use a different coloured marker pen, make the shapes of letters in their name with their body, or sing the letters of their name so they can remember the order.



## 4.4 Communication

There are many important communication relationships to consider: communication between teachers and students, between teachers and caregivers, and between students and their peers. Students may have difficulty understanding instructions and/or putting words together to ask for help or participate in verbal classroom activities. It is important to understand why a student has difficulty communicating and to identify barriers restricting their ability to participate in the classroom. There are four main areas of communication which may be the reason why children have difficulty in class. These are difficulties in:

- Understanding verbal information and instructions.
- Putting words together in sentences, using correct words and grammar.
- Saying all the sounds correctly in words.
- Saying words and sentences smoothly because of stuttering.

Once you have identified barriers to children's communication, you will be able to put some strategies in place to assist them. Useful strategies may include: facing the children instead of the board whilst speaking, moving closer to a child who has communication difficulties, using gestures or sign language, using pictures or communication boards (see Appendices 2 & 3), encouraging children to use gestures or pointing to symbols to help themselves communicate to you, and importantly giving children time to communicate effectively. Further information on communication is provided within the impairment-specific chapters.



## 4.5 Promoting independence

It is acceptable for students with disability to take longer to complete a task than those with no disability. It is ultimately more beneficial and rewarding for students if they are given the time to complete the skill by themselves. The level of independence will vary depending on the impairment and the opportunities they had to develop necessary skills. Refer to the [Gradual Release of Responsibility Model of Teaching and Learning](#) (Section 5.5) for more information.

## 4.6 Helping students seek help when appropriate

Whilst independence is important, the reality for many students with disability is that they will need help from time to time. An important skill for these students is to be able to communicate requests for help. Teachers should identify appropriate strategies for the child to indicate the need for help and encourage children to do so, whilst balancing the important process of the child learning to tackle challenges and strive to achieve as much independence as possible.

Create your classroom as a space where people help and share skills with each other; praise students when they ask their peers for help and when they help other students.

## 4.7 Behaviour management / positive behavioural support

Children can become frustrated when having difficulty in doing tasks, communicating, or understanding rules and boundaries. These frustrations may result in students exhibiting challenging behaviour.

Before implementing strategies to encourage positive behaviour, it is important to understand the cause of the behaviour. These are also known as triggers or events/circumstances that activate inappropriate behaviour. Factors that can underlie negative behaviour include home environment or violence in the home, peer pressure, disability, abuse, death of a loved one, fear, substance abuse, culture or racial tensions, a medical condition, low self-esteem, bullying etc. Behaviour should become a concern when it is on-going, disruptive and negatively impacts other students.

- Behaviours can be the result of a disability such as Autism or Attention Deficit and Hyperactivity Disorder (ADHD).
- A team approach is critical to encourage positive behaviour.
- Relationships matter - a supportive relationship between a teacher and a student who is struggling can make all the difference to the child.

There are a range of whole-school approaches to engender positive behaviour, including:

- explaining and teaching explicit school-wide and classroom behavioural expectations and consequences for challenging behaviour;
- setting up processes for recognising and rewarding positive behaviour;
- giving students many opportunities to take on responsibilities and be involved in decision-making;
- identifying students experiencing academic or behavioural difficulty;
- collecting information on the behaviour to assist in decision-making; and
- working as a team to make a behavioural plan.

Teachers need to think through the cause of the behaviour in order to mitigate the problem and help the student find ways of overcoming the challenge.



Regardless of the length of time a child is displaying an inappropriate behaviour, choose to maintain a positive relationship.

**THE STUDENTS WHO CHALLENGE THEIR  
TEACHERS THE MOST,**



**NEED THEIR TEACHERS THE MOST**

You might be the child's only helpline.

In the classroom, planning activities based on the needs of the students can prevent and reduce challenging behaviour. A number of classroom strategies are useful: integrate the interests of students into lessons; be mindful of how much time children are able to actively pay attention to lengthy lesson introductions and instructions; use step-by-step instructions; try to minimise interruptions to the learning activities; consider how much time students need to complete activities and how long they will be fully engaged by an activity.

Appendix 4 provides information on addressing behaviour using a *Positive Behaviour Framework*, and there are further ideas for managing behaviour within the chapters on specific impairments.

## 4.8 Assistive aids and technologies



Some students may benefit from the use of equipment or assistive devices to increase independence and to maximise learning potential. The need for assistive devices varies considerably depending on the student, so refer to the chapters on impairments for more specific ideas. The MoE Assistive Technology Referral Guide provides useful information <http://www.education.gov.fj/special-inclusive-education/>. Refer also to the *Fiji National Directory and Information for Disability Services* ([www.ncpdfiji.org](http://www.ncpdfiji.org)) for advice on services available to assist with assessment and provision of assistive devices/technologies.

## 4.9 Creating a culture of inclusion in the school

### We are all different in some way or another

Humans are a wondrously diverse species. We speak different languages, follow different religions, enjoy different foods, have different types of families, are good at different things and have different personalities. Two children from the same family can be totally different! Despite this, some people are still excluded because of 'difference'. Inclusive educators recognise that it is natural for a classroom to be made up of students with a wide variety of strengths and challenges and that teaching needs to be responsive to, and capitalise on, individual differences.





## An inclusive school is one in which differences are embraced and celebrated

A growing number of schools recognise that everyone has a right to education and are changing to make sure school is a place where **everyone can learn**. Inclusive schools recognise that even though someone has a disability or impairment they have strengths just like any other child.

It is important to get to know each student's likes, dislikes, interests, skills, gifts, talents and particular difficulties. Every child has the capacity to learn and develop and should be encouraged to participate in the mainstream classroom. Getting to know each student assists the teacher in identifying each student's learning preferences, and also the specific barriers to participation they may be facing.



## Language and labels

Sometimes the language used to describe people with disabilities can highlight difference and deficiencies rather than strengths and individuality. Many terms that were once accepted are now understood to be demeaning and inappropriate.



It is inappropriate to use language like: 'the Down syndrome boy' or 'the vision-impaired student' or 'mentally retarded' or 'the slow learner'.



It is better to say: 'the boy who has Down syndrome', or 'the student who has a vision impairment' or 'intellectual or developmental disabilities' or 'has difficulties with reading / writing / maths' (be specific about the areas of difficulty). When you have to communicate about the impairment, then this is an acceptable way of doing so.



For everyday communication, it is **best** to simply use the child's name, with additional descriptors that are used for non-disabled children, for example: "Jone Savu, in Class 1".

Some explanation for these rules – the student is first and foremost a person, not their impairment or health condition, so do not put their disability first in the way you name or describe them. It is often unnecessary to refer to the disability, impairment or health condition at all, so try to avoid including the additional descriptor just out of habit. Simply use their name.

Labels can become a part of a person's identity and can deeply affect the way the person perceives themselves and their future opportunities. Be careful of how you influence a student's self-perception. When a visitor or inspector comes to the school, sometimes teachers clearly and loudly point out the various children with disabilities to demonstrate that the school is inclusive. This labelling can become internalised by the students, both those with disabilities and those without. Where possible, avoid naming the disability, impairment or health condition in front of the students. Introduce the students by name and use language that relates to learning support needs and strategies.

Further information on terms to use and avoid can be found in Appendix 5.

## Inclusive teachers work towards all students developing their full potential

As a teacher, you are in a unique position to assist children with disabilities to reach their full potential by giving them access to the best possible education.

For many students with disability, the curriculum will not need to be modified. Students will generally be able to follow what is being taught and demonstrate their capacity if the teacher is able to make some adjustments to how they teach and assess. This approach embraces inclusive teaching practices and builds the teacher with a range of techniques and resources to cater for a wide variety of learners. A sound knowledge of all students in the classroom is at the heart of adapting teaching approaches to suit different learners.

The Guide is designed to give you some tips for recognising the needs of students with disability, then using their strengths and interests to help guide your teaching to suit their needs. Incorporating some of the strategies in the Guide will help improve the education of all the students in your class, not just those who have a disability.

## Activities to create a culture of inclusion and self-esteem

Part of creating an inclusive classroom is showing all the students that their **unique differences and strengths are respected and valued**. The positive role-modelling by the teacher in embracing diversity is critical. There are many activities you could do to highlight the students' differences in positive ways; just remember that you may need to plan the activity to ensure students with disability are not further excluded. In addition to your own ideas of how to show students that difference is good. Appendices 6-8 provide details of some suggested activities to introduce concepts of diversity and inclusion to the whole class. These activities are summarised below:



**“I Like...” Musical Chairs** - This game is a great way to start students recognising the differences and similarities between members of their class in a fun and engaging way (Appendix 6).

**Group Compliment Activity** - This is an activity in which students experience giving and receiving a compliment from other students in the classroom. It builds self-esteem and encourages students to identify something they like about their classmates (Appendix 6).

**How it Feels to be Excluded** - This activity can be used with students, caregivers, teachers or community members to think about how it feels for people to be left out, and why it is important to value people with different backgrounds and abilities (Appendix 6).

**“My Tree of Strengths” Worksheet** - A colouring-in worksheet to help students identify things they are good at (Appendix 7).

**“All About Me” Worksheet** - This is a worksheet in which students fill in information about their strengths, likes, things they need help with and things that help them. It can be used both as a classroom display and as a useful resource to handover to the child's new classroom teacher at the end of the school year (Appendix 8).

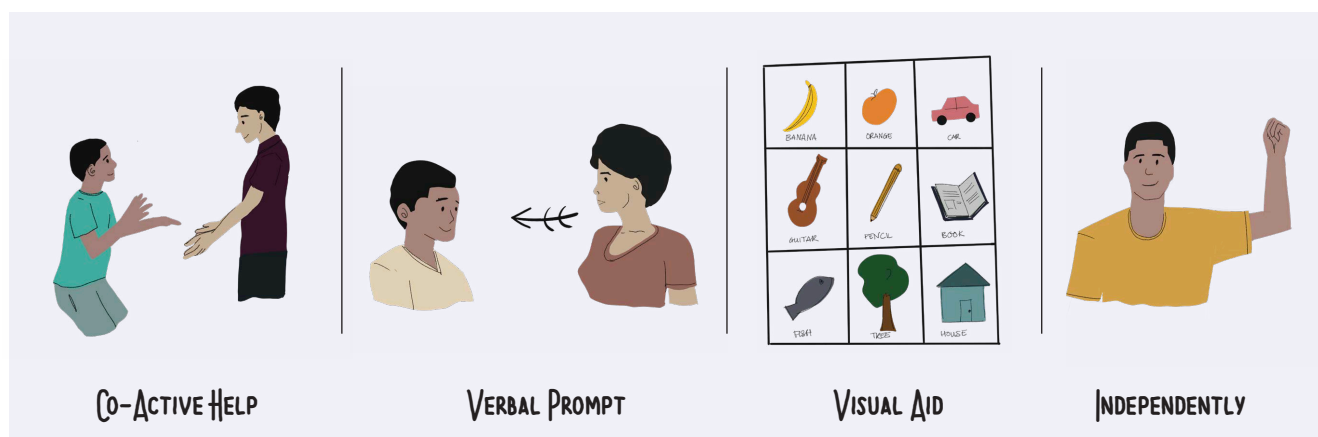
**“Miraculous Me” Worksheet** - Distribute the “Miraculous Me” sheet (Appendix 9) to the staff or students. Have them quickly record their first thoughts about each of the items. Then, they can go back and explain their choices in the “Why?” section. Have a share session about some of their choices and display the completed sheets on a bulletin board or door so everyone can get to know their school community members better.

## 4.10 How long does change take?

Here are some pointers on timing:

- **Change may happen gradually** – but change does occur. It is important to look for advances in students and their readiness for greater challenges. Over time you might consider moving a student in the classroom to ensure they do not become reliant on the support of particular peers or strategies. Maybe you had them seated next to the wall - it might be time to move them onto a different seating position.
- **Fade the prompts** - Over time you can fade out the assistance a student needs from you or others so that they can become even more independent. For example, if they can do something co-actively with you physically helping them, see if they can do it with only verbal support. Then if they can do that, see if they can attempt it by themselves (see Figure 3).
- **Encourage generalisation of skills** - Students with disability may struggle with transferring a skill between one setting and another. For example, they might be able to count to 20 in the classroom, but can they count 20 kicks of a rugby ball during sports class? Incorporate opportunities to generalise, or transfer, skills to other settings. Discuss this with caregivers to increase opportunities for children to apply skills at home.

**Figure 3: Fade the prompts from Co-Active help to independence**



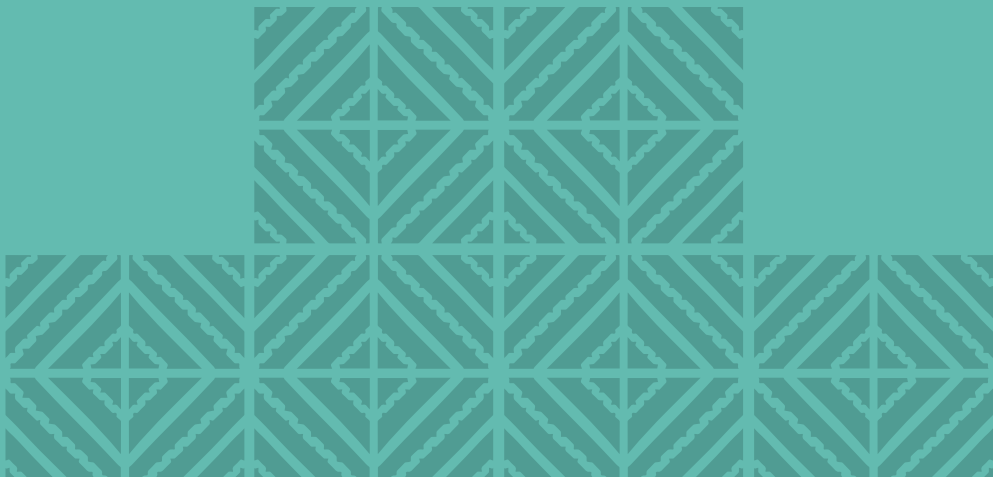




# Section 5

## Inclusive Teaching Strategies

- 5.1 Culturally relevant and responsive pedagogies
- 5.2 High Impact Teaching Strategies (HITS)
- 5.3 Differentiated teaching
- 5.4 Tiered intervention
- 5.5 Modelling the activity (scaffolding)
- 5.6 Cooperative learning
- 5.7 Additional time
- 5.8 Handouts



## 5.1 Culturally relevant and responsive pedagogies

Culturally relevant and responsive teaching emphasises the need for teachers to connect learning to students' prior knowledge, including their cultural identity, values, beliefs and cultural practices. The approach is supported by the Fiji National Curriculum Framework (2013) which emphasises that curriculum practice must be context specific and culturally relevant.

Howard (2011) outlined seven elements of Culturally Responsive Teaching:

- 1. Students are affirmed in their cultural connections** - This means that teaching should also reflect students experiences as well as promote and respect their uniqueness and similarities.
- 2. Teachers are personally inviting** - They build authentic, caring relationships, build a bridge between the school culture and children's culture, accept students for who they are, teachers are warm, supportive, approachable, patient, understanding, enthusiastic, flexible and stay on task.
- 3. Learning environments are physically and culturally inviting** - Classroom displays are seen to represent different cultural groups that are represented in class, they celebrate the languages that students bring to the classroom, students see themselves and their cultures respectfully reflected in learning and teaching and are actively encouraged to take risks, receive help and express their creativity using cultural art.
- 4. Students are reinforced for academic development** - Teachers demonstrate the value of students by giving critical, analytical and frequent feedback; they allow students to think and/or formulate a response, use probing techniques, break tasks into small workable chunks; effectively use multiple modalities of learning to increase student achievement; and use multiple and on-going assessments to determine student progress, for example, inquiry-based learning, collaborative work, portfolios and student production.
- 5. Instructional changes are made to accommodate differences in learners** - Students excel and develop when they learn in ways that are natural to them. Teachers consider students' cultures and language skills when developing learning objectives, continuously review lesson content to reflect students' culture and different ways of learning and to facilitate independence in divergent thinking and action; teachers also provide opportunities for young people to explore their own stereotypes and unlearn the misinformation they have acquired about individuals who differ from them.
- 6. Classroom is managed with firm, consistent, loving control** - Teachers model the class/school expectations so there is student understanding, internalisation, and application. Teachers separate the behaviour from the child, maintain the human dignity of the student when correcting inappropriate behaviour; and teachers help students recognise expectations that may differ between school and home /community.
- 7. Interactions stress collectiveness as well as individuality** - Teachers create an environment in which students can live in both worlds (school, home / community) without guilt, anxiety, and isolation. Teachers are culturally sensitive in assigning students' roles (e.g. ethnicity, religious affiliation, gender, socio-economic, ability, language). Teachers are aware that students come from single as well as communal families, so groupings and individual work are designed with these differences in mind.

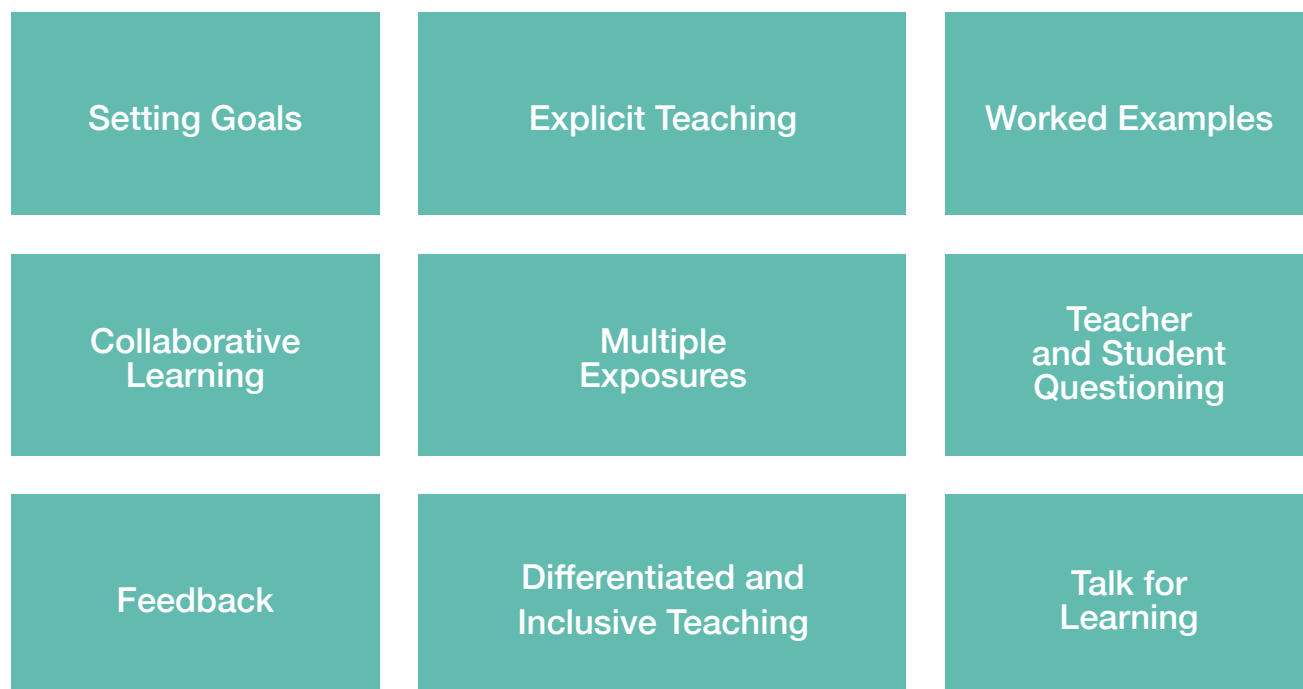
## 5.2 High Impact Teaching Strategies



This section is sourced from the MoE Literacy Teacher's Guide (draft, 2022).

High Impact Teaching Strategies (HITS) are research-based, culturally responsive strategies of 'what works best' in the classroom. The HITS alone do not represent a complete framework but provide an important pedagogical model to inform instructional practices in the classroom. In comparison to other strategies, HITS support the teaching and learning of concepts and skills, building knowledge, and developing deep understanding which significantly increases student learning, progress, and achievement. All children are capable of learning and improving. Research indicates the link between high expectations and high achievement of students, particularly students from disadvantaged backgrounds. All students need to be challenged and engaged to fully develop their potential. Clearly articulated HITS (see Figure 4) support this culture of high expectations through challenging and supporting student learning needs. In Fiji, the following strategies are suggested to improve learning outcomes for all students, particularly those who are most vulnerable such as students from disadvantaged backgrounds or marginalised groups and those with learning difficulties or disabilities.

**Figure 4: High Impact Teaching Strategies include:**





Setting goals	Explicit teaching	Worked examples	Collaborative learning
<p><b>Overview</b></p> <p>Lessons have clear learning intentions with goals that clarify what success looks like.</p> <p>Lesson goals always explain what students need to understand, and what they must be able to do. This helps the teacher to plan learning activities, and helps students understand what is required</p>	<p><b>Overview</b></p> <p>When teachers adopt explicit teaching practices, they clearly show students what to do and how to do it.</p> <p>The teacher decides on learning intentions and success criteria, makes them transparent to students, and demonstrates them by modelling. The teacher checks for understanding, and at the end of each lesson revisits what was covered and ties it all together.</p>	<p><b>Overview</b></p> <p>A worked example demonstrates the steps required to complete a task or solve a problem.</p> <p>By scaffolding the learning, worked examples support skill acquisition and reduce a learner's cognitive load.</p> <p>The teacher presents a worked example and explains each step. Later, students can use worked examples during independent practice, and to review and embed new knowledge.</p>	<p><b>Overview</b></p> <p>Collaborative learning occurs when students work in small diverse groups and everyone participates in a learning task.</p> <p>There are many collaborative learning approaches. Each uses varying forms of organisation and tasks.</p> <p>Collaborative learning is supported by designing meaningful tasks. It involves students actively participating in negotiating roles, responsibilities, and outcomes.</p>
<p><b>Key elements</b></p> <ul style="list-style-type: none"> <li>Based on assessed student needs</li> <li>Goals are presented clearly so students know what they are intended to learn</li> <li>Can focus on surface and/or deep learning</li> <li>Challenges students relative to their current mastery of the topic</li> <li>Links to explicit assessment criteria</li> </ul>	<p><b>Key elements</b></p> <ul style="list-style-type: none"> <li>Shared learning intentions</li> <li>Relevant content and activities</li> <li>New content is explicitly introduced and explored</li> <li>Teacher models application of knowledge and skills</li> <li>Worked examples support independent practice</li> <li>Practice and feedback loops uncover and address misunderstandings</li> </ul>	<p><b>Key elements</b></p> <ul style="list-style-type: none"> <li>Teacher clarifies the learning objective, then demonstrates what students need to do to acquire new knowledge and master new skills</li> <li>Teacher presents steps required to arrive at the solution so students' cognitive load is reduced, and they can focus on the process</li> <li>Students practice independently using the worked example as a model</li> </ul>	<p><b>Key elements</b></p> <ul style="list-style-type: none"> <li>Students work together to apply previously acquired knowledge</li> <li>Students cooperatively solve problems using previously acquired knowledge and skills</li> <li>Students work in mixed groups that foster peer learning</li> </ul>



Multiple exposures	Teacher & Student Questioning	Feedback	Differentiated and Inclusive teaching
<p><b>Overview</b></p> <p>Multiple exposures provide students with multiple opportunities to encounter, engage with, and elaborate on new knowledge and skills.</p> <p>Deep learning develops over time via multiple, spaced interactions with new knowledge and concepts. This may require spacing practice over several days and using different activities to vary the interactions learners have with new knowledge.</p>	<p><b>Overview</b></p> <p>Questioning is a powerful tool and effective teachers regularly use it for a range of purposes. It engages students, stimulates interest and curiosity in the learning, and makes links to students' lives. Questioning opens opportunities for students to discuss, argue, and express opinions and alternative points of view. Effective questioning yields immediate feedback on student understanding, supports informal and formative assessment, and captures feedback on effectiveness of teaching strategies.</p>	<p><b>Overview</b></p> <p>Feedback informs a student and/or teacher about the student's learning relative to learning goals.</p> <p>Feedback redirects or refocuses teacher and student actions so the student can align their effort and activity with a clear outcome that leads to achieving a learning goal.</p> <p>Teachers and peers can provide formal or informal feedback. It can be oral, written, formative or summative.</p> <p>Whatever its form, it comprises specific, constructive advice a student can use to improve performance.</p>	<p><b>Overview</b></p> <p>Differentiated teaching describes methods teachers use to extend the knowledge and skills of every student in every class, regardless of their starting point.</p> <p>The objective is to lift the performance of all students, including those who are falling behind and those ahead of year level expectations.</p> <p>To ensure all students master objectives, effective teachers plan lessons that incorporate adjustments of content, process, product and/or assessment</p>
<p><b>Key elements</b></p> <ul style="list-style-type: none"> <li>Students have time to practice what they have learnt</li> <li>Timely feedback provides opportunities for immediate correction and improvement</li> </ul>	<p><b>Key elements</b></p> <ul style="list-style-type: none"> <li>Plan questions in advance for probing, extending, revising, and reflecting</li> <li>Teachers use open questions</li> <li>Questions used as an immediate source of feedback to track progress/ understanding</li> <li>Cold call and strategic sampling are commonly used questioning strategies</li> </ul>	<p><b>Key elements</b></p> <ul style="list-style-type: none"> <li>Precise, timely, specific, accurate and actionable</li> <li>Questioning and assessment provides feedback on teaching practice</li> <li>Use student voice to enable student feedback about teaching</li> </ul>	<p><b>Key elements</b></p> <ul style="list-style-type: none"> <li>High quality, evidence-based group instruction</li> <li>Regular supplementary instruction, as required</li> <li>Individualised interventions</li> </ul>

Talk for Learning	
<p><b>Overview:</b></p> <p>Talk for learning means that students are provided with multiple planned opportunities to discuss their learning, their ideas, and the connections that they make as they learn new skills and new information. Student talk actively builds vocabulary and improves reading comprehension. Oral language is a key component of literacy and is an indicator of future achievement in reading and writing. As such, it is an important HIT across all areas of the curriculum from ECE to Year 13.</p>	<p><b>Key Elements</b></p> <ul style="list-style-type: none"> <li>Planned and intentional opportunities for sharing</li> <li>Encourages small group and pair work, along with productive whole class discussions</li> <li>Safe environment in which students are willing to take a risk with their learning and have the confidence to share their ideas and understandings</li> </ul>

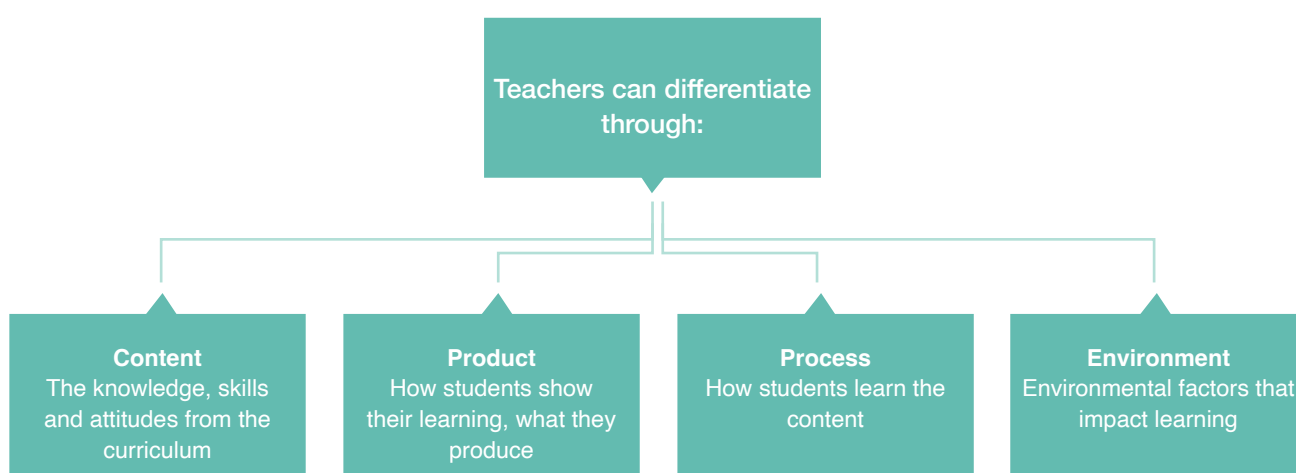
Sources: Hattie, J. (2009); Victorian State Government (2022).

## 5.3 Differentiated teaching

Another evidence-based and widely used approach is differentiated teaching, which is the practice of teachers adjusting the level of difficulty of tasks to fit the level of development of the student. For example, if the class activity is writing, some children may focus on writing one or two sentences, some children will conceptualise and write a longer story, and a child with an intellectual disability may work on letter formation or writing single words, depending on their capacity and individual learning goals. Differentiated teaching also works well in mixed-age classrooms. It provides more complex activities for children who are stronger in that area and more simple versions of the same activity for children who are not as advanced.

For example, in a mainstream classroom that has a child with reading problems, the teacher could give the student a modified or shorter version of the story that the whole class is reading. During activity time, the same child could retell the story to the teacher or write and draw their favourite part of the story while the rest of the class are expected to rewrite the whole story in their own words.

**Figure 5: Differentiation of content, product, process and environment**





**Differentiation of content** can occur in two ways: using alternative content to teach the same concept, and enhancing or augmenting existing content so that it is accessible to all students. Some examples include concept-based teaching, curriculum compacting, varied text and resource materials, mini-lessons, and tutoring. Differentiating content includes teaching the same concept but with different levels of complexity, depending on student's learning readiness.

**Differentiation of product** is about varying the ways students can demonstrate what they have learned, or assessing the same concept or skill but with different levels of complexity or with different options. For example, in a reading comprehension class, some students will be expected to summarise the story, another group to answer comprehension questions in writing, while others are asked to draw their understanding of the story. It is important to make the work challenging but not so difficult that students are not able to attempt it.

**Differentiation of process** refers to the various ways in which concepts and skills are taught to engage learning, for example, allowing auditory learners to listen to audio books and kinaesthetic learners to interact with three- or two-dimensional objects to learn a concept. Refer to the High Impact Teaching Strategies for ideas on process differentiation.

**Differentiation of learning environment** is about making classrooms conducive for all learners, including children with disabilities, for example, making sure there is enough space for wheelchair users to move around in the classroom. It also refers to the way the classroom is set up, the way children feel included and supported in class, use of groups as well as individual times, creation of quiet spaces or times with no distractions.

### **An example of differentiation**

During a social science lesson on 'My Community', a classroom teacher decides to place her students in their ability groups (differentiation of environment) as she would like them to focus on different things, depending on their ability (differentiation of content).

Group 1 members are independent learners so she has asked them to put together a presentation on their community (different jobs and ethnicities of people who live there, religion, schools, etc.). To do this, they can put together a survey which they can ask different people to answer and then report back on their findings.

The group will appoint someone to lead them. Group 2 has a mix of average and below average learners so their teacher has given them a questionnaire to kick start their activity.

They will decide how they would like to report their answers to the class. A student with hearing impairment is part of the group and has been assigned a sign language interpreter to assist her.

To add interest to her group discussion and report, she has been asked to find out about deaf people in the community. The different process that each group, including the deaf student, is asked to conduct their investigation is referred to as differentiation of process.

The way the students report back on their findings is referred to as differentiation of product. For example, Group 1 might present their findings using PowerPoint, Group 2 could talk about the different aspects of their community as well as put together a three-dimensional model. The deaf student might want to bring a deaf adult as a guest speaker to talk about his/her experience.

## 5.4 Tiered intervention



This section is taken from the MoE Literacy Teacher's Guide (draft, 2022).

Whilst it is important for teachers to support students who fall behind, it is more important to provide the right support based on how much the student is struggling. There are three levels (or Tiers) of support. Most students are in Tier 1 and teachers do their best to teach students in the way that fits their skill level and how they learn most effectively. If a child is not making progress with Tier 1 levels of support/intervention, they will receive Tier 2 support. This includes small group lessons, support from a teacher aide in the main classroom and other approaches (see table below). If students continue to struggle despite receiving Tier 1 and 2 intervention/support, they would receive Tier 3 support, which is the most concentrated level of intervention. Tier 3 can mean small group work and individual lessons in the main classroom with specialist support. The goal is that Tier 3 intervention will enable students to progress to Tier 2 and Tier 1.

### Examples of Tiers 1 -3 intervention:

Tiers of Intervention	Tier 1 <i>Universal intervention</i> for all students in the classroom making up the core classroom instruction (whole class differentiated learning)	Tier 2 <i>Targeted instruction</i> Often in a small group or individualised support (small groups of targeted students)	Tier 3 <i>Highly individualised instruction</i> with significant/intensive intervention and use of a specialty teacher (teacher aide) and Individual Education Plans (IEPs)
<b>Environmental Adjustments:</b>  Adjustments to the physical classroom environment	Display class timetable so that students know what is happening throughout the day.	Provide a visual timetable using pictures/symbols so that students know what is happening throughout the day.	Provide individual support to access daily timetable, making daily routines predictable and visible.
	Rearrange the classroom. For example, seat a child with learning difficulty or visual impairment near the front of the classroom so that she/he can copy notes from the board without making mistakes. Make places in the room for students to work quietly and without distraction, as well as places that invite student collaboration.	Seat certain students with difficulties focusing near an exterior wall so that they can stand against the wall when needed to maintain concentration.	Provide specialised desks or chairs to support physical development. For example: adapt furniture by lowering chairs, securing desks, or creating slant boards for writing support. This can help children with a physical disability.

Tiers of Intervention	<b>Tier 1</b> <i>Universal intervention</i> for all students in the classroom making up the core classroom instruction (whole class differentiated learning)	<b>Tier 2</b> <i>Targeted instruction</i> Often in a small group or individualised support (small groups of targeted students)	<b>Tier 3</b> <i>Highly individualised instruction</i> with significant/ intensive intervention and use of a specialty teacher (teacher aide) and Individual Education Plans (IEPs)
	Allow for movement breaks to assist concentration. For example, a two-minute break between teaching and activity time or as a way of transiting from one subject to the next.	Provide a manipulative object such as a squeeze ball; for students who have difficulty focusing and concentrating, e.g., for students with ADHD.	Arrange for access and movement specifically to allow mobility for a student with high needs. For example, adequate for wheelchair access inside classrooms.
	Limit visual clutter on the walls that might be more distracting than helpful.	Seat students close to the door so that they can move in and out of the classroom without distracting others.	Provide a desk with partitions to allow students to focus on their activity. This can be helpful for students with Attention Deficit and Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD).
	Using verbal and visual cues (such as drawings, cue cards, diagrams, pictures, videos, photos, or models) during delivery of lessons, repeating instructions and asking students to repeat instructions or important ideas to help consolidate.	Changing the amount of lighting or brightening or dimming lights can help children with autism or a visual impairment.  Provide reading materials, activities and/or instructions in large print.	The use of visual aid devices such as braille readers, magnification devices or voice activated devices for vision impaired students. Use of sign language interpreters for deaf students.



Tiers of Intervention	<b>Tier 1</b> <i>Universal intervention</i> for all students in the classroom making up the core classroom instruction (whole class differentiated learning)	<b>Tier 2</b> <i>Targeted instruction</i> Often in a small group or individualised support (small groups of targeted students)	<b>Tier 3</b> <i>Highly individualised instruction</i> with significant/ intensive intervention and use of a specialty teacher (teacher aide) and Individual Education Plans (IEPs)
	Play soft music to assist with maintaining a calm environment or use music to signal movement between activities.	Provide white noise throughout the day to help with sensory stimulation.  Restate instructions to Individuals or small groups who may have difficulty following or hearing and interpreting instructions.	Student may require specialist noise cancelling headphones. The teacher may need to wear a voice amplifier. The student may need to wear a hearing device or use sign language.
	After breaks, provide five minutes for short meditation, quiet time, or silent reading time to allow students to enter the classroom space and get ready for learning.		
<b>Curriculum Content Adjustments</b>	Set out a clear learning intention or learning objective for each lesson linked to the year level curriculum and explain why it is important and how it is linked to the real world.	Modify learning objectives for small groups based on their stage or phase of development. For example: a group of students may be working out of phase and instead of working on Year 2 curriculum, they first need to achieve the Year 1 outcomes.	Individual Education Plans, specific, tailored learning objectives will be needed.
	Alternate new learning with opportunities to practice and consolidate skills and learning.	Provide small group practice and extra opportunities to learn and consolidate new skills, ideas, and understandings.	Reduce the amount of content and ensure that it aligns with the goals expressed on the student's Individual Education Plan.



Tiers of Intervention	Tier 1 <i>Universal intervention</i> for all students in the classroom making up the core classroom instruction (whole class differentiated learning)	Tier 2 <i>Targeted instruction</i> Often in a small group or individualised support (small groups of targeted students)	Tier 3 <i>Highly individualised instruction</i> with significant/intensive intervention and use of a specialty teacher (teacher aide) and Individual Education Plans (IEPs)
Instruction/ Delivery (Process)	Provide materials that represent a balanced variety of cultures, religion, gender, interests, and home settings to reflect the diversity of students in the class.		
	Link new ideas to prior learning and cultural and religious values and practices where appropriate. Require students to retrieve their knowledge.	Provide opportunities for consolidation of prior learning.	Provided one-on-one individualised opportunities to link new ideas and express learning.
	Provide success criteria and a worked example of what success looks like for students.	Provide modified success criteria to meet the needs of the students.	
	Present ideas in a variety of ways - verbally, visually and using manipulatives, where appropriate.	Provide additional guided and supported practice and remodel to a small group of identified students. For reteaching the concept with several examples and manipulatives or math games.	Provide additional guided and supported practice and remodel. For example, during whole numbers lessons, students can be given many opportunities to practice like writing in the sand or a student with low vision can run their finger on numbers cut out on sand paper. Or a blind student can feel the braille representation of the number.
	Follow predictable procedures, where possible.		

Tiers of Intervention	<b>Tier 1</b> <i>Universal intervention</i> for all students in the classroom making up the core classroom instruction (whole class differentiated learning)	<b>Tier 2</b> <i>Targeted instruction</i> Often in a small group or individualised support (small groups of targeted students)	<b>Tier 3</b> <i>Highly individualised instruction</i> with significant/ intensive intervention and use of a specialty teacher (teacher aide) and Individual Education Plans (IEPs)
	Develop routines that allow students to get help when teachers are busy with other students and cannot offer immediate assistance.		One on one specialist assistance may be required depending on the level of need. Peer support can also help.
	Vary the length of time a student may take to complete a task in order to provide additional support for a struggling learner or to encourage an advanced learner to pursue a topic in greater depth.  Using tiered activities through which all learners work with the same important understandings and skills, but proceed with different levels of support, challenge, or complexity.	Break down tasks into smaller chunks and modify their quantity or complexity. Allow a student to complete the task in a different way from the rest of the class, giving the student/s more time to complete it. For example, allowing some students to do two activities so they can complete them while the rest do 10 at the same time or students may continue with current topic/concept while the rest of the class moves to the next level.	Significantly modify the quantity or complexity of a task to reflect the goals of their individualised plan and allow a student to complete the task differently from the rest of the class. If necessary, give the student more time to complete it.
	Select different resources to suit different learning preferences. For example, counting blocks, activity sheets, a computer program.	Use manipulatives to remodel and discuss ideas and concepts with a small group of learners who are working out of phase.	Use specialised resources targeted to the student's specific need to support learning.
<b>Record lessons so that students can revisit them. Video recording should include subtitles to assist deaf students. Audio recording is also important so that blind students can listen any time they want.</b>			



Tiers of Intervention	<b>Tier 1</b> <i>Universal intervention</i> for all students in the classroom making up the core classroom instruction (whole class differentiated learning)	<b>Tier 2</b> <i>Targeted instruction</i> Often in a small group or individualised support (small groups of targeted students)	<b>Tier 3</b> <i>Highly individualised instruction</i> with significant/intensive intervention and use of a specialty teacher (teacher aide) and Individual Education Plans (IEPs)
<b>Assessment Product</b>	Provide rest breaks as required during summative assessment tests. Refer to MoE exam policy for guidance.	Allow more time to complete an exam or assessment.	Allow as much time as needed for assessment to be completed.
	<b>Use rubrics that match and extend students varied skill levels</b>		
	Allow students to work alone or in small groups on their products.	Allow small groups to work on products.	Allow peer and specialist assistance based on level of need.
	Clarify assessment tasks, e.g., rephrasing questions, using simplified language. Blind students may need alternative questions if their assistive technology is not able to read graphs and tables.	Modify assessments by allowing a student to answer assessments orally or use a computer.	Allow students to use assistive technology, sign language interpreter, a reader and/or a scribe, where appropriate. Refer to MoE exam policy for guidance.
	Provide students with options on how to present the content such as: report, PowerPoint, poster, oral presentation.	Modify the content being assessed to have fewer assessable outcomes or alternative outcomes based on the student's phase of learning.	Modify the content being assessed to match the student's individualised plan.



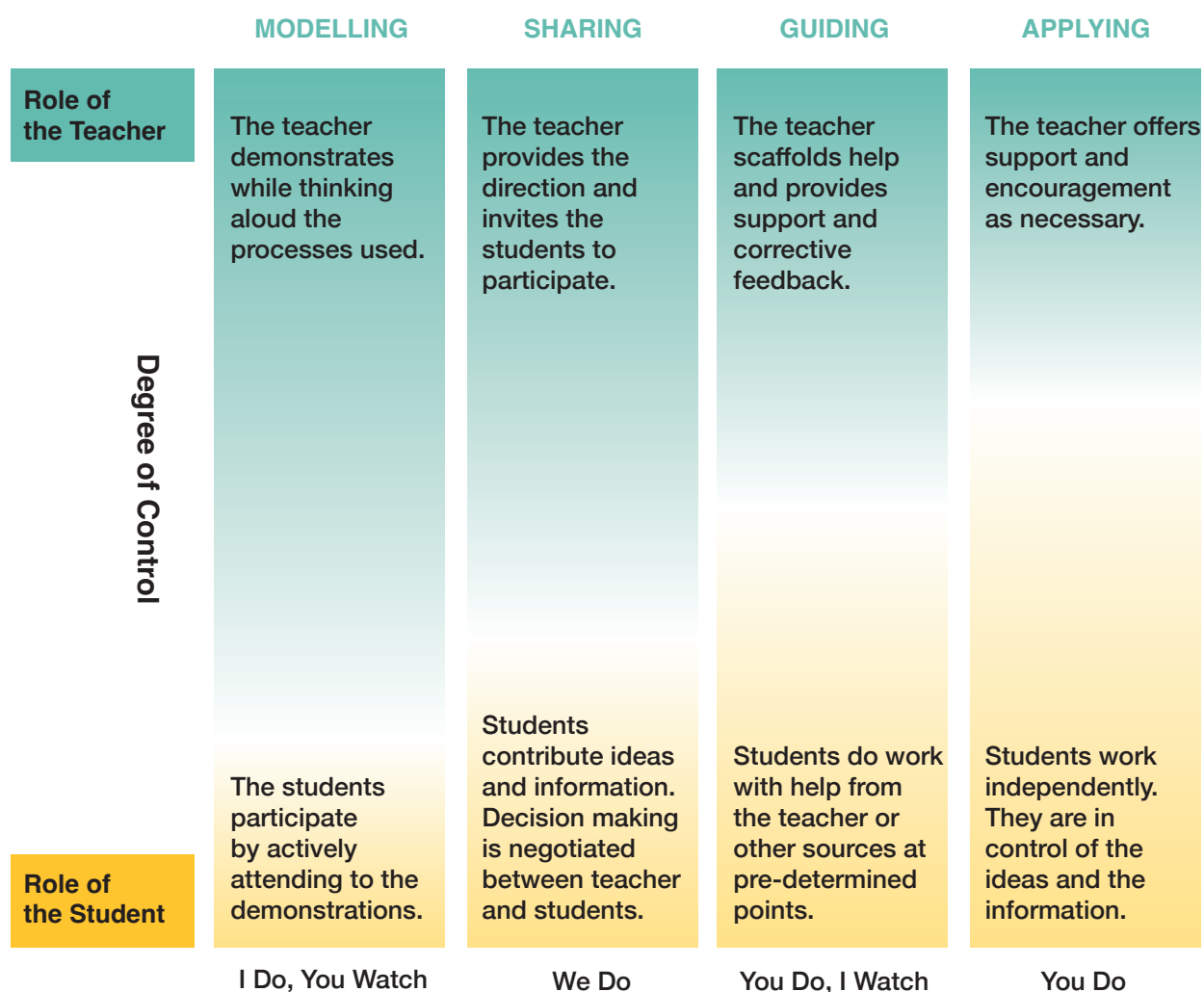
Tiers of Intervention	<b>Tier 1</b> <i>Universal intervention</i> for all students in the classroom making up the core classroom instruction (whole class differentiated learning)	<b>Tier 2</b> <i>Targeted instruction</i> Often in a small group or individualised support (small groups of targeted students)	<b>Tier 3</b> <i>Highly individualised instruction</i> with significant/ intensive intervention and use of a specialty teacher (teacher aide) and Individual Education Plans (IEPs)
	Conduct test assessments in quiet areas using materials in accessible formats.	Vary the format of an assessment task. This may include: written point form instead of reports or essays, oral or PowerPoint presentation instead of essay - an oral or typed assessment instead of handwritten -by providing one question at a time.	Vary the format of the assessment according to individual student need.



## 5.5 Modelling the activity (scaffolding)

The teacher models or demonstrates the expected behaviour or steps in completing a task, and then guides the student through the early stages of understanding. As the student increasingly understands, the teacher gradually withdraws support. The Gradual Release of Responsibility Model of Teaching and Learning (see Figure 6) shows how the teacher begins by demonstrating while the student actively attends to the demonstrations. Gradually the student participates and the teacher scaffolds and eventually just offers support and encouragement as the student works independently and is in control of the ideas and the information.

**Figure 6: Gradual Release of Responsibility Model of Teaching and Learning**



(Fisher & Frey, 2008).

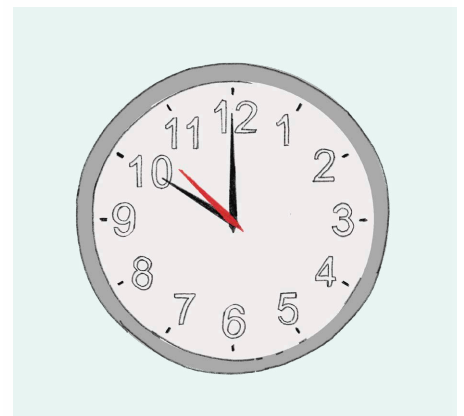
## 5.6 Cooperative learning

An important strategy in an inclusive classroom is cooperative learning. This involves organising students into mixed ability groups (four to six students) so that those with and without disabilities are working together and achieving academic as well as social learning outcomes. Work with the students to assign tasks based on their abilities and interests. For example, one student may be the 'materials manager' responsible for gathering the objects required for the group work; another may be the 'facilitator' who provides leadership in discussions, makes sure that everyone is heard and suggests solutions to team problems; the 'summariser' restates the groups conclusions and responses and prepares a summary of the group's efforts; the 'recorder' keeps a record of the groups ideas, seeks clarifications and checks how the group wants the information recorded; the 'presenter' presents the group's finished work to the class; another may be the 'encourager' who praises and affirms and records positive comments and actions. This allows students to work cooperatively and value their various contributions to the overall process and product.

Cooperative learning has been shown to be effective for all ability levels. It enhances self-esteem, results in greater transfer of learning between situations, increases higher level reasoning, generation of new ideas and solutions, and allows for ethnic, gender and disability-related attitudinal barriers to be broken down between students. Small group learning is a fundamental strategy for inclusion of students with disabilities in mainstream classrooms. It is time-effective for teachers as much of the learning is happening between students, changing the teacher's role from giving information to facilitating students' learning.

## 5.7 Additional time

Allow additional time as required for students to complete tasks. This time may be required for a range of reasons. For example, due to a Specific Learning Disability such as dyslexia, students may need more time to read or process the question and formulate answers; or children with vision impairments who are learning Braille may take longer to read a piece of Braille text before answering questions on it. There are many reasons it may be appropriate to provide extra time to students without disabilities; teachers are in a good position to determine the individual requirements of all their students.




## 5.8 Handouts

Handouts covering information such as instructions, key words or ideas and assignment topics can be of particular benefit to students who find verbal instructions or content written on the board difficult to hear, see, write down, remember or understand.



# Section 6

## Transition into Secondary and Post-School Environments

- 6.1 Additional considerations as students progress
  - 6.2 Science, Technology, Engineering and Mathematics (STEM)
  - 6.3 Transition into work or university life
  - 6.4 Goal setting
  - 6.5 Career advice and pathways
  - 6.6 Consideration for vocational skills training
- 



## 6.1 Additional considerations as students progress

Secondary school can present greater challenges for students as they are required to move more frequently between classrooms, explain their learning and support needs to multiple subject teachers, and manage the organisational and social requirements of larger schools and more complex timetables. Additionally, for many children transition to secondary school can mean moving away from home to a boarding school or to live with relatives in towns.

Post-secondary settings present additional challenges. Whether that means vocational training, work settings, or university, students with disabilities will need the skills and confidence to communicate about and obtain any reasonable accommodations/ support requirements.

Many strategies highlighted in this Guide are applicable for all children with disabilities, from early childhood education to secondary school settings. However, for some students extra considerations will need to be made when teaching particular subjects, such as science and vocational subjects.

## 6.2 Science, Technology, Engineering and Mathematics (STEM)

STEM is a term used to group together four academic disciplines- science, technology, engineering and mathematics. To provide students with disabilities the best opportunity to enroll into STEM courses at university, it is important that they are supported in STEM classes at secondary school level. Examples of STEM subjects in Fiji secondary schools include but are not limited to, Mathematics, Basic Science, Biology, Chemistry, Physics, Technical Drawing and Woodwork.

Below are some ideas to keep in mind to enable students with disabilities to access STEM education:

### Step 1: Consultation ('Nothing About Us Without Us')

- a. Seek guidance and support from the student, parents/guardians about their child's abilities and educational support requirements; this will inform the adaptations and accommodations that teachers will make.
- b. Ensure that any necessary assistive devices are available to the student.
- c. Utilise supportive teaching methods that support individual student's needs.
- d. Assess how the student responds to teaching methods and adjust if necessary; work as a team with the student to ensure problems and their solutions are identified.

### Step 2: Identify challenges or barriers

- a. Physical barriers can include laboratory and workshop access for students, particularly those with physical difficulties or vision impairments. This also includes Occupational and Health Safety (OHS) risks for each disability type.
- b. Time: Students may require more time to conduct experiments and projects.
- c. Attitude: Lowered family/community expectations for academic success, post high school or vocational training can be a key barrier to students enrolling in STEM subjects. Contrary to some assumptions, people with disabilities may bring exceptional skills to certain fields of work. For example, information technology programming jobs are well-suited for some people with autism due to high capacity to focus on detailed tasks over sustained periods of time.



- d. Lack of representation and role models of people with disabilities in STEM fields.
- e. Lack of appropriately modified and accessible science resources.

### Step 3: Workable solutions

- a. It may benefit the student to have a “buddy” to support the student in specific activities during class. This should be done in consultation with the student and their parents/guardians.
- b. Encourage STEM activities in the home. For example, conduct science, math and technical drawing activities at home prior to activities at school, if resources are available. This will alert parents to the academic needs of their child as well as increase the student's confidence to participate in STEM activities in the classroom.
- c. Students who have difficulty reading standard texts or viewing graphic images due to visual impairments can be assisted with large print, digital versions of books and learning materials, enlarged diagrams on the computer, braille, enlarge or tactile drawings.
- d. Students who have difficulty reading output from standard equipment because of a visual impairment can be assisted with interfacing lab equipment with computer, providing large print or speech output, scientific equipment with braille and large print markings. **Describing the content and visually displayed materials is a practical strategy widely used in Fiji.**

## 6.3 Transition into work or university life

Transition from secondary education to work life or university and college is a major hurdle that requires informed decisions, together with mental and emotional preparedness. When students with disabilities are well prepared, they will have more confidence to move into post-secondary school activities such as accessing post-secondary education, finding a job and developing life skills.

A transition plan outlining pathways and strategies should be designed in consultation with students with disabilities. A growing number of Fiji tertiary institutions have a Disability Resource Centre where students with disabilities can find the support and accommodation they need to effectively access their studies. Prior to enrolment, students should contact the Disability Resource Centres to discuss support services and other assistance in thinking through the transition to university.

## 6.4 Goal setting

A post-secondary school transition plan will require goal setting. It is recommended that this conversation starts at or before Year 10 so that students start considering career pathways and understand requirements for matching (or prerequisite) subjects. It is important to consider the following when formulating goals:

- Strengths and hobbies of the student
- What they'd like to do after secondary school
- Subject choice and career paths
- What is available locally for students with specific disabilities
- Affiliation to Organisations of Persons with Disabilities (OPD)

It is important to agree on what could be done to help students achieve their goals. For example, a day trip to the university of their choice so that they can talk to the Disability Resource Centre officers about available support services.

## 6.5 Career advice and pathways

Career counselling should start early in order to help students with disabilities choose the right subject combination for their choice of career. It is also important to consider workplace attachment options to allow students to have an experience of what it is like to work in an area of interest. Examples of workplace attachments include job shadowing and apprenticeship. Job shadowing is when a student observes or follows a professional for a short period of time in order to understand what they do and to determine whether they would like to do the same job or not. Job shadowing helps students to reflect on what they are passionate about, what they want to commit themselves to and to determine the career paths that they may want to follow. Apprenticeship is a more structured way of workplace learning with the aim of mastering certain skills.

## 6.6 Consideration for vocational skills training

Schools can link students to employment providers, universities, and other training institutions, such as Service Pro for further training, education or employment. However, before embarking on this process, consultations should be made with parents, caregivers, students and institutions for relevant support services and access audits.

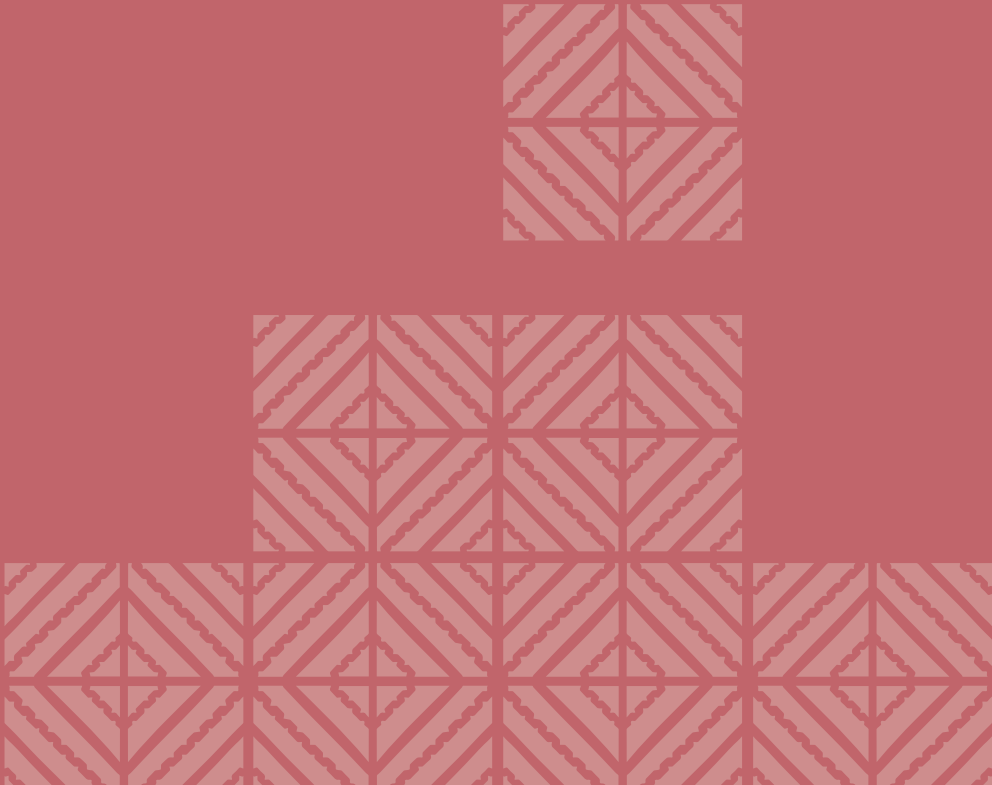
1. During enrolment, students with and without pre-vocational may wish to bring their student learning profiles, educational assessments and, if relevant, their medical assessments, to enable teachers to gather relevant information about them.
2. Students should be consulted on their area of interest or interested field of study.
3. Schools should allow 2-3 weeks of assessment to verify and finalise students' choice of program, which would be followed by allocation to different programs/ courses.
4. During and at the end of their training, a competency-based assessment should be used to assess students.
5. Transitioning to the workplace. As part of their transition, excursions can be made to different industries for job exposure before job shadowing is considered. A variety of places should be considered for excursions.
6. A practical way of showcasing students' talents is to invite prospective employers and higher education representatives to events such as open days and prize giving ceremonies to show displays that students have done.
7. Schools can help students write applications and send them out to prospective employers.
8. Schools can also support students by conducting mock interviews, organising orientation, coaching and mentoring and providing training to employers.
9. Follow up: This is critical to ensure that students have a smooth transition and to monitor their progress as well as to provide support to the student or employer when needed.





# Section 7

## Inclusive Assessment

- 7.1 Varied assessment options
  - 7.2 Approaches to assessment
  - 7.3 Three types of assessment
  - 7.4 Reasonable Adjustments or Accommodations
- 



## 7.1 Varied assessment options

The National Curriculum Framework stipulates that assessment provisions will be made for students with disabilities in both mainstream and special schools; and that assessment tools and strategies be flexible to suit the needs of students with disabilities.

Teachers should provide a range of options for students to choose from when testing their knowledge in a topic. For example, students could be offered the opportunity to write an assignment, prepare a poster or do a class presentation to show that they understand the topic being taught. This will enable all students with a range of strengths and learning difficulties to select the option best aligned with their learning preference. All assessments, including summative assessments such as exams and national literacy and numeracy assessments, need to provide reasonable accommodations to enable students to undertake the assessments and demonstrate learning (see 7.4).

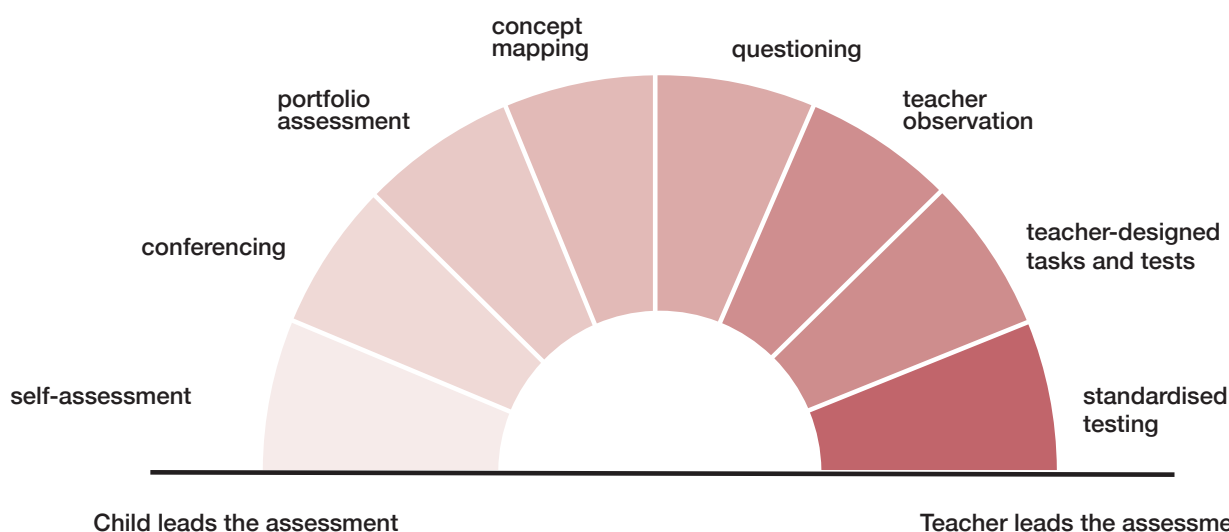


## 7.2 Approaches to assessment

Figure 7: Approaches to assessment



This section is sourced from the MoE Literacy Teacher's Guide (draft, 2022).



NCAA Ireland, 2007

**Formative** teacher evaluation, feedback, student self-assessment and visible learning strategies such as concept mapping have the highest impact on student learning when compared to test-taking (Hattie, 2009). Planning and embedding a range of formative assessment opportunities and using these to make instructional adjustments to learning and to provide an accurate picture of student progress is essential for effective learning, teaching, and assessing students.



**Formative assessment and feedback means regularly checking and informing students of their progress. This should be used to inform improvements in teaching and learning strategies**

Assessment Type	Planning and Organising	Resources	Strengths
<b>Self Assessment</b>	<ul style="list-style-type: none"> <li>Clarify the purpose and decide what information will be recorded and where.</li> <li>Agree criteria for success.</li> <li>Develop children's self-reflection skills.</li> </ul>	<ul style="list-style-type: none"> <li>Prompt questions and tools for students.</li> <li>Time for students to reflect on their work.</li> </ul>	<ul style="list-style-type: none"> <li>Promotes the child's independence and motivation.</li> <li>Provides information from the child's perspective.</li> </ul>
<b>Conferencing</b>	<ul style="list-style-type: none"> <li>Clarify the purpose, decide what information will be recorded and where.</li> <li>Organise learning activities for the rest of the students.</li> <li>Develop student's self-reflection skills.</li> <li>Identify appropriate language.</li> </ul>	<ul style="list-style-type: none"> <li>Samples of student work.</li> <li>Time to talk to the student/caregiver/colleague.</li> </ul>	<ul style="list-style-type: none"> <li>Provides information from the child's perspective.</li> <li>Builds links between home and school.</li> </ul>
<b>Portfolio Assessment</b>	<ul style="list-style-type: none"> <li>Clarify the purpose, decide what information will be recorded and where.</li> <li>Develop student's self-assessment and conferencing skills.</li> </ul>	<ul style="list-style-type: none"> <li>Materials such as display folders and/or software to create the portfolios.</li> <li>Storage space.</li> <li>Time to talk to each child about his/her portfolio of work.</li> </ul>	<ul style="list-style-type: none"> <li>Promotes the student's independence and motivation.</li> <li>Supports self-assessment.</li> <li>Provides samples of student's work as evidence of learning.</li> <li>Provides information from the student's perspective.</li> </ul>

Assessment Type	Planning and Organising	Resources	Strengths
Concept Mapping	<ul style="list-style-type: none"> <li>Clarify the purpose, decide what information will be recorded and where.</li> <li>Develop student's concept mapping skills.</li> <li>Select appropriate maps.</li> </ul>	<ul style="list-style-type: none"> <li>Materials and/or software to create the concept maps.</li> <li>Time to interpret the maps.</li> </ul>	<ul style="list-style-type: none"> <li>Provides visual representation of how and what students think and know.</li> <li>Provides evidence of changes in student thinking over time.</li> </ul>

Assessment Type	Planning and Organising	Resources	Strengths
Questioning	<ul style="list-style-type: none"> <li>Clarify the purpose and decide what information will be recorded and where.</li> <li>Formulate different types of questions.</li> <li>Decide the timing of questions.</li> </ul>	<ul style="list-style-type: none"> <li>Questions which support higher order thinking.</li> <li>Time to use different types of questions with different students.</li> </ul>	<ul style="list-style-type: none"> <li>Provides immediate feedback of student learning.</li> <li>Usually requires few tangible resources.</li> <li>Models good questioning for students.</li> </ul>
Teacher Observation	<ul style="list-style-type: none"> <li>Clarify the purpose, decide what information will be recorded and where.</li> <li>Plan suitable tasks for the students being observed.</li> <li>Organise activities for the students not being observed to minimise disruption to the teacher.</li> </ul>	<ul style="list-style-type: none"> <li>Observation templates.</li> <li>Time during class to observe.</li> </ul>	<ul style="list-style-type: none"> <li>Provides immediate feedback on student learning.</li> <li>Can be planned or spontaneous.</li> </ul>
Teacher-Designed Tasks and Tests	<ul style="list-style-type: none"> <li>Clarify the purpose, decide what information will be recorded and where.</li> <li>Prepare test questions and tasks which demonstrate understanding or skills.</li> </ul>	<ul style="list-style-type: none"> <li>Resources for teacher designed tasks and tests.</li> <li>Time during class to observe tasks.</li> </ul>	<ul style="list-style-type: none"> <li>Tasks provide evidence of learning in context.</li> <li>Provides samples of student work as evidence of learning.</li> </ul>



Assessment Type	Planning and Organising	Resources	Strengths
Standardised Testing	<ul style="list-style-type: none"> <li>Clarify the purpose, agree when tests will be taken.</li> <li>Choose the appropriate day, time, and organise the class.</li> <li>Determine what reasonable accommodations are required (see 7.4).</li> </ul>	<ul style="list-style-type: none"> <li>Test booklet per student.</li> <li>Test manual where appropriate.</li> <li>Time to administer, mark and interpret results.</li> <li>Accessible test formats other reasonable accommodations (see 7.4).</li> </ul>	<ul style="list-style-type: none"> <li>Indicated achievement compared to performance across schools.</li> <li>Helps to identify student strengths and weaknesses.</li> </ul>

## 7.3 Three types of assessments

**Assessment for learning** – this *formative or diagnostic assessment* would occur *prior to* beginning to teach a concept or unit of work. Assessment for learning provides data on what the student's current knowledge and understanding of the concept is prior to teaching. This data can then be used to guide planning and teaching so that student needs are targeted and is also an effective baseline for teachers to assess individual student growth and progress. Tools that are useful in gathering data prior to teaching include:

- **KWL chart** - what we **K**now, what we **W**ant to know and how will we **L**earn this
- **Graphic organiser** such as the 'Frayer Model'. View [www.frayer-model-template.com](http://www.frayer-model-template.com)
- **Journal** entry where students can draw and write their current understanding of a concept
- **Short pre assessment quiz**
- **Observations** from a group investigation or activity

**Assessment as learning** – this assessment is *formative, ongoing, and class-based*. This is an informal means of assessing, unlike more formal summative assessments such as tests or examinations. When assessing as learning, teachers may record information about a student's progress using some of the following assessment tools:

- **Checklists** of skills or learning behaviours



## ANECDOTAL NOTES Date: \_\_\_\_\_

Concept/Skill: \_\_\_\_\_

- **Anecdotal records** of observed student learning
- **Informal quizzes**
- **Interviews/conversation**
- **Self-assessment**
- **Samples of student work**
- **Oral and written responses to questions**

	Mastered	Progressing	Emerging	
			Needs Concept Instructions	Needs Basic Skill Practice
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
	Enrichment	Follow Up	Follow Up	

Absent: \_\_\_\_\_

**Assessment of learning** – This assessment is *summative* – meaning that it will *occur at the end of teaching*. This assesses what the students have learnt and demonstrates the impact of the teaching. Summative assessments should be planned prior to teaching a unit of work so that the teacher is clear about the intentions of the learning, and clear regarding the curriculum outcomes that will be assessed. Summative assessment may include an examination or test, a written assignment or performance of a task.

## 7.4 Reasonable Adjustments or Accommodations

Reasonable adjustments or accommodations are measures or actions to enable learners with disabilities to participate in education on the same basis as learners without disabilities. These should be applied to assessment processes as well as learning processes. Adaptations to assessment will depend on the nature and severity of the disability or disability types.

To help guide this process, below are some of the adaptations that will need to be considered. This is a general guide and should be tailored to the individual student, with consideration given to students who may have more than one type of disability. The adaptations are examples of what could be done and can be adjusted to student's individual needs. What works for one child may not work for another, therefore consultations will need to take place with the child, their caregiver and teacher before adaptations are finalised. For some students, reasonable adjustments to assessment content and criteria may gradually phase out as students improve in their learning.

### 7.4.1 Deafness and Hearing Loss



Also refer to MoE's Policy on External Examination and Assessment

#### Reasonable Accommodation

- Extra time.
- Separate exam venue.
- Provision of a sign language interpreter. Depending on the situation, the sign language interpreter may only be allowed to interpret the instructions, whereas in other situations, they will need to voice what is signed by the student, while a scribe types or writes the answers. This can be provided if the objective of the assessment is on the student's knowledge of the subject content rather than their ability to write comprehensive sentences. This assistance should not be provided if they are assessed for reading and writing comprehension. If students have learnt how to write fluently, they should write their own answers.
- Provision of a dictionary in case some words are unfamiliar.
- A short break as required.

## Modification of assessment content or criteria

- Rather than writing long paragraphs, students can be asked to draw or orally present / sign their answers.
- Depending on the purpose of the assessment as well as the student's proficiency of written language, understanding of the concept rather than the way they can write comprehensive sentences.

## 7.4.2 Blind and Vision Impairment

### Reasonable Accommodation

- Provision of Braille / tactile paper.
- Soft /digital copy of the exam paper.
- Provision of a laptop with JAWS or NVDA software.
- Provision of braille machine.
- Extra time.
- Separate exam venue.
- Enlarged font or exam questions printed on A3 paper.

## Modification of assessment content and criteria

- If graphs and tables have not been tactiled for students during their lessons, then it should not be done during exam as the student may not have been trained to use it. In that case, questions that are based on tables and bar or line graphs should be replaced by an alternative question that requires the student to demonstrate similar understanding.
- Picture graphs can be described to the student by a reader being careful that, the description given does not provide the answer to any of the questions.

## 7.4.3 Physical Disability

### Reasonable Accommodation

- Students who are not able to write due to a hand injury, arthritis, health impairment or disability should be provided with a computer to type their answers, or writers/scribes or voice-to-text software.
- Extra time.
- Separate exam venue.
- Provision of readers.
- Adequate space for mobility requirements.

### **Modification of assessment content and criteria**

- Students with a physical disability can do the same assessment as their peers unless the impairment co-exists with other impairments; in that case, refer to modifications for different impairment types.

## **7.4.4 Intellectual Disabilities and Social, Emotional and/or Behavioral Impairments**

### **Reasonable Accommodation**

- Extra time.
- Separate exam venue.
- Provision of scribe and or readers.
- Breaks within assessment time.
- Section of assessment to be carried out at different time or days.
- Use of computer programs or activities to conduct assessment.

### **Modification of assessment content and criteria**

- Some students with intellectual impairments may be able to sit for the internal and national exams, however, providing task based or formative assessments, including use of portfolio may provide a better opportunity for students to display their competencies.
- Some students can participate in mainstream assessments but with modifications such as oral presentations instead of long written exams; this depends on the severity of their disability.

## **7.4.5 Learning Disabilities (Dyslexia, Dyscalculia, Attention Deficit and Hyperactivity Disorder)**

### **Reasonable Accommodation**

- Extra time or split the test over several sessions.
- Separate exam venue with minimal distractions and noise.
- Provision of scribe and or readers.
- Provide a calculator.
- Breaks within assessment time, including permission to move around briefly in between assessment questions.



- Use of computer to automatically correct spelling.
- Multiple choice or true-false questions as an alternative to requiring written responses.
- Open book tests instead of recall-based tests.

### **Modification of assessment content and criteria**

- Dyscalculia - Numbers may need to be written in word form as well as numerical value.
- Some assessments could be done orally instead of written.
- Simplify language and highlight verbs in the directions.

## **7.4.6 Health Impairments**

### **Reasonable Accommodation**

- Extra time.
- Separate exam venue if appropriate at the time of assessment.
- Breaks within assessment time.
- Allow student to munch on a snack, for example, depending on the time of the day, students with diabetes may need an energy booster while doing the assessment.

### **Modification of assessment content and criteria**

- Is not applicable if the student's health does not affect their ability to think during assessment.

Note: Please refer to the Ministry of Education SIE Unit for more advice.






  
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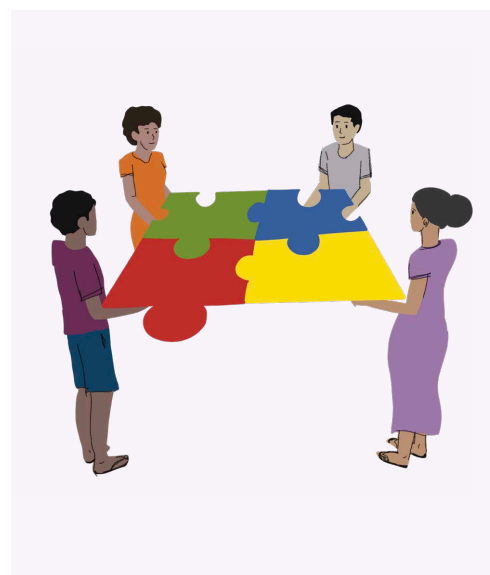
# Section 8

## Who is involved in Disability– Inclusive Education?

- 8.1 The role of Heads of School and Teachers
  - 8.2 Teacher Aides and classroom volunteers
  - 8.3 The role of the wider community
  - 8.4 Creating an accessible physical environment
  - 8.5 Linking with health workers and disability service providers
  - 8.6 Linking with special schools
  - 8.7 Inclusive Education Committee
  - 8.8 Family involvement
- 
- 
- 

**It takes a team for inclusive education to succeed.** Schools should aim to have the following people involved in supporting efforts to be an inclusive, learning-friendly environment:

- The children / students
- Parents / caregivers
- Head of School
- Teachers
- Inclusion Coordinator (a nominated teacher who is the focal point at the school for inclusive education, including providing support and training to other staff and coordinating school inclusion meetings)
- Teacher Aide or classroom volunteers
- Community Rehabilitation Assistant, health workers
- School Management Committee / Board
- District Education Office staff (support is available from a number of Ministry of Education staff who have received training in special / inclusive education)
- Specialist staff: therapists, disability service providers and school counsellors.
- Representatives from Organisations of Persons with Disabilities



## 8.1 The role of Heads of School and Teachers

There is strong evidence from numerous studies about the fundamental importance of having strong and supportive leadership from Heads of Schools to create an inclusive, learning friendly environment. Heads of Schools facilitate and support decisions to problem-solve and overcome barriers that arise related to the inclusion of children with disabilities. For example, supportive Heads of Schools enable appropriate decisions to be made about relevant accommodation for assessments, involvement of specialists, mentoring, coaching and professional development for staff, linkages with health and welfare services, linkages with communities, and negotiation with the school board.

The significance of a teacher's positive attitude, commitment, patience and willingness to try various strategies is impossible to describe. Good teachers see each child as an individual and seek to understand the various factors related to his or her learning and participation in the school. The teacher will advocate the needs of the child to the Head of School and will discuss the challenges and progress of the child with the parents or caregiver.

## 8.2 Teacher Aides and classroom volunteers

Teacher Aides exist in some schools in Fiji and they are an important addition to the school staff to support inclusive education. In some schools, volunteers can be trained to undertake a similar role. There are a number of important principles when thinking about how Teacher Aides or volunteers should help with inclusive education.

### **Principles for the involvement of Teacher Aides or volunteers:**

1. Teacher Aides or volunteers should be assigned to classrooms, not to individual students, and provide support to the teacher and to all students in the class. Even if the volunteer is a family member of the child with disability, it is important for that child to feel that other students sometimes need help and that the volunteer is available to help them.

2. To enable children with disabilities to have opportunities to learn, develop independence, participate and interact socially with their peers, it is important that they do not experience the constant presence of an adult 'hovering' over them. This is important for the student's self-esteem and sense of being like the other students.
3. Teacher Aides or volunteers can support whole class learning by being available to set up and/or facilitate small group activities, gather required materials for lessons during the day, and facilitate student interactions and communication.
4. Teacher Aides or volunteers should critically reflect: Could the student do this independently, and am I helping just out of habit? Could the assistance be provided by another student instead of me? If my help is needed, could I "aide then fade"?
5. All students in the classroom recognise the various adults in the room as resources to their learning, not simply as assistants for the child with disability.
6. Teacher Aides and volunteers should receive training and ongoing professional development in inclusive education, in particular to understand the value of supporting all students.
7. Peer support and cooperative learning should be emphasised as ideal strategies wherever possible.

## 8.3 The role of the wider community

Community members play an important role in many ways, such as: supporting families of children with disabilities to attend school; supporting school management committees and school leadership to make the changes to programming, policies and the school grounds to facilitate inclusion; volunteering in classrooms; teaching important cultural skills, Life Skills and vocational skills such as mat weaving, vegetable growing, mechanical skills, etc; assisting with transport to and from school for children with mobility impairments; supporting and including caregivers of children with disabilities who may have been excluded from social activities; working to ensure social, religious and sports activities in the community are inclusive of children with disabilities and their families; helping to identify out-of-school children with disabilities and support their referral to health and education services; addressing negative misconceptions and stigma and discrimination related to disability; volunteering to modify and refurbish parts of the school to make them more inclusive; and providing work experience for older students with disabilities and employment opportunities upon graduation.

## 8.4 Creating an accessible physical environment

School buildings, toilet and wash facilities, walkways and transport need to be physically accessible and safe for children, caregivers, teachers and volunteers with disabilities. This includes actions such as installing ramps and hand rails, widening doorways, and using tactile markers for people with vision impairment. Detailed information on creating an accessible school environment is available in the *Accessibility Design Guide: Universal design principles for Australia's aid program* at the following website: [www.dfat.gov.au](http://www.dfat.gov.au). Further ideas are provided in the chapters in this Guide on specific impairments.

## 8.5 Linking with health workers, disability service providers and OPDs

For some children, access to early intervention, rehabilitation, medical services and assistive devices/technologies is required to increase participation in education. It is important to identify issues such as hearing and vision impairment to link with specialist organisations to access training in sign language or Braille. The earlier the impairments are identified, the sooner children can begin to learn skills which enable them to overcome these barriers and engage more fully in education.



Organisations of Persons with Disabilities (such as the Fiji Disabled Peoples Federation) have local groups in many parts of Fiji and are important for networking and providing support and information for families of people with disabilities. Non-government organisations and faith-based organisations play a pivotal role in providing services in Fiji. Community Rehabilitation Assistants are linked to the district health services and provide an important entry point for linking with services.

Linkages between schools and disability services and Organisations of Persons with Disabilities will increase identification of children with disabilities in the community, and offer a mechanism for working with communities and families to increase support for enrolling and supporting children with disabilities in schools. (See *Fiji National Directory and Information for Disability Services* [www.ncpdfiji.org](http://www.ncpdfiji.org)).

## 8.6 Linking with special schools

As in many other parts of the world, special schools in Fiji have an important role to play in supporting regular schools in undertaking disability-inclusive education. Special school teachers have expertise to be mentors and provide ideas and support in identifying solutions to various barriers to education. Special schools are important locations for children with hearing or vision impairments to learn sign language and Braille at an early age prior to enrolling in local schools after they have learnt these and other adaptive skills. Special schools are often linked closely with disability and health services, which can assist regular schools in identifying the right services for referral or for accessing assistive devices and technologies. They are also important resource centers or the 'go to' place for surrounding mainstream schools. When special schools are well resourced with assistive devices and technology, disability friendly learning and teaching materials and equipment, qualified teachers and have access to allied health workers, they become valuable assets in supporting and sustaining inclusive education. This can include providing professional development, conducting assessments as well as sharing resources to build the capacity of mainstream classroom teachers and schools.

## 8.7 Inclusive Education Committee

Inclusive Education Committees in schools can include a range of relevant stakeholders, for example: the Head of School, Inclusion Coordinator, teachers, teacher aides and volunteers, representatives from the District Education Office, District Health service, local Organisations, the local Community Rehabilitation Assistant, and School management committees/boards. Membership is very dependent on the issues that the school includes within the mandate of the Inclusive Education Committee. Membership should ensure gender representation. If trying to reach out to out-of-school children is a priority, or raising awareness in the community about the right to education, then membership may include village leaders, faith-based leaders, women's group leaders, parents association, youth association.

## 8.8 Family involvement

This section is based on the resource book "Inclusive Education in Low Income Countries" (Mariga, McConkey, & Myezwa, 2014).

Parent, caregivers and families can have a significant impact on a child's education. Families know their child best and their involvement and cooperation in the child's schooling is very important.

Within this section the term caregivers will be used to describe those responsible for raising the child, in some cases this may be the child's parents, single parent, grandparents or other family/community members.

### 8.8.1 Why should caregivers be involved?

- Caregivers know the child's strengths and difficulties and their interests and dislikes. They may have strategies which teachers can utilise to assist the child to manage at school.
- Caregivers generally spend a lot of time with the child outside of school hours. There are many opportunities for continued learning within the home and community.
- Teachers may not be able to allocate as much individual attention to the child as caregivers can.
- Caregivers can promote the inclusion of the child into community activities and events, including religious events, community celebrations and use of local facilities.
- Caregivers often have a lot of information and advice which can be useful for teachers or other professionals working with the child.

### 8.8.2 Educational role of caregivers

Caregivers may need to be reminded of their roles and responsibilities which are vital in facilitating children's educational outcomes. Caregivers should:

- Respect every child's right to an education, health care and inclusion regardless of disability or special need and gender.
- Provide for the child's daily needs, e.g. food, clothing, shelter, menstrual health.
- Support and encourage the child to learn.
- Help the child develop basic life skills, e.g. personal care, communication and mobility.
- Understand that every child learns differently and some children need more time to learn than others.
- Be interested in the child's education and school activities.
- Observe and monitor how the child is going at school and in their social interactions.

### 8.8.3 How can schools assist caregivers to be involved?

- Develop a partnership with caregivers to facilitate a better education for the child. Be aware that some caregivers may not realise they should be involved or may not know how to get involved. Caregivers should be welcomed into the school and educated about the role they can play in the child's education.
- Hold regular caregiver-teacher meetings and encourage attendance.
- Ensure caregivers are involved in meetings to discuss the child's Individual Education Program and progress the child has made in school.
- Remind caregivers of the role they can play in helping the child with their homework.
- Invite caregivers to become part of the school committees.
- Educate caregivers about how to advocate for their rights and the rights of the child and empowerment of girls and boys with disabilities.

## 8.8.4 Reactions of caregivers to their child with disability

A caregiver's reactions and treatment towards a child with disability can have a significant impact on the child's development. It is important for teachers to understand how caregivers may have felt or are currently feeling so that appropriate support and education can be provided. Whilst most caregivers love their children with disabilities very much and appreciate the joy of parenting and watching their child grow, learn and achieve, there are some challenging feelings that are commonly experienced by caregivers of children with disabilities.

- Caregivers may feel isolated, frustrated, guilty and disappointed.
- The feelings associated with having a child with disability can lead to some caregivers rejecting their child.
- After the birth of a child with disability, following shock, feelings of anger and blame may occur.
- There may be limited knowledge about causes of disability, e.g., diseases, problems during pregnancy. Hence a caregiver may blame themselves, a partner or others.
- There may also be beliefs about superstition and witchcraft, which can lead to stigma and shame with other community members.
- Caregivers may despair and feel hopeless.
- Some caregivers may deny that the child has a disability. They may visit different doctors or traditional healers in search of a cure.
- Some caregivers might treat boys and girls differently due to gender norms and stereotypes.

## 8.8.5 How can teachers assist?

- Enable opportunities for caregivers to discuss/share their feelings about disability. Meeting and talking with other caregivers who have a child with disability can be helpful. Consider setting up a support group at the school to enable caregivers to come together in a space at the school.
- Provide factual information about the causes of disability (use the Factsheets in this Toolkit where relevant). Caregiver education sessions (with other family members, friends, and relevant members of the community also invited) can be beneficial – e.g. teacher arranges a presentation for caregivers of children with disability at the school (see 8.8.9).
- Where opportunities arise, educate the wider community about disability. Local beliefs and superstitions about causes of disability may need to be challenged to reduce stigma and increase acceptance and understanding of children with disability. For example, organise a workshop or awareness raising event.
- Caregivers will also benefit from hearing the success stories of children who have a disability e.g. - at school (awards/ achievements) and also after school, e.g., stories of students who have gained employment or are studying at university. Perhaps a student with disability who has graduated could come and speak to caregivers of children at the school. Caregivers of a child with disability who has been through school already could also come and speak about the benefits of inclusive education and share their story. Success stories could also be published in school newsletters or local newspapers.



## 8.8.6 What else is helpful?

- Teachers could allow caregivers to visit their child's class in order to see the teaching methods used in class. These approaches can then be transferred into the home environment.
- Home-based intervention can contribute to the child's education. If teachers are able to, arranging a home visit to see the child in their home can help teachers understand how the child is doing within their own home and allow teachers to educate caregivers and other family members.
- Short training course/seminars to cover practical activities that caregivers could use at home to help the child learn new skills.
- Ensure caregivers know about local resources/organisations or other community supports that can benefit the child and/or family. Organisations that provide services for children with disability could be invited to attend school events to raise awareness.

## 8.8.7 Ideas for parents/caregivers to support education at home and in the community

There are many everyday activities that caregivers may be involved with at home or in the community which provide opportunities for a child to learn.

Refer to the handout for caregivers which covers some ideas for activities (Appendix 10). Encourage caregivers to utilise these opportunities for learning and assist them to grade activities to make them appropriate for their child's current level. You can also provide caregivers with Fact sheets provided in the Toolkit, and available on the MoE website ([www.education.gov.fj/special-inclusive-education/](http://www.education.gov.fj/special-inclusive-education/)).

## 8.8.8 Assisting children with disabilities during remote learning

**Advice for parents which teachers can provide.**

### **Prioritising your child's welfare**

1. Talking can help children with their worries. Acknowledge your child's worries and listen actively when they want to talk. Give your child reliable information about how natural disasters or a pandemic might affect them.
2. Provide knowledge to your child on how to prevent the spread of diseases, e.g., COVID-19, including hand washing, wearing masks, and social distancing.
3. It can be difficult to look at the positive outcomes of school closures and the restrictions. However, it is important to be grateful for the little things in life. Children can be taught to think of the positive things around them, for example, mum and dad are spending more time with them now. Maintaining a positive outlook is important for maintaining a positive mental health.
4. Keep your child safe by having and maintaining open communication. Tell your child that if they experience anything unsafe or makes them feel uncomfortable or scared, they can talk to you about it and that you will not get angry or punish them.
5. Be alert to any signs of distress, and notice if your child is upset, secretive or obsessive with online activities.

6. Some children will find home learning difficult and will need your help. Let them focus on the lessons they are good at. When you have time, help them with the lessons which they find difficult.
7. Think about other things they can also learn while at home. For example as cooking, weaving, carving and gardening.
8. Use direct and simple instruction as possible.
9. To build your child's self-confidence, you can:
  - help them understand that they're learning and not expected to know everything – all students are different
  - “Progress is important; NOT perfection” - praise your child for progress that they have made when learning from home instead of focusing on areas where they not fully understanding.
  - remind them that learning at school is not just about literacy and numeracy - they're also learning important skills like getting along with others and managing daily challenges.
10. Talk to the school about bringing home assistive devices if they have not already been brought home.
11. Find out from your child's teacher whether they have an Individual Education Plan. Ask them to share this with you so that you understand where your child is up to in their learning.
12. Reassure your child of their role in the home and as a member of the family during an uncertain time.
13. Create a learning space for your child and give them time to adjust to a “learning from home” schedule.
14. Create a daily routine as a family where a stable and reassuring environment for your child can be created while learning from home. It can include activities that best your child with a disability so s/he can be engaged with other members of the family to feel included.
15. Engage children and teens to plan the routine for the day and the week. Children will follow this better if they help to make it.
16. Be mindful of attention spans. Some children have shorter attention spans and will need more breaks or incentive to complete tasks and activities. A progress checklist may help to monitor your child's progress.
17. Keep exercising and getting fresh air as this can improve the overall wellbeing of your child and the entire family.
18. Limit screen time to only a few hours a day as prolonged use of screen time as it can cause poor sleeping habits and take time away from other activities that can promote other areas of development.
19. Prepare a learning space for your children – if your child does not have a study desk, use the dining table or clear a space on the floor that is empty and clean and place a small mat or cloth for them to sit on. Due consideration should be given to children who have learning or physical challenges.
20. Keep in touch with your child's teacher at all times for additional support and advice.





## Support pathways for alternative models of education during remote learning

### Tips for teachers

1. Provide adapted worksheets, teachers, and parents' information sheets to support children with disabilities in home learning through platforms such as the MoE Learning Hub
2. Provide general advice and suggestions, such as activities, use of social stories
3. Post appropriate online resources such as you-tube gross motor activities, etc
4. Offer online counselling, parental support, and spiritual guidance to the children with disabilities in communities.
5. Provide one-on-one contact by phone/video link e.g., What's App, Facetime, Viber to provide advice, helping children with their timetable and roster at home, reassurance, training, demonstration or support.
6. Provide printed or online resources with instructions for care-givers that can support at home learning. Consider translating instructions in the child's home language. It is important that an adult is always available to guide the child when needed.
7. Some children with disabilities or younger children would benefit from visual schedules and reference to a schedule when moving on throughout the day.

### 8.8.9 Parent / caregiver support groups

Caregivers of children with disabilities can often be more marginalised from community development processes due to their additional carer responsibilities and greater risk of poverty. Through Parent / Caregiver Support Groups, caregivers and families of children with disabilities can be linked to services and programs run by government or non-government organisations. Both parents play an important role and gender stereotypes should be addressed to promote equal participation of mothers and fathers in care and support. The groups can be an opportunity for exchanging positive stories and ideas, or receiving emotional support. By coming together in support groups, caregivers are also empowered to think through the common challenges faced by other families of children with disabilities. This can lead to joint lobbying for support, sharing ideas and resources, and helping each other in ways which can provide respite or enable greater time for caregivers to seek employment or undertake training, or looking after siblings while caregivers take the child with a disability for treatment.





# Section 9

## Identifying and responding to the needs of children with specific impairments

- 9.1 Specific Learning Disabilities
  - 9.2 Intellectual Disabilities
  - 9.3 Deafness and Hearing Loss
  - 9.4 Vision Impairment
  - 9.5 Speech and Language Disorders
  - 9.6 Physical Impairments
  - 9.7 Social, Emotional and/or Behavioural Impairments
  - 9.8 Other Health Conditions
- 



The following chapters provide information to help identify areas of difficulty that a student may have and a range of strategies to address the learning support needs of the student.

Each chapter includes:

- A definition of the disability or impairment
- Information on possible causes
- Common characteristics / signs
- Strategies to assist teachers and teacher aides
- Equipment or aids that may assist the student (assistive technology)
- A case study example of including a student with that type of impairment at school.

Some children will have multiple impairments, which require the reader to refer to several different chapters for information.

The **Glossary** includes explanations of some terms. Further information is available on a range of disabilities and conditions in the Factsheets that are included in the Toolkit.

Remember, all children have the capacity to learn and develop. Even two children with the same diagnosis will not necessarily have the same functional capacity or difficulties. Teachers are cautioned not to make assumptions about an underlying condition or disability on the basis of information from the lists of characteristics / signs.





## 9.1 Specific Learning Disabilities

### Definition

Specific Learning Disabilities (SLDs) are neurological, cognitive, life-long disorders in the processes that deal with the acquisition, retention, understanding, organisation or use of verbal and/or non-verbal information. They are due to the way the individual's brain is 'wired' and may affect listening, thinking, speaking, writing, reading, spelling or mathematical calculations.



Highly recommended website full of information on strategies for children who learn and think differently [www.understood.org](http://www.understood.org)

### A few useful facts about Specific Learning Disabilities:

- The most common Specific Learning Disabilities are:
  - **Dyslexia** – impacting reading and writing (for example, decoding, comprehension, spelling and written expression – the majority of people with an SLD have dyslexia).
  - **Dyscalculia** – impacting mathematics (for example, computation and numeracy problem solving).
  - **Dysgraphia** – or 'written language disorder', related to difficulties transcribing / writing, including representing speech sounds by means of phonetic symbols. It impacts handwriting, typing and spelling.
- SLDs range in severity and vary from person-to-person.
- People with an SLD **have average to above-average intelligence**. See Appendix 11 for a case study on Orlando Bloom, actor and dyslexia activist.
- SLDs are **different from intellectual disabilities** in that they are specific and not global (generalised) impairments of brain function. This means that an SLD will only impact particular areas of learning such as spelling or memory whereas an intellectual disability will impact many aspects of an individual's functioning.
- SLDs can co-exist with other disabilities.
- In the school environment, an SLD can impact the tasks of reading, writing, spelling, maths, organisation, time management or comprehension.
- SLDs are permanent and do not disappear as the result of therapy or tutoring, however some interventions will reduce the impact of an SLD.
- Five to 10 percent of the world's population are estimated to have an SLD. This is difficult however to accurately measure, especially in less-resourced settings, due to limitations in access to practicing psychologists who can help to formally diagnose this condition.
- SLDs are not the result of low intelligence or laziness.
- People with an SLD can display unique and ingenious approaches to problem solving.
- SLDs can co-exist with giftedness (IQ of 120 and above).

### **Caution!! Be careful not to make a false diagnosis**

Not all children with difficulties in reading, writing or mathematics have a specific learning disability. There are many other factors which can explain why children experience difficulty with learning. **It is important that**



**teachers do not jump to conclusions about the presence of an SLD.** Limited access to reading materials, hunger, lack of electricity, family members who cannot or do not support reading at home, or poor teaching are some of the factors, other than an SLD, that can result in difficulties with learning.

A formal diagnosis of a specific learning disability is made by a psychologist who uses a range of tests to determine the individual's cognitive strengths, weaknesses and academic skill level. From this information, the psychologist will recommend a range of strategies and study supports relevant to the educational inclusion of the individual student. It is likely that there will be some children in every school who have an SLD. Dyslexia, impacting literacy skills, is the most common SLD that teachers will encounter in the mainstream classroom.

## 9.1.2 Causes of Specific Learning Disabilities

This section draws on the work of MacKenzie, Bower and Owaineh (2019). The cause of SLD is not well understood. It is important to know that SLDs are related to neurological differences in the brain and are not caused by poor parenting, lack of access to education or an acquired brain injury. There is often a genetic link to SLDs. For example, in many but not all cases, a child, cousin, parent and grandparent can present with indicators of an SLD. Brain imaging research has identified that there are differences between the brain activities of individuals with dyslexia compared with proficient readers, when involved in reading activities.

To assist in identifying particular characteristics of an SLD, indicators are generally assigned to specific SLD categories. However, not all children with a suspected SLD will present with all of the mentioned factors. Children will usually present with their own unique combination of characteristics, with difficulties in a few aspects of cognitive functioning which impact their learning.

### Dyslexia

Dyslexia is a term used to identify people who process written material differently from the general population. It affects word recognition, differentiating sounds in words, reading comprehension, spelling and decoding, memory and sequencing. These difficulties typically result from a deficit in the phonological component of language. Dyslexia runs in families and can be genetically transferred, however, it may affect only one child in the family and can miss a generation before reappearing. It is more common in males. Some people with dyslexia are highly skilled in other areas such as problem solving, creativity and interactive skills. Some people with dyslexia may also experience difficulties with mathematics which may be caused by language difficulties rather than a specific mathematical learning difficulty.

### Dyscalculia

Dyscalculia is a genetic or developmental learning difficulty that affects a person's ability to do math and tasks that involve math. Children with dyscalculia struggle with simple number concepts, differentiating numbers and working numbers in general. People do not outgrow dyscalculia and may continue to struggle with it as adults. Dyscalculia can occur across all levels of intellectual ability. It can vary from person to person, and can affect people differently, particularly at different stages of their life. Like dyslexia, people who have dyscalculia may perform better or be highly skilled in other areas of learning.

### Dysgraphia

Dysgraphia is a specific learning disorder in written expression, which runs in families. It is characterized by the person having difficulty converting the sounds of language (phonemes) into written form (graphemes), or knowing which alternate spelling to use for each sound. The student may have difficulties forming letters, writing grammatically correct sentences, spacing letters correctly, ordering words correctly and writing complete words without skipping letters. Students with dysgraphia may speak more easily and fluently than they write. Dysgraphia often occurs with attention difficulties and dyslexia. The writing skills of people with dysgraphia can be improved.

## 9.1.3 Characteristics / signs

### Dyslexia

Children with dyslexia may display some of the following characteristics:

- Difficulties in learning the names and sounds of letters.
- Listening comprehension better than reading comprehension.
- Reads slower than peers due to difficulty in decoding words.
- Often confused by letters which look similar (b/d, p/g, p/q, n/u, m/w).
- Has difficulty reading unfamiliar words or sounding out words one syllable at a time.
- Misreads or omits small words (for, of, with an, it) and word endings (-ing, -ed, -ly, -s).
- Inconsistent and unpredictable spelling patterns; including spelling the same word differently within one writing task.
- Has difficulty understanding what they are reading, but can understand when listening to a story.
- Confusing and muddling up the order of letters in words or right from left.
- Experiences visual disturbances when reading a text; a child may say words appear blurred or that they move around the page.
- Finds it hard to learn sequences such as the alphabet, days of the week or months of the year.
- Slow handwriting speed; poor handwriting and letter formation.
- Difficulties copying written text or spends longer than peers to complete written work.
- Has difficulties in manipulating sounds, rhyming, phoneme isolation, syllable division, blending sounds, discriminating sounds and may mix up similar sounding words.
- Large discrepancy between Intelligence Quota score and level of work produced.
- Reads and re-reads text before understanding its meaning or forgets information after reading long passages.
- Has difficulty understanding underlying themes and ideas when reading.
- Learns best through hands-on learning, rather than written instruction.

### Dyscalculia

Children with dyscalculia may display some of the following characteristics:

- Difficulty differentiating numbers.
- Difficulty knowing which of two different numbers is bigger or arranging numbers in ascending and descending order.
- Difficulty playing games that involve numbers and / or maths.
- Lacks effective counting strategies.
- Difficulty counting quickly and doing basic maths calculations.
- Difficulty telling the time.
- Difficulty counting money.
- Difficulty solving problems involving numbers such as estimating speed, distance and time, calculating volume and making approximations using numbers.

- Difficulty counting backwards.
- Difficulty understanding place value.
- Slow to perform calculations.
- Struggles to understand information on graphs and charts.
- Poor mental maths skills (unable to answer a mathematical problem quickly).
- Poor or lack of understanding about the function of mathematical symbols ( $\div \times + - =$ ).
- Difficulty mastering math facts and equations that are required to complete a calculation.
- Makes mistakes or number reversals (e.g., 6 instead of 9, 78 instead of 87).
- When completing a calculation, the child may leave out numbers or miss a calculation symbol.
- May do mathematical calculation one day, but forgets the next.
- Struggles to understand that  $4 + 2$  is the same as  $2 + 4$ .
- May begin a calculation going in the wrong direction.
- Poor working memory: may struggle to keep a score during games or may be unable to recall a sequence of numbers.
- Inability to grasp and remember mathematical sequences, rules, formulas and concepts.

## Dysgraphia

Children with dysgraphia may display some of the following characteristics:

- Problems spelling accurately and fluently.
- Problems organising ideas in written language with correct structure, grammar and cohesion.
- Messy handwriting, difficulties spacing letters correctly or writing in a straight line.
- Difficulties forming letters or writing clearly enough to read back later.
- Difficulties holding and controlling the pen or pencil.

### 9.1.4 Strategies to Assist

Teaching and learning strategies used for students with SLDs have been reported as valuable strategies for all students. Many of the strategies below are useful techniques for the entire classroom, however, children with dyslexia or reading difficulty will need targeted reading and writing remedial lessons. Appendix 12 provides a more extensive list of strategies than the short list provided here. It is important not to blame the child for their learning barriers or accuse them of not trying hard enough. Their SLD is a genuine neurological difference, originating in the brain, which can impact their ability to engage in a range of learning activities. It is also important to recognise that children with SLDs can learn, but may require different strategies to ensure that they are successfully engaging in all learning activities.



**Not all strategies are relevant for every student. Work closely with the student to identify which strategies work best.**



#### Remember:

1. Discuss with the student before altering approaches to teaching and learning.
2. The student is a great resource for determining useful strategies.
3. Some students may want their SLD to remain private so be careful when implementing strategies to ensure that the student does not stand out.

## Setting up the classroom

- Limit visual / auditory distractions.
- Ensure a clutter-free workspace (for example, only have the current task on the student's desk with unnecessary books packed away).
- Ensure only the most relevant information is on the blackboard.
- Provide a handout with information from the blackboard for students who have difficulty copying information down.
- Consider where the student is sitting, they may prefer to sit close to the front where there are fewer distractions.

## Adapting the lessons



**Refer to the Years 1 and 2 Literacy Teacher's Guide for more explanation, activities and strategies**

- Differentiation of sounds and letters must be taught explicitly and repeatedly. Focus on a few sounds and letters at a time.
- Teach individual sounds while focusing on a set of sounds and letters, for example, s,a,t,p,i,n (phonics).
- Introduce a combination of sounds once children are familiar with the individual sounds. For example, by using the sounds and letters above, students and teachers can form the words: as, at, an, in, is, it, pan, tan, nap, sap, sat, pat, pin, tin, spin, span and snip. Repeat and progress at the students' pace.
- Assessing and understanding students' abilities is important so teaching can be targeted to challenge but not overwhelm them.
- Introduce spelling whilst teaching phonics to develop phonetic awareness.
- Start with basic reading passages and increase difficulty as the student improves.
- Use reading passages which are relevant, engaging and connected to students' context and background.
- Use the child's first language or mother tongue if possible, particularly for younger students.
- Use multi-sensory teaching methods such as two and three dimensional letters, spelling games and writing on different surfaces.
- Encourage collaborative group work so children can support each other.
- Understand the individual student's learning preferences and tailor the teaching to how the student learns best.
- Use clear, direct instruction.
- Provide handouts to students for important tasks such as assignments.
- Break down each reading task step by step.
- Use pictures or diagrams when introducing new words.
- When teaching letters, encourage students to use their finger to write out letters in the sand or create letter shapes with clay.
- Ensure handouts and other written information is clearly presented, double-spaced, using a non-cursive font such as Arial or Comic Sans. These fonts have been identified as easier to read for students with SLDs.



- Leave writing on the board long enough for students to read or copy down. Ensure the student is not rushing; provide handouts to students with extreme difficulties copying from the board.
- Introduce each new activity with a clear description of the topic.
- When teaching a new topic, introduce all new words including their spelling and meaning.
- Start with easy skills that can assist in the development of more complex skills.
- Repetition may help when introducing new topics or concepts.
- Allow additional time as students with SLDs may take longer to complete their work.

## Communication

- Provide regular positive feedback and encouragement – focus on the child's strengths and recognise achievements.
- Develop an understanding of the student's learning style – what form of communication do they best respond to? Tailor your communication to best suit the student's needs.
- Be mindful of how instructions are provided – does the child know what is expected of him/her? Check the student has understood what is required. For example, if all steps are written on a handout, you may need to verbally explain or include pictures to help with comprehension.
- Be patient and repeat instructions when necessary – some students with SLDs may only retain the first two steps of a task. They will therefore require you to repeat instructions. Remember that this is not due to inattention but because they have difficulty holding a lot of information in their short-term memory.

## Building independence

- Challenge students – remember the student may be high-achieving in some areas, however have significant difficulty in a particular aspect of functioning.
- Do not modify or simplify tasks that the student can complete independently.
- Support the development of skills. Many children with SLDs may require more time and different teaching styles but can still achieve the same tasks as others.
- In group activities, allow the child with an SLD to focus on their strengths. For example, a child highly skilled at drawing or presenting could focus on this task while other group members do tasks that may be difficult for the student with an SLD.
- Make tasks challenging yet achievable – ensure the task is set at or just above a child's current skill level to improve their independence and experience of successful task completion.
- Make learning fun and interesting – ensure the child continues to enjoy activities that they are having difficulty with. If the task is meaningful, children are more likely to be involved.
- Help the child to develop confidence – when a child feels comfortable and confident in the classroom, their self-esteem can improve, and they may be more willing to attempt tasks they might find difficult.
- Provide students with constructive feedback that will support them to develop independent learning skills.

## Helping the student

- Get to know the student's learning preferences (for example, verbal, written, etc).
- Observe students in different tasks and subject areas to identify how they best learn.

- Monitor student progress and engagement in learning activities.
- Help the student recognise and draw upon their strengths.
- Ensure the student understands the meaning behind what they are learning and that they are not just rote learning information.
- Introduce different approaches to learning and help the student understand their preferred learning style.
- Encourage the child to ask for help when required.
- Remember that the child is not lazy.
- Encourage active retrieval of prior learning at the beginning at each lesson.

## Managing behaviour

A specific learning disability may be identified through secondary behaviours such as a child avoiding difficult work or being naughty in class to get out of a reading activity. It is common for children with an SLD to become frustrated from time to time, especially if they are aware they are not at the same level as their peers. This, in turn, can affect self-esteem and confidence and reduce motivation to try new tasks.

- Ask 'why'? – Try and identify the cause for the behaviour. This may help you to develop a behaviour management strategy. The ABC chart (Behaviour analysis template, found in Appendix 13) might help you identify the reason for their behaviour.
- Focus on addressing learning barriers rather than punishing the behaviour – If you identify why a student is frustrated with a specific task and provide relevant supports, negative behaviour is likely to reduce.
- Use High Impact Teaching Strategies (HITS) where students are actively engaged throughout the lesson, which assists with reducing incidence of poor behaviour.
- Be consistent with behaviour management approaches.
- Refer to section 4.7 on Behaviour Management / Positive Behavioural Support.

## Teaching resources

- Trial a range of sensory approaches until the student identifies their preference for learning. Use practical approaches and harness local resources. For example, using shells or seeds can support with counting or understanding new concepts.
- Raised magnetic letters and numbers on magnetic boards and manipulatives can support teaching and learning of numeracy. Two dimensional letters and numbers can also be made from sandpaper or materials with different surfaces.
- Use educational games such as spelling or counting games to support learning.
- Encourage access to books and provide options where possible. If a child selects their own book, they are likely to be more interested and willing to participate.

### 9.1.5 Assistive technology

Where available, explore adaptive or inclusive technology options. For example, computer software can include a screen reading software which reads text aloud. Built-in spelling checkers in writing software such as Word can help provide confidence and allow students to keep up with other students in writing tasks. Speech-to-text software (readily available on smart phones) can help students produce text instead of writing, which is particularly useful for students with dysgraphia.

## 9.1.6 Case Study: Alivereti dreams of being a designer



There are a number of fonts that may help students with dyslexia.  
The font used in this case study is OpenDyslexic.

When Alivereti\* was very young he had loved kindergarten and the first two or three years of school. He had lots of friends who found him very funny; he was good at sports, games, painting pictures, singing and dancing. His teachers were very friendly and kind. But as he got older, he found school very upsetting. He just could not seem to understand what he was meant to be working on, and he hated trying to copy writing from the blackboard. His work always seemed so messy and his teachers had started to call him lazy. He wondered whether he was indeed lazy. He felt that he must be stupid. And he was certainly embarrassed at being the one in the class who was always last to finish and who got the bottom marks for his work. Sometimes his teachers yelled at him to hurry up and start writing. Sometimes they rubbed the writing off the blackboard before he had finished copying it down, saying that he had to learn to speed up.

Homework was usually very stressful. If the homework was art work, he was fine and loved it. His art teacher thought he was very skillful. But if it was writing or reading, he just couldn't seem to work out what the activities were that he had to do. He was too embarrassed to tell his parents that he couldn't even figure out what the homework was meant to be. He was falling further behind and feeling nervous just thinking about going to school each day. He started feeling angry and moody in class. The only day he enjoyed was the day when sport, art and music were scheduled. In those classes he felt happy and confident and his whole mood changed.

One day, a visiting teacher came to work in his class for six months while his regular teacher had a baby. The visiting teacher noticed some of the difficulties Alivereti was having. Together, they spoke about all the things he enjoyed and felt confident at, and they spoke about the times when Alivereti felt frustrated and confused with school work. The teacher tried changing some of the ways she taught Alivereti. She made a print out of the homework he needed to work on each day; she sometimes arranged the students into groups and gave different responsibilities for reading comprehension tasks – one child would read the text out loud, another would read out the questions, and Alivereti was able to say the answers, and the other child wrote down the answers. They would present their work as a group and Alivereti was able to confidently join in the presentation.

Over time, Alivereti and the teacher worked out ways that suited him. He still had to work much harder than other children in some classes just to keep up, but he no longer felt stupid and he was happy to keep trying. He met an older man who had dyslexia and who had a great job designing hotels for the tourism industry. Alivereti felt that he could certainly apply his creative and clever brain to many jobs like that. He worked hard all through school and joined a technical college where he is now studying carpentry and design.

\* Names have been changed in all case studies.



## 9.2 Intellectual Disabilities

You may find several other terms used to describe intellectual disabilities, some of which include: developmental delay, developmental disability, global (or pervasive) developmental delay, mental retardation\* and mental handicap\*.

(\* these are considered offensive by many people).



**In the Student Learning Profile, children with intellectual disabilities will be identified as those having General Learning Difficulties.**

### 9.2.1 Definition

Children with intellectual disabilities do not have difficulties just in specific areas of the curriculum but across many areas of learning. Intellectual disability is characterised by significant limitations in both intellectual functioning and in adaptive behaviour, which covers many everyday social and practical skills. For the majority of people with an intellectual disability, this will impact on all areas of their development, such as thinking, remembering, communicating, social and self-care skills required for independent living.

**Intellectual disabilities are different from psychosocial impairments (or mental illnesses)**, which are characterised by a significant disturbance of thought, mood, perception or memory (common examples of mental illnesses are anxiety, depression, bipolar disorder and schizophrenia).

Intellectual disabilities can vary in impact from:

- **mild** – the person generally has difficulty with academic tasks but can learn to master some academic skills and generally live independently as adults.
- **moderate** – the person needs more significant help with completing academic school work but can generally master some communication, self-care and social skills as well as work and/or leisure skills.
- **severe to profound** – the person finds it difficult to perform most activities of daily living independently and will require constant care from adults for the duration of their lives.

Children with any level of intellectual disability can attend mainstream schools, dependent on the degree of support that is available. People with severe and profound intellectual disabilities can learn, have preferences and unique personalities. They may need to learn different things, for example life-skills such as learning the currency, telling the time, and communicating their needs and desires. Appendix 14 includes samples from Life Skills based curricula.

Children with intellectual disabilities may have distinct strengths and skills, including for example: humour, artistic, caring, upbeat and happy personalities, visual motor skills, spatial short term memory, music abilities, oral expression, personal intelligences, imitation skills, and craft skills.

Some children with intellectual disability may also have impairments in their physical abilities, hearing or vision, as well as have other health conditions such as epilepsy. Some children with Autism Spectrum Disorder (ASD) may have an intellectual disability. If you believe the student may have intellectual disability as well as another impairment, please also refer to other relevant chapters.

See Glossary terms *Acquired Brain Injury, Cretinism, Down Syndrome, Fragile X, Global Developmental Delay, Multiple impairments / multiple disabilities, Foetal Alcohol Spectrum Disorder*.

## 9.2.2 Causes of intellectual disabilities

For many intellectual disabilities, it is very difficult to determine the actual cause of the underlying condition. There are many possible causes of intellectual disabilities:

- **Genetic variation** – such as in Down syndrome or Fragile X syndrome.
- **Damage to the brain before birth** – Some illnesses experienced by the mother during pregnancy such as Rubella, or alcohol and/or drug use by the parents before conception or during pregnancy could potentially damage the developing child's brain.
- **Damage to the brain during, or soon after, birth** – Prematurity (less than 30 weeks) or oxygen deprivation around birth.
- **Damage to the brain after the child is born** (also referred to as Acquired Brain Injury) – This damage could be caused by a number of things including a fall or accident, brain tumour, illness (such as meningitis), poisoning (from lead, pesticides, certain medication or food), repeated long seizures, physical abuse or neglect, or extreme deprivation of stimulation as a child. Individuals with an Acquired Brain Injury will vary in their support requirements and capacity depending on: the part of the brain affected by the injury; the child's age when the injury was sustained; and the child's skills prior to the injury.

## 9.2.3 Characteristics / signs

Some intellectual disabilities will be obvious from birth or infancy, whereas others may not be visibly apparent. There are many different signs of intellectual disabilities. Generally a child with an intellectual disability will show several of these signs together.

Children with an intellectual disability may:

- Learn to sit up, crawl or walk later than other children their age.
- Have more difficulty talking than other children their age.
- Have difficulty learning new information and consistently struggle with many areas of the curriculum, including literacy and numeracy.
- Have difficulties with memory, problem solving, logical thinking and applying learning.
- Have difficulty understanding and following instructions.
- Be easily distracted and have a short attention span.
- Have difficulty following social rules or showing appropriate social behaviour.
- Have difficulty seeing the consequences of their actions, and may show no fear or appear not to care what people think of them.
- Have bodily features that are markedly different from other children, including unusually large or small heads, or a large protruding tongue.
- Have low confidence and need a lot of support to develop and use skills.
- Have limited communication skills or communicate through alternative verbal or non-verbal methods.
- Have poor fine and gross motor skills.
- Have low awareness of others' thoughts, feelings and experiences; low empathy, interpersonal communication skills, ability to form friendships and social judgements.
- Struggle with self-care (e.g., toileting, dressing, eating), school and work organisation.
- Have difficulty with classroom responsibilities (e.g., independently unpacking school bag, putting books and pencils in desk, doing jobs or duties).



## 9.2.4 Strategies to Assist



Not all strategies are relevant for every student. Work closely with the student to identify which strategies work best.

### Setting up the classroom

- **Make the space calm** – A quiet and calm workspace helps concentration. Create a clear desk or work space that is consistent every day.
- **Minimise distractions** – Think about where the child should sit in the classroom to minimise distractions. Some students might be best seated next to the teacher or another responsible classmate, and some might be best placed near the front of the classroom or chalk board.

### Adapting the lessons

- **Keep routines consistent** – Children with intellectual disability may struggle with changes to routine. Make routines as clear and consistent as possible so students can learn to expect what is coming up. If there is a change, let them know as soon as possible and plan for it.
- **Embrace repetition** – Repeating activities is often needed to learn skills.
- **Modelling or demonstrating the task** assists learning. Talk through the task as you are demonstrating.
- **Break tasks into steps** – If a task is too difficult for a student to achieve, break it down into achievable steps. Once they have mastered one step, add another. Over time, add multiple steps together so the child learns more complex instructions.
- **Make learning real** – Link what you are teaching to the child's experiences of everyday life. For example, if you are teaching the concepts of telling the time, relate it to the times the child does things in their general daily life. If you are doing a writing activity, encourage the child to write about their interests or something they have done recently.
- **Focus on life skills** – Ask yourself 'what are the life skills the child will need to function as independently as possibly in the community?' and focus your teaching on those. As the student learns at a slower pace than their peers, you will need to be selective about what you spend time teaching. There is little point spending valuable time teaching them how to memorise something that has no relevance to their life. Appendix 14 has examples of Life Skills concepts.
- **Adapt work to make it achievable** – If the content matter that the other students are doing is appropriate or worthwhile, you can simplify it for students with intellectual disability. For example, some students may be working on a grade six activity about animals of the Pacific and be expected to write a page about an animal of their choice. This could be adapted for a child with intellectual disability, who could write a short sentence and draw a picture of an animal of their choice.
- **Explore the senses** – Use a range of sensory experiences to encourage the student to engage in their learning. For example, if a child finds it difficult and is frustrated learning to write their name, you could let them trace it in sand, use a different coloured marker, make the shapes of letters in their name with their body, or sing the letters of their name so they can remember the order.

### Communication

- **Simplify your language** – When explaining tasks use simple language.
- **It is ok for students to admit they do not understand** – Teach students early on to say 'I do not understand' and make it socially acceptable to say. If they can tell you they do not understand, you can do something about it.



- **Visual and communication aids** – can help children understand what you are telling them, and communicate if they have difficulties speaking. You can make a poster with words or symbols relevant to the topic you are teaching to reinforce what you are saying and for students to point to. See Appendix 2 and 3 for ideas on creating visual and communication aids. Schools and families are encouraged to make communication cards and charts for children with context and subject relevant pictures.

## Building independence

- **Build independence** – It is ok for students with intellectual disability to take longer to complete the work and it is ultimately more beneficial and rewarding for students to be able to perform a skill by themselves. The level of independence you can expect will vary depending on the impairment and the opportunities she or he has had to develop skills.

## Helping students

- **Encourage appropriate requests for help** – Students with intellectual disabilities will need help from time to time. An important skill for these students is to be able to communicate requests for help. Teachers should identify appropriate strategies for the child to indicate the need for help and encourage children to do so, whilst balancing the important process of the child learning to face challenges and strive to achieve as much independently as possible. Strategies may include using sign language or pointing to a symbol on their communication aid that says 'help please' if their speech is difficult to understand. You can say "No I'm not going to help you yet, have another try" if you think the task is within their abilities, and of course praise them a lot when they try.
- **Peer support** – Create your classroom as a space where people help and share skills with each other; praise students when they ask their peers for help and when they help other students. Everyone has special skills that can be called upon.

## Managing behaviour

- **Praise** – Use a positive approach to behaviour management (see section 4.7 and Appendices 4 and 15), praising students regularly for everything they do that is focussed on the task, and doing your best to ignore minor attention seeking behaviours.
- **Reward systems** – Figure out something that motivates a student and use it as a reward. For example, a student could receive a reward of outside play or a special game if they receive an agreed number of ticks on a reward chart for good behaviour. Appendix 16 is an example of a Positive Behaviour Record which can be sent home to communicate with the family about good behaviour.

### 9.2.5 Assistive technology

- **Visual Schedules** – Providing students with a visual way of seeing their daily schedule can help them keep on task and prepare for transitioning from one task to the next. See Appendix 2 for more information on creating visual schedules.

### 9.2.6 Case Study: Suzzane enjoys learning using other resources

Suzzane\* attends an inclusive primary school on a remote island in the eastern division of Fiji. When she first enrolled, teachers had difficulty understanding her and she would often leave to wander the corridors during class time. In the classroom her attention span was very short and a teacher aide was assigned to support her. The teacher aide used local resources such as shells and seeds to teach her numbers and alphabets. Suzzane began to enjoy learning using these resources. Gradually she moved away from using them and began to write in her books. She now stays full time in class and participates in all class and school activities. Both Suzzanne and other children in her class enjoy helping each other with school work.

*\* Names have been changed in all case studies.*





## 9.3 Deafness and Hearing Loss

### 9.3.1 Definition

From WHO fact sheet: Deafness and Hearing Loss. (<https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss>).

A person who is not able to hear as well as someone with normal hearing (normal means hearing thresholds of 25 decibels or better in both ears) is said to have hearing loss. Hearing loss may be mild, moderate, severe or profound. It can affect one ear or both ears, and leads to difficulty in hearing conversational speech or loud sounds.

'Deaf' people mostly have profound hearing loss, which implies very little or no hearing. They often use sign language for communication.

'Hard of hearing' refers to people with hearing loss ranging from mild to severe. They usually communicate through spoken language and can benefit from hearing aids, captioning and assistive listening devices. People with more significant hearing losses may benefit from cochlear implants.

See Glossary: Conductive hearing loss, Deafness, Deaf Blind, Hearing loss, Sensorineural hearing loss.

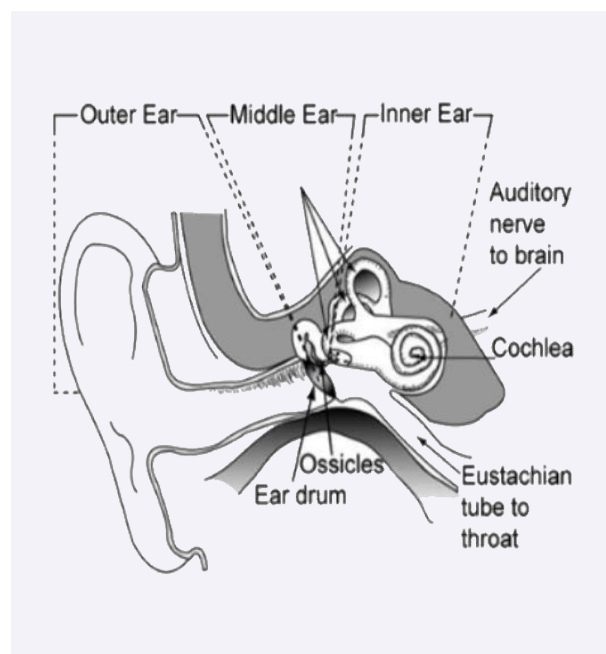
### 9.3.2 Causes of Deafness and Hearing Loss

Hearing loss can be present at birth or may occur any time during life. It may occur suddenly or happen slowly over time, for example through illness or accidents.

There are many factors which can lead to hearing loss, including:

- **Genetics** – Some genetic (hereditary) conditions may affect the development of the inner ear (see Figure 8) or auditory nerve, which may result in hearing loss. Children who have parents with hearing loss may be at higher risk of developing hearing loss.
- **Illness or infection** – Some health conditions, for example mumps or measles, can result in damage to the structures of the inner ear. Middle ear infections, which occur when the middle ear fills with fluid and becomes infected, can result in temporary hearing loss. Ongoing middle ear infections can result in more permanent damage and hearing loss. Hearing loss can also occur as a side effect of particular medications.

Figure 8: Structure of the ear





- **Foreign objects** such as seeds, beads or insects within the ear can affect hearing. A common object found in Fijian children's ears is the wad of cotton from cotton tips/buds that has come off the stick and remained in the ear gathering wax and dirt. See Appendix 20 for information on Ear Care.
- **Noise exposure** – damage to the ear from loud noises. Very sudden loud noises, such as explosions, gunfire or continuous exposure to loud noises over time may damage the inner ear and cause hearing impairments.
- **Trauma** – Head injury or perforation of the eardrum occurring during birth or later.

### 9.3.3 Characteristics / signs

Children with hearing loss may show the following signs and symptoms:

- Difficulty following discussion in the classroom and poor attention.
- Difficulty following instructions.
- Delayed speech and language development compared to children of the same age.
- May miss word endings when talking (for example, missing the final word or missing the 's' sound to communicate plurals).
- May be unclear when speaking.
- Talk very loudly or softly.
- Ask teachers and peers to repeat themselves or speak louder.
- Appear withdrawn, stubborn, disobedient or reluctant to participate in oral tasks and social activities.
- Have discharge from the ears or complain of pain/ear aches.
- Misunderstand what is being said.
- Not respond when spoken to.
- Turning up the volume of the TV or radio, or a dependence on subtitles on TV.
- Give irrelevant or inappropriate answers.
- Turn their head towards one side or place their hand up around their ear in order to hear better.
- Balance or coordination problems.

It is vitally important for children who may have hearing loss to have a professional hearing assessment. If you suspect any children in your school or community have hearing loss, contact the district health service for a referral. (See Fiji *National Directory and Information for Disability Services* [www.ncpdfiji.org](http://www.ncpdfiji.org).)



### 9.3.4 Strategies to Assist

There are various strategies for supporting students with deafness or hearing loss – try different strategies and find out what works best for the individual student. Students with deafness should be taught sign language; this will commonly need to be taught in a specialised school setting in the early years so the student develops a comprehensive language. Once they have learnt sign language, Deaf students can learn effectively in a mainstream school with sign language interpretation.



**Not all strategies are relevant for every student. Work closely with the student to identify which strategies work best.**

#### Setting up the classroom

- **Minimise background noise** – For example, wait until students are quiet before giving instructions. Plant trees or bushes around the classroom to minimise noise from the road. Build double walls to help minimise outside noise.
- **Think about the positioning of the student** – Try to arrange for the student to sit at the front of the room, close to the teacher.
- **Sign language interpreters** – are available through the Ministry of Education (see below for contact information).

#### Adapting the lessons

- **Modify the way the information is communicated** – The focus should not be on changing what is taught but on modifying how the information is taught. If barriers to communication are overcome, children with deafness or hearing loss should be able to undertake the same learning content as other children.
- **Use as many visual cues as possible to help the child understand** – e.g. use the chalkboard to write the name of the subject or title of the lesson. Also use the board to write up important points made during any classroom discussion as well as using pictures, diagrams, gestures etc. to help the child understand. Pictures, symbols and real objects can be used to notify a child when a change of topic or activity is happening or to allow the child to make a choice or contribute to an activity.
- **Avoid setting tasks that involve divided attention** – For example, do not ask a child to work on a writing task whilst you are still talking. Allow time for students to look down and write their notes before they can look up and attend to new communication.
- **Be conscious of noise** – Group tasks can be challenging when there is a lot of discussion and noise. Hence, if providing new instructions, ensure students are quiet first and that the student can see your face from wherever they are seated. Also, it may be helpful to place the student in a group in a quieter location, where there is less noise from other groups.

## Communication

Hearing loss can increase the risk of speech and language difficulties in children – refer to the Speech and Language Disorders section of this Guide for further information in addition to the points below.

- **Sign language** – If a student is Deaf, sign language should be used for communication. The Ministry of Education and the Fiji Association of the Deaf are able to provide information on accessing sign language interpreters and training (see Fiji *National Directory and Information for Disability Services* [www.ncpdfiji.org](http://www.ncpdfiji.org)). Sign language classes at school can also help other students to learn sign language in order to communicate better with the student. Sign language classes can also be offered to families and the community to increase the number of people with whom the child can communicate.
- **Face the student when speaking** – Remain still and make sure your mouth is not hidden. Do not talk when writing on the board. Sign language interpreters should stand near the teacher so the student can see both the teacher and the interpreter.
- **Make sure your face is not in shadow** – It is helpful for the child to be able to clearly see your face and lips, so ensure there is adequate lighting.
- **Ensure that you gain the attention of the student before speaking** – You can call their name, use light touch or a gesture, or have another student assist.
- **Speak clearly and naturally** – Do not slow down speech excessively or exaggerate your lip movements.
- **Make sure the child has understood** – for example, by having the child repeat back to you what they have to do. Do not simply ask if the child has understood, or use a question with only a yes or no answer to check for understanding. Some children will simply say “Yes” because they are shy to admit they do not understand. Use an open question instead or check to see if the student can get started on their work if they are not able to verbally communicate their understanding of the task.
- A student who has difficulty hearing can be assisted with an FM system, sign language interpreter, a transcript of the presentation, and captioned multi-media presentations.





## Building independence

- **Be patient** – Additional time may be required to listen if the student's speech is not clear. Assist them to develop speech, that is, prompt if mistakes are made and praise and encourage their efforts.
- **Be clear when giving instructions** – Independence and confidence are difficult if the child is feeling unsure of what to do because s/he could not hear the task requirements or what they should be working on.

## Helping the student

- **Allow the student to ask for help** – Provide opportunity for the student to seek assistance if they have not understood what is being said. Make sure the student feels comfortable and supported to be able to ask for help.
- **Encourage students to ask a friend if they miss instructions and are not able to easily ask the teacher** – Their classmate can explain instructions and make sure they have understood.

## Managing behaviour

There are a number of behaviours that a child may display due to hearing loss. These behaviours may be a child's way of expressing his/her difficulty in the classroom environment.

- **Observe behaviours** – Try to notice if the student is displaying any particular behaviours. Poor attention, withdrawal, reluctance to participate, isolation, difficulty following instructions and disobedience are all examples of behaviour that a child with hearing loss may display. If you are concerned about behaviour, then perhaps complete an ABC chart (Behaviour analysis template, found in Appendix 13) to help you identify the reasons for the behaviour.
- **Make the student feel included and valued** – Try to reduce the difficulties that the student is experiencing by helping them to understand tasks and feel included as a valuable member of the classroom.
- **Make your classroom a place of acceptance** – It may also help to educate the child's peers and help them to understand and accept everyone in the classroom using some of the activities outlined in the beginning of this Guide.
- **Encourage asking and trying** – Make it acceptable in your classroom for students to ask for help if they need it, speak up if they do not understand something, and remember to praise students for trying their best when they get an answer wrong, as well as when they get it right. Encourage both girls and boys to ask and speak up.
- **Reward initiative** – Some students with hearing impairment may have a tendency towards being passive learners, and wait to be helped or spoken to before they speak out themselves. Encourage them to build confidence in asking for assistance, and praise them when they initiate interactions. Instead of stepping in and initiating a conversation, you might like to try praising other students with a hearing impairment for speaking up, or, without singling them out, making a comment like 'I'm just waiting for **everyone** to have a turn to speak'.
- **Encourage reading** – Encourage deaf and hard of hearing students to read in order to familiarise themselves with sentence structures and to acquire more vocabulary.

### 9.3.5 Assistive Technology

- **Make sure hearing aids are in working order** – where relevant, make sure children are wearing their hearing aids and that they are switched on and working (see Figure 9).
- **Use multimedia if possible** – If playing music or a video ensure you set the volume at an appropriate level so students can hear, or seat children closer to the speakers.
- **Use visual aids** – visual schedules, pictures and symbols are all assistive aids that can be used. Providing students a printed overview of the lesson aims and objectives prior to teaching will also help. More information regarding making a visual timetable or task schedule can be found at Appendix 2.
- **Use an assistive listening device** – For example, FM systems use a wireless transmitter to broadcast a signal directly from a small microphone (worn by the teacher) to a student's hearing aid or earphone set. This can be important in noisy classrooms so the child is able to adjust the hearing aid to reduce ambient noise.
- **Use technology when possible** – If you have computer access there are many programs designed to assist people with hearing loss. New programs and mobile phone applications that use speech recognition software allow real time two-way conversations, for example, "Speech Trans Ultimate for Hearing Impaired". There are even mobile phone apps that turn a smart phone into a portable amplification device, for example, BioAid.

Figure 9: Hearing aides



### 9.3.6 Case Study – Melania teaches her peers sign language

Melania\* is a Deaf student at a large inclusive education primary school in Suva. She was in a special school before she joined this school. She has created a lot of awareness about deafness and hearing loss in her new school. There is a sign language club in school and Melania actively participates in teaching sign language to the rest of the students. Teacher aides and some teachers at the school have been trained in sign language. Like all children with disabilities at the school, Melania is being educated using the standard Fijian academic curriculum.

\* Names have been changed in all case studies.





## 9.4 Vision Impairment

### 9.4.1 Definition

Vision impairment refers to a reduction in a person's ability to see. Many different terms are used to describe the range of vision impairments which can vary from a moderate visual impairment that is easily fixed with glasses, to blindness, where the person cannot see anything at all.

There are four levels of vision:

- **Normal vision**
- **Moderate vision impairment**
- **Severe vision impairment**
- **Blindness** (also known as profound vision impairment; with visual acuity in the better eye of less than 3/60, or a corresponding visual field loss to less than 10 degrees in the better eye with the best possible correction).

Moderate and severe vision impairment are together termed “low vision”.

*Refractive errors* are very common eye disorders and occur when the eye cannot clearly focus the images from the outside world, resulting in blurred vision. The four most common refractive errors are:

- *myopia* (nearsightedness): difficulty in seeing distant objects clearly;
- *hyperopia* (farsightedness): difficulty in seeing close objects clearly;
- *astigmatism*: distorted vision resulting from an irregularly curved cornea, the clear covering of the eyeball.
- *presbyopia*: which leads to difficulty in reading or seeing at arm's length, it is linked to ageing and occurs almost universally.

*Colour blindness* (colour vision deficiency) is the decreased ability to see colour or differences in colour. It may make some educational activities more difficult, however problems are generally minor and most people with colour blindness adapt.

See Glossary terms *Blindness*, *Cataracts*, *Deafblind*, *Trachoma*, *Vision Impairment*.

### 9.4.2 Causes of a Vision Impairment

There are many causes of vision impairment, including:

- **Damage experienced before birth** – Illness or malnutrition during pregnancy can damage the vision of a developing foetus, for example rubella cataract. Prematurity can lead to retinopathy of prematurity.
- **Damage experienced after the child is born** can be caused by eye accidents, eye infections (e.g. trachoma), illness (such as corneal scarring from measles), malnutrition (e.g. vitamin A deficiency) or cancerous tumours that affect the optic nerve. Use of harmful traditional eye remedies can also cause vision impairment.
- **Damage to the brain during birth** can cause vision impairment.
- **Genetic causes** – such as albinism (see Glossary), cataract, glaucoma, and hereditary retinal dystrophies.



### 9.4.3 Characteristics / Signs

For some children, their vision impairment will be obvious at a young age, but for others the child may reach school age before the vision impairment is detected.

Children who have vision impairment may:

- Have difficulty reading the blackboard or small print in books.
- Get very tired or have headaches when they read.
- Have red eyes or eyelids, have eye discharge or seem to continually produce tears.
- Have one or both pupils (the black part in the middle of the eye) that looks grey or white.
- Have difficulty following an object or light moved in front of them.
- Have eyes that cross, turn out, or move differently from each other.
- Turn their head to the side, blink a lot or squint (half shut their eyes) when looking at things.
- Show little interest in brightly coloured books, pictures or objects.
- Put objects or books very close to their face.
- Cover or shut one eye when trying to read.
- Display sensitivity to light – more difficulty adjusting to bright light than other children or more difficulty seeing in dim light than other children.
- Make frequent mistakes when copying
- Have poor hand eye co-ordination
- Avoid participation in group activities
- Often bump into objects or seem clumsy
- Have had trauma or injury to eyes

**Referral for assessment and treatment** is imperative for all children with suspected eye conditions or vision impairment (Fiji *National Directory and Information for Disability Services* [www.ncpdfiji.org](http://www.ncpdfiji.org)).

## 9.4.4 Prevention and Treatment

Prevention and treatment of childhood blindness is disease specific. For vitamin A deficiency, vitamin A supplements reduce child mortality by up to 34% in areas where vitamin A deficiency is a public health problem. As vitamin A deficiency manifests often during an outbreak of measles, properly planned and implemented national vaccination programs against measles has reduced the prevalence of eye complications. In middle-income countries, retinopathy of prematurity is among the leading causes of blindness, the incidence of which can be reduced through availability and affordability of screening and curative services. Early treatment of cataract and glaucoma can be beneficial, while low vision devices are helpful in children with residual vision.

**Trachoma** is a preventable eye condition caused by repeated infections with a bacteria; it is the most common cause of infectious and preventable blindness worldwide. Trachoma is treated by a specific antibiotic, and prevention of further infection should be undertaken through regular hand and face washing and cleaning towels, facecloths, handkerchiefs and bedding.

*Refractive errors* cannot be prevented, but they can be diagnosed by an eye examination and treated with corrective **glasses, contact lenses or refractive surgery**. If corrected in time and by eye-care professionals, they do not impede the full development of good visual function.

## 9.4.5 Strategies to Assist



**Not all strategies are relevant for every student. Work closely with the student to identify which strategies work best.**

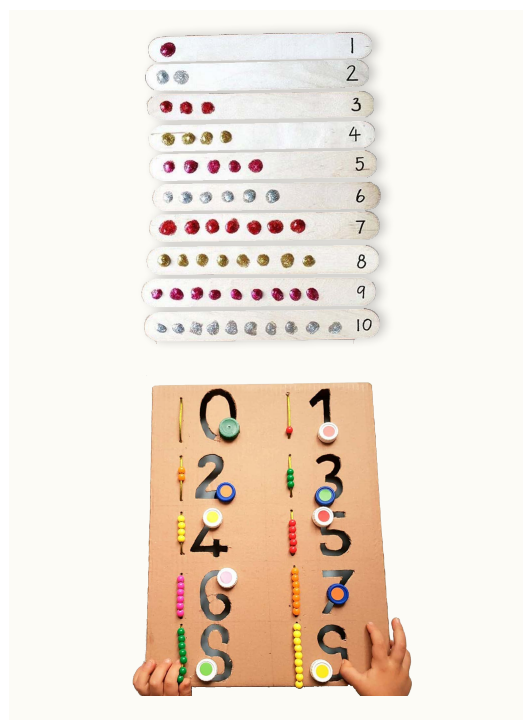
### Setting up the classroom

- **Maximise visibility** – Ask the student where the best place is for them to see the board. They may prefer to be at the front of the class and near a light source or the window, however, they may want to be away from the window if their eyes are too sensitive.
- **Beware of glare** – Make sure that any reflection from light is minimised on reading surfaces, e.g. the blackboard, whiteboard, the desk, book or computer.
- **Make sure the student can hear** – It is important to utilise other senses such as hearing, as the student may not be able to rely on vision. Try to position yourself directly in front of the student when speaking and prompt other students in the class to do the same.
- **Ensure the student is familiar with the school environment** – Make sure the student knows how to make their way around the school and the classroom. Can the student independently make their way to the bathrooms, drinking fountains etc. If not they may need a buddy to help them.
- **Keep the set up consistent** – Try to leave the classroom set up in the same way from day to day so the person with a vision impairment can remember how to get around furniture and obstacles.
- **Inform student of changes in classroom setting** – If it is necessary to rearrange the classroom, make sure the student is aware of changes in the classroom to prevent risk of injury, frustration or feelings of exclusion.

## Adapting the lessons

Suggestions for how to adapt learning materials depend on the level of vision impairment.

- **Use the other senses** – It is very possible that a child with vision impairment has heightened auditory and spatial awareness skills – use these strengths to their advantage.
- **Remember the sense of touch** – Allow students to touch and feel learning materials as much as possible, for example an abacus or counters when counting in maths.
- **Enlarge materials** – Make classroom materials bigger. This could be done in a number of ways – by hand, photocopier, using a bigger font when typing, using a magnifying glass or by providing writing paper with thicker lines.
- **Provide written information bit by bit** – Teach the student to cover the part of the page they are not reading with their hand or another piece of paper so it is easier to focus on the text being read.
- **Make your own writing clear** – When writing on the chalkboard, be conscious of the size and neatness of your writing, and which colours you are using to allow them to be easily read by the child with a vision impairment. Read aloud what you have written, and encourage students to ask you to repeat this if they did not hear it the first time.
- **Delivering science lessons** – can require specific strategies:
  - It may benefit the student to have a “buddy” to support the student in specific activities during class (do this in consultation with the child and their caregivers).
  - Verbalisation of the content and oral descriptions of visually displayed materials is helpful.
  - Text and graphic images and diagrams can be enlarged on paper or the computer or diagrams made into tactile drawings.
  - Where available, students who have difficulty reading output from scientific equipment can be assisted with interfacing lab equipment with computer, providing large print or speech output, scientific equipment with Braille and large print markings.
  - Conducting science experiments at home prior to experiments at school may strengthen the child's confidence to participate in the classroom.



## Communication

- **Get attention first** – Make sure you have the student's full attention before you give them an instruction. Touch the student on the shoulder for attention if necessary.
- **Give clear directions** - for mobility purposes.
- **Use names when speaking** – Encourage others in the classroom to say their name aloud before talking so the child with a vision impairment knows who is speaking.
- **Involve the student in discussions** – just as much as other students in the class.

## Building independence

- **Focus on orientation** – A huge first step for a student with a significant vision impairment will be ensuring they are able to orientate themselves around the school. Allow time for the student to practice these skills. Other students can accompany the child for this orientation (see point below on teaching other students how to appropriately lead a child with vision impairment).
- **Enable other students to experience vision impairment** – Encourage the whole class to try moving around the classroom while wearing a blindfold to see how it feels to have a vision impairment.
- **Do not make a fuss** – Do not remove obstacles from the classroom, and do not make a fuss when inevitable bumps occur. Encourage the child to say 'excuse me' when they bump into a person.
- **Work on body awareness** – Practice the child's development of body awareness through physical activities that require them to move their body in space.
- **Facilitate the student's access to training in Braille and screen readers**, if required.

## Helping the student

- **Allow students to ask for help** – Teach the child to ask for help verbally when they need it from either a staff member or their peers. Encourage both girls and boys to speak up and ask for help.
- **Guide them respectfully** – When a child with a vision impairment needs assistance with walking, allow them to hold your elbow as you walk in front and take the lead, warning them about obstacles coming up and describing the path you are taking.
- **Allow the other students to learn to lead** – Encourage the whole class to practice leading and being led to increase both their ability to lead the student with a vision impairment, but also their understanding of what it feels like. One child puts on a blindfold, while the other child leads them around the classroom and schoolyard, then they swap over. Make sure you finish up with a group discussion about how it felt to be led in the dark, emphasising what helped them feel confident and know where to walk, and what did not.
- **Describing what is on a plate or table** – Teach other students to provide clear descriptions for the blind student, for example using a clockwise description of food that is on the plate, or where objects are on the table.
- **Develop spatial awareness** – Use right and left and compass bearings when explaining directions to students so they can develop their internal map of how things at school are set out in space. For example, when referring to the classroom shelf, it is important to tell the student if it is on their right or left. Orientate them to their classroom for a sense of seating arrangement so that they are aware of where they are seated in the classroom.





## Managing behaviour

- **Praise!** – Some students may show attention seeking behaviour to cover that they do not understand or do not know what they are supposed to be doing. Remember to ignore this and praise them when they are doing the right thing. Praise boys and girls equally.
- **Encourage asking and trying** – Make it acceptable in your classroom for students to ask for help if they need it, speak up if they do not understand something, and remember to praise students for trying their best when they get an answer wrong, as well as when they get it right. Encourage boys and girls to ask for help and praise them equally.
- **Reward initiative** – Some students with vision impairment may have a tendency towards being passive learners, and waiting to be helped or spoken to before they speak out themselves. Encourage them to build confidence in using their voice, and praise them when they initiate interactions. Instead of stepping in and initiating a conversation, you might like to try praising other students within earshot to the child with a vision impairment for speaking up, or, without singling them out, making a comment like 'I'm just waiting for everyone to have a turn to speak'.

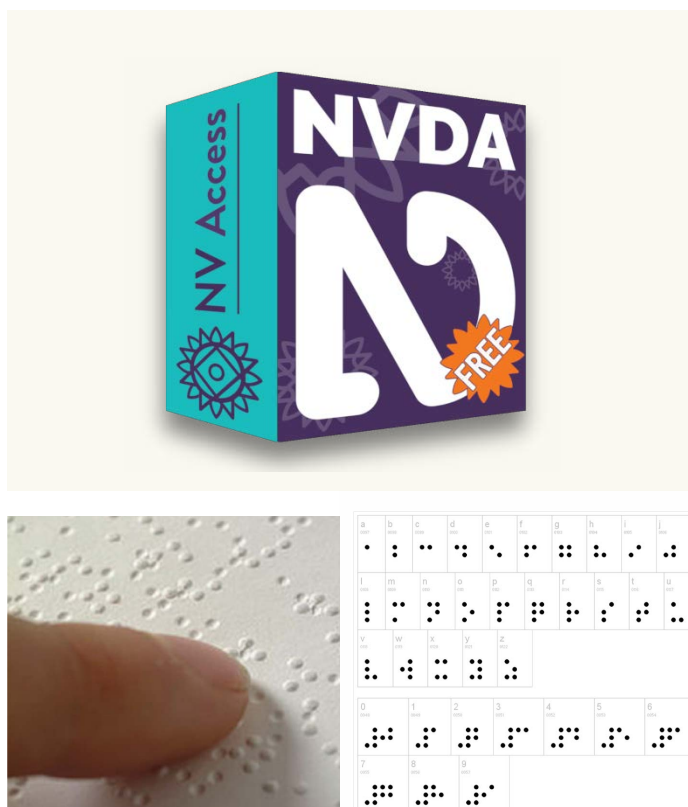
### 9.4.6 Assistive technology

- **Remember glasses** – If students have glasses, make sure they wear them.
- **Explore Braille** – Students with a severe to profound vision impairment may benefit from being taught to read and write using Braille – a written language in which people read by feeling patterns of raised dots that represent letters of the alphabet, numbers and even musical notes (see Figure 11). The Ministry of Education, United Blind Persons of Fiji, Fiji School for the Blind and some special schools (e.g., Lautoka School for Special Education) have further information about Braille and other services for children with vision impairment (see *Fiji National Directory and Information for Disability Services* [www.ncpdfiji.org](http://www.ncpdfiji.org)).
- **White cane** – For students with a severe to profound vision impairment, it is advisable that the student has a white cane to assist them with mobility (see Figure 10). If making a cane, measure from the ground to the lowest bone in the centre of the rib cage to indicate the height of the cane.
- **Large print and audio books**
- **Magnify text** – there are varying types of magnifying tools – some magnify the whole page and some magnify one line at a time (see Figure 10), others are video magnifiers.



- **Use the computer** – If you have computer access there are many programs designed to assist people with vision impairment such as text magnification software and software that converts written text into audio (such as JAWS and NVDA). Computers can be used to print enlarged versions of text. Most computers come with built-in text-to-speech software in the “accessibility options” of the standard system.
- **Record lessons** – If possible, use audio books or record lessons so students can take them home and revise them (see Figure 11).

**Figure 11: Computers with screen reading software, NVDA screen reading software, and Braille printing and alphabet**



### 9.4.7 Case Study – enlarging materials to overcome vision impairment

Helava\* goes to a mainstream school on a remote island in the north of Fiji. She has an eye condition called Nystagmus where there is rapid movement of the eyes. She also has very low vision. It is difficult to tell that Helava has vision impairment unless you look very closely at her eyes. She says that when she looks at the words, they seem to be jumping around on the paper therefore she has difficulty reading. She has struggled a lot in previous classes but this year she had the support of teacher aides who help enlarge the print of her reading passages and test papers, which has greatly assisted Helava. In addition to enlarged prints, during assessments the teacher aides read out the test questions to her and she answers verbally and the teacher aide records her answers. Helava achieved the top literacy and numeracy assessment (LANA) score in Class 4.

\* Names have been changed in all case studies.



## 9.5 Speech and Language Disorders

### 9.5.1 Definition

Speech and language disorders can have an impact on a child's ability to talk, understand, analyse or process information.

**Speech disorders** are associated with sounds in the words spoken by a child. This includes how clearly words are spoken, the child's voice quality and fluency of language production.

**Language disorders** are associated with the child's ability to have meaningful conversations, understand other people, problem solve, read and comprehend and express thoughts through spoken or written words (American Speech-Language-Hearing Association, 2022).

**Speech** – is about the sounds in the words. A child has to be able to clearly say the sounds in the words in order for people to be able to understand what they are saying.

**Language** – is about exchanging ideas through words, usually in spoken or written form. It involves joining words together to make sentences and stories (expressive language) and also understanding what other people say, do or write (receptive language).

**Communication** – is about how we interact with other people. It involves using spoken language, gestures, body language, facial expressions and considering other people's perspectives.

Difficulties in speech, language and communication can range in type and severity. Some children may not be able to speak at all. Impairments may also relate to a child's **expressive communication** (sending the message) or **receptive communication** (receiving and understanding the message). They may not be able to say what they want to or understand words.

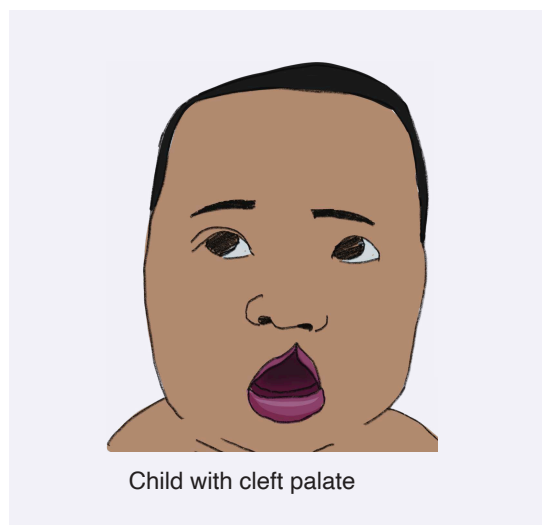
*See Glossary for definitions of terms.*

### 9.5.2 Causes of a Speech and Language Disorder

There are many different causes for delays or difficulties with a child's speech, language and communication development.

Sometimes there is no clear cause, however possible causes include:

- Damage to the brain from illness or accident.
- Hearing impairment.
- Chronic ear infections.
- Problems during pregnancy or birth may affect the child's brain and impact the development of speech and language, potentially as a component of a developmental delay.
- Limited opportunities for development of language and communication skills e.g. children whose parents may have speech/language impairment or are deaf.
- Specific conditions such as autism, Down Syndrome, cerebral palsy, cleft lip and palate can either cause or contribute to speech and language disorders.



Child with cleft palate

### 9.5.3 Characteristics / signs

- **General signs include:**
  - Difficult to understand the child when the child is speaking.
  - Avoids speaking; avoids reading aloud, compared to children the same age.
  - Does not seem to have the same communication skills as other children in the class.
  - Difficulty listening; difficulty staying on task or topic.
  - Having a limited vocabulary; wrong word choice in sentences.
  - Poor social skills.
- **Speech difficulties may include:**
  - Unclear speech sounds; repetitive sounds/words or obvious struggle to speak (i.e. stuttering); unusual voice quality (e.g., strained, hoarse).
  - Does not speak at all (mute).
  - Says the wrong sounds for some words e.g. say “tega” for “sega”.
  - Has a harsh, rough or excessively breathy voice.
- **Expressive language difficulties may include:**
  - Using vocabulary and sentence structure of a younger child.
  - Using “empty” or “filler” words (e.g., um/er); difficulty sequencing ideas in speech; often repeats what is said to them; difficulty giving explanations.
  - Difficulty answering questions; mixes up the order of words in a sentence.
  - Only uses simple sentences; has difficulty retelling events or procedures in the correct sequence.
- **Receptive language difficulties may include:**
  - Difficulty following directions (may only do the last thing said); misinterpreting what is said or read (gets instructions in the wrong order); poorly developed interactive and imaginative play; difficulty with routines.
  - Difficulty listening; needs to have instructions repeated regularly.
  - Looks to peers for hints about what to do.

### 9.5.4 Strategies to Assist



**Note:** Sometimes children learning a second language may experience some of these signs. As a general rule, if a child is having these signs **ONLY** in their second language, then they are unlikely to have speech, language or communication disability. However, if they are experiencing these signs in their primary language, further investigation by a specialist is recommended.



## Setting up the classroom

- **Create a positive, encouraging environment** – This will help the child feel comfortable in the school environment and develop confidence and self-esteem. If you notice a student is having communication difficulties, do not bring these up in front of peers or others. Make an appointment to speak to the student and his/her caregivers and find out if your observations are also happening in the student's first language. Recognise that a child with communication disability may have strengths in other learning domains and use these to advantage.
- **Think about where the student should be seated** – Think about what might help the child and whether they need to be close to the teacher or near peers who they can watch or communicate with. Trial different options for instruction e.g. whole group, small group, pairs, individual to find out what suits the child.
- **Reduce background noise and minimise distractions** – This will make it easier for you and the student to concentrate on conversation in a quiet place without many other things going on.
- **Develop routines in the classroom** – Routine can help the student feel more settled, know what to expect and know what is expected of them. Visual timetables can reinforce these concepts (see Appendix 2).
- **Label equipment with pictures, symbols, photographs or written labels.**

## Adapting the lessons

- **Include the student in speaking activities** – Allow opportunities for students to listen to and participate in oral activities with and without visual support.
- **Make sure students can contribute to class discussions** – Allow opportunities for students to listen to and participate in oral activities. However, do not force a child to speak publicly if this obviously causes distress; students can speak to one or two classmates instead of the whole class. Let students be assessed in their strongest expressive language domain, that is, spoken or written. Find alternative ways to allow the student to contribute in class if they cannot do so verbally e.g. can they use pictures or symbols to communicate, can they prepare a written presentation that a friend reads aloud?
- **Teach and encourage active listening skills** – Together with the whole class, create a visual display of the core listening skills and praise students who are using these skills. (see Figure 12 “Whole Body Listening”).
- **Repetition and reinforcement can be useful to assist with learning** – However some children may not benefit from repetition. The teacher can talk to the caregivers about what approaches to communication seem to work best for their child.
- **Demonstrate (Model) it** – Give an example of what is required before expecting the student to complete the same task independently. Use of gestures, pictures or other visual materials may help the child to understand.
- **Check for understanding** – Ensure the child has understood instructions, and check if you understand what the child was trying to express when contributing to the class session.
- **De-clutter the blackboard** – Have sectioned spaces on the board that hold the same type of material every day, e.g. daily schedule, key vocabulary, resources required for the activity, etc.

Figure 12: Whole body listening





- **Use visuals and communication aids** – Pictures or symbols can both help a student to understand information and also assist them to communicate. Extra visual material will be helpful for the student only if it is clearly presented in accessible language. Creation of graphic organisers or visual matrices can support a child having difficulty organising their thoughts. Use displays of current topics to reinforce information and create communication aids for students to point to during presentations. Refer to Appendix 3 for ideas on making communication aids.
- **Ensure transitions are clear** – Use predictable classroom routines (visual schedules may help). Ensure the student knows when you are changing topics by having a consistent method of indicating a transition, e.g. teacher claps three times, students raise hand to show they have heard their attention is required, provide advance notice to the student that the class is coming to an end.

## Communication

- **Gain the student's attention before giving instructions**
- **Speak clearly** – It may also help if you speak a little more slowly than usual.
- **Give time for a response** – When you ask a question, give the student time to reply, it may take them longer than normal to answer your question. Do not assume the child always understands spoken instructions.
- **Simplify long instructions into smaller sequential chunks** and use gesture to support understanding, e.g. instead of saying "Before you start the writing activity, I want you to read page 36 of your textbook", try saying "Get your text book. Turn to page 36. Read the questions on this page. Complete the writing task." Indicate the four steps in the sequence by counting on four fingers as you say each step.
- **Ask questions that you know the student can answer** – Students may need to be asked very simple questions (e.g., yes/no questions or questions which relate closely to a visual cue).
- **Teach alternatives to speech** – If a student is unable to communicate verbally, ensure an alternative means of communication is made available/taught and encouraged. Remember body language, pointing, facial expression and signing are all communication methods a student could use. For children with severe communication impairment, consider developing a personalised communication aid. It is important to discuss these alternatives with caregivers, particularly if the alternative communication system is going to be used long-term.
- **Do not give up** – If you do not understand a student, allow them to repeat what they have said or tell you in another way. Check with the student that you have understood what they were communicating.
- **Be on the same level as the child when communicating with them** – i.e. crouch down to be face to face so the child can see your face as you talk to them; seeing your lips and facial expressions may help the child to understand your words.
- **Model and promote good listening skills** – You can demonstrate to students how to listen to others i.e. looking at them when they are talking, not interrupting etc.
- **Model correct language** – Instead of telling the student they are wrong if they make a mistake, demonstrate how they should say the word or sentence. For example, if they say, 'cat long tail', you could say "Yes. The cat has a long tail". This is more encouraging of efforts to communicate.
- **Check vocabulary knowledge and pre-teach new words** – When introducing a new subject topic ensure the student understands any new vocabulary and pre-teach unknown words.
- **Encourage efforts to communicate** – Acknowledge the student's contribution.

## Building independence

- **Use positive, specific reinforcement when the child does something well** – for example, “great work. You found the picture on the page to help you answer the question”. Specific feedback helps students to know exactly which behaviour is favourable.
- **Challenge the student when required** – If a child is demonstrating ability or improvement, allow for continued opportunity to learn and further develop.
- **Recognise the unique skills and abilities of the child** – Every child has strengths which can be used to support their weaknesses.

## Helping the student

- **Make sure the student knows how to ask for help** – If they cannot verbally ask, provide opportunities for the student to use a gesture or a picture card/symbol.
- **Ask the student to identify strategies which help them learn** – Students may be able to let you know what would help them in the classroom, including what would help them to communicate with you and their peers. Alternatively parents/caregivers may be able to provide some ideas/strategies.
- **Model what to say** – If you notice that Semi does not know how to ask to borrow a ruler you could help him, for example, “Semi, if I wanted to borrow a ruler I’d probably say... “Mika, can I please borrow your ruler?”
- **Tips for older children who stutter** – Say to the student: take your time; speak a bit more slowly; be patient with yourself; pause for a moment before you start to speak; don’t always expect the worst, sometimes it goes well; remember to congratulate yourself for trying.

## Managing behaviour

- **Think about where the behaviour is coming from** – A child may become frustrated, angry, upset or embarrassed about his/her difficulty with communicating. Another behaviour you may notice is the child withdrawing from other children, being isolated and potentially losing confidence.
- **A child may use behaviour as a way of communicating if they cannot express clearly in words what their issue or problem is** – For example, it may be a way to seek attention, express pain or discomfort or to communicate to a peer that they are angry with something that has happened. To manage this, it is obviously easier if you can find out what has happened or what the child is seeking. You may need to work with the child to teach him/her an alternative, more appropriate way to communicate their needs. If you continue to be concerned about a child’s behaviour, then perhaps complete an ABC Behaviour Analysis Template (Appendix 13) to help you identify what the reason for the behaviour might be.

## 9.5.5 Assistive technology

- **Use visual and communication aids** – Children who cannot communicate using words may benefit from a communication aid. You can use a board with pictures, symbols or words – you could make this for the student to help them to communicate. See Appendix 2 and 3 for more information on making visual and communication aids.



### 9.5.6 Case Study – Saimoni excels in school with the encouragement and patience of his class teacher

Ten year old Saimoni\* left school because his teacher from his previous school was frustrated with him. He was slow to communicate and could not express himself clearly. He stayed in the village and loved to sit around the village shop and help unload shopping goods off the truck. He was identified by one of school teachers in an inclusive school in the north of Fiji who asked if he was interested in going back to school. Saimoni happily agreed and enrolled. At his new school, he found patience and interest from the teachers, who took time to talk with him and helped him on a one to one basis. Saimoni has not only progressed with his speech and communication but has also improved with his social skills and is a lot more confident. The teachers give him time to respond when spoken to and he loves coming to school because he feels that he belongs and is part of the school community.

*\* Names have been changed in all case studies.*





## 9.6 Physical Impairments

### 9.6.1 Definition

- A physical impairment involves the total or partial loss in function of one or more parts of the body.
- Physical impairments can affect a person's gross motor skills (large movements such as walking, bending, reaching, sitting, standing) and/or fine motor skills (smaller movements often using the hands).

### 9.6.2 Causes of Physical Impairments

Physical impairments can result from conditions affecting muscles, joints, nerves and tendons, spinal cord, bones or the brain. Physical disabilities can be:

- **Congenital (present at birth) or around the time of birth** – such as Spina Bifida, Muscular Dystrophy, club foot, cerebral palsy or missing limbs, conditions of short stature (dwarfism).
- **Acquired** – developed after birth through disease, infection or traumatic injury, such as amputation, poliomyelitis, acquired brain injury, or spinal cord injury.

### 9.6.3 Characteristics / Signs

At times, it will be easy to see that a child has a physical disability, for example, a child who was born with missing limbs or who is unable to walk. However, it is not always easy to detect if a child has a physical disability.

Children with a physical disability may have difficulties with:

- Coordination, strength and balance.
- Gross motor skills e.g. walking, running, sitting upright, lifting, carrying.
- Muscle spasticity (tightness) or flaccidity (floppiness).
- Fine motor skills e.g. doing up buttons, grasping objects, using a pen or pencil.
- Completing functional tasks e.g. getting changed for sport, getting lunch out of bag.
- Feeling or sensation e.g. identifying hot from cold, being aware of touch.
- Knowing the position of their body in space e.g. being able to walk around objects, through doorways.
- Coordination - appearing clumsy/bumping into furniture.
- Hand-eye coordination.
- Sitting upright at desk and maintaining position.
- Sitting on the floor comfortably and maintaining position.
- Moving between positions – e.g. sitting to standing.
- Maintaining balance.
- Grasping, lifting and carrying items.
- Pushing/pulling objects.
- Pain in arms or legs.
- Limited range of motion/amount of movement performed by a joint (e.g. is the child restricted in the amount he/she can move his/her arms or legs)?





## 9.6.4 Strategies to Assist



Not all strategies are relevant for every student. Work closely with the student to identify which strategies work best.

The ideas and actions below can be relevant whether or not you know the diagnosis.

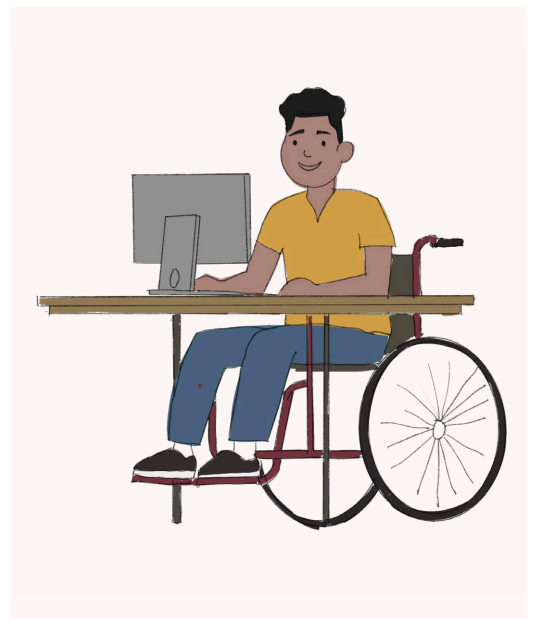
### Creating an accessible school environment

Make sure the student can:

- Enter all buildings and move around within the classroom space e.g. doorways are wide enough for students in wheelchairs, doors are light enough to be opened and closed by students, ramps are in place (shallow gradient, not steep).
- Access their desk and other things that they need in the classroom.
- Get around the classroom via clear pathways from the desk to the teacher, doorway, bookshelves and other relevant areas in the classroom.
- Access the sink and toilet in the bathroom; have enough space in the bathroom; be able to turn taps and lights on and off; have access to spaces for menstrual hygiene and waste disposal.
- Access the drinking fountains.

### Adapting the lessons

- **Include the student in all activities and subjects** – The child should be given the opportunity to participate in all areas of education and not be restricted due to physical disability.
- **Provide an alternative** – Try to incorporate the student into activities and make necessary allowances e.g. in sport/physical education classes adapt activities to involve the student. If the child cannot undertake the same activity as their peers then make sure an alternative activity is provided for them. For example, offer the student the chance to be the time- keeper in a sport activity if they are unable to be actively involved. However, firstly, give them the opportunity to be directly involved in the game/activity if possible.
- **Be patient** – In classroom tasks, sometimes a physical disability will directly impact on writing speed or may result in fatigue. Allow additional time, provide a printed copy of information, or facilitate other students to assist when the child is too tired.



## Communication

Some of the conditions that result in a physical impairment may impact on a child's speech. See section on Speech and Language Disorders for strategies. The following strategies are also useful.

- **Treat the child like everyone else** – Avoid isolating the student or drawing unnecessary attention to them. Speak to them in the same way that you would to other students.
- **Talk face to face** – Try to be at the same level as the student if they are in a wheelchair i.e. crouch down to talk to them.

## Building independence

- **Let them try to do things independently** – Where practical, promote independence by letting children independently complete tasks which their peers are completing without active supervision e.g. washing hands before meals or going to bathroom. Do not provide help if the child does not require assistance.
- **Help them find ways to do it for themselves** – Assist students to develop methods to complete tasks that may initially be challenging due to their physical disability e.g. a student who cannot easily carry items could be encouraged to use a backpack to keep their items in when they move between classrooms.

## Helping the student

- **Try to avoid doing things for the student or overprotecting them** – As mentioned above, you can help the student to learn how to complete tasks by themselves. This will improve confidence and self-esteem.
- **Allow additional time** – This may be relevant if a child has difficulty moving around; it may take longer for them to use the bathroom, wash hands etc.
- **Let students ask for help** – Make sure that the student knows they can ask for help and feels comfortable to be able to ask for assistance when required.
- **Think about the strengths of the child** – Focus on what the child is capable of doing, rather than only thinking about what he/she needs help with.

## Managing behaviour

Children may become frustrated with physical limitations and resulting problematic behaviour may occur.

- **Draw on strengths** – Help the child to identify and draw upon their strengths to overcome physical limitations.
- **Encourage socialisation with peers** – Monitor other children's reactions to and interactions with the child. Assist them to socialise with and support the student with disability.
- **Focus on the positives** – Try not to always focus on what the student should not be doing – rather continue to focus on positive behaviour and provide alternatives to problematic behaviours – “it looks like you're upset and tore up the paper; instead of doing that you could ask me for help”.
- **Monitor behaviour** – Try to explore the reasons why the student may be behaving the way they are. If you are concerned about behaviour, the ABC Behaviour Analysis Template (Appendix 13) may assist in identifying the reason for the behaviour.

## 9.6.5 Assistive Technology

- **Modify or adapt equipment where required and if possible** – Think about the type of pencils/pens the child is using – can the child hold the pencil correctly? Foam rubber around the pencil or a ready-made pencil grip may assist (see Figure 13).
- Would a writing slope/board be helpful? This may help to keep the paper at an optimal position for correct posture when writing (see Figure 13). Alternatively you could use a three-ring binder folder to achieve the same result.
- **Provide suitable desks and chairs** – Try to make sure the child can sit up with their head and body straight at the desk. If the child has difficulty sitting up without slumping or remaining upright, special seating should be arranged.
- **Organise ramps and rails if needed** – this can help children who have difficulty with moving around the school or transferring from wheelchair onto toilet/seat/mat.
- **Other assistive aids may help** – Children with physical disabilities may use assistive aids including crutches, canes (walking sticks), walkers/walking frames, wheelchairs, prostheses (artificial limbs).

Figure 13: Sloping board and pencil grips



Using a writing board/folder



Pencil grip

### 9.6.6 Case Study – Maanvi education – a challenging journey

Maanvi\* is a 10 year old girl who had never been to school before joining an inclusive school. She has Spina Bifida, which causes her some muscle weakness and fatigue. The Head of School and the class teacher are aware of Maanvi's condition and were ready for her inclusion. She needs special seating arrangements so the school purchased a special chair and table for her. A mattress was also purchased so Maanvi can lie down when she needs to rest. Her grandmother was allowed to stay in school and to help with anything that Maanvi may need. The class teacher talked to the class about the condition that Maanvi has and advised the children not to play rough with Maanvi. Maanvi now actively participates in sports and all other activities in schools. Her parents were extremely happy when Maanvi received the top award for her class. Her grandmother gradually withdrew from school and only comes back in the afternoons to pick her up.

One of the issues that the family has advocated about is access to free transport. Children with disabilities are allowed to access free bus vouchers however it is only for the school zone where they live. At this point, there are no schools in Maanvi's zone that are operating inclusively of children with disabilities. In addition, Maanvi's house is on a steep hill and it is tiring for her to walk up or down from home to the bus and back; then the bus stops at the bottom of another steep hill at the school. Transport to and from school for children with physical disabilities remains one of the most challenging barriers to inclusive education in Fiji, as in many other countries. Support from communities and flexibility from social welfare schemes can assist children with disabilities to overcome the problem of transportation to schools.

*\* Names have been changed in all case studies.*







## 9.7 Social, Emotional and/or Behavioural Impairments

### 9.7.1 Definition



Highly recommended website full of information on strategies for children who learn and think differently [www.understood.org](http://www.understood.org)

When a child has a social, **emotional and/or behavioural impairment** the way they perceive and interact with their environment and express and manage their behaviour, or and feelings is significantly different from the norm.

Why are these conditions combined in one section? Whilst there are clear distinctions between conditions such as anxiety disorder, depression, Autism Spectrum Disorder, and Attention Deficit Hyperactivity Disorder, there is significant comorbidity amongst children (where two or more conditions occur in the same child) and the health services to diagnose and differentiate between these conditions are very limited in Fiji.

A child with **Autism Spectrum Disorder (ASD)** has persistent challenges with social communication, restricted interests, and repetitive behaviour (American Psychiatric Association, 2022). ASD is a lifelong disorder, and the degree, type and combination of functional difficulties vary widely between individuals with ASD.

Some people with ASD sometimes appear to be in their own world and show little interest in others around them. Some people with ASD do not speak (even though they may understand spoken language), and others may speak in short phrases or restrict conversation to their own topics of interest.

**Attention Deficit and Hyperactivity Disorder (ADHD)** is a common condition that is caused by differences in the brain which create difficulties with focus, hyperactivity and impulsivity. People have these problems to varying degrees, and not everyone has all three. Some people only struggle with focus (not hyperactivity and impulsivity); this is called Attention Deficit Disorder

(ADD). People with ADHD often struggle with managing time, getting and staying organised, setting priorities, planning, managing emotions, paying attention and remembering things, shifting focus from one thing to another, getting started and finishing tasks, and thinking before saying or doing things.

Children with ADHD may misplace stationery, forget to do their homework, talk about something that is unrelated to the discussion, fidget, become easily bored, blurt out answers in class, walk around in and outside of the classroom, disturb others, be in their own world while the rest of the class is doing something else, be messy or unorganised. Children with ADHD are often labelled as mischievous, rebellious or lazy. ADHD is not a matter of laziness or willpower; children with ADHD are often putting in a lot of effort to focus and keep their impulses under control. Many children with ADHD carry guilt and shame for having trouble focusing and being yelled at in front of the class. They can be mistaken to have a hearing or visual problem because they make mistakes when following instructions and copying notes. They can also be mistaken to have a specific learning disability because their inability to regulate their attention and behaviour gets in the way of their learning. On the other hand, children can have ADHD as well as dyslexia/dyscalculia.

God created  
**AUTISM**  
to help offset the excessive number  
of boring people on earth

Two of the most common psychosocial (emotional) conditions are anxiety and depression.

**Anxiety disorder** is when the child persistently worries excessively about everyday normal things; they may have difficulties getting over normal worries, and may worry excessively about just getting through the day. They may not realise that their worries are more intense than the situation deserves. A certain degree of anxiety is normal (e.g. before exams) and is a natural part of keeping humans safe from harm and preparing for important events. When the anxiety becomes persistent (ongoing) and excessive, this may be an anxiety disorder.

**Depression** may include a range of symptoms lasting for more than two weeks, which may include: feeling sad, hopeless, worthless, discouraged, unmotivated, disinterested in life, helpless, guilty, irritable, “empty”; it may include disturbed sleep and persistent physical ailments that are unexplained and which do not respond to treatment, such as headache, stomach pain, digestive disorders.

## 9.7.2 Causes of Social, Emotional and/or Behavioural Impairments

The causes of social, emotional and/or behavioural impairments are difficult to pinpoint. Often they can be unknown and vary significantly from person to person.

In general, a social, emotional and/or behavioural impairment is likely to be caused by a combination of the following factors:

- **Genetics:** Children may be passed genetic material from their parents that make them more likely to develop a social, emotional and/or behavioural impairment.
- **Social and environmental:** Children without access to social and environmental support are more likely to develop a social, emotional and/or behavioural impairment.
- **Stress:** Children who are put under stress due to factors outside of their control, such as parental divorce, moving home, being a refugee, conflict, violence, discrimination or bullying are more likely to develop a social, emotional and/or behavioural impairment.
- **Family functioning:** Children without a stable and supportive family unit are more likely to present with social or emotional related difficulties.

See Glossary: ADHD, anxiety, Autism Spectrum Disorder (ASD), depression, psychosis, Asperger's Syndrome (formerly recognised, now merged with ASD).

Remember that children with a social, emotional and/or behavioural impairment may also have other disabilities or impairments, so refer to other sections of this Guide if required.

## 9.7.3 Characteristics / signs

There are many potential signs of a social, emotional and/or behavioural impairment. Children are unlikely to show all the signs.

### General

Children may:

- Find changes to routine extremely challenging.
- Find it difficult to socialise with others and make friends with other students.

- Have communication difficulties.
- Behave impulsively with little regard for the consequences of their actions.
- Challenge the school rules.
- Have changeable moods.
- Show unusual, repetitive behaviours such as flapping, rocking or covering their ears.
- Be physically or verbally aggressive to themselves or others.
- Find it difficult to sit still.
- Constantly seek attention from adults.

## Attention and hyperactivity

Signs and symptoms are present across all situations – home, school, at play. Children may:

- Exhibit signs of impulsiveness or hyperactivity.
- Have a very short attention span.
- Have difficulties expressing their emotions.
- Fail to pay close attention to details.
- Have difficulty organising tasks and activities.
- Show excessive talking, fidgeting, or inability to remain seated.
- Have difficulty following instructions.
- Have difficulty staying on a task / move from activity to activity.
- Frequently lose books, toys, homework or other items.

## Autism Spectrum Disorder

Signs and symptoms show from early childhood, and range from mild to severe levels of the following. Children may:

- Misread non-verbal interactions (body language and facial expressions).
- Have difficulty building friendships appropriate to their age.
- Respond inappropriately in conversations.
- Be overly dependent on routines.
- Be highly sensitive to changes in the surrounding environment.
- Be intensely focused on particular objects.
- Have difficulties with interpersonal relationships.
- Display repetitive behaviours, such as rocking, waving or flapping.
- Become fixated on particular topics of conversation e.g. aeroplanes.
- Have difficulty speaking compared to children of the same age.
- Appear to avoid particular sensory experiences e.g. tastes, clothing materials.
- Become fixated on certain sensory experiences e.g. lights or textures.

## Anxiety

Children may have:

- Persistent, excessive, and unrealistic worry, not focused on a specific object or situation (occurring more days than not).
- Inability to control the worry; difficulty “turning off” the worry.
- Frequent seeking of reassurance.
- Tendencies towards being perfectionist and self-critical.
- Restlessness, feeling “on edge”.
- Difficulty concentrating.
- Difficulty falling asleep or staying asleep.

## Depression

Children may have:

- Persistent sad or irritable mood (possibly anger and hostility).
- Loss of interest or pleasure.
- Frequent vague or non-specific physical complaints / ailments.
- Tiredness or lack of energy.
- Inability to sleep, or sleeping excessively.
- Significant weight loss or decrease in appetite.
- Recurrent thoughts of death or suicide.
- Feelings of worthlessness or guilt.
- Frequent absences from school and/or significant drop in school performance.

### 9.7.4 Strategies to Assist



**Not all strategies are relevant for every student. Work closely with the student to identify which strategies work best.**

#### Setting up the classroom

- **Provide a consistent and calm space** – To limit the possibility of the child becoming distracted, ensure the child has a clear desk or space to work that is consistent every day. Reduce noise – quiet and calm classrooms help!
- **Reduce distractions** – Think about where the child should sit in the classroom to minimise distractions. Some students might be best seated next to the teacher or another responsible classmate; some might be best placed near the front of the classroom or chalk board.



## Adapting the lessons

- **Have a predictable routine** – Children with a social, emotional and/or behavioural impairment (particularly those with ASD) thrive on structure and predictable routines. Aim to make routines as clear and consistent as possible so students can learn to expect what is coming up. If there is a change, let them know as soon as possible before the change happens.
- **Establish clear boundaries** – Make sure classroom rules are clearly explained and upheld consistently so that students know what the boundaries are.
- **Establish clear expectations** – Make sure students know the expectations of an activity before they begin it, and praise them on completion.
- **Break tasks into steps** – Start with achievable and move onto more challenging steps in a task to build the student's confidence.
- **Address sensory needs** – Build in opportunities for the student to have their sensory needs met into the structure of the lesson. For example, students who need to move around could be sent to take a message, water the garden, or do a set of exercises. See Appendix 17 for a few further ideas for addressing sensory needs to keep students on task in the classroom.
- **Use obsessions to your advantage** – The toys, objects or topics that children are attached to can be incorporated into the lessons to build their engagement.
- **Practice Social Skills** – Incorporate explicit teaching of social skills into the classroom lessons. Encourage students to chat to their peers.

## Communication

- **Accept a range of non-verbal communication** – Children with autism may find it difficult to express themselves verbally. Allow them to use other methods of communication, such as using signs and gestures or pointing to pictures or symbols. Appendices 2 and 3 have more information on creating visual and communication aids.
- **Use visual schedules** – Children with autism may find it difficult to understand spoken instructions. Pair speech with a visual schedule to help them understand instructions. For example, when you say 'We are about to start maths', point to a picture of numbers, a times table, or write 'maths' on the board.



- **Teach feelings** – Teach the child methods for expressing and managing their feelings. For example, using a communication board to point to the ‘angry’ emotion, and taking a deep breath and counting to 5 when they feel angry. At times when the child looks like they are starting to get uncomfortable, prompt them to express their feelings and put their strategies into practice.

## Building independence

- **Be patient!** – Allow students to have the breaks they need in between completing sections of the work even though it will take them longer. It is much more beneficial and rewarding in the long term for students to perform a skill by themselves rather than rely on the help of others.
- **Sensory needs** – Teach students to recognise their own sensory needs so they have more control over their behaviour and do not need to rely on an adult to tell them what to do. A student who recognises they are becoming anxious and needs to move around will be a more productive learner than one who allows their anxiety to escalate until meltdown point. See Appendix 17 for further ideas for addressing sensory needs.

## Helping the student

- **Let them ask for help** – Teach students early on to be able to ask for help if and when they need it. This may be through signing or pointing to a symbol on their table that says ‘help please’ if their speech is difficult to understand. You can even say ‘no I’m not going to help you yet, have another go’ if you think the task is within their abilities, and of course praise them a lot when they try. Try not to help them without being asked, even if it looks like they are struggling with a task.
- **Peer support** – Encourage your classroom to become a space where people help and share skills with each other, and praise students when they ask their peers for help too! (Everyone has special skills that can be called upon at some time or another.)

## Managing behaviour

- **Build rapport** – Start by building positive rapport with the student, getting to know their strengths and likes and dislikes.
- **Praise** – Use a positive approach to behaviour management, praising students regularly for everything they do that is on task, by using their name and naming the behaviour they have done well. Keep ignoring attention-seeking behaviours if no one is being hurt.
- **Reward** – In addition to praise, find other ways to reward students for their positive behaviour.
- **Teach social skills** – A social story is a story that is written to target a child learning a particular social skill. Writing social stories is a great way of reinforcing the behaviour you want to see your student displaying in a concrete way. See Appendix 18 for information on writing a social story and a social story example. Appendix 19 is an example of a game that helps teach children how to give and receive compliments.

## Assistive technology

- **Visual schedules** – Provide students with a visual way of seeing their daily schedule. This can help them keep on task and reduce problems that can arise if they do not know what will be happening next. Refer to Appendix 2 for information on how to create visual schedules.
- **Multisensory tools** – Children might benefit from a range of alternative equipment to meet their sensory needs and ensure they are able to focus to their maximum in the classroom. See the page on sensory needs in Appendix 17 for a range of suggestions on ways to calm or stimulate the senses before attempting academic work.



## 9.7.6 Case Study – Ajay’s teacher takes the initiative

Ajay\* is a seven-year-old boy who moved to a new classroom 6 weeks ago. When he was tested one-on-one he was able to read and write and do maths problems on par with his peers. However, when he first moved to the new classroom he was extremely disruptive. While the other children were doing their reading and writing work in the morning Ajay would not sit still and jumped up and down off his chair, moving around the classroom. He seemed fascinated with the fan.

On his first day at morning break time he got into a fight because he had snatched something off another child, and then hit another student. After that he spent his break times alone playing in the sandpit. Due to his lack of social skills and unusual behaviour, Ajay’s teacher, Sereana, spoke with the school’s Inclusion Coordinator and they felt that Ajay might have autism.

She made a time for his parents to come in for a discussion, but in the meantime tried some strategies. Sereana made a visual timetable for Ajay and stuck it on his desk. She also tied an elastic band between the legs of his chair for him to gently bang his legs against while seated.

One morning, Sereana tried setting up the other students with their reading and writing work first then spending some time with Ajay doing a few simple exercises just outside the classroom door. Then she brought him back into the classroom and carefully explained the reading task she wanted him to do, telling him to do his work for 10 minutes. She put an egg timer on his table as a visual way for him to see how long the 10 minutes was, and to her surprise, he worked independently the whole time!

Sereana also played the ‘I am good at...’ and ‘I need help with...’ versions of the game outlined in Appendix 6 of this Guide, and helped Ajay express that he needs help making friends at playtime. When the bell rang for play, she asked aloud ‘Now, was anyone going to help out those people who needed help at playtime today?’ and to her pleasure, a couple of students went up to Ajay and asked him to play with them.

Sereana is hopeful that her meeting with Ajay’s parents will encourage them to take him to the doctor or psychologist for a formal assessment, but in the meantime she is proud of the changes she has already made to the classroom and their positive impact on Ajay’s learning.

\* Names have been changed in all case studies.



## 9.8 Other Health Conditions

This section covers two common health conditions which can have a disabling effect – epilepsy and diabetes.

### 9.8.1 Epilepsy

Information within this section has been obtained from the World Health Organisation (2022) and Epilepsy Australia.

### 9.8.2 Definition

Epilepsy is a condition where someone has a tendency to have recurrent seizures. Seizures occur as a result of excessive electrical discharges in a group of brain cells. Depending on where the seizure happens in the brain, this can cause changes in movement, sensation and feeling, awareness and consciousness, and emotions and behaviour. Seizures can last from a few seconds to 2-3 minutes. Other terms that you may have heard being used are 'fits', 'blackouts' or 'turns' but the preferred term is seizure.

A seizure may be very obvious when it involves uncontrollable body movement and a loss of consciousness. A child may fall to the ground and their limbs may jerk and move. However, sometimes you cannot tell when a child is having a seizure. The child may have very short seizures called 'absence seizures' where it looks like they have lost concentration and are not attending. You may notice the child staring or their eyes drifting upwards and eyelids flickering. These kinds of seizures can often go unnoticed.

Medication (anti-epileptic drugs) can be used to help to substantially reduce the occurrence of seizures, and in many people completely prevent them. Medication needs to be taken regularly.

### 9.8.3 Causes

- Can be hereditary - if both parents have epilepsy the chances increase of a child having epilepsy.
- Hypoxia (lack of oxygen to the brain).
- Brain tumours.
- Infections that result in damage to the brain, for example, meningitis, malaria, encephalitis and infections that pass from mother to baby during pregnancy.
- Other causes of brain damage, for example drugs and alcohol during the baby's development in utero; premature or difficult labour.

### 9.8.4 Characteristics / signs

- As mentioned above, sometimes a seizure is very noticeable. You may see the child experiencing a seizure. However, it may be a non-epileptic seizure. If it is the first time anyone has seen the child have a seizure, an ambulance should be called. The doctor will investigate other causes for the seizure, for example changes in blood pressure, blood sugar levels or heart rhythm.
- Absence seizures may not be so easy to notice. Look for times when a child appears not to be attending. Does this seem to start suddenly? Can you regain their attention or do they not respond to you?



## 9.8.5 Managing a seizure

- Do not move the child, unless they are in a dangerous situation e.g. close to a fire.
- Create a clear space around the child – move away any objects e.g. chairs, tables etc.
- Protect the child's head by placing something soft under the head.
- DO NOT – slap the child, give them food or drink or put anything into their mouth.
- DO NOT - restrain the child or try to stop the jerking.
- After the jerking movements have stopped, make sure the child is breathing normally.
- Gently roll the child onto their side to help keep the airway clear. Stay with the child and calmly talk to them.
- If other children have witnessed the seizure, it may be helpful to explain what happened and reassure them that the child experiencing the seizure is alright.



### CALL AN AMBULANCE IF:

- The seizure lasts more than five minutes or a second seizure happens soon after the first one.
- The child is still non-responsive for more than five minutes after the seizure stops.
- The child is having more seizures than is usual for them.
- The child goes blue in the face or is injured.
- It is the child's first seizure or you feel unable to deal with the seizure.

## 9.8.6 Strategies to Assist



**Not all strategies are relevant for every student. Work closely with the student to identify which strategies work best.**

- **Do not make assumptions about how the condition might affect the child's learning** - Just find out as much as possible from the family, treating doctor and child to understand about how you can most effectively help the child to learn.
- **Support the student and assist them to feel included and actively participate in the classroom** - Children with epilepsy may feel frightened and may not understand what is happening. They could feel embarrassed, different or isolated from peers.
- **Provide opportunity for students to catch up on any information they may have missed** - Children who have seizures may miss key points of the lesson. After a seizure a child may feel tired and hence have reduced concentration. Think about the best time to work with the student and help them to catch up.
- **Avoid use of fast moving or flashing images on computer or TV screen** - this could be a trigger for a seizure. Flickering lights may also act as a trigger.

- **Be aware of possible side effects of anti-epileptic medications** - In some children, irritable or hyperactive behaviour may be a result of anti-epileptic medications.
- **Develop a Seizure Management Plan** – working with the student, family, School Health Team, and doctor. Appendix 21 shows the Seizure Management Plan template used by Epilepsy Action Australia.

### 9.8.7 Case Study - Epilepsy - Shenon

Shenon\* is an eight-year-old boy from a remote rural area in Fiji who has experienced daily epileptic seizures since he was a baby. His parents did not allow him to go to school, partly because they were worried about him hurting himself during a seizure, but mainly because they are ashamed of him. They thought his seizures were caused by evil spirits. They prayed to make the seizures go away, but had resigned themselves to the fact that Shenon would always be affected by the seizures and that they would have to look after him for the rest of his, or their, lives. They did not think he would ever be able to marry or have a job.

One day the Community Rehabilitation Assistant (CRA) from the district health service visited Shenon's village and came to know that he was not going to school. She took Shenon and his parents to the district hospital where epilepsy was diagnosed and medication was prescribed. The CRA spoke to the Head of School where Shenon was enrolled. In addition to epilepsy, Shenon has mild intellectual disability. The class teacher spent some time getting to know Shenon's abilities and challenges and worked out a plan with learning objectives for Shenon. This included doing group work in the classroom where other students were able to support Shenon as he slowly caught up with the skills needed for school, such as writing, reading, counting, and presenting in front of the class. Shenon was made a duty monitor in the classroom and he was very happy and proud to be contributing to the school.

Sometimes Shenon has seizures at school but the teachers and his friends know how to look after him to prevent him being injured during the seizure. The teacher developed a classroom assignment for students to investigate the causes, prevalence and treatment of epilepsy. The students made posters and did presentations in front of the school and village. The students used to feel bad when Shenon had to stay home in the village while they went to school. Now they are proud of their knowledge and are very happy to have Shenon in the school with them.

*\* Names have been changed in all case studies.*

## 9.8.8 Diabetes

Information is sourced from the World Health Organisation (2022) and Diabetes Australia (2022).

### 9.8.9 Definition

Diabetes is a condition where a hormone called insulin, which helps to make energy in the body, is either not produced at all or not enough is produced. Diabetes can result in too much or not enough sugar in the blood.

**Type 1 diabetes** – No insulin is produced so the sugar (glucose) in the body cannot be converted into energy. Children with Type 1 diabetes need daily injections of insulin.

**Type 2 diabetes** – More than 95% of people with diabetes have Type 2 diabetes. Insulin is produced but the body is not able to effectively use the insulin it produces. Largely the result of excess body weight and physical inactivity.

Healthy foods and physical activity can help in the management of diabetes. In Type 1 diabetes, special consideration should be given to meal planning as this can play a part in controlling blood glucose levels. Parents/caregivers should have information about planning food, physical activity and managing insulin for their children. Some children may need snacks between meals to help manage blood glucose levels.

### 9.8.10 Causes

**Type 1 diabetes** – Although the cause is not yet known, it is often passed down through families and is not preventable.

**Type 2 diabetes** – There is no single cause, however particular risk factors have been identified including: excess body weight and lack of physical activity.

### 9.8.11 Characteristics / Signs

Symptoms of diabetes include:

- Being very thirsty.
- Urinating more than usual.
- Being tired and lethargic.
- Feeling hungry more often than usual.
- If cut, the wound heals quite slowly.
- Developing skin infections or being itchy.
- Vision may become blurry.
- Headaches or dizziness.
- Cramps in the legs.
- Regular unexplained changes in mood.
- Weight gain or weight loss.

As mentioned earlier, blood glucose levels need to be managed in diabetes. If not managed effectively through insulin injections, diet or exercise then the levels can become too high or low.

## Signs of low blood glucose (hypoglycaemia)

- Weakness, trembling or shaking.
- Sweating.
- Headache, feeling light headed or dizzy.
- Difficulty concentrating.
- Tearfulness or crying.
- Irritability.
- Hunger.
- Numbness around lips and fingers.

**Treatment for low blood glucose** – The level of blood glucose needs to be increased. The following are some examples of quick acting carbohydrates that should help.

- glass of fruit juice OR
- 3 teaspoons of sugar or honey OR
- 6-7 jellybeans.
- Glucose tablets.

After 10-15 minutes if the blood glucose level is not rising, then select something else from the above list. If the next planned meal is more than 20 minutes away, then the child could eat:

- a sandwich or
- a piece of fruit or
- a tub of natural yoghurt or
- 6 small dry biscuits and cheese or
- 2 to 3 pieces of dried fruit or
- drink 1 glass of milk.

Without treatment the blood glucose level can continue to drop and you would notice:

- Loss of coordination.
- Slurred speech.
- Confusion.
- Loss of consciousness.

If a child is unconscious, very drowsy or unable to swallow call an ambulance.

Do **NOT** try to give an unconscious child food or drink.



## Signs of high blood glucose (hyperglycaemia)

- Feeling excessively thirsty.
- Frequently urinating.
- Feeling tired.
- Blurred vision.
- Infections.
- Weight loss.

A child with **Type 1 diabetes** who has these symptoms should see their doctor and may need to increase the dose of insulin they have.

A child with **Type 2 diabetes** may occasionally have a high blood glucose level which is not a problem but if it remains high for a few days a doctor should be contacted.

### 9.8.12 Strategies to Assist

- **Make sure you know how diabetes might affect the individual child** - Familiarise yourself with signs and symptoms to look out for and how to manage any issues that may arise.
- **Meeting with parents/caregivers will be important** - This will allow you to discuss appropriate plans and to ensure you know what to do in an emergency situation.
- **Consider what treatment is required during school hours** - You may need to think about an appropriate way for the child to have blood glucose levels checked and insulin provided if this treatment is required. Be aware of the child's meal plan and where snacks are located if required.
- **Have an information sheet for a child who has diabetes** - Keep it in a location where you or any other teacher can easily access it. It could include the signs and symptoms and the actions to take (that you would have discussed with caregivers).
- **Assist with lifestyle changes** - For example, education about healthy eating and keeping children physically active.
- **Educate other children about diabetes** - This will enable other students to develop an understanding of the condition.



**Not all strategies are relevant for every student. Work closely with the student to identify which strategies work best.**



# Section 10

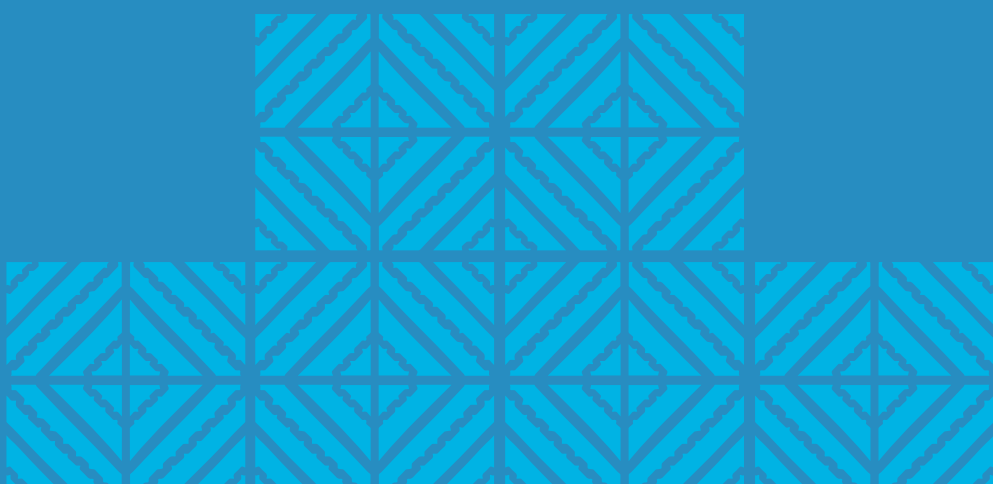
## Successful Fijians with Disabilities

- 10.1 Leslie Tikotikoca
- 10.2 Fulori Dilaca Cavukilagi
- 10.3 Lanieta Tuimabu

Within Fiji, many students with disabilities have successfully completed secondary school and an increasing number are entering and graduating from university. Fijians with disabilities have undertaken tertiary studies at the University of the South Pacific, Gallaudet University in Washington D.C., the University of Wollongong, Auckland Technical College and The University of Melbourne, to name just a few. Other students with deafness or hearing loss are currently enrolled at the University of the South Pacific and Fiji National University.

Many people with disabilities in Fiji have secured employment in industries ranging from business, teaching, music and wellness to government and civil society organisations. Many are married with children and own properties.

Fijians with disabilities have developed and led multimillion dollar regional organisations for the fulfilment of human rights and have represented the Pacific at global meetings of the United Nations and Heads of State. Fiji has a strong history of passionate, intelligent and hard-working disability rights activists.



## 10.1 Leslie Tikotikoca

Leslie Tikotikoca's story is one of faith, hope and courage. He is a motivational speaker, an advocate, an ambassador for youth with disabilities in Oceania and an elite sportsman who has represented Fiji at international events. Leslie is constantly promoting the rights of persons with disabilities, and their inclusion in, education, health, sports and judicial systems. He is also a strong advocate for youth.

Leslie acquired his disability while trying to rescue a friend from being electrocuted. He suffered extensive burns to his body, leading to nine operations and one of his legs amputated.

"Life was tough because I was bullied and judged by my physical appearance. I hardly had friends and would sit alone during lunch. Students would call me Long John Silver and I had no clue who that was. The words they spoke and the way they spoke to me was demeaning", Leslie explained.

Fortunately for Leslie, his family provided strong support and encouragement. Since he was schooling in Suva, his brother had to leave Vanua Levu to accompany him at his school and be his friend. Whilst his parents were always supportive, there were times when he would not tell them the challenges he faced because he saw that it burdened them. Apart from the attitudinal and environmental barriers he encountered, the ongoing surgeries took a toll on his self-esteem as he had to learn to accept what he had become. Leslie loved sports but his teachers stopped him from taking part because of his disability.

"It took 11 years for me to take part in sports and led me to become an elite athlete. Imagine if I was allowed to participate early?"

When asked how he has been able to cope with life, Leslie pointed to his faith in God.



*My faith played a major role in my life and the way I lived my life... Be true to yourself, realise the potential you have and do your very best in whatever you do.*



## 10.2 Fulori Cavukilagi

Fulori Dilaca Cavukilagi is a confident, caring and hardworking young woman who works at the Fiji Society for the Blind as the integration teacher for students with visual impairments in mainstream primary and secondary schools around Fiji. Fulori or Flo as many call her, is passionate about assisting children with disabilities. She is one of the many visually impaired adults in Fiji who has successfully completed her degree and is currently pursuing a post graduate diploma at the University of the South Pacific, in Fiji.

Flo has a degree in Education, specialising in history with a minor in geography and is pursuing her post graduate diploma in special education. Whilst studying at USP, she was employed as a 'buddy' to assist other students with disabilities and was the representative of the 'Empowered Students with Disabilities Association (ESDA)' to the USP student council. During her tenure, the ESDA was able to receive funding that assisted students with disabilities with food items as well as taxi fares for students who were not able to travel by bus due to their disability. Food items were used to provide breakfast for students with disabilities travelling long distances and had to reach the University very early and lunch for those who had very little financial support.

Fulori acquired her disability when she fell ill at a young age. That is when her vision began to deteriorate. As a result, many of her teachers did not know that she had severe low vision, and would ridicule her and pass comments that were demeaning and discouraging. Fortunately for Fulori, she had very strong family support, with parents who played a major role in motivating and encouraging her to pursue her education. She was able to overcome the challenges through her parents, advice as well as the services provided by the Fiji Society for the Blind, through the integration teachers. Her experiences and support has motivated Flo to become an integration teacher herself so that she can assist other students with vision challenges in mainstream schools. Flo's advice to youth with disabilities is:



*Students should work hard to achieve their goal and think of their future. Parents won't be there to support them in the future, so they themselves need to live sustainably and support themselves; to have a backup plan to support them.*





## 10.3 Lanieta Tuimabu

Currently the Disability-Inclusion Specialist at the Australian Government's Fiji Program Support Facility, Lanieta acquired her blindness when she was ten years old due to meningitis. She was hospitalised for one and a half years and had to attend the Fiji School for the Blind for two years before being transferred to Marcellin Primary School from 1989 -1991, as part of Fiji's integration program at that time.

It was a painful journey for Lanieta and her family as they had to come to terms with the fact that she would never see again. Lanieta recalls waking up on her hospital bed one morning and asking why it was still dark even though she could feel the sun on her face. Her mum told her that the sun was already up and turned her face towards it. Lanieta complained that it was still dark and after a few question and answers, it painfully dawned on them that something had happened to Lanieta's vision. It was a heart wrenching moment for Lanieta and her mother when they realised that she could have lost her vision.

Lanieta's mum could not hold back her tears as panic and pain took over. All that she could do was to embrace her daughter in her loving arms, silently praying that it was only a dream. The doctors later confirmed that Lanieta had lost her vision.

It took Lanieta six years to finally accept her blindness. The six years included adapting to her new life, a roller coaster of emotions, feeling sorry for herself and experiencing the stigma that comes with it. There was a time when her parents were accused of causing her disability, adding more grief to her family. In their effort to support her, Lanieta's parents would at times become mentally exhausted and verbally abuse her. They also became overly protective of her. They would take Lanieta to different kinds of doctors and pastors, including witch doctors as they tried to restore her vision. People were also saying things that hurt Lanieta not realising that being blind did not mean that she was not able to hear.

As she tried to enroll in high school, the school principal did not want to enroll her out of fear because of occupational, health and safety issues and lack of information as she saw Lanieta's blindness as a limitation. In addition to being enrolled, Lanieta needed to stay in the school dormitory which was seen as a big No No. Lanieta was fortunate to have the support of the Head of School of the Fiji School of the Blind, at that time, Mr. Setareki Macanawai, and was successfully enrolled in spite of the lack of accessibility of school buildings, teaching resources and attitudes. She had two to three close friends who assisted her in and around the school. Lanieta is grateful to these friends as they became her advocates, friends who would defend her from bullies. During maths and science, the integration teacher from the Fiji School for the Blind was available to help her as well as to provide enlarged texts for reading. She proved to her classmates that disability is not inability when she topped her class in the National form four exam, the 'Fiji Junior Examination'.



Now many years later, Lanieta has continued to defy all odds. Accessing quality education has enabled her to have extensive national and regional experience in disability inclusion and advocacy to advance shifts in policy and legislative change and practice. Lanieta has held senior leadership role in many fronts including her last role as the head of Fiji Disabled Peoples Federation. She held a senior management role at the United Blind Persons of Fiji and has been recognized nationally and regionally for her leadership in this sector. She was recently awarded the Women in Leadership Award as part of the National Disability Awards in Fiji. Lanieta has extensive experience in gender and disabilities and currently serves as a board member for the Women's Committee of the Pacific Disability Forum, and a board trustee of the Fiji Women's Crisis Center. She is an active member of the Ministry of Women, Children and Poverty Alleviation's Ending Violence Against Women task force.

She serves as the Human Rights Commissioner for the Fiji National Human Rights and Anti-Discrimination Commission. Lanieta has been instrumental in ensuring disability in Disaster Risk Reduction through the Pacific Humanitarian Protection Cluster. She is a strong advocate for disability inclusion in mainstream sectors in particular access to health for people with disabilities and has wide experience in policy advocacy including the integration of the Washington Group questions as part of the Office of Statistics Census.

Her advice to youth with disabilities is:



***Never look down on your impairment. Explore your interests and have a positive mind at all times. Turn those negatives into opportunities and interact as much as you can. Be involved in all class activities, do not distance yourself from others but learn as much as you can. Speak when you need to and ask for support when you need it so teachers can help you. Learn to tell your teachers your educational needs.***



## Glossary

Below are simple definitions for some common health conditions, impairments and disabilities.

### Acquired Brain Injury

An Acquired Brain Injury describes any injury to the brain that a person receives sometime after birth. Some of the causes include: falls, assault to the head, motor vehicle accidents, brain tumour, illness (such as meningitis), poisoning (from lead, pesticides, certain medication or food), and repeated long (epileptic) seizures.

### Albinism

Albinism is a condition some people are born with. It is caused by a lack of pigment (colour) in their hair, eyes, and skin. A person with albinism is called an albino, but people may prefer to be called a “person with albinism”. People with albinism usually have white or light blonde hair and very fair skin. People with albinism do have some problems including low vision and getting sunburnt easily because people with albinism have little or no pigment in their eyes, skin and hair. Vision problems in albinism include nystagmus (irregular fast movements of the eyes), strabismus (where the eyes fail to balance) and refractory errors (like being near-sighted or far-sighted).

### Amputation

Removal of a body part, for example the arm or leg. Can result from traumatic injury or from surgery undertaken to prevent spread of infection or disease through the body.

### Anxiety

Anxiety is defined as ‘an uncomfortable feeling of nervousness or worry about something that is happening or might happen in the future’ (Cambridge Dictionary, 2022). If this feeling persists over time, is excessive and unrealistic, without an identifiable cause, a generalised anxiety disorder may be diagnosed.

### Asperger’s Syndrome

Asperger’s syndrome is a former neurodevelopmental disorder characterised by significant difficulties in social interaction and nonverbal communication, along with restricted and repetitive patterns of behaviour and interests. The syndrome is no longer recognised as a diagnosis, having been merged with other disorders into Autism Spectrum Disorder (see below).

### Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a common condition caused by differences in the brain, which causes difficulties with focus, hyperactivity and/or impulsivity. While children with ADHD generally do not have difficulties with understanding tasks or instructions given to them, they find it difficult to remain focused, get organised, follow directions, and manage their emotions.

### Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder (ASD) is a condition in which the individual experiences impairment in social communication and displays ‘restricted and repetitive patterns of behaviour, interests and activities’ (American Psychiatric Association, 2022). The extent to which ASD impacts upon the child’s behaviour, intelligence and ability varies from mild to severe.

Many people with ASD appear to be in their own world and show little interest and regard for the others around them. Some people with ASD do not speak (even though they may understand spoken language), and others may speak in short phrases or restrict conversation to their own topics of interest.

## Blindness

Blindness is also known as profound vision impairment; with visual acuity in the better eye of less than 3/60, or a corresponding visual field loss to less than 10 degrees in the better eye with the best possible correction.

## Cataracts

A cataract is a clouding of the lens of the eye and causes the person to have vision impairment as their sight is as if it was covered by a cloud. Though cataracts usually affect the elderly, children may be born with, or acquire, the condition. Treatment for cataracts involves removing the eye lens and replacing it with an artificial lens (WHO 2022).

## Cerebral Palsy

A condition usually caused by abnormal brain development, injury or infection during or before birth, which affects movement and co-ordination. It may also result in intellectual disabilities and problems with vision, hearing, swallowing and communication.

## Cleft Palate or Cleft Lip

A birth condition where the baby's mouth parts do not form properly, resulting in gaps or splits in the upper lip and/or roof of the mouth (palate).

## Club Foot (Congenital Talipes Equinovarus)

Club foot is a congenital deformity involving one or both feet where the ankle appears to be rolled in. It is relatively common, occurring more often in boys than girls, and should be treated with surgery and plastering during infancy.

## Conductive Hearing Loss

Conductive hearing loss is associated with a problem with the middle ear (e.g. fluid collected and trapped in the middle ear) or outer ear (e.g. ear wax or foreign body). Sound is not conducted properly through the ear because of a structural problem or a blockage.

## Cretinism

Cretinism causes both a developmental delay and a delay in a child's growth when they have not received enough iodine to adequately create the thyroid hormones. Babies with cretinism may be born large but fail to grow normally and have feeding and breathing difficulties because of their abnormally large tongue. Early treatment is crucial to ensure that the intellectual and physical disabilities associated with cretinism are minimised.

## Deafness

Deafness is also known as profound hearing loss. A person who is not able to hear as well as someone with normal hearing (hearing thresholds of 25dB or better in both ears) is said to have hearing loss. Hearing loss may be mild, moderate, severe or profound. It can affect one ear or both ears, and leads to difficulty in hearing conversational speech or loud sounds. Deaf people mostly have profound hearing loss, which implies very little or no hearing.





## Deaf Blind

Someone who is referred to as Deaf Blind has impaired sight and hearing such that they experience difficulties in their daily life. People who are Deaf Blind usually learn to communicate using tactile sign language, in which hand signs are performed onto the hands or body of a communication partner.

## Depression

Depression is defined as a persistent state of sadness, hopelessness and inadequacy that is typically accompanied by a loss of interest in life.

## Developmental Delay / Global Developmental Delay

Developmental Delay refers to a delay in the person's ability to demonstrate a particular skill or task (such as speaking, sitting up or walking) in comparison with same-age peers. Global Developmental Delay means that the person has developmental delays across all areas of functioning. Developmental delays cannot be cured however the child can learn to progress at a quicker pace.

## Diabetes – Type 1

A condition where no insulin is produced so the sugar in the body (glucose) cannot be converted into energy. Children with Type 1 Diabetes need daily injections of insulin.

## Diabetes – Type 2

A condition where insulin is produced but either not enough is produced or the body is not able to effectively use the insulin it produces.

## Down Syndrome

Down syndrome is an intellectual disability caused by extra genetic material in chromosome 21 that causes the child to develop differently in the womb. Children with Down syndrome will have unique physical characteristics including 'decreased muscle tone, a flat face, eyes slanting up, irregular shaped ears, ability to extend joints beyond the usual, large space between the big toe and its neighbouring toe and a large tongue relative to the mouth' (WHO 2022). Children with Down syndrome are slower to achieve developmental milestones than same-age peers.

## Dyscalculia

A type of specific learning disability associated with difficulties in mathematics. Dyscalculia can affect all types of maths problems ranging from an inability to understand the meaning of numbers, to an inability to apply mathematical principles to solve problems. Dyscalculia is estimated to occur in up to 3% of the population.

## Dyslexia

A type of specific learning disability associated with difficulties in reading, writing, spelling or comprehension. Dyslexia is the most common specific learning disability, affecting approximately 85% of people with a specific learning disability. Because dyslexia is related to literacy skills, it is the most obvious to observe in a school setting.



## Epilepsy

A condition where seizures (“fits”) occur as a result of excessive electrical discharges in the brain.

## Foetal Alcohol Spectrum Disorder

Foetal Alcohol Spectrum Disorder is a condition that can occur when the infant’s mother drank alcohol during pregnancy. It causes brain damage and problems in a child’s growth and development, which last a lifetime. Problems can include movement, balance, vision and hearing, learning, managing emotions and developing social skills, hyperactivity and impulse control, communication.

## Fragile X Syndrome

Fragile X syndrome is the most common cause of genetically inherited intellectual disability. ‘It is caused by a “fragile” site at the end of the long arm of the X-chromosome’ (WHO, 2022). People with Fragile X vary significantly in their intellectual abilities and benefit from early intervention.

## Hearing Loss

A person with hearing loss is not able to hear as well as someone with normal hearing (hearing thresholds of 25dB or better in both ears). Hearing loss may be mild, moderate, severe or profound. It can affect one ear or both ears, and leads to difficulty in hearing conversational speech or loud sounds.

‘Hard of hearing’ refers to people with hearing loss ranging from mild to severe. They usually communicate through spoken language and can benefit from hearing aids, captioning and assistive listening devices. People with more significant hearing losses may benefit from cochlear implants. ‘Deaf’ people mostly have profound hearing loss, which implies very little or no hearing. They often use sign language for communication.

## Language Disorders

Conditions associated with the child’s ability to have meaningful conversations, understand other people, problem solve, read and comprehend, and express thoughts through spoken or written words (American Speech-Language-Hearing Association, 2022).

## Mental Illness / Mental Health Condition

Medical conditions characterised by a significant disturbance of thought, mood, perception or memory (common examples of mental illnesses are anxiety, depression, bipolar disorder and schizophrenia).

## Multiple Impairments / Multiple Disabilities

A person with multiple impairments disabilities has two or more impairments simultaneously, for example, is Deafblind, has cerebral palsy affecting vision and mobility, or an acquired brain injury effecting both physical and intellectual abilities.

## Muscular Dystrophy

A condition where muscles become increasingly weaker. It may initially just be the legs affected, resulting in difficulty with motor skills, (e.g. running and jumping) however, in later stages the whole body can be affected and a child who could initially walk may eventually require a wheelchair to move around. A child’s cognitive function may also be impaired. Respiratory and cardiac muscles may also be affected during the course of the condition which can result in trouble with breathing.



## Physical Disability

The total or partial loss of function from one or more parts of the body. Physical disabilities can affect a person's mobility (movement), strength and balance, use of their hands or arms, levels of energy and fatigue and pain.

## Polio

An infectious disease caused by a virus that mainly affects young children. Contaminated food and water can spread the virus which multiplies in the intestine, and can invade the nervous system (WHO, 2022). In some cases the disease can cause loss of muscle function. Immunisation can prevent polio.

## Prosthesis

An artificial device that is used to replace or substitute a missing part of the body.

## Psychosis

Conditions that affect the mind which make someone believe things that are not real. Symptoms include delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear) (NIMH, 2022).

## Seizure

Seizures occur as a result of excessive electrical discharges in a group of brain cells. Depending on where the seizure happens in the brain, this can cause changes in movement, sensation and feeling, awareness and consciousness, and emotions and behaviour. Seizures can last from a few seconds to two to three minutes.

## Sensorineural Hearing Loss

Hearing loss associated with a problem with the auditory nerve or inner ear. (i.e., getting the sound 'message' to the brain).

## Specific Learning Disabilities

Specific learning disabilities (SLDs) are neurological, cognitive, life-long disorders in the processes that deal with the acquisition, retention, understanding, organisation or use of verbal and/or nonverbal information. They are due to the way the individual's brain is 'wired' and may affect listening, thinking, speaking, writing, reading, spelling or mathematical calculations

## Speech Disorders

Conditions which include problems in saying sounds and words, including how clearly words are spoken, the voice quality, and fluency. People with a speech disorder may not say sounds clearly, have a hoarse or raspy voice, or repeat sounds or pause when speaking (called stuttering). (American Speech-Language-Hearing Association, 2022).



## Spina Bifida

A condition where there is a problem with the bones of the spine. Some portions of the spine may bulge from the lower back. It usually results in reduction of muscle function and sensation in the lower body and limbs. Bowel and bladder problems may also occur. Another issue is hydrocephalus (build-up of fluid in the brain) which can cause the head to appear unusually large and can damage the brain if not treated.

## Spinal Cord Injury

Damage to any part of the spinal cord caused by trauma or disease. It can cause loss of muscle function and sensation.

## Trachoma

Trachoma is the most common cause of preventable blindness in the world, in which the eyes become watery, red and sore when they come into contact with the infection *Chlamydia Trachomatis*. If untreated, small lumps can develop under the eyelids and the top part of the cornea can look cloudy. (WHO 2022).

## Vision Impairment

A person who has vision impairment has an impairment of their visual functioning even after treatment or the use of glasses. The extent of the impairment can vary from mild to severe as well as in the type of images the person can see. 'Low vision' is defined as visual acuity of less than 6/18 but equal to or better than 3/60, or a corresponding visual field loss to less than 20°, in the better eye with the best possible correction.







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## Appendices

1. United Nations Convention on the Rights of Persons with Disabilities
2. Tips for Making Visual Aids and Schedules
3. Tips for Making Communication Aids
4. Using a Positive Behaviour Framework
5. Disability Language Tips
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7. “My Tree of Strengths” Worksheet
8. “All About Me” Worksheet
9. “Miraculous Me” Worksheet
10. Activities for Learning at Home
11. Dyslexia Case Study – Orlando Bloom
12. Additional Strategies for Assisting with Specific Learning Disabilities
13. ABC Behaviour Analysis Template
14. Life Skills Curricula Examples
15. Simple Behaviour Management Plan Example
16. Positive Behaviour Record
17. Sensory Ideas
18. Tips for Writing Social Stories
19. “Compliment Tag” game – A Game to Teach Kids an Important Social Skill
20. Cleaning Your Ears
21. Seizure Management Plan – Example Template

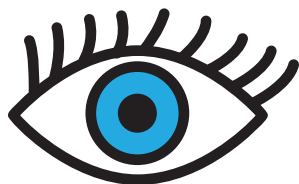


## Appendix 1: United Nations Convention on the Rights of Persons with Disabilities – Article 24 - Education

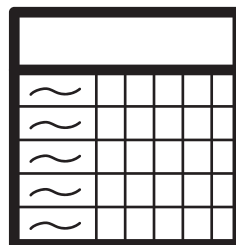
1. States Parties recognise the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:
  - a. The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
  - b. The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
  - c. Enabling persons with disabilities to participate effectively in a free society.
2. In realising this right, States Parties shall ensure that:
  - a. Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
  - b. Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
  - c. Reasonable accommodation of the individual's requirements is provided;
  - d. Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
  - e. Effective individualized support measures are provided in environments that maximise academic and social development, consistent with the goal of full inclusion.
3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:
  - a. Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
  - b. Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
  - c. Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximise academic and social development.
4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.
5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.



## Appendix 2: Tips for Making Visual Aids and Schedules



Visual Schedule



Referring to pictures and symbols as you speak can help students with communication difficulties to understand what you are saying and follow instructions and classroom routines. Using visual aids and schedules is also likely to be useful for the whole class as well as being useful for students with communication difficulties.

A **visual aid** is any pictorial representation designed to make it easier for students to understand what you are saying.

A **visual schedule** is a pictorial representation of a routine designed to make it easier for students to systematically follow instructions or routines.

Some examples of visual schedules are timetables (designed to assist the student in knowing what is coming up over the course of the day or week), task visual schedules (to help students with following a sequence in order to complete an activity), and visual schedules to assist with routines and transitions.

Visual aids and schedules should include both a simple picture and a word or short phrase describing that picture.

Some tips to keep in mind when making visual aids and schedules are:

- Visual aids can be simple (1 or 2 pictures) or complex (over 30 pictures). **Tailor the aid to abilities of the child.**
- Using **photos of the child** engaged in the activity is an effective and easy way to make visuals.
- Alternatively, you can use **drawings** or pictures from searching Google images online to create visual aids and schedules.
- Visuals will last longer if you **lamine** them.
- Make sure the student is **easily able to see the visual** when they need it, either in the classroom or at home.



## Examples of Visual Aids

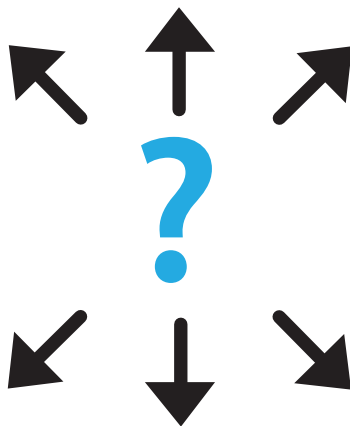
What



Who



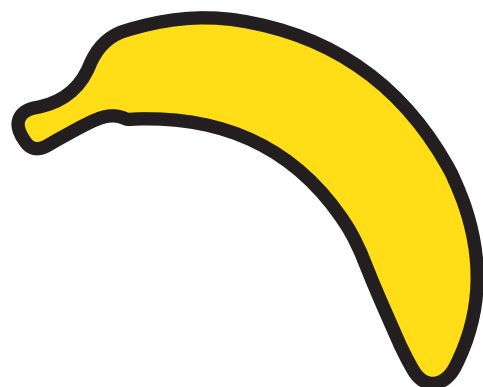
Where



Why



How



Hi Grandma



I had

good



bad



okay



day at school today.

Today we had

speech



library



gym



cooking



field trip



For lunch I ate:

pizza



hamburger



chicken



sandwich



hot dog



burrito



salad



fish sticks



nachos



ravioli



I worked on:

reading



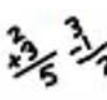
writing



office  
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math



dynavox

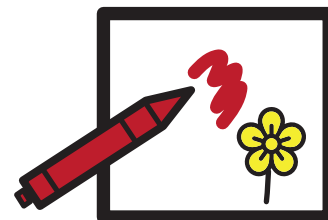


Other comments:

## Examples of a Timetable Visual Schedule



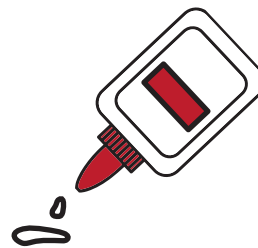
## Examples of a Task Visual Schedule



Colour



Cut

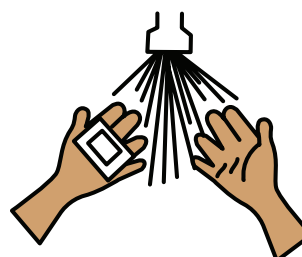


Glue

## Examples of a Routine Visual Schedule



Toilet



Wash hands


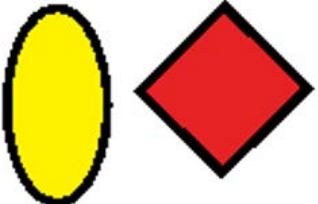
## Appendix 3: Tips for Making Communication Aids

A **communication aid** is a means of providing a person with limited speech with opportunities to communicate. Students who have difficulties expressing themselves verbally may benefit from pointing to symbols, pictures, letters or words in order to express opinions, desires, comments etc.

Some tips to keep in mind when making communication aids are:









- Communication aids can be simple (1 or 2 pictures or words) or complex (over 20 pictures, letters or words). **Tailor the aid to abilities of the child.**
- You can use **drawings** or pictures from searching Google images online to create communication aids.
- Communication aids will last longer if you **lamine** them.
- Make sure the student **has access to** their communication aid when they need it, either in the classroom or at home.
- Some students will not be physically able to point to pictures. Use trial and error to **figure out another way** (i.e. nodding or changing the direction of their eye gaze) for them to communicate what they want using an aid.

### Communication Aid Examples

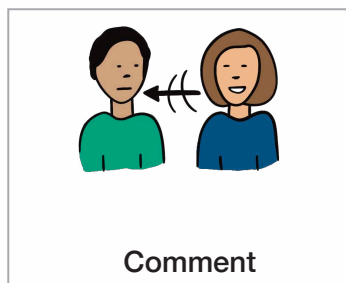
		
Yes	I don't know	No
		
I need help please	Toilet please	Different

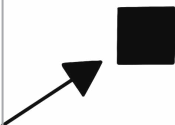
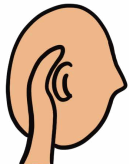

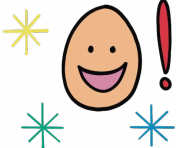


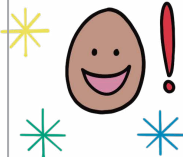





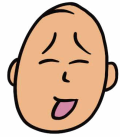
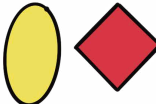


## Example of a Simple 'I want' Communication Aid




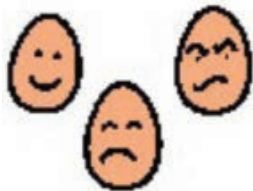







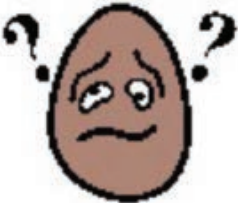






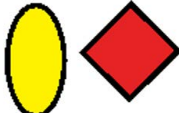
 <p>I want</p>	 <p>More</p>	 <p>Food</p>	 <p>Drink</p>
 <p>Break</p>	 <p>Finish</p>	 <p>Toilet</p>	 <p>Help</p>

## Example of a 'Comment' Communication Aid

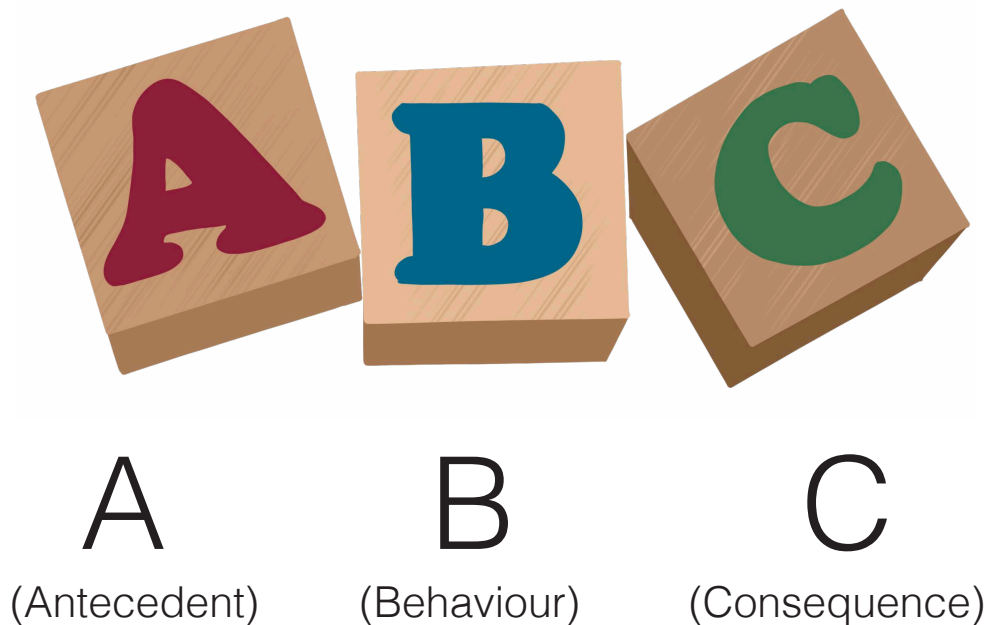


					
That	Sounds	Good	Great	Bad	Painful
					
		Cool	Fun	Boring	Sad
					
Yummy		Same as me	Yucky	Different to me	

## Example of 'Feelings' Communication Aid

			
How	You	I	Feel
			
What	Can	Do?	
			
Happy	Sad	Angry	Tired
			
Confused	Embarrassed	Surprised	Scared
			
Take a deep breath	Have a break	Talk to a friend	Different

## Appendix 4: Using a Positive Behaviour Framework



When you focus on students' strengths and engage them in their learning, you will find that many challenging behaviours will often be prevented in the first place. Here are some further tips to help you manage challenging behaviours if they do arise!

- **Praise students** - Try to provide praise to students based on genuine achievement. Students with disability are generally aware when they do and do not deserve praise and would prefer to be rewarded for real success rather than receive tokenistic praise.
- **Use positive reinforcement** - There are many different ways you can reward students (or give them positive reinforcement) for doing the right thing. You can praise them verbally, give them a sticker on their reward chart, shake their hand, smile at them, give them a positive behaviour record like the one in Appendix 15 ... the list is endless!
- **Make sure students know the boundaries** - A lot of challenging behaviour comes from students not knowing what is expected of them. Be very clear in your expectations.
- **Ignore minor attention seeking behaviour** - If a student's behaviour is not hurting someone, most of the time it will be far more effective to ignore them and praise the other students around them for doing the right thing.
- **Avoid punishing students or giving them negative attention** - There are many reasons why a student might do the wrong thing. They might not have understood what they were supposed to be doing, they might be overwhelmed, or they might be trying to get attention.
- **Assist students to reflect on their behaviour** - If you believe a student has the ability to understand consequences for their behaviour, choose a time after the behaviour has occurred for them to reflect on their behaviour with you. Ask them questions about how they think their behaviour made others feel, and what they are going to do to set things right. If you feel it will be beneficial, now is the time to tell them of the consequences of their inappropriate behaviour.

- **Complete an ABC chart to get more information about the behaviour** - If your student is demonstrating consistently challenging behaviour you might like to put some steps in place to try and change the behaviour. One useful way to do this could be to fill out the ABC chart in Appendix 12 to see if there are any patterns in the triggers for the behaviour, the behaviour itself, and the consequences of the behaviour.
- Once you have information about these things you will be able to write a **Behaviour Management Plan**, outlining the steps you would like everyone working with the child to follow. Behaviour Management Plan, sometimes called Behaviour Support Plans, include general information about the student and any possible triggers for the behaviour that you have identified. Refer to Appendix 14 for an example and template of a Behaviour Management Plan.
- **List the preventative strategies** - A behaviour management plan should also include a section listing a range of strategies that you can put in place in an attempt to prevent the challenging behaviour from occurring in the first place. Information about ways to reward and praise the child should be included here.
- **List how to respond in the event of challenging behaviour** - Some challenging behaviour can be dangerous and require quick thinking in order to restore safety. Other challenging behaviour is designed to get maximum attention. Whatever the reason for the behaviour, it is imperative that the behaviour management plan includes information on how staff should respond and be consistent.
- **Review the plan regularly** - Like an Individualised Education Program (IEP), a Behaviour Management Plan should be reviewed regularly.
- **Behaviour can get worse before it gets better!** - Do not worry if you start a new behaviour management plan and the student's behaviour gets a lot worse initially. This is normal as the student is probably rebelling against the new structures put in place and testing the boundaries. If you hold up to the challenge, they will eventually realise that you are not going to change your mind and give up!
- **Further information is available** from <https://www2.education.vic.gov.au/pal/behaviour-students/guidance/6-behaviour-support-plans>. This includes information on school-wide positive behaviour support, Behaviour Support Plans (including templates), functional behaviour assessment, working with families on student behaviour, and consequences for behaviour.





## Appendix 5: Disability Language Tips

Caution – language can be difficult to get right. It takes practice. Do not let these tips make you feel nervous about communicating with your students with disabilities or their families. It is a process of adjusting language, and a few mistakes are inevitable.

Instead of this...	Use this
Abnormal	Specify the disability or impairment
Afflicted with	Person has (name the disability)
Birth defect, deformity	Person with a disability since birth
The visually impaired	Person with a vision impairment
Confined to a wheelchair	Uses a wheelchair / a wheelchair user
Crippled	Has a physical impairment
Dumb and mute	Person is deaf
Deformed	Specify the disability
The disabled	Person with a disability
Epileptic	Person with epilepsy
The handicapped	Person with a disability
Insane, lunatic, maniac, mental patient, mentally diseased, neurotic, psycho, schizophrenic, unsound mind	Person with a psychosocial impairment
Invalid	Person with a disability
Mentally retarded	Person with an intellectual impairment
Mongol	Has Down syndrome
Spastic	Person with a disability (possibly intended to relate to a person with excessive muscle tone)

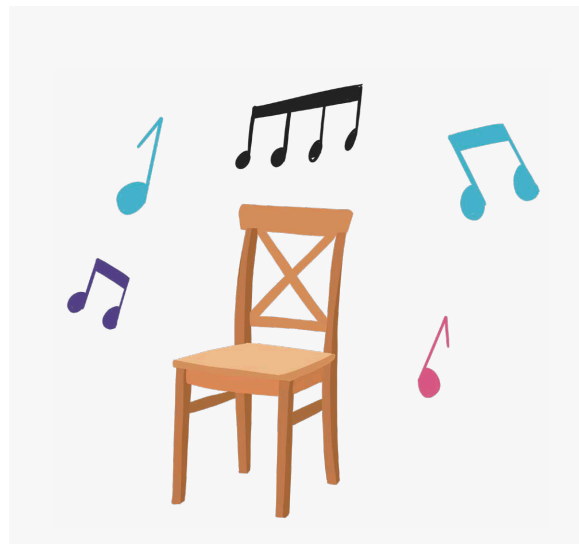


## Appendix 6: Embracing Difference in Your Classroom Activities

### 'I Like...' Musical Chairs

This game is a great way to start students recognising the differences and similarities between members of their class in a fun and engaging way.

Make a circle of chairs facing the middle with one less chair than the number of people playing. Sit the students on the chairs and stand in the middle. Explain to the students that you are going to play a game to see some of the similarities and differences in the things they like. Explain that the person in the middle makes a statement about themselves to the group that is true beginning with the phrase 'I like...', for example, 'I like rugby.' When the students hear the statement, if they agree with it (in this case, they also like rugby), they need to jump up and swap seats with someone. The last person left standing stays in the middle and makes the next statement.



Explain to the students that there are no winners or losers, and no wrong or right statements; the game is just a fun way to find out about the different likes in the class.

Encourage students with disability or impairment, or those who have not had a chance to stand in the middle the opportunity to be actively involved, and make comments along the way to highlight similarities and differences and make it fun i.e. 'I didn't know you liked the colour orange, Shanelle' or 'Wow, you're the only one who likes maths, Dinesh!' Praise students for having a go.

Once most of the students have had a turn in the middle, finish the game by highlighting some of the key similarities and differences of interests in your classroom.

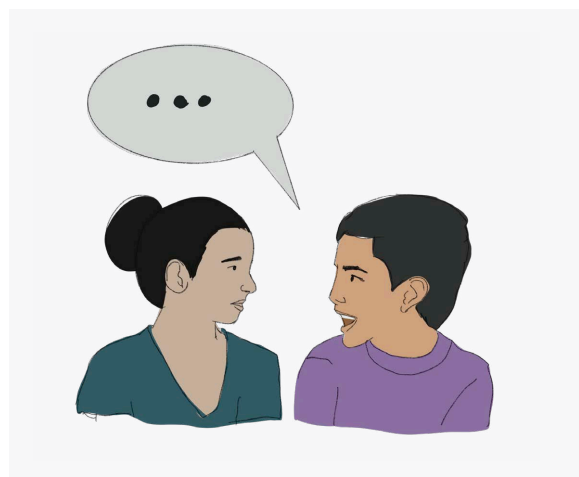
You could also play this game with students making statements starting with 'I am...', 'I am good at...' or even 'I need help with...' to demonstrate other kinds of similarities and differences. After playing the versions 'I am good at...' and 'I need help with...', you will be able to make comments to encourage students to share their skills, for example 'Oh great, Malini, you said you were good at reading, and Ashley, you said you needed help with reading - maybe the next time you have a word you do not understand you could ask Malini to read if for you?'

### Group Compliment Activity

This is an activity in which students experience receiving a compliment from other students in the classroom. Not only does it build students' self-esteem, but it also challenges students to be able to identify something they like about their classmates.

Explain to the group that you are about to do an activity so that everyone can see what other people like about them.

Stick a blank piece of paper on everybody's back with sticky tape. Ask students to walk around the classroom



and write something nice about their classmates on their back. Explain that you could write something as simple as 'I like your shirt,' 'nice smile' or 'good at sport'.

Walk around making sure that students are only writing positive things and helping out students who need it. After a while, get students to write their name on the top and display the paper somewhere in the classroom.

If you do not have sticky tape, you could seat students in a circle with a piece of paper with their name at the top. When you say 'go', all the students pass the paper to their right and everyone writes something nice about the person whose paper they have in front of them. When you say 'go' again, everyone folds the top of their paper over and passes it on.

## How it Feels to be Excluded

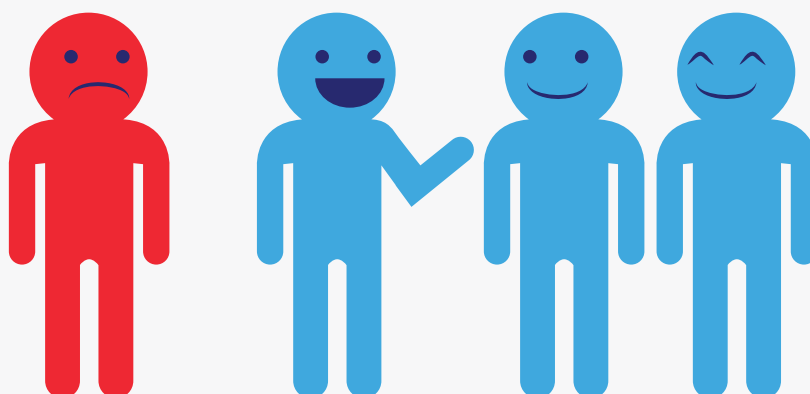
This activity is sourced from UNESCO (2004) *"Embracing Diversity: Toolkit for Creating Inclusive, Learning-Friendly Environments"*. In this activity, prepare badges of two different colours—such as red and blue—for people to attach to their clothes using tape or a pin. Each person should have one badge, giving some reds to females and some to males. Explain that in this activity some of them will be made to feel privileged while others will feel excluded. Tell the people with red badges to sit at the back of the room or all on one side of the room. Then carry on a pleasant conversation with the people with blue badges. Ignore the red badge group; occasionally look sternly at them and tell them to sit quietly or to stop fidgeting or smiling. Continue to talk to the blue badge group. Continue this for five to 10 minutes.

You may even want to ask a blue badge person to tell the red badge group to be quiet. At the end of the 10 minutes, tell everyone to take off their badges and sit together again. Ask these questions:

How did it feel to have a blue badge? How did it feel to have a red badge? If you were wearing a red badge, did you want to have a blue badge? Could you do anything to get a blue badge? What did it mean to be excluded? Who did the excluding? Who were (or could be) the most vulnerable?

Remember that those individuals who are often excluded may feel even more ashamed, embarrassed, or punished by having a child with disability; they are being doubly excluded. Moreover, those who are most vulnerable are poor children with disabilities who are of a minority ethnic group and do not speak the dominant language and, in particular, girls.

These children may be excluded for numerous reasons (for instance, being a poor, minority girl with a disability who cannot understand what is being said in class). Yet these are the very children we seek to include in our inclusive, learning-friendly environments. Now apply the lessons above to explain better what we mean by "inclusive" and "learning-friendly" environment and discuss the benefits of "inclusive learning".



## Appendix 7: “My Tree of Strengths” Worksheet

### ‘My Tree of Strengths’ Worksheet

The following is a colouring in worksheet you can use to help students identify things they are good at. Ask students to colour in the tree and write the things they are good at on each branch. Help them out if they get stuck. Share them with the whole class at the end of the session.

**Colour in the tree. Write the things you are good at on each branch!**

**Are you good at the same things as your classmates?**

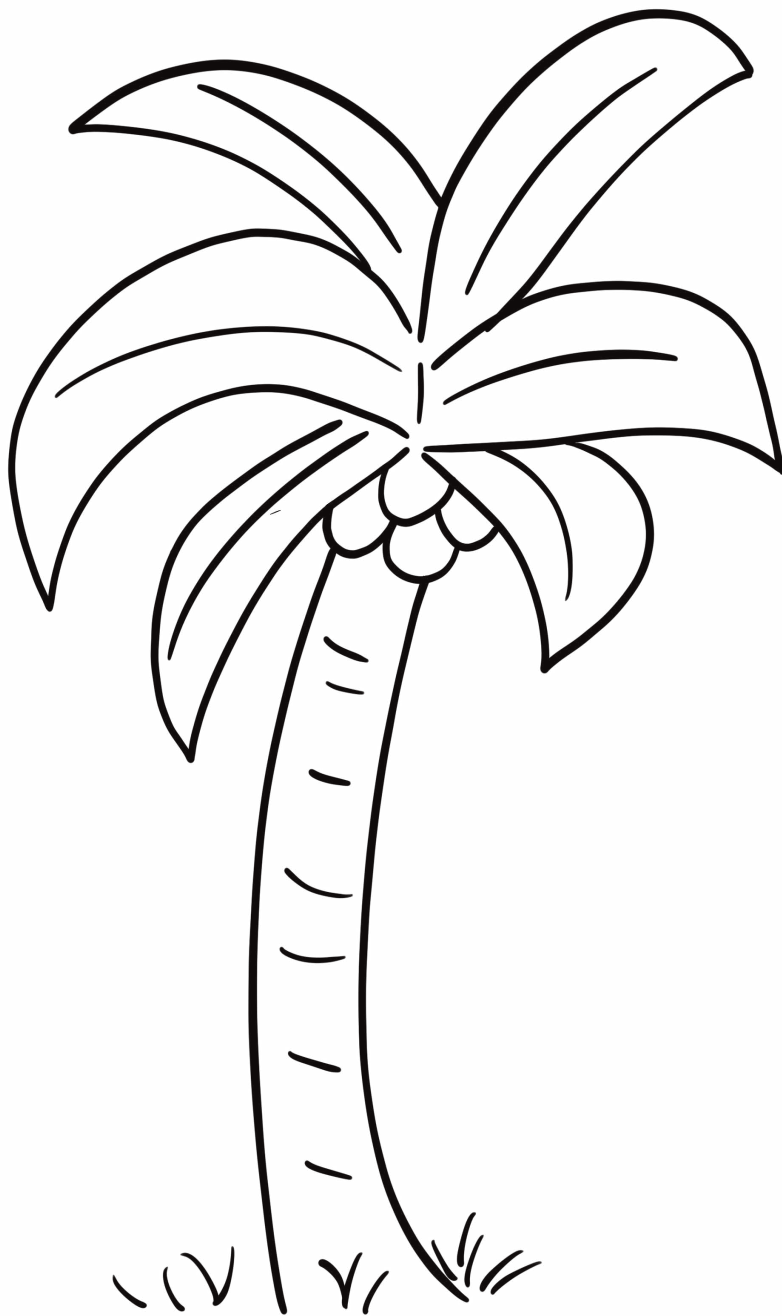


Image sourced from Elboricua <http://www.elboricua.com/BKcolorPalm.html>

## Appendix 8: “All About Me” Worksheet

On this worksheet, students fill in information about their strengths, likes, things they need help with and things that help them. It can be used both as a classroom display and as a useful resource to handover to the child’s new classroom teacher at the end of the school year.

If you are proactive at including activities like the ones outlined above in your classroom, you will start to notice that students become more confident at describing their own and others’ likes and dislikes, strengths and weaknesses. This is fantastic and shows that your classroom is well on the way to being an inclusive place, where difference is embraced, not excluded.

Once students begin to develop the language for describing their likes, strengths and the things they find challenging it can be useful to ask them to summarise them into one document to display in the classroom.

The following worksheet is a template you can copy. Alternatively, you could design your own.

In addition to having a space for the students to write things ‘I like’, ‘Things I’m good at’ and ‘Things I need help with’, the template has a space for ‘What helps me.’ Work with your students to be able to articulate what strategies and support they find helpful. For example, a student who finds that they need help with sitting still might also have some achievable results, such as delivering messages or sitting on a cushion so they can wriggle around on their seat. Not only will this information be helpful for you to know, you can be assured that any strategy a student has come up with themselves is likely to be of greater help than one you can come up with for them!

The sheet on the next page is an example of a simple document that you could fill out with the whole class at the start of the year to encourage students to identify and value strengths and differences.

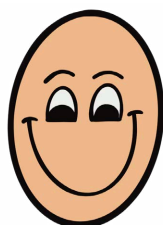
Following the example is a template that you can copy. Alternatively you could design your own version.

At the end of the year, update it and hand it onto the students’ new class teacher to give them some very useful information.



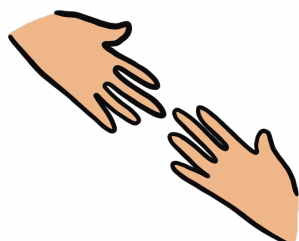


# Hi, my name is Mariah



**I like**

- Music
- Swimming
- Bright colours
- Playing with my friends



**I need help with**

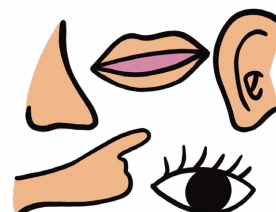
- Concentrating
- Sitting still
- Academic work

**Picture of me**



**I'm good at**

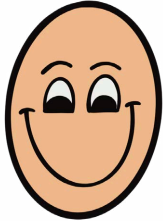
- Writing my name
- Making friends
- Singing and dancing



**Things that help me...**

- Letting me take plenty of breaks to stand up and move around
- Breaking my work into small, achievable tasks
- Teaching me through all my senses
- Having a daily schedule I can follow

Hi, my name is \_\_\_\_\_



I like

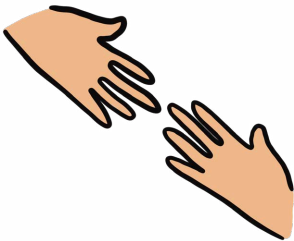
- 
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- 
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Picture of me



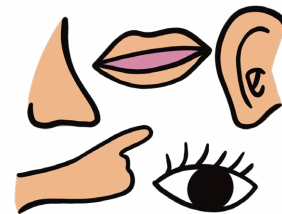
I'm good at

- 
- 
- 



I need help with

- 
- 
- 



Things that help me...

- 
- 
- 
- 



## Appendix 9: “Miraculous Me” Worksheet

MIRACULOUS ME: \_\_\_\_\_

List 5 words that describe you

- 1.
- 2.
- 3.
- 4.
- 5.

What kind of ANIMAL best describes you?

ANIMAL: \_\_\_\_\_

WHY?

- \_\_\_\_\_
- \_\_\_\_\_

What kind of MUSICAL INSTRUMENT best describes you?

MUSICAL INSTRUMENT: \_\_\_\_\_

WHY?

- \_\_\_\_\_
- \_\_\_\_\_

What kind of FOOD best describes you?

FOOD: \_\_\_\_\_

WHY?

- \_\_\_\_\_
- \_\_\_\_\_

## Appendix 10: Activities for Learning at Home

This handout provides some ideas about how you can assist your child to continue their education in the home and community setting. Although school is very important for a child's education, there are many opportunities for a child to continue learning outside of school.

Here are some important tips on how you can contribute to your child's education:

- **Be interested in your child's education and school activities** – ask them about how their day at school was, what their favourite activity was, and what they learnt.
- **Support and encourage** your child to learn (see the following activities/ideas to create learning opportunities).
- **Help your child complete their homework.** You can assist by establishing a routine, e.g. a time allocated for homework, setting up a space they can use to complete their work, trying to reduce distractions during homework time, ensuring they have required resources such as pens/pencils, and paper. If you are unable to help with the actual content your child needs assistance with, try finding someone else who can help, e.g., another family member, neighbour, friend or community member.
- **Help your child develop basic life skills** – ensure that your child with a disability has the chance to develop the same skills as their siblings or other children of the same age.
- Give your child a chance to develop independence in skills rather than doing everything for them. You may need to think about the best way to do things/how to adapt tasks at home to make them achievable despite the child's disability (ask medical professionals or teachers for ideas/advice as required).
- **Observe and monitor** whether your child is enjoying school both socially and academically. Attend meetings with teachers at school, get involved in the development of Individual Learning Programs and attend workshops or presentations being held at the school.
- **Remember that every child learns differently** and some children need more time to learn than others.

You can make learning fun and a part of everyday life. Although there should be some scheduled time allocated to helping your child complete homework, there are other times where a child can learn through everyday tasks. Be creative and make learning fun!

### Going to the market

At the market your child can develop numerous skills.

- Assist your child to write the shopping list
- Adding together coins to the correct amount to pay for fruit/vegetables
- Counting up/measuring specific quantities – e.g. 1kg of carrots, 10 bananas
- Reading signs around the market

### In the garden

- Counting seeds to plant
- Measuring spaces between plants when planting a new crop
- Grasping, picking fruit/dalo, planting seeds, digging (Fine and gross motor skills)



## Cooking

- Measuring quantities
- Writing/reading recipes – select difficulty based on your child’s current functioning
- Opening packets, husking/opening coconuts, cutting food (Fine and gross motor skills)
- Timing how long to cook something

## Free time

Use free time constructively. What activities are fun but allow for learning?

- Reading – have books/magazines available. Maybe you can borrow them from friends, community members, schools.
- Drawing/writing – keep old scrap paper for your child to write on. Ensure you have some pencils/pens available.
- Play spelling/counting games – e.g. spell/count things you see while out for a walk. For example, how many animals do you see on the walk – and spelling associated words.





## Appendix 11: Dyslexia Case Study – Orlando Bloom

Dyslexia's Special Club: Actor Orlando Bloom Speaks Out

The Huffington Post | By Meghan Neal

Posted: 06/09/2010



What do Charles Schwab, David Boies, Tom Cruise, Nelson Rockefeller -- and it's suspected even Albert Einstein and Thomas Edison -- have in common? They are all famous, yes. And dyslexic.

Of course, considering 15 to 20 percent of the world's population is affected with a language-based learning disability -- and dyslexia is the most common of these -- purely statistically a handful of dyslexics are going to make it big. But research suggests it goes deeper than that: Experts are discovering a link between dyslexia and success.

In the spirit of raising awareness, the Child Mind Institute, an organisation devoted to children's mental health, hosted a lecture series on dyslexia last week in New York City. President of the institute Harold Koplewicz, M.D. interviewed one such dyslexic-turned-success, actor and all-out movie star Orlando Bloom.

"It was a struggle. It was a lot of work," Bloom told the audience at Rockefeller University. "I had to work three times as hard to get two-thirds of the way. I was frustrated with that learning disability. It makes you feel stupid."

A great relief came for the actor at age seven, when he was tested and diagnosed with dyslexia, and also told he had a high IQ score. It was a blessing to get that diagnoses, he said. He knew he wasn't dumb.

A blessing indeed it was. The generation before Bloom's didn't fare so well. For decades the learning disability has been misunderstood -- or not understood at all -- and dyslexics knew only that they weren't

“normal.” They couldn’t keep up in class, couldn’t spell or read properly. They were called stupid or lazy -- and too often, they believed it.

The 1990s marked a crucial turning point, when scientists discovered the disability was linked to neurological differences in the brain -- differences that had nothing to do with cognition, IQ or intelligence.

Technology became available that enabled scientists to observe the brain while a person read, spoke or processed phonological structures of language -- i.e. what the brain is doing when we “sound out” words, or make links between the way a word sounds and what it looks like on a page. Scientists discovered the sections of the brain that process language work differently in people with dyslexia.

Nowadays, research is showing not only that dyslexics aren’t stupid; they’re often exceptionally bright in other areas. With reading, spelling and organisation a constant struggle, dyslexic children (and adults) are forced to find alternative, innovative strategies to learn.

They often rely on creativity, reasoning, problem-solving and empathy to achieve their goals -- building skills that can serve them well in life beyond the classroom, explained Sally Shaywitz, M.D., co-founder of the Yale Center for Dyslexia and Creativity and author of *Overcoming Dyslexia*, at the lecture series.

“Creativity is the key for any child with dyslexia, or for anyone for that matter. Then you can think outside of the box,” said Bloom. “Teach them anything is attainable. Let them run with what you see is whatever they need to run with.”

Growing up, he was able to capitalise on his acting talent, his natural leadership (captain of the school soccer team, of the hockey team) and his “way with the ladies” (he sheepishly admitted he could often get by with “a wink and a smile”). “I’m lucky,” he conceded. “I’ve always been lucky.”

But many other children aren’t as lucky, and the low self-esteem brought on by dyslexia often takes an unrecoverable toll.

“Obviously, most people don’t turn out like Orlando,” said Dr. Koplewicz after his interview with Bloom. Many people don’t make it through school. They end up with substance abuse problems and addictions, or even in jail, he said.

Children who are bright and talented often won’t see it come to fruition because the dyslexia stands in the way. And a big part of that is self-esteem. Proper diagnoses can bring peace of mind. It can also mean getting the appropriate attention, extra time and special help needed to manage the challenge.

The earlier, the better: There’s a big difference between beginning special training in kindergarten or first grade versus third grade or later. By the third grade 74 percent of kids who are already poor readers will remain so into adulthood, research has shown.

“It’s not something that ever goes away,” said Bloom. “But you learn how to manage it.”

He offered advice to children: First, don’t be shy or ashamed. Ask for help. Say, “I have dyslexia. I need some extra time on this test or homework assignment.”

Also, don’t see it as a problem, but a gift -- a special club. “It’s not a disability; it’s a challenge,” he said. Even an opportunity.

Dyslexic children grow up to be brilliant doctors, lawyers, actors, writers and inventors. Bloom encouraged kids to never give up on their dreams: “Take this obstacle and make it the reason to have a big life.”



## Appendix 12: Additional Strategies for Assisting with Specific Learning Disabilities

This Appendix expands on the shorter list of strategies provided in Chapter 9.1 of the Guide, providing further suggestions for teachers and parents, adapted from: Hodge, P.L. (2000). A Dyslexic Child in the Classroom. Sourced April 12, 2015 from Davis Dyslexia Association International, Dyslexia the Gift website: <http://www.dyslexia.com/library/classroom.htm>

### Classroom strategies:

- Provide an outline of what is going to be taught in the lesson, ending the lesson by summarising what has been taught.
- Ensure the child writes down exactly what homework is required and takes the relevant worksheets and books home.
- Encourage children to have one or two friends who live nearby available to ask about the homework required, rather than spend time doing the wrong homework or worrying about it.
- Do not assume verbal messages to parents will be remembered.
- Develop a daily routine with checklist to help develop the child's independence and responsibility.
- Support children to work out strategies for being organised.
- If visual memory is poor, copying from the board is difficult, time-consuming and stressful. Provide notes or handouts.
- Use different colour chalk for each line on the blackboard; space the writing out well; leave the writing on the blackboard long enough to allow the child to copy it without rushing.

### Reading:

- Use a lot of repetition in the reading program, introducing new words slowly; use books that are at the right level for the child. Struggling over words will prevent the child from keeping the meaning in their head.
- Do not make the dyslexic child read out loud in front of the class without adequate time for preparation. Reading aloud can be done with the teacher or a volunteer.
- Make a variety of enjoyable books available for paired reading with an adult, which will often generate enthusiasm for books.

### Spelling:

- Structured and systematic teaching of spelling rules and patterns are important; these can be used to teach the whole class.
- Encourage all children to check their writing for errors. Children with dyslexia are often unable to correct their spelling as they write, but they can be trained to look out for errors that they commonly make.

### Maths:

- General mathematical words need to be understood in order to be used in calculations, e.g., add, plus, sum of, increase and total. Other related difficulties could be with visual/perceptual skills, directional



confusion, sequencing, word skills and memory. Dyslexic students may have extra difficulties with aspects of mathematics that require many steps or rely heavily on the short-term memory, e.g., long division or Algebra.

- Use and encourage the use of estimation. The child should be encouraged to check his answers against the question when he has finished the calculation, i.e., does the answer seem possible or ridiculous?
- If children are being required to do mental arithmetic (i.e., thinking through the maths problem), allow the dyslexic child to write down the number and the mathematical sign from the question.
- Encourage students to say each step of the problem out loud.
- Where available, allow children with dyslexia to use calculators.

### Handwriting:

- Discuss the advantages of good handwriting and the goals to be achieved with the class. Talk to the student about common faults in writing and practice these.
- When practicing handwriting, use words that are well known to the dyslexic child in terms of meaning or spelling.
- Improvement in handwriting skills can improve self-confidence, which in turn helps with other aspects of the child's work.

### Marking work:

- Credit for effort as well as achievement are both essential.
- Marking should be done in pencil (not red pen) and have positive comments; it is discouraging for the child to have homework returned covered in red ink, after having inevitably put more effort in than other students just to get it done in the first place.
- Only ask the child to rewrite a piece of work if it is going to be displayed. Often a lot of effort has gone into writing the first version and it can feel like punishment to have to rewrite work for the sake of it.

### Homework:

- Far more effort will often have to be put in by a dyslexic child to get homework done than their peers, and that at the end of school the child is likely to be more tired than other students. Remember that everything requires more thought, tasks take longer and nothing comes easily. Select homework tasks carefully; less is better; set time limits on homework.
- In allocating homework and class exercises that are different or less demanding, it is important to use tact so the self-esteem of the child is protected.



## Appendix 13: ABC Behaviour Analysis Template

Date / Time	Activity	Antecedent	Behaviour	Consequence
		What happened directly before the behaviour that may have triggered the behaviour?	What did the behaviour look like?	What happened after the behaviour, or as a result of the behaviour?
E.g., 9/9/2013 9am	Handwriting	Ricky told to write name on top of paper.	Ricky threw pen and hit Kyla who was sitting next to him.	Kyla was praised for her beautiful writing and asked to come and sit at the teacher's desk, Ricky was ignored. When he picked up his pen and wrote his name he was praised.

Is there a pattern? Now that you've observed the behaviour in detail, what function does it serve? Is the student seeking attention / overwhelmed / is the work too hard?





## Appendix 14: Life Skills Curricula Examples

### Alignment of Life Skills competencies within mainstream curricula – sample

This first example is of how some Life Skills learning objectives align (or match) with mainstream curricula, for example, budgeting is a life skill which can be the basis of a learning objective for a student with disability in a maths class. These objectives fit well within Individual Education Plans. Many mainstream curricula include some elements of Life Skills for all students.

Adapted from the Attainment Company ([www.attainmentcompany.com](http://www.attainmentcompany.com)).

Maths	Social Studies	Science / Health	Expressive Literacy	Receptive Literacy
Budgeting	Crossing the street safely	Caring for hair and teeth	Addressing an envelope	Dealing with criticism
Calculating quantities	Being part of a team	Caring for pets	Apologising gracefully	Finding a book in the library
Counting money	Carrying money safely	Conserving electricity	Being positive	Finding emergency numbers
Estimating travel time	Asking someone for a date	Dieting sensibly	Completing a job application	Following written directions

### Life Skills curriculum example from the Bering Strait School District

The second example in this appendix shows the Life Skills curriculum sourced from the Bering Strait School District (BSSD) OpenContent Initiative ([wiki.bssd.org](http://wiki.bssd.org)). BSSD is a large rural school district in Alaska, United States, serving 15 Alaska Native communities. All schools are kindergarten to Year 12, and many of the classrooms are multi-age.

#### Category: Life Skills (LS)

##### LS Level 1: Choices

Level 1 students begin to identify healthful/harmful choices for safety, nutrition, behaviour, hygiene and participate in a simple class service project.

##### LS Level 2: Working with Others

Level 2 students learn to communicate feelings, investigate how choices affect themselves and others, complete cooperative activities, and participate in a group environmental service project.

##### LS Level 3: Healthy Living

Level 3 students develop decision making and problem solving skills, continue to explore and practice healthy choices, and participate in a community class service project.

##### LS Level 4: Social Issues

Level 4 students investigate strategies to address social issues involving; family, nutrition, communicable diseases, drug and alcohol addiction, recognise and manage situations involving; prejudice, bias, peer pressure, and complete team service project.

**LS Level 5: Basic Life Skills**

Level 5 students investigate interpersonal relationships involving issues such as; personal ethics, equality, diversity, and sexuality. Students develop skills for independent living, personal and community safety, and complete an independent Life Skills Portfolio project.

**LS Level 6: Advanced Life Skills**

Level 6 students refine skills necessary for successful independent living such as; time management, collaboration, and resiliency. Students will also develop leadership qualities and identify strategies to cope with stress, conflict resolution, and personal loss. Students will conduct a community needs assessment and complete a service project to assist others.

**LS Level 7: Healthy Living Skills**

Level 7 students will participate in simulated independent living activities, refine personal and social skills necessary of successful living, create a personal health plan, obtain basic first aid skills, and participate in a community service event.

**LS Level 8: Leadership and Individual Development**

Level 8 students complete an independent living experience, investigate and develop strategies for informed decision making, conflict resolution, and apply leadership skills to develop and implement a community service project. Students will have the skills for self-sufficiency in a variety of living environments.



## Appendix 15: Simple Behaviour Management Plan Example

<b>Student Name:</b>	Ricky Mara
<b>Strengths:</b>	Ball sports, sense of humour
<b>Behaviours of Concern:</b>	Hitting and lashing out at other students.
<b>Desirable Behaviours:</b>	For Ricky to calmly and happily complete his school work. Not completing his work.
<b>Preventative Strategies:</b>	<ul style="list-style-type: none"> <li>• Praise Ricky when he is on task at completing his school work.</li> <li>• Reward Ricky by giving him a tick on his reward chart for working on his school work. When Ricky has received 10 ticks he can choose the reward of eating his lunch in another classroom or taking the soccer ball outside at lunchtime)</li> <li>• Modify the expectations of Ricky's class work to ensure it is achievable and interesting.</li> </ul>
<b>If the Student Displays Challenging Behaviour:</b>	<ul style="list-style-type: none"> <li>• Ignore Ricky the first time he lashes out at another student</li> <li>• Give attention to the student he has lashed out at and move them away from his reach.</li> <li>• Praise the other students who are completing their work, and give them a tick on their reward charts.</li> <li>• At lunch time ask Ricky to reflect on his morning, and whether he will be able to choose a reward. If the answer is no, ask him what he is going to do next time.</li> </ul>
<b>Review Date</b>	9/10/13

## Simple Behaviour Management Plan Template

### Behaviour Management Plan

<b>Student Name:</b>	
<b>Strengths:</b>	
<b>Behaviours of Concern:</b>	
<b>Desirable Behaviours:</b>	
<b>Preventative Strategies:</b>	<ul style="list-style-type: none"> <li>• Praise</li> <li>• Reward</li> </ul>
<b>If The Student Displays Challenging Behaviour:</b>	<ul style="list-style-type: none"> <li>• Ignore</li> <li>•</li> </ul>
<b>Review Date</b>	



## Appendix 16: Positive Behaviour Record

Catch a student being good and fill out a Positive Behaviour Record for them to take home!

Dear Parents/Caregivers,

This is to inform you that today .....

☐

Was helpful in the classroom

☐

Was kind to a friend

☐

Played well outside

☐

Participated well in class

☐

Did some great listening

☐

Other



Please give him/her a lovely reward tonight!

Signed: .....



## Appendix 17: Sensory Ideas

Students with social, emotional and/or behavioural impairments, intellectual or specific learning disabilities may benefit from some of the following activities or ideas being implemented into the day to help them stay focused for learning. (Ockner, 2012).

A wedge cushion can assist students to move around whilst still staying seated.

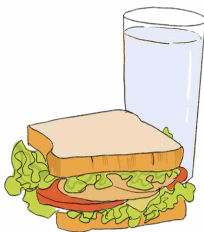
Elastic on the legs of the chair can provide students with something to gently kick, and also may help with staying seated.



Deep pressure through placing something heavy on the students lap or shoulders can also assist.

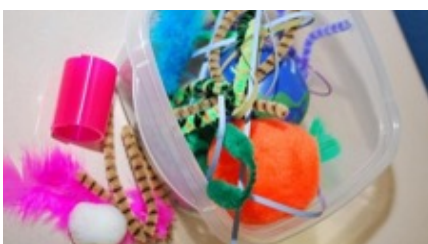
These can be easily made by sewing heavy grains or pulses into material.

Break up the students' seated time in the classroom with opportunities to move around.



Think about food and drinks. Students may benefit from eating something crunchy to chew on or having a drink of water while working in the class.

Find out what physical movements a student loves (i.e., swinging, rolling, jumping, balancing) and encourage them to do it at playtime. They are likely to be able to concentrate better upon return to the classroom.



Some students will be more engaged and less hyperactive in class if they have something they can touch and play with at their table. You can fill a box with objects of different colours and textures. Toys need not be expensive – try using different seeds and leaves.

## Appendix 18: Tips for Writing Social Stories

A **Social Story** is story written for a child to assist with teaching them to perform a particular social behaviour. Social stories explain the behaviour in a concrete and explicit way, and as such are particularly useful for students with Autism Spectrum Disorder.

Some tips to keep in mind when writing social stories are:

- Keep the language **simple and positive**. Focus on what you would like the child to do, rather than what they should not do.
- Use the first person (i.e., 'I' and not 'you') to personalise the story.
- Use the present tense to highlight what you would like the child to do.
- Add photos or pictures to support the message of the story. Personalise the story with photos of the child if you are able.
- Finish the story with a final page explaining the social benefits of the child performing the behaviour.
- Read the story with the student several times when it is first introduced.



An example of a Social Story follows.

### Social Story: Speaking in Class



By Samuel

I sit nicely in my chair and listen to the teacher speaking.	<p>sit and wait</p> A simple cartoon of a person with brown skin, wearing a green shirt and blue pants, sitting on a black chair.
When I want to talk, I put my hand up and wait.	<p>hand up and wait</p> A brown hand with fingers spread, palm facing forward.
When the teacher says my name, I can talk.	<p>'Yes, Samuel?'</p> A cartoon teacher with brown skin, wearing a blue shirt and grey pants, standing next to a green chalkboard and pointing at it with a white stick.
I ask my question. After the teacher has answered my question, I say 'Thank you'.	<p>'Thank you'</p> An orange circle representing a head with a small 'C' on the ear side. An arrow with three horizontal lines points from the mouth towards the right.
My teacher is very proud that I put my hand up to speak.	<p>My teacher is proud</p> A brown face with a wide smile, closed eyes, and several short black lines radiating from the head to represent happiness or pride.

## Appendix 19: “Compliment Tag” - a Game to Teach Kids an Important Social Skill

We gratefully acknowledge the creative ideas generously shared by Joel Shaul on [Autism Teaching Strategies](http://www.autismteachingstrategies.com) ([www.autismteachingstrategies.com](http://www.autismteachingstrategies.com)).

### Compliment Tag

Many young people with emotional and behavioural challenges have difficulties with the skill of giving and receiving compliments. They might not see the point in saying something kind or flattering to another person. They tend to miss opportunities to use kind words to strengthen relationships with others.

Here is a fun and hilarious game that can be used with kids from ages six to 18.

Tell the children: “This is a game called Compliment Tag. A compliment is when you say something nice to someone — about the way they look, something they have, something they did, something they said, or the way they are. When you play Compliment Tag, the person who is “it” tries to tag you by chasing you to touch you. To avoid becoming “it,” you have to give this person a compliment quickly before they tag you. If they tag you before you can give them a compliment, then you are “it”.

#### **There are two levels of the game:**

1. Easy Compliment Tag: Compliment something the person is wearing, hair, shoes, appearance.
2. Harder Compliment Tag: Compliment something the person is good at.

This is a social skills activity for kids on the autism spectrum that seldom fail to engage kids. Enjoy it.

## Appendix 20: Cleaning Your Ears

<https://www.healthline.com/health/how-to-clean-your-ears> Content reviewed by Harvard Medical School

Ears are designed by nature to be both self-cleaning and self-protecting. If you use the wrong cleaning methods, you risk causing injury to the ears or even infection. For the most part, the important things to remember about caring for your ears, or for your children's ears, are what not to do. In particular:

- Don't be concerned about earwax.
- Don't put anything in the ear canal.
- Don't wash the inside of the ears.
- Don't remove objects stuck in the ear — call a doctor.

### Don't Be Concerned About Earwax

Earwax (also called cerumen) is necessary for the ear's self-cleaning mechanism to work properly. Don't try to remove it unless there is a serious blockage.

Earwax is manufactured by glands in the skin of the outer ear canal, the hole through which sound travels to the eardrum. Earwax serves several important functions. It coats the skin of the ear canal, repelling water and helping to protect it against injury and infection. It also helps to keep the skin inside the ears from getting dry and itchy. In addition, earwax traps dust and germs, keeping them from reaching the eardrum.

Most of the time, earwax falls out on its own, cleaning the ears as it does. As earwax builds up inside the ear, it dries up and moves out of the ear, bringing dust and debris with it. Usually, you don't need to do anything to help this natural process. However, some people need help with wax removal.

### Don't Put Anything in The Ear Canal

This means no cotton tips/swabs, no fingers and certainly no sharp objects, such as bobby pins or paper clips. Inserted objects can injure the delicate skin of the ear canal or puncture (put a hole in) an eardrum.

Some people probe the insides of their ears in an attempt to remove built-up wax. This can be dangerous. It is also unnecessary and can produce the opposite result — rather than removing earwax, a cotton swab or other object often will push wax deeper into the ear canal, toward the eardrum. If enough wax builds up, it can be uncomfortable and may cause short-term hearing loss by blocking the sound coming into the ear. If problems persist, the excess wax may need to be removed by a doctor.

Forcibly removing the ear's protective wax layer, scratching the skin that lines the ear canal or pushing wax deeper into the ear canal can increase your risk of infection. It is best to leave the inside of your ear alone and not disturb its natural environment.

### Don't Wash the Inside of the Ears

If the outsides of your ears get dirty, wash your ears carefully using a soft washcloth moistened with soap and water. Do not insert the washcloth, your finger or anything else into the ear canal. If you are washing your baby's ears, use cotton balls dampened with plain water — no soap.

Always pat the ears dry. Be especially careful to dry your ears thoroughly if you swim often, to help prevent a painful infection called swimmer's ear (otitis externa). Some people who have a tendency to develop swimmer's ear may need to use drops that contain alcohol to help dry out the ears. If you have concerns about this condition, discuss them with your doctor.

**Removing earwax blockage** - in some cases, earwax does need to be removed. Here are the symptoms of excessive wax build-up: partial hearing loss, ringing in the ear, earache, a feeling of fullness in the ear.





Ask your doctor for help in removing earwax if you have a hole in your eardrum or if you ever had surgery on your ear. But if you do not have a damaged eardrum and your ears are blocked with wax, you may want to try treating the blockage at home, before you call your doctor. Here is the technique to follow:

- Fill a medicine dropper with any of the following wax-softening substances, available over-the-counter at a drugstore: coconut oil, mineral oil, baby oil, non-prescription earwax-remover liquid.
- Tilt your head so the ear with the blockage points upward.
- Using the medicine dropper, fill the ear with the slightly warmed oil, one drop at a time.
- Keep the ear tilted upward for five minutes. Then place a cloth over the ear and turn that side of the head down, letting the liquid drip out.
- Repeat if necessary, one or two times a day for several days.

If the wax does not come out on its own, see a doctor for help. The doctor may flush out the wax with water or may use a special instrument or a vacuum device to remove the wax.

#### **Don't Remove Objects Stuck In The Ear -**

Both adults and children can get objects stuck in their ears. Adults usually get objects (for example, a small earring) accidentally stuck in their ears accidentally. Children, at times curious and mischievous, may put a wide assortment of objects into their own or another child's ears. Whether it's a bean, an eraser or something you can't even imagine, what goes in often doesn't come out easily.

Occasionally, an insect can fly into the ear and get stuck. If there's an insect in your ear, first kill it by filling the canal with mineral oil. Then call your doctor as soon as possible. Do not try to remove the insect (or any other object) yourself.

Only a doctor should remove an object stuck in your ear. Sometimes the doctor can flush out the object with water. However, the doctor will use a special hook for most objects. They have tools necessary to not only remove things from the ear canal, but also to look inside and make sure everything else is normal after the object is removed.

To prevent problems, use caution around your ears. Teach children never to put anything in their ears (or someone else's ears).

A doctor may flush out earwax using water.



Illustration created by IntelliHealth designer Kelly Farrington.

## Appendix 21: Seizure Management Plan – Example Template

This template is sourced from <https://www.epilepsy.org.au/how-we-can-help/our-services/seizure-management-planning/>. It is designed for students with a single type of seizure. For students with two or three types of seizures, additional templates are available at the same link.



### SEIZURE MANAGEMENT PLAN

DATE :

*This person experiences seizures. This plan provides important information that helps manage their seizures and step by step instructions for assisting during a seizure.*

Person with Epilepsy: Personal Details		
Name		
Date of Birth		
Address		
Email		
Phone		
Emergency Contacts		
Relationship	Name	Phone
Medical History		
Medical History <i>(other conditions such as asthma)</i>		
Seizure History		
Known Allergies		
Medication Name(s)		
Emergency Medication (if prescribed) <b>See emergency medication order attached</b>	<b>Medication Name:</b> <b>Route:</b> (intranasal, buccal) <b>Seizure Type to Administer:</b>	

Name:

Date:

1

Seizure Type 1	
<b>Type</b> (if known)	<b>Description:</b>  <b>How long does it last?</b> <b>How frequently do they occur?</b>
<b>Triggers &amp; Management</b> e.g. Overtiredness – avoid overexertion and keep routine sleep patterns	
<b>Warning Signs of Seizure</b> e.g. mood change	
<b>What To Do</b> (First Aid)	
<b>When to Call An Ambulance</b>	
<b>Recovery</b> (what to do after seizure)	

Name:

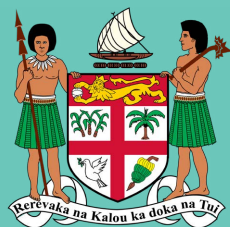
Date:

2

Special Considerations	
<b>Safety Considerations</b>	
<b>Supervision Needs</b> e.g., transport, excursions	
<b>Other Instructions</b>	
Endorsement by Treating Doctor	
<b>Doctor's Name</b>	
<b>Telephone</b>	
<b>Doctor's Signature</b>	
<b>Date</b>	
<b>Date for Plan Review</b>	

 [Seizure First Aid Poster](#)

 [Administration of Emergency Medications for Seizures Order Form](#)



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