Government of Fiji
Ministry of Education, Heritage and Arts

Access to Quality Education Program (AQEP)

Disability-Inclusive Education Handbook for Teachers

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

The Disability-Inclusive Education Handbook for Teachers is the main document within the Toolkit for Disability-Inclusive Education – Fiji. It has been developed as part of the Disability Inclusion Strategy of the Access to Quality Education Program (AQEP), in partnership with the Fiji Ministry of Education, Heritage and Arts. The publication has been funded by the Australian government Department of Foreign Affairs and Trade. The views expressed in the publication are those of the authors and not necessarily those of the Department of Foreign Affairs and Trade or the Australian Government. The Commonwealth of Australia accepts no responsibility for any loss, damage or injury resulting from reliance on any of the information or views contained in this publication.

Several resources were central to the development of the Handbook:


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Foreword

Fiji has a long history of commitment to the education of children with disabilities. The 2013 Constitution of the Republic of Fiji includes significant provisions for persons with disabilities including the right to reasonable access to all places, public transport and information; sign language, Braille and other means of communication; reasonable access to necessary material, substances and devices relating to the person’s disability; reasonable adaptation of buildings, practices and procedures to enable them full participation in society and the effective realisation of their rights.

Furthermore, the Constitution enshrines the right of every person to early childhood, primary, secondary and further education. In addition, the right to access quality education in local schools is supported by various Acts and captured in the Ministry of Education’s Policy on Effective Implementation of Special and Inclusive Education (2011).

Fiji is proud to be one of the Pacific’s leading countries in the move to embrace and expand inclusive education, as upheld in global and regional charters such as the United Nations Convention on the Rights of Persons with Disabilities, the Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and the Pacific, and the Pacific Education Development Framework.

Large-scale capacity development programs have been undertaken by the Ministry of Education in partnership with the Access to Quality Education Program, to train hundreds of Head Teachers, Inclusion Coordinators, district education officers, teachers and teacher aides. The numbers of children with disabilities enrolling in regular schools is steadily increasing, and the universities and teacher training colleges continue to work steadfastly in their endeavours to build a workforce competent to ensure inclusive education.

There is more work ahead and many lessons to be learnt, but we are firmly on the journey. As noted by UNESCO in 1994:

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.

I am very pleased to support the wide dissemination and use of this Toolkit for Disability-Inclusive Education – Fiji in all schools across Fiji.

Dr Mahendra Reddy
Hon. Minister for Education
Government of Fiji
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## Acronyms

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<tr>
<td>AQEP</td>
<td>Access to Quality Education Program</td>
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<td>ASD</td>
<td>Autism Spectrum Disorder</td>
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<td>ICF</td>
<td>International Classification of Functioning, Disability and Health</td>
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<td>IEP</td>
<td>Individualised Education Plan</td>
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<td>LANA</td>
<td>Literacy and numeracy assessment</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>SLD</td>
<td>Specific Learning Disabilities</td>
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<td>UNESCO</td>
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<td>WHO</td>
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1. Purpose of the Handbook

The *Disability-Inclusive Education Handbook for Teachers* is a resource to enable teachers to improve the inclusiveness of their schools and classrooms so that children with specific educational needs 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.

Who is the Handbook designed for?

The *Handbook* is designed for all teachers in Fiji to assist schools to be inclusive for all children. For teachers with qualifications and expertise in special or inclusive education, the *Handbook* may be useful in training other teachers, volunteers, teacher aides and in working with caregivers.

The term “caregivers” will be used throughout this manual. It encompasses everyone who takes care of the child. This includes parents, extended family members, guardians and friends.

How to use the Handbook

We suggest that you skim through the whole document to understand its structure and the resources in different sections, including the Appendices. Chapter 5 - “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 chapter. Chapters 7-14 describe specific impairments and health conditions. If you believe one of your students may have difficulty hearing for example, you can turn directly to the chapter on Hearing Impairment. We suggest reading the “Characteristics” section in each of the chapters 7-14 to support you in detecting children who may be at risk of disability.

There are Screening Tools in the Appendices which may be photocopied and used to systematically observe and consider some of the children in your classroom whom you think may be at risk of disability. Your observations will be useful when you talk with caregivers, other teachers, the school Inclusion Coordinator, or specialists about whether the child may have a disability which requires referral to disability services and/or adaptations in the school and in the way you are teaching.

This *Handbook* does not take the place of formal assessment and diagnosis. If you identify a student at risk of 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 Disability Services Information & Referral Directory* will help you to refer appropriately for services.
2. 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) (World Health Organisation, 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 involvement in life situations. Disability is an “umbrella term” used for *impairment of body function or structure*, for *activity limitations* and for *participation restrictions*.

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.
3. Disability-Inclusive Education

UNESCO (2005) defines 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, p. ix).

True inclusion is where children with disabilities are students in regular classrooms with their age-mates. 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.

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 for them to attend many regular schools is prohibitive at this point in time. 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 Chapter 6 – in the section “Linking with special schools”).

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 opportunities to think more laterally, learn various ways to communicate, problem-solve ways to include their peers and enhanced learning that happens in 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 care-givers have more time to earn income while children with disabilities are at school.
4. Education of Children with Disabilities in Fiji

The first known education program specifically for children with disabilities in Fiji started at the Beatty Keen Ward of the Colonial War Memorial Hospital following a national poliomyelitis epidemic in the early 1960s. Initially the Fiji Red Cross Society was tasked to look into the possibility of establishing formal education for children with disability related to polio. Following joint consultation of the Ministry of Education [MoE] together with the Australian Embassy, it was decided that someone was to be appointed to establish formal education for these children. Soon there was a need to relocate the services to a new place with more space to implement a comprehensive education program.

In 1967 the first special school was established by the Fiji Crippled Children’s Society to provide education for students with severe physical impairment and hearing loss. This led to the appointment of Mr Frank Hilton, a volunteer teacher from Australia in 1968. During this period, the school was registered as Suva Crippled Children School and was later renamed Hilton Special School. Over time, more special schools were established around the country and currently there are fifteen special schools and two Vocational Training Centres in Fiji. These special schools are located in the main town areas of the two major island groups. As a result, access to education for children who live in the outer islands and rural communities has been very limited.

Inclusive Education in Fiji

Inclusive Education has been in existence in Fiji since the late 1960s where some students with disabilities were enrolled in (mainly Catholic) mainstream schools. Most of the teachers in these schools were Brothers and Nuns and they played an instrumental role in ensuring education for those with disabilities. Some of these schools were St Marcellin Primary School in Suva, Marist Brothers Primary School, Marist Convent School as well as St Joseph Secondary School and Marist Brothers High School.

In 2009, the Ministry of Education in Fiji saw the need to strengthen inclusive education to be on par with the global trend of inclusive education and 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 reviewed and fully endorsed in November 2011. The policy can be downloaded from: 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 6 students with mild disabilities were enrolled and within 14 months
there were 82 children with a range of disabilities enrolled across the five schools. The uptake of the program is a strong demonstration of community and family support and demand for inclusive education.

**Constitutional, legislative and policy support for Inclusive Education in Fiji**

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; and  
   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.

The Ministry of Education, through its *Policy on Effective Implementation of Special and Inclusive Education in Fiji* (2011), 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 of Education’s role in ensuring that children with disabilities are appropriately supported in schools.
A range of other national policies and legislative acts exist which support the implementation of
disability-inclusive education within Fiji:

- Social Justice Act (2011)

Ministry of Education – strategic development and corporate plans. 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)
- Millennium Development Goals - Goal 2 (universal education) and Goal 3 (target 3A
eliminate gender disparity in primary and secondary education).
Success Stories in Fiji

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, massage, government to civil society organisations. Many are married with children and own properties.

Fijians with disabilities have developed and led multi-million 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.
5. General Principles and Strategies of Inclusive Education

Many teachers find that implementing inclusive education strategies improves the overall learning of many students in the classroom. This chapter 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, parents/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.

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.

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 cements skills and knowledge.

Adapting the lessons

Consider how to adapt lessons, including some changes to the content of the lesson, how the information is presented, and the structure of the school day.

Some general ideas:

- Identify what engages and motivates the child.
- 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.
• 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.

• 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.

**Communication**

There are many communication relationships which are important to consider: communication between teachers and students, between teachers and parents, and between students with 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 participating in the classroom. 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 students with communication. 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.
Building 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 she or he has had to develop the necessary skills.

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 independently 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.

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

- explain and teach explicit school-wide and classroom behavioural expectations and consequences for challenging behaviour;
- set up processes for recognising and rewarding positive behaviour;
- give students many opportunities to take on responsibilities and be involved in decision-making;
- identify students experiencing academic or behavioural difficulty;
- collect information on the behaviour to assist in decision-making; and
- work as a team to make a behavioural plan.

In the classroom, planning activities based on the needs of the students can prevent and reduce challenging behaviour. A number of other 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.

**Assistive aids and technology**

Some students may benefit from the use of equipment or assistive devices/technologies to increase independence and to maximise learning potential. The need for assistive devices/technology varies considerably depending on the student, so refer to the chapters on impairments for more specific ideas. Refer also to the Fiji Disability Services Information & Referral Directory included in the Toolkit for advice on services available to assist with assessment and provision of assistive devices/technology.

**Cooperative learning**

An important strategy in an inclusive classroom is cooperative learning. This involves organising students into mixed ability groups (between four to six students) so that students 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 ‘summarizer’ 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 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.

**Differentiated instruction**

Another evidence-based and widely used approach is differentiated instruction, 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 his capacity and his individual learning goals (see the section on Individual Educational Programs). Differentiated instruction 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.

**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 of their students.

**Handouts**

Handouts which cover 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.

**Model 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. Use a range of techniques to demonstrate or explain.
Varied assessment options

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. Formal assessments such as exams and national literacy and numeracy assessments need to consider making reasonable accommodation to enable the student to undertake the exam and demonstrate learning.

Reasonable accommodation includes actions such as: providing exams in Braille format, allowing additional time for students with specific learning disabilities, providing a sign language interpreter, or providing a writing assistant where the student has difficulty writing. Where schools are uncertain about what is ‘reasonable accommodation’, it is wise to contact the District Education Office.

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.

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

평가 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.

평가 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 reach their full potential by giving them access to the best possible education.

For most 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.

This *Handbook* 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 this *Handbook* will work towards improving the education of all the students in your class, not just the students 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. You will have your own ideas of how to show your students that difference is good; however 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, parents, 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.
6. Who is involved in Inclusive Education?

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 child / student
- Parents / caregivers
- Other students
- Head Teacher / Principal
- 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 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.

**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 emphasized as ideal strategies wherever possible.

The role of the Head Teacher and Teacher

There is strong evidence from numerous studies about the fundamental importance of having strong and supportive leadership from Head Teachers and Principals to create an inclusive, learning friendly environment. Head teachers facilitate and support decisions to problem-solve and overcome barriers that arise related to the inclusion of children with disabilities. For example, supportive head teachers 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 Teacher and will discuss the challenges and progress of the child with the parents or caregiver.

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 parents 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.

Creating an accessible physical environment

School buildings, toilet and wash facilities, walkways and transport need to be physically accessible and safe for children, parents, 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. Further ideas are provided in the chapters in this Handbook on specific impairments.

Linking with health workers and disability service providers

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.

Community Rehabilitation Assistants are linked to the district health services and provide an important entry point for linking with services. Disabled Persons Organisations (such as the Fiji Disabled Persons 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.

Linkages between schools and disability services and Disabled Persons Organisations 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. The Toolkit includes a copy of the Fiji Disability Services Information & Referral Directory which provides contact details of agencies across Fiji.

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.

**Inclusive Education Committee**

Inclusive Education Committees in schools can include a range of relevant stakeholders, for example: the Head Teacher or Principal, Inclusion Coordinator, teachers, teacher aides and volunteers, representatives from the District Education Office, District Health service, local Disabled Persons Organisation, 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. 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, church leaders, women’s group leaders, parents association, youth association.

**Parent / Caregiver Support Groups**

Caregivers of children with disabilities can often be more marginalized 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. 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.
Identifying and responding to the needs of children with specific impairments

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
- Strategies to assist teachers and teacher aides
- Equipment or aids that may assist the student
- 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.

Appendix 21 includes seven Screening Tools which can be photocopied and included in student files. These are useful in helping to observe consistent or ongoing behaviours or difficulties and potentially identifying underlying impairments or health conditions. However, users of this manual are strongly cautioned against using the Screening Tools to diagnose or label students. Observations should be recorded and used firstly to talk with families, make referrals to relevant health workers, and to assist in developing strategies to support the child’s learning and participation.

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 Screening Tools.
7. 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.

A few useful facts about Specific Learning Disabilities:

- Specific Learning Disabilities (SLD) are typically grouped into three discrete categories:
  - Dyslexia – impacting reading and writing (for example, decoding, comprehension, spelling and written expression – the majority of people with an SLD have dyslexia)
  - Dysgraphia – impacting hand writing
  - Dyscalculia – impacting mathematics (for example, computation and numeracy problem solving)

- SLDs range in severity and vary from person to person.
- People with an SLD have average to above average intelligence. See Appendix 10 for a case study on Orlando Bloom, actor and dyslexia activist.
- SLDs are distinct 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.
- An estimated 10% of the population are affected by an SLD. This is difficult however to accurately measure, especially in less-resourced settings, due to limitations in access to practicing psychologists required 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 (SLD). 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.

Causes of Specific Learning Disabilities

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 good readers, when involved in reading activities.

Characteristics of Specific Learning Disabilities

To assist in identifying particular characteristics of an SLD, indicators are generally assigned to specific SLD categories, as listed below. However, not all children with a suspected SLD will present with all of the below 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. Characteristics of the three main types of SLD (dyslexia, dyscalculia and dysgraphia) are listed:

Dyslexia: Children with dyslexia may display some of the following characteristics:

• Significant difference in his / her verbal language skills compared to his / her ability to express ideas in writing (that is, the child can talk well but cannot write those ideas).
• Reduced reading fluency; reading is slow and hesitant.
• Limited ability to recognize words by sight.
• Often confused by letters which look similar (for example, b/d, p/g, p/q, n/u, m/w).
• Problems understanding underlying themes and ideas when reading.
• Forgets how to spell words that have just been taught.
• Misspells words including spelling the same word differently within one writing task.
• Has difficulty sounding words one syllable at a time.

Dyscalculia: Children with dyscalculia may display some of the following characteristics:

• Difficulty knowing which of two different numbers is larger.
• 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.

Dysgraphia: Children with dysgraphia may display some of the following characteristics:

• Inconsistencies in writing (for example, mixtures of printing and cursive writing, upper and lower case, or irregular sizes, shapes, or slant of letters).
• Difficulty forming letters and shapes.
• Slower than peers at learning to write and draw.
• Difficulty copying letters or numbers neatly and accurately.
• Writing is generally illegible.
• Lack of confidence and pride about his / her handwriting.

Refer to the Screening Tool on Specific Learning Disabilities for further information.

Strategies to Assist

Teaching and learning strategies used for students with SLDs have been reported as valuable strategies for all students. Many of the below strategies are useful techniques for the entire classroom. Appendix 11 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 disability, originating in the brain, which can impact on 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.
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 work space (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 delivery of lessons
- Understand the individual student’s learning preferences and tailor the teaching to how the student learns best.
- Use clear, direct instruction.
- Differentiate instruction modes based on individual learning preferences.
- Provide handouts to students for important tasks such as assignments.
- Break down each 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 Narrow. This font has been identified as easier to read for students with SLDs.
- Leave writing on the blackboard long enough for students to read or copy down. Ensure the student is not rushing and remember to provide handouts to students with extreme difficulties copying from the board.
- When teaching a practical task such as cooking or craft, demonstrate the task while explaining it to the class.
- 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 - For example, if reading is difficult, start with basic reading passages and increase difficulty as the student improves.
• 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? This will help you to be able 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 a child has difficulty reading and 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 because they are not paying attention or are forgetful 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. 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.

**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.

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. In turn this 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 in Appendix 12 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.
• Be consistent with behaviour management approaches.

Assistive aids
• 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.
• Use educational games such as spelling or counting games to support learning.
• Encourage access to books and let the child have some options where possible. For example, they could select which book they want to read out of 3 choices you provide. If a child selects their own book they are likely to be more interested and willing to participate.
• Where available, explore adaptive or inclusive technology options. For example, computer software can include a digital text reader which reads books aloud.
Case Study: Alivereti dreams of being a designer

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 skilful. 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 6 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 the school work. The teacher tried changing some of the ways that 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 child would read out the questions, 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.
8. 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).

Definition

Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behaviour, which covers many everyday social and practical skills. This disability originates before the age of 18. For the majority of people with an intellectual disability, this will impact on all areas of their development, such as thinking, remembering, communicating, social skills and practical skills required for independent living.

Intellectual disabilities are different from 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 13 includes samples from Life Skills based curricula.

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.
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.

Characteristics

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:

- Be later to learn to sit up, crawl or walk than other children their age.
- Be later, or have more difficulty talking than other children their age.
- Have difficulty learning new information and performing academic skills such as reading and writing.
- Have difficulties with their memory.
- Have difficulty understanding and following instructions.
- Be easily distracted and have a short attention span.
- Have trouble 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 trouble solving problems and thinking logically.
- Have bodily features that are markedly different from other children, including unusually large or small heads, or a large protruding tongue.
Strategies to Assist

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. 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 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 13 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 seek help when appropriate

- **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 Appendices 4 and 14), 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 15 is an example of a Positive Behaviour Record which can be sent home to communicate with the family about good behaviour.

Assistive aids

- **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.

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. A teacher aide was assigned to support her in the classroom. The teacher aide used local resources such as shells and seeds and taught her numbers and alphabets using these resources. Suzzane began to enjoy learning using these resources. Gradually she moved away from these resources and began to write in her books. She now stays full time in the class and is participating in all class and school activities. Both Suzanne and other children in her class enjoy helping each other with school work.

* Names have been changed in all case studies.
9. Deafness and Hearing Loss

Definition

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.

‘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.

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

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.

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

- **Genetics** - Some genetic (hereditary) conditions may affect the development of the inner ear 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.

- **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.

**Characteristics of hearing loss**

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.
- Give irrelevant or inappropriate answers.
- Turn their head towards one side or place their hand up around their ear in order to hear better.

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. The *Fiji Disability Services Information & Referral Directory* included in the *Toolkit* has contact details.

**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.

**Setting up the classroom**

- **Minimise background noise** - For example, wait until students are quiet before giving instructions.
• **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, preferably no more than 3 metres away.

**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.

• **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 *Handbook* for further information in addition to the points below.

• **Face the student when speaking** - Remain still and make sure your mouth is not hidden. Do not talk when writing on the board.

• **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.

• **Consider sign language** - If a student is Deaf, sign language can be used to communicate. 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. 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 Disability Services Information & Referral Directory).

Tofia, a teacher aide and sign language interpreter teaching sign language to students at a primary school in Suva.

**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 (found in Appendix 12) to help you identify what the reason for the behaviour might be.

• **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 Handbook.

**Assistive aids**

• **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.

• **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.
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.
10. Vision Impairment

This section is taken almost entirely from the World Health Organization Prevention of Blindness and Visual Impairment programme web pages http://www.who.int/blindness/en/

Definition

Vision impairment refers to a reduction in a person’s ability to see. It includes moderate and severe vision impairment and blindness.

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.

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

**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.

**Characteristics**

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.

**Referral for assessment and treatment** is imperative for all children with suspected eye conditions or vision impairment (see Fiji Disability Services Information & Referral Directory).
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 programmes against measles has reduced the prevalence of eye complications. In middle-income countries, retinopathy of prematurity (ROP) 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.

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.

Strategies to Assist

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 out.

- **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.
Adapting the lessons
Suggestions for how to adapt learning materials based on the level of the child’s 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.

**Communication**

- **Get attention first** - Make sure you have the student’s full attention before you give them an instruction.

- **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.

**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. Teach the child to say ‘excuse me’ when they bump into a person, and if it was not a person to then go around the obstacle.
- **Work on body awareness** - Practice the child’s development of body awareness through physical activities that require them to move their body in space.

**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.
- **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 grade to practice leading and being led 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.
- **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.

**Managing behaviour**

- **Praise!** - Some students with vision impairment 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.
- **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.
- **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 saying 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’.
Assistive aids

- **Remember glasses** - If students have glasses, make sure they wear them.
- **Vision testing** - Ensure students with a moderate to severe vision impairment are seen regularly for eye tests.

**Use a 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. If making a cane, measure from the ground to the lowest bone in the centre of the rib cage.

- **Magnify text** - If students are using a magnifying glass, be aware that there are varying types – some that magnify the whole page and some that magnify one line at a time.

- **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). 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 on tape** - If possible, use audio books or record lessons on tape so students can take them home and revise 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. The Ministry of Education, United Blind Persons of Fiji and the Fiji School for the Blind have further information about Braille and other services for children with vision impairment (see Fiji Disability Services Information & Referral Directory).
Case Study – enlarging materials to overcome vision impairment

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

* Names have been changed in all case studies.
Definition

Speech and language disorders can have an impact on a child’s ability to talk, understand, analyze 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.

**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, 2013).

**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 (Hartshorne, Cross, & Burns, 2011).

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.*
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 have an impact on 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.
- Specific conditions such as autism, Down Syndrome, cerebral palsy, cleft lip and palate can either cause or contribute to speech and language disorders.

Characteristics

- **General signs include**: finding it difficult to listen; difficulty staying on task or topic; having a limited vocabulary; wrong word choice in sentences; immature speech; poor social skills; difficult to understand.
- **Speech difficulties may include**: unclear speech sounds; repetitive sounds/words or obvious struggle to speak (i.e. stuttering); unusual voice quality (e.g. strained, harsh, hoarse).
- **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.
- **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.

Social language use difficulties may include: poor understanding of personal space, eye contact or turn taking.

*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.*
Strategies to Assist

Setting up the classroom

- **Create a positive, encouraging environment** - This will help the child feel comfortable in the school environment and to develop confidence and increase self-esteem. If you notice a student is having communication difficulties, do not bring these difficulties up in front of peers or others. Make an appointment to speak to the student’s carers 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** - Where does the child need to sit in the classroom? Think about what might help the child best and whether or not they need to be close to you or near peers who they can watch or communicate with. Trial different options for instruction e.g. whole group, small group, individual. Find out what might best suit the child and provide the best learning environment for them.

- **Reduce background noise and minimise distractions** - This will make it easier for both 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

- **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.

- **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. Let students hand in material 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 “Whole Body Listening”).
• **Repetition and reinforcement can be useful to assist with learning** - Some children (with receptive language disorders) will not benefit from repetition. The teacher can talk to the parents about what approaches to communication seem to work best for their child.

• **Demonstrate it** - Give an example of what is required before expecting the student to complete the same task independently. In addition, use of gestures, pictures or other visual materials may help a child to understand. However, keep visual materials simple so they are not a distraction.

• **Check for understanding** - Ensure the child has understood instructions that you provide.

• **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 this activity, etc.

• **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.

**Communication**

• **Gain the student’s attention and speak clearly.**

• **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. It may also help if you speak a little more slowly than usual. Do not assume the child always understands spoken instructions. You may need to 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 parents or 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.

**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 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?”
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. It may be that you 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 chart (Appendix 12) to help you identify what the reason for the behaviour might be.

Assistive aids

- **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.

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

10 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 helped 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.
12. Physical Impairments

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).

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.
- **Acquired** - developed after birth through disease, infection or traumatic injury, such as amputation, poliomyelitis, acquired brain injury, or spinal cord injury.

Characteristics

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:

- Co-ordination, 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.
Strategies to Assist

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 by keeping 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 on and off.
- 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 helps 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 chart (Appendix 12) may assist in identifying the reason for the behaviour.

Assistive aids

- **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.
• Would a writing slope/board be helpful? This may help to keep the paper at an optimal position for correct posture when writing. Alternatively you could use a 3-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 utilise assistive aids including crutches, canes (walking sticks), walkers/walking frames, wheelchairs, prostheses (artificial limbs).

**Case Study – Mikel’s education - a challenging journey**

*Mikel* is a 10 year old boy who had never been to school before joining an inclusive school. He has Spina Bifida, which causes him some muscle weakness and fatigue. The head teacher and the class teacher are aware of Mikel’s condition and were ready for his inclusion. He needs special seating arrangements so the school purchased a special chair and table for him. A mattress was also purchased so Mikel can lie down when he needs to rest. His grandmother was allowed to stay in school and to help with anything that Mikel may need. The class teacher talked to the class about the condition that Mikel has and advised the children not to play rough with Mikel. Mikel now actively participates in sports and all other activities in schools. His parents were extremely happy when Mikel received the top award for his class. His grandmother gradually withdrew from school and only comes back in the afternoons to pick him 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 Mikel’s zone that are operating inclusively of children with disabilities. In addition, Mikel’s house is on a steep hill and it is tiring for him 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.
13. Social, Emotional and/or Behavioural Impairments

Definition

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.

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

When a child has an Autism Spectrum Disorder (ASD) (such Asperger’s syndrome), the way they perceive their environment is significantly different from other children. 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, 2013). 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 (VSO Malawi, n.d.). Asperger’s syndrome is an autism spectrum disorder.
which is seen as milder, and in which children have reduced nonverbal communication skills, empathy and physical coordination. Language and cognitive skills are intact.

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; s/he may seem to have lost the ability to get over their worry cycle, and may worry excessively about just getting through the day. S/he 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, and which may include: feeling sad, hopeless, worthless, discouraged, unmotivated, disinterested in life, helpless, guilty, irritable, hopeless, “empty”; disturbed sleep, and persistent physical ailments that are unexplained and which do not respond to treatment, such as headache, stomach pain, digestive disorders.

**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 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 behaviours.

See Glossary ADHD, anxiety, Asperger’s Syndrome, Autism Spectrum Disorder (ASD), autism, depression, psychosis.

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

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.
- Have difficulties expressing their emotions.

Strategies to Assist

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 16 for a few further ideas for addressing sensory needs to keep students on task in the classroom.

- **Use obsessions to your advantage** - The toys or objects 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 (i.e. nodding their head for yes) 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 what they are supposed to be doing. For example, when you say ‘We are about to start maths’, point to a picture of numbers, a timetable, or write ‘maths’ on the board.
- **Teach feelings** - Teach the child a method for expressing their feelings (this could be using a communication board and some strategies for what they do when they feel that way. For example, when they feel angry take a deep breath, count to 5. At times when the child looks like they are starting to get uncomfortable prompt them to express their feeling 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 16 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 (this may be through signing or pointing to a symbol on their table that says ‘help please’ if their speech is difficult to understand) if and when they need it. You can even say ‘no I’m not going to help you yet, have another go’ if you think the task if within their abilities, and of course praise them a lot when they try. Encourage them to use this method by not helping 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 and teaching social 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 the behaviour. Keep ignoring attention-seeking behaviours if no one is being hurt.

- **Reward** - 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 are a great way of reinforcing the behaviour you want to see your student displaying in a concrete way. See Appendix 17 for information on writing a social story and a social story example. Appendix 18 is an example of a game that helps teach children how to give and receive compliments.

Assistive aids

- **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 16 for a range of suggestions on ways to calm or stimulate the senses before attempting academic work.
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 Inclusion Coordinator and they felt that Ajay might have autism.

She made a time for his parents to come in for a meeting to discuss his behaviour and complete the Social, Emotional and/or Behavioural Impairment Screening Tool (Appendix 21), 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 around 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 ten 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 18 of this Handbook, 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.
14. Other Health Conditions

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

Epilepsy

Information within this section has been obtained from the World Health Organisation (2013), Epilepsy Society and Epilepsy Australia.

Definition

Epilepsy is a condition where seizures occur. Seizures occur as a result of abnormal, excessive electric discharges of groups of nerve cells (neurones) in the brain (WPRO, 2004). 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.

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.

Characteristics

- 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?

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 5 minutes or a second seizure happens soon after the first one.
- The child is still non-responsive for more than 5 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.

Strategies to Assist

- 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.

Case Study - Epilepsy - Shenon

Shenon* is an 8 year old boy from a remote rural area in Fiji who 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 Teacher at the school and 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.
Diabetes
Information has been obtained from the World Health Organisation (2013), American Diabetes Association (2013) and Diabetes Australia (2013).

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 – Insulin is produced but either not enough is produced or the body is not able to effectively use the insulin it produces. Type 2 occurs more often in older people. However, the Fijian Minister of Health said the ministry noticed a “very worrying trend” in the increase of Type 2 diabetes in children in Fiji (The Fiji Times, July 2013).

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/carers 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.

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: family history of diabetes, high blood pressure, overweight or obese, lack of physical activity, and poor diet.

Characteristics
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.

• ½ can of regular soft drink OR
• ½ 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 co-ordination
• 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.

**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/carers 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 parents).
- **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.
15. How long does change take?

Congratulations on putting in some steps to make your classroom a more inclusive place – there is no doubt that your students’ learning will be better off for it! Here are some final pointers on timing:

- **Change things 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 coactively 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.

- **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 parents to increase opportunities for children to apply skills at home.
16. Family Involvement

The following 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.

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.

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.
- Provide for the child’s daily needs, e.g. food, clothing, shelter.
- 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.

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.

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 teacher’s to understand how caregivers may have felt or are currently feeling so that appropriate support and education can be provided.

• 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.

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.

- 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. Parents 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.

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 parents could use at home to help the child learn new skills.

- Ensure parents 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.
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 19). 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 as well as a selection of useful resources which are provided on the CD in the Toolkit.
17. Individual Education Plans (IEP)

Within an inclusive classroom, teachers will assess each child to identify the particular difficulties and barriers s/he faces and will then work out a plan to address these. This is called an Individual Education Plan, or IEP. There are many varieties of IEPs around the world, and in many countries these are mandatory for schools to use with every child with disability. IEPs provide a process of planning for solutions to challenges and are a useful way of determining whether individual goals are being met; they facilitate teachers, teacher aides, parents, specialists and students to plan together and work towards goals that are understood by the whole team. They also provide a way to measure the child’s progress at school, particularly where assessment against the academic curriculum using national examinations may not be appropriate or entirely useful for that child.

Creating an IEP is a cyclical process; when initial objectives are met, planning new ones starts again and so on until the end of the student’s schooling. The plan must be reviewed regularly and change to reflect the student’s increasing abilities and new objectives. Most schools review the IEP at least each term, depending on the type of objectives that have been included and how fast the child is able to achieve them.

Here is a simple explanation of the five steps involved in creating an Individual Education Plan (IEP).

1. Gather Information

2. Share/discuss information

3. Design and write the plan

4. Implement the plan

5. Evaluate

Observe and gather information.

In the initial phase, the teacher spends time observing the child and gathering information about their current level of functioning. Teachers gather information about what the student likes and is good at, as well as what they have difficulty with and what helps them in different contexts.
1) Share the information
As mentioned above, a key element of an effective IEP is for the teacher to share information with the parents/caregivers. As well as being a useful way to feed back information about how the student is coping at school, it is critical that you involve the child’s parents/caregivers in the process to provide valuable information you can use in the classroom. At this stage you can decide which learning areas are priorities.

2) Design a program
The next phase for you as a teacher is to design a learning plan for the student’s education. This learning program will be made up of teaching objectives and outcomes detailing what you want the student to learn, as well as some ideas or strategies for how you are going to achieve these objectives.

- **Adapt teaching delivery.**
  For some students with disability, you may need to make some changes and adaptations to how the curriculum is delivered/ taught to students. You may need to consider alternative ways to present information and assess students in order to work towards goals on the IEP. In some situations, the curriculum may need to be slightly adapted to be inclusive of students with particular disabilities.

- **Think functional.**
  When determining what educational content to include for a child, focus on the development of functional 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. Remember that depending on the nature of their impairment, the student may learn at a different rate to their peers and as such, you may need to allow additional time for a student to learn the skills or understand the concept/lesson you are teaching.

- **Make objectives SMART (Specific, Measureable, Achievable, Realistic and Time Based).**
  For example, if the objective says ‘for Luke to be able to count’, there is a lot of information missing. How high would you like Luke to be able to count to? Does he need any other supports to help him to count? What would you like him to count? E.g. real objects or pictured items?
  Instead you could phrase the objective ‘for Luke to count objects to 10 with assistance from teacher (e.g. prompt Luke to touch each object as he counts them).

- **Choose quality over quantity!**
  There is no right or wrong number of objectives to include in a student’s learning program. When you’re first starting out, you may just like to have one objective in each
of the learning areas you have listed on the template. When you gain more confidence at working this way, you can expand the number of objectives to include three or four for each of the areas.

3) Implement the program

During this phase of the IEP the teacher and other relevant people implement the learning plan. You might use some of the strategies outlined in this *Handbook* to work towards the students achieving the objectives that have been set.

4) Evaluate the program

The student’s IEP should be evaluated every term. During this phase the teacher should be asking whether the objectives outlined in the learning plan have been met. If they have, then it will be time to set new objectives to further challenge the student. If not, objectives can be simplified or a plan made for how to achieve these objectives better.
18. Glossary

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

**Acquired Brain Injury (ABI)**

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 or animal 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 ‘a feeling of worry, nervousness, or unease about something with an uncertain outcome’ (Oxford University Press, 2013). 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 high functioning form of Autism Spectrum Disorder (see below); the symptoms are milder and typically there is no language delay. Children with Asperger’s Syndrome can find social interactions challenging and be fixated on particular things, e.g. mobile phones.
**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, 2013). 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 (VSO Malawi, n.d.).

**Attention Deficit Hyperactivity Disorder (ADHD)**

ADHD is a condition affecting the central nervous system, in which children act impulsively and without inhibition and find it difficult to concentrate. While children with ADHD generally do not have difficulties with understanding tasks or instructions given to them, they find it difficult to remain focused and seated in order to complete tasks (International Encyclopaedia of Rehabilitation, 2013).

**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 (VSO Malawi n.d.). 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 2013).

**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 (VSO MALAWI, n.d.). Babies with cretinism may be born large but fail to grow normally and have feeding and breathing difficulties because of their abnormally large tongue (VSO Malawi, n.d.). 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 (Swedish Association for the Deaf Blind, in WFDB 2013). 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 2013). 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.

**Dysgraphia**

A type of specific learning disability associated with difficulties in handwriting. Dysgraphia can affect skills associated with holding a pen or pencil such as drawing shapes, numbers or letters.

**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 (WHO, 2013).

**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, 2013).

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, 2013).

**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, 2013). 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

A ‘severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality’ (Oxford University Press, 2013).

Seizure

Disruption of electrical activity in the brain that results in uncontrolled body movement or brief periods of unconsciousness.

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).

Speech disorders

Conditions which are associated with the words spoken, including how clearly words are spoken, the voice quality, and fluency (American Speech-Language-Hearing Association, 2013).
**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. (VSO Malawi n.d; WHO 2013).

**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 (VSO Malawi, n.d.). ‘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:

2) Tips for Making Visual Aids and Schedules
3) Tips for Making Communication Aids
4) Using a Positive Behaviour Framework
5) Disability Language Tips
6) Embracing Difference in Your Classroom Activities
7) My Tree of Strengths
8) “All About Me” worksheet
9) “Miraculous Me” worksheet
10) Dyslexia case study – Orlando Bloom
11) Additional Strategies for assisting with Specific Learning Disabilities
12) ABC Behaviour Analysis Template
13) Life Skills Curricula examples
14) Simple Behaviour Management Plan example
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16) Sensory Ideas
17) Tips for Writing Social Stories
18) Compliment Tag game – social skills
19) Activities for learning at home
20) Cleaning Your Ears
21) Screening tools to identify children who are at risk of particular impairments
   a. Specific Learning Disability
   b. Intellectual or Developmental Disability
   c. Deafness or hearing loss
   d. Vision impairment
   e. Speech and language disorder
   f. Physical impairment
   g. Social, emotional and/or behavioural impairment.
22) Individual Education Plan and Student Profile package
Appendix 1 – United Nations Convention on the Rights of Persons with Disabilities – Article 24 - Education

1. States Parties recognize 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 realizing 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 maximize 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 maximize 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

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 **laminat**e them.

- Make sure the student is **easily able to see the visual** when they need it, either in the classroom or home.
Examples of Visual Aids

what

who

where

why

how

banana
Hi Grandma

I had a good 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 work
- math
- dynavox

Other Comments:
Examples of a Time Table Visual Schedule

- Day of the week
- Symbols/photographs for each activity
- Pouch/box below the timetable for activities that have finished,
Example of a Task Visual Schedule

Example of a Routine Visual Schedule
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 **laminate** them.

- Make sure the student **has access to** their communication aid when they need it, either in the classroom or 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**
  - ![Smiley Face](image)

- **I don't know**
  - ![Confused Person](image)

- **no**
  - ![Cross](image)

- **I need help please**
  - ![Hand Signals](image)

- **toilet please**
  - ![Toilet](image)

- **different**
  - ![Shapes](image)
Example of a Simple ‘I want’ communication aid.

Example of a Comment Communication Aid.
Example of an Alphabet Board Communication Aid.

- **YES**
- **NO**
- **I'm not sure**
- **I'll start again**
- **Thanks!**
- **I want to ask you something**
- **new word**

1 2 3 4 5 6 7 8 9 0

Q W E R T Y U I O P
A S D F G H J K L
Z X C V B N M ?
Example of Feelings Communication Aid.
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 1 … the list is endless!

- **Make sure students know the boundaries** - 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 much 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.

![ABC chart]

\[
\text{A} \to \text{B} \to \text{C} \\
(\text{Antecedent}) \to (\text{Behaviour}) \to (\text{Consequence})
\]

• 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 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 to the behaviour in order for staff to be consistent.

• **Review the plan regularly** - Like an Individualised Education Program (IEP), a behaviour management plan should be reviewed regularly. However, keep in mind that...

• 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 – the student is probably rebelling against the new structures you have 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!
## Appendix 5 - Disability Language Tips

Adapted from “A way with words – Guidelines for the portrayal of people with a disability” (Queensland Government, 2012).

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.

<table>
<thead>
<tr>
<th>Instead of this...</th>
<th>Use this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal</td>
<td>Specify the disability or impairment</td>
</tr>
<tr>
<td>Afflicted with</td>
<td>Person has (name the disability)</td>
</tr>
<tr>
<td>Birth defect, deformity</td>
<td>Person with a disability since birth</td>
</tr>
<tr>
<td>The visually impaired</td>
<td>Person with a vision impairment</td>
</tr>
<tr>
<td>Confined to a wheelchair</td>
<td>Uses a wheelchair</td>
</tr>
<tr>
<td>Crippled</td>
<td>Has a physical disability</td>
</tr>
<tr>
<td>The deaf</td>
<td>Person is deaf</td>
</tr>
<tr>
<td>Deformed</td>
<td>Specify the disability</td>
</tr>
<tr>
<td>The disabled</td>
<td>Person with a disability</td>
</tr>
<tr>
<td>Epileptic</td>
<td>Person with epilepsy</td>
</tr>
<tr>
<td>The handicapped</td>
<td>Person with a disability</td>
</tr>
<tr>
<td>Insane, lunatic, maniac, mental patient, mentally</td>
<td>Person with a psychiatric condition</td>
</tr>
<tr>
<td>diseased, neurotic, psycho, schizophrenic, unsound mind</td>
<td></td>
</tr>
<tr>
<td>Invalid</td>
<td>Person with a disability</td>
</tr>
<tr>
<td>Mentally retarded</td>
<td>Person with an intellectual impairment</td>
</tr>
<tr>
<td>Mongol</td>
<td>Has Down syndrome</td>
</tr>
<tr>
<td>Spastic</td>
<td>Person with a disability (possibly intended to relate to a person with excessive muscle tone)</td>
</tr>
</tbody>
</table>
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 taken 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 women and some to men. 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 ten 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 ten 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 many reasons at the same time (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”.

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Appendix 7 - My Tree of Strengths

‘My Tree of Strengths’ Worksheet

See the following page for 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 something 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 something you are good at on every branch! Are you good at the same things as your classmates?

Image taken from http://www.elboricua.com/BKcolorPalm.html
Appendix 8 – “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.

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, and there is a template below that you might like to use to do just that.

You’ll notice that, 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 identifies that they need help with sitting still might also have some great strategies for how this can be achieved, such as delivering messages or sitting on a cushion so they can wiggle 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 any strategy that you can come up with for them!

The sheet on the page below 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'm good at:
- Writing my name
- Making friends
- Singing and dancing

I need help with:
- Concentrating
- Sitting still
- Academic work

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 ______________________
Appendix 9 - Miraculous Me

MIRACULOUS ME...

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?
• ______________________________________
• ______________________________________
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 also dyslexic.

Of course, considering 15 to 20 percent of the 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 organization 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 organization 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 capitalize 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.

Youth with untreated dyslexia are more than twice as likely to drop out of high school (36 percent of students) and become unemployed, underemployed or incarcerated, according to the society for neuroscience, 2004.

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 11 – Additional Strategies for assisting with Specific Learning Disabilities

This Appendix expands on the shorter list of strategies provided in the body of the Handbook, providing further suggestions for teachers and parents, adapted from:


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 check 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 his 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 maths 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 (ie. thinking through the maths problem), allow the dyslexic child to write down the number and the mathematical sign from the question.
- Encourage pupils 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 practise these.
- When practising 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 his 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 12 - ABC Behaviour Analysis Template

<table>
<thead>
<tr>
<th>Date / Time</th>
<th>Activity</th>
<th>Antecedent</th>
<th>Behaviour</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. 9/9/2013 9am</td>
<td>Handwriting</td>
<td>Ricky told to write name on top of paper</td>
<td>Ricky threw pen and hit Kylia who was sitting next to him.</td>
<td>Kylia 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.</td>
</tr>
</tbody>
</table>

Is there a pattern? Now that you’ve observed the behaviour in details, what function does it serve? Is the student seeking attention / overwhelmed / is the work too hard?
Appendix 13 – 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 (see Chapter 17).

Not all students with disabilities require adaptation to Life Skills based learning objectives; many use a standard mainstream curriculum. Many mainstream curricula include some elements of Life Skills for all students.

Adapted from the Attainment Company (www.attainmentcompany.com).

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

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). BSSD is a large rural school district in Alaska, America, 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, recognize 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 14 - Simple Behaviour Management Plan Example

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Ricky Mara</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths:</td>
<td>Ball sports, sense of humour</td>
</tr>
<tr>
<td>Behaviours of Concern:</td>
<td>Hitting and lashing out at other students.</td>
</tr>
<tr>
<td></td>
<td>Not completing his work.</td>
</tr>
<tr>
<td>Desirable Behaviours:</td>
<td>For Ricky to calmly and happily complete his school work.</td>
</tr>
</tbody>
</table>

### Preventative Strategies:
- Praise Ricky when he is on task at completing his school work.
- 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.
- Modify the expectations of Ricky’s class work to ensure it is achievable and interesting.

### If the student displays challenging behaviour:
- Ignore Ricky the first time he lashes out at another student.
- Give attention to the student he has lashed out at and move them away from his reach.
- Praise the other students who are completing their work, and give them a tick on their reward charts.
- 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.

| Review Date | 9/10/13 |
# Simple Behaviour Management Plan Template

## Behaviour Management Plan

<table>
<thead>
<tr>
<th><strong>Student Name:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Behaviours of Concern</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Desirable Behaviours</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Preventative Strategies</strong></td>
<td></td>
</tr>
<tr>
<td>• Praise</td>
<td></td>
</tr>
<tr>
<td>• Reward</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If I display challenging behaviour:</strong></td>
<td></td>
</tr>
<tr>
<td>• Ignore</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Review Date</strong></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 15 - 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 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 16 - 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 17 - Tips for Writing Social Stories

A Social Story is a 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 s/he should not do.
- Use the first person (i.e. use ‘I’ and not ‘you’) to personalise the story.
- Use the present tense to reinforce what you would like the child to do.
- Add photos or pictures to reinforce 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.
# Speaking in Class

By Samuel

<table>
<thead>
<tr>
<th>I sit nicely in my chair and listen to the teacher speaking.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I want to talk, I put my hand up and wait.</td>
</tr>
<tr>
<td>When the teacher says my name, I can talk.</td>
</tr>
<tr>
<td>I ask my question. After the teacher has answered my question I say ‘thank you’.</td>
</tr>
<tr>
<td>My teacher is very proud that I put my hand up to speak.</td>
</tr>
</tbody>
</table>
Appendix 18 – “Compliment tag” - a game to teach kids with Autism Spectrum Disorder an important social skill

We gratefully acknowledge the creative ideas generously shared by Joel Shaul on his website Autism Teaching Strategies (www.autismteachingstrategies.com).

Compliment Tag

Many young people on the autism spectrum 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 all ages of kids, from 6 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 fails to engage kids. Enjoy it.
Appendix 19 - 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.

Below are some important tips about 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, what they learnt about.

- **Support and encourage** your child to learn (see activities/ideas below to create learning opportunities).

- **Help** your child to complete their homework. You can assist by establishing a routine, e.g. a time allocated to homework, setting up a space they can use to complete their work, trying to reduce distractions during homework time, ensuring they have required resources, pens/pencils, and paper. If you are unable to help with the actual content and your child needs some assistance with the work, try to find someone else who can help, e.g. another family member, neighbor, friend or community member.

- **Help** your child to develop basic life skills – ensure that your child with disability has the chance to develop the same skills that their siblings or other children of the same age are. 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/taro, 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/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 whilst out for a walk. i.e. how many animals do you see on the walk – and spelling associated words.
Appendix 20 – Cleaning your Ears

https://www.intelihealth.com/print-article/cleaning-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. So it is best to leave the inside of your ear alone and not disturb its natural environment.

Do Not 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.

And 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) 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 out flush the object with water, but, for most objects, he or she will use a special hook. The doctor has the 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. And teach your children never to put anything in their ears (or someone else's ears).
Appendix 21 - Screening tools to identify children who are at risk of particular impairments

If it appears that the child may have an impairment, please discuss this with the family. It may then be appropriate for a referral to the local health service for assessment or further referral to specialist services. Even if families do not attend specialist health services for diagnosis, many teachers can make a significant difference to a child’s learning outcomes by modifying teaching approaches to support the child’s functional differences.

This Appendix includes Screening tools regarding the following:

1) Specific learning disabilities
2) Intellectual disability
3) Deafness of hearing loss
4) Vision impairment
5) Speech and language disorder
6) Physical impairment
7) Social, emotional and/or behavioural impairment.

It is recommended that teachers or teacher aides photocopy the forms and organise a meeting with the parents to complete the screening tool together and discuss referral options and ideas for responding to the child’s learning support needs both at school and at home.
Screening tool to identify children who are at risk of a: Specific Learning Disability

Please note: This Screening Tool is not designed to take the place of a formal assessment process and it has not been validated in Fiji. You SHOULD NOT interpret the results to be a diagnosis of disability. If it appears that the child may have an impairment, please discuss this with the family. It may then be appropriate for a referral to a teacher trained in identifying indicators of specific learning disabilities (SLDs).

Because an SLD can co-exist with other disabilities, it is important to keep careful and complete records of observations so they can be shared among parents, educators and service providers when making decisions about services and supports.

Keep in mind that Specific Learning Disability (SLD) is a term that describes a collection of cognitive disorders that impact listening, speaking, reading, writing, reasoning, math, and communication skills. As these areas of functioning can also be explained by other impairments, it is useful to also check eyesight and hearing to rule out those as the cause of the difficulty. If you answer YES to five or more of the questions in any individual category below, the student may have a specific learning disability (SLD).

DATE FORM COMPLETED: ____________________________________

WHO PARTICIPATED IN COMPLETING THE FORM:
_________________________________________________________________________________
_____________________________________________________________________

Does the child display any of the following behaviours/characteristics?

Note: This screening form is double-sided, please complete both sides.

<table>
<thead>
<tr>
<th>Dyslexia</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the student perform well orally, but not in written tests?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the student read slower than his / her peers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is the student often confused by letters which look similar (eg, b/d, p/g, p/q, n/u, m/w)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does the student have difficulty reading unfamiliar words?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Does the student mis-read or omit small words (for, of, with an, it) and word endings (-ing, -ed, -ly, -s)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does the student frequently misspell words including spelling the same word differently within one writing task?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Does the student have difficulty sounding out words one syllable at a time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Does the student have difficulty understanding when reading alone but can understand when listening to a story read aloud?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Does the student have difficulty comprehending a passage of text?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Dyslexia

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11.</strong></td>
<td>Does the student read and re-read text before they understand its meaning?</td>
<td></td>
</tr>
<tr>
<td><strong>12.</strong></td>
<td>Does the student have difficulty understanding underlying themes and ideas when reading?</td>
<td></td>
</tr>
<tr>
<td><strong>13.</strong></td>
<td>Does the student forget information quickly after reading long passages of text?</td>
<td></td>
</tr>
<tr>
<td><strong>14.</strong></td>
<td>Does the student learn best through hands-on learning, rather than written or verbal instruction?</td>
<td></td>
</tr>
<tr>
<td><strong>Total (dyslexia)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Dyscalculia

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
<td>Does the student have difficulty playing games that involve numbers and / or maths?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td>Does the student have difficulty remembering times tables?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td>Does the student have difficulty counting quickly?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td>Does the student have difficulty doing basic maths calculations?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td>Does the student have difficulty telling the time?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td>Does the student have difficulty counting money?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td>Does the student have difficulty knowing which of two different numbers is larger?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>Total (dyscalculia)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Dysgraphia

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
<td>Is the student extremely slow at forming letters and words?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td>Does the student produce numerous mistakes when writing letters and / or drawing shapes?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td>Is the student inconsistent in writing (e.g. using a mixture of printing and cursive writing, upper and lower case, or irregular sizes, shapes, or slant of letters)?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td>Is the student slower than peers at learning to write and draw?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td>Is the student’s handwriting difficult to understand?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td>Does the student have low confidence and pride about their handwriting?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td>Does the student look awkward holding a pen or pencil?</td>
<td>YES</td>
</tr>
<tr>
<td><strong>Total (dysgraphia)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Screening tool to identify children who are at risk of: Intellectual Disability

Please note: This Screening Tool is not designed to take the place of a formal assessment process and it has not been validated in Fiji. You SHOULD NOT interpret the results to be a diagnosis of disability. If you have ticked yes to more than five of the following items, the child may have an intellectual disability.

DATE FORM COMPLETED: ________________________________

WHO PARTICIPATED IN COMPLETING THE FORM:
_________________________________________________________________________________
_________________________________________________________________________________

Compared to same-age peers, does the child have difficulties in any of the following?

<table>
<thead>
<tr>
<th>Academic areas</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Memory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Writing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Math reasoning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Acquiring practical knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Problem solving and planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Judgment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social areas</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Awareness of others’ thoughts, feelings and experiences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Empathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Interpersonal communication skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Friendship abilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Social judgment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practical areas</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Self-care (e.g. toileting, dressing, eating)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Self-management of behaviour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. School and work organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Classroom responsibilities (e.g. independently unpacking school bag, putting books and pencils in desk, doing jobs or duties)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total | |
|-------|
Screening tool to identify children who are at risk of:

Deafness or hearing loss

Please note: This Screening Tool is not designed to take the place of a formal assessment process and it has not been validated in Fiji. You SHOULD NOT interpret the results to be a diagnosis of disability. If it appears that the child may have an impairment, please discuss this with the family. All children with signs of hearing impairment should attend health services for assessment and treatment. Many children with hearing impairment can be assisted, which is vital to enable proper access to education, socialisation and employment.

If you answer YES to six or more of the questions below, the student may be deaf or hard of hearing. Children should be referred for a hearing assessment even if only 2-3 items are ticked yes.

DATE FORM COMPLETED: __________________________

WHO PARTICIPATED IN COMPLETING THE FORM:
_______________________________________________________________________
_______________________________________________________________________

Does the child display any of the following behaviours/characteristics?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appears not to hear verbal instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Speech development appears slow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Gives incorrect or irrelevant answers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Has balance or co-ordination problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Speaks very loudly or very softly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Avoids social interactions with others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Dominates the conversation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Cups ear or turns head towards the speaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Asks for others to repeat themselves frequently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Focuses mainly on the speaker’s face</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Complains about pain in their ears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Complains about strange noises in their ears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. No reaction to loud noises</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total
Screening tool to identify children who are at risk of:

Vision Impairment

Please note: This Screening Tool is not designed to take the place of a formal assessment process and it has not been validated in Fiji. You SHOULD NOT interpret the results to be a diagnosis of disability. If it appears that the child may have an impairment, please discuss this with the family. All children with signs of vision impairment should attend health services for assessment and treatment. Many children with vision impairment can be assisted and this is vital to enable proper access to education, socialisation and employment. Some illnesses, such as Trachoma, must be treated as soon as they are detected to prevent vision loss.

If you answer YES to six or more of the questions below, the chances are the student may have a vision impairment. Teachers should err on the side of caution and refer the child for a vision assessment even if only 2-3 items are ticked yes.

DATE FORM COMPLETED: ____________________________________

WHO PARTICIPATED IN COMPLETING THE FORM:
_____________________________________________________________________
_____________________________________________________________________

<table>
<thead>
<tr>
<th>Does the child display any of the following behaviours/characteristics?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has difficulty reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has difficulty seeing the blackboard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Makes frequent mistakes when copying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Has poor hand eye co-ordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Avoids participation in group activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. One or both pupils (black centre of the eye) look grey or white</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Has eyes that cross or one eye that turns in or out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Squints (half shut eyes) or tips head to look at things</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Takes little interest in brightly coloured objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Often bumps into objects or seems clumsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Has had trauma or injury to eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Has red eyes, discharge or often forms tears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Closes eyes or blinks repeatedly in bright light</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Brings objects close to their face</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Always tilts head a certain way</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total
Screening tool to identify children who are at risk of:

**Speech and Language disorder**

Please note: This Screening Tool is not designed to take the place of a formal assessment process and it has not been validated in Fiji. You SHOULD NOT interpret the results to be a diagnosis of **disability**. If it appears that the child may have an impairment, please discuss this with the family. It may then be appropriate for a referral to the local health service for assessment or further referral to specialist services. Even if families do not attend specialist health services for diagnosis, many teachers can make a significant difference to a child’s learning outcomes by modifying teaching approaches to support the child’s functional differences.

Note – in Fiji, speech and language services are rare. The Ministry of Education Special and Inclusive Education unit can provide contact information for speech pathologists if they are available. Many children in Fiji with speech and language difficulties use sign language with their teachers, family and friends which is an excellent means of communicating.

**DATE FORM COMPLETED:** ______________________________

**WHO PARTICIPATED IN COMPLETING THE FORM:**

_________________________________________________________________________________

**Does the child display any of the following behaviours/characteristics?**

<table>
<thead>
<tr>
<th>Section 1: General</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Avoids speaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Avoids reading, compared to children the same age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Avoids writing, compared to children the same age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does not seem to have the same communication skills as other children in the class</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 2: Speech (how the student sounds)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Does not speak at all (mute)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Says the wrong sounds for some words e.g. say “tega” for sega”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Repeats sounds, words or phrases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Has a harsh, rough or excessively breathy voice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Seems to struggle to get words out</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continued on next page
### Section 3: Receptive language (how the student understands what is said) *(this section assumes that the child has been tested and found to have no hearing impairment which could otherwise explain these characteristics).*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Finds it difficult to listen</td>
</tr>
<tr>
<td>11.</td>
<td>Needs to have instructions repeated regularly</td>
</tr>
<tr>
<td>12.</td>
<td>Looks to peers for hints about what to do</td>
</tr>
<tr>
<td>13.</td>
<td>Has difficulty changing from one task to another</td>
</tr>
<tr>
<td>14.</td>
<td>Does not answer questions correctly about what has just been said by teacher</td>
</tr>
<tr>
<td>15.</td>
<td>Has difficulty understanding riddles/humour</td>
</tr>
</tbody>
</table>

### Section 4: Expressive language (how the student communicates their message)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16.</td>
<td>Has a limited vocabulary compared to other students</td>
</tr>
<tr>
<td>17.</td>
<td>Mixes up the order of words in a sentence</td>
</tr>
<tr>
<td>18.</td>
<td>Only uses simple sentences (less than 4 words)</td>
</tr>
<tr>
<td>19.</td>
<td>Has difficulty retelling events or procedures in the correct sequence.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
</table>

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141
Screening tool to identify children who are at risk of:

Physical Impairment

Please note: This Screening Tool is not designed to take the place of a formal assessment process and it has not been validated in Fiji. You SHOULD NOT interpret the results to be a diagnosis of disability. If it appears that the child may have an impairment, please discuss this with the family. It may then be appropriate for a referral to the local health service for specialist services, specifically physiotherapy or the Community Rehabilitation Assistant.

If you answer YES to several of the questions below, the student may have a physical disability.

DATE FORM COMPLETED: ________________________________

WHO PARTICIPATED IN COMPLETING THE FORM:
_________________________________________________________________________________
_____________________________________________________________________

Compared with same-age peers, does the child display any of the following characteristics?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Has difficulty with fine motor skills e.g. writing, doing up buttons</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Has difficulty with gross motor skills e.g. running, hopping</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Has muscle tightness or increased muscle tone - child cannot easily move limbs, moves stiffly or seems tense</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Has impaired sensation – not feeling heat/cold not noticing if someone touches their arm</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Appears clumsy/bumps into furniture</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Difficulty with hand-eye co-ordination</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Difficulty sitting upright at desk and maintaining position</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Difficulty sitting on floor comfortably and maintaining position</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Cannot move easily between positions – e.g. sitting to standing</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Finds it hard to maintain balance</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Difficulty grasping, lifting and carrying items</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Difficulty pushing/pulling objects</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Complains of pain in arms or legs</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>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)?</td>
<td></td>
</tr>
</tbody>
</table>

Total
Screening tool to identify children who are at risk of:

Social, Emotional and/or Behavioural Impairment

Please note: This Screening Tool is not designed to take the place of a formal assessment process and it has not been validated in Fiji. You SHOULD NOT interpret the results to be a diagnosis of disability. If you answer YES to several of the questions below in any one section, the student may have a social, emotional and/or behavioural impairment. You should discuss with parents and refer to health services for assessment.

DATE FORM COMPLETED: ____________________________________

WHO PARTICIPATED IN COMPLETING THE FORM:
_________________________________________________________________________________
_____________________________________________________________________

Does the child display any of the following behaviours/characteristics?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Autism Spectrum Disorder – showing symptoms from early childhood, and ranging from mild to severe levels of the following:</strong></td>
<td></td>
</tr>
<tr>
<td>1. Has difficulty building friendships appropriate to their age</td>
<td></td>
</tr>
<tr>
<td>2. Misreading non-verbal interactions (body language and facial expressions)</td>
<td></td>
</tr>
<tr>
<td>3. Responds inappropriately in conversations</td>
<td></td>
</tr>
<tr>
<td>4. Overly dependent on routines</td>
<td></td>
</tr>
<tr>
<td>5. Highly sensitive to changes in the surrounding environment</td>
<td></td>
</tr>
<tr>
<td>6. Intensely focused on inappropriate items</td>
<td></td>
</tr>
<tr>
<td>7. Has difficulties with interpersonal relationships</td>
<td></td>
</tr>
<tr>
<td>8. Displays repetitive behaviours, such as rocking, waving or flapping</td>
<td></td>
</tr>
<tr>
<td>9. Obsesses over particular topics of conversation e.g. aeroplanes</td>
<td></td>
</tr>
<tr>
<td>10. Has difficulty speaking compared to children of the same age</td>
<td></td>
</tr>
<tr>
<td>11. Appears to avoid particular sensory experiences e.g. tastes, clothing materials</td>
<td></td>
</tr>
<tr>
<td>12. Becomes fixated on certain sensory experiences e.g. lights or textures</td>
<td></td>
</tr>
</tbody>
</table>

Total (Autism Spectrum Disorder) |    |

Continued on next page
<table>
<thead>
<tr>
<th>Attention and hyperactivity disorders (signs and symptoms are present across all situations – home, school, at play):</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a very short attention span</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Exhibits signs of impulsiveness or hyperactivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Failure to pay close attention to details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Difficulty organizing tasks and activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Excessive talking, fidgeting, or inability to remain seated in appropriate situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have difficulty following instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Difficulty staying on a task / move from activity to activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Frequently loses books, toys, homework, or other items</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total (Attention and hyperactivity disorders)**

<table>
<thead>
<tr>
<th>Anxiety disorder</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Persistent, excessive, and unrealistic worry, not focused on a specific object or situation (occurring more days than not, for at least 6 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Inability to control the worry; difficulty “turning off” the worry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Frequent seeking of reassurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Perfectionist and self-critical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Restlessness, feeling “on edge”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Difficulty concentrating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Difficulty falling asleep or staying asleep</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total (Anxiety disorder)**

<table>
<thead>
<tr>
<th>Depression</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Persistent sad or irritable mood (possibly anger and hostility)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Loss of interest or pleasure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Frequent vague or non-specific physical complaints / ailments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tiredness or lack of energy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Inability to sleep, or sleeping excessively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Significant weight loss or decrease in appetite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Recurrent thoughts of death or suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Feelings of worthlessness or guilt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Frequent absences from school and/or significant drop in school performance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total (Depression)**
Appendix 22 - Individual Education Plan

This Ministry of Education has been working with the Allied Health Team in the Western and Northern Divisions of Fiji to develop, test and implement the use of Individual Education Plans and Student Profiles with special schools, based on the format and approach provided here. The Access to Quality Education Program uses this approach with children with disabilities in the inclusive education demonstration schools.

The Student Profile and IEP Package provided here is designed to be printed and used in its entirety for each child with disability in the school. The Student Profile forms enable teachers to ask a range of questions of the family so that a comprehensive understanding of the child’s background, health condition, developmental history and strengths and challenges can be obtained. This is all valuable information when considering how to overcome potential challenges and capitalise on strengths of the child, and for developing the Individual Education Plan. An electronic version of this package is provided on the CD of additional resources, which is in the Toolkit. Schools are encouraged to trial the forms and make modifications to improve their relevance and usefulness in each setting.
Student Profile & Individual Education Plan Package

COVER PAGE

School: __________________________________________

Student Name: _____________________________________

Date of Birth: ______________________________________

Class/Year: _________________________________________

Attach Photo: (full body and passport size)

Documents included in this package: (tick when complete)

Part 1: Enrolment Form
Part 2: Parent/Teacher Interview
Part 2B: Teacher/Child Interview
Part 3: Teacher Observation Checklist
Part 4: Individual Education Plan (IEP)
Part 5: IEP Extended Form
## PART 1: ENROLMENT FORM

To be completed on initial enrolment by the parent/caregiver with assistance from the Head Teacher or member of the Enrolment Committee as appropriate, taking into account the language and literacy levels of the person attending the interview.

| Name of person completing this form & relationship to student: | _______________________________ |
| Name of staff member assisting the completion of this form: | _______________________________ |

### STUDENT DETAILS:

| Student name: | ___________________________ | Date of birth: | ___________________________ |
| Date of enrolment at school: | / | Admission number: | ___________________________ |
| Gender (circle): | Male / Female | Race (circle): | iTaukei / Indo-Fijian / other______ |
| Religion: | ___________________________ | Hospital card number: | ___________________________ |
| Residential address: | ___________________________ | Postal address: | ___________________________ |

Copy of birth certificate attached (circle): Yes / No

### CARER DETAILS:

| Who does the student live with? (list): | _______________________________ |
| Main carer name: | ___________________________ | Relationship to student: | ___________________________ |
| Carer phone contact: | ___________________________ | Carer’s first language: | ___________________________ |
| Carer’s understanding of English (circle): | Good / Poor / No English |
| Carer’s literacy level (circle): | Good / Poor / Unable to read |
| Legal custodian name & contact (if applicable): | _______________________________ |

### FAMILY PROFILE:

| Mother’s name: | ___________________________ | Occupation: | ___________________________ |
| Address & phone contact (if different to above details): | _______________________________ |
| Father’s name: | ___________________________ | Occupation: | ___________________________ |
| Address & phone contact (if different to above details): | _______________________________ |
| Student’s brothers and/or sisters (list): | _______________________________ |
Student’s position in family (describe): ________________________________________________________

SCHOOL ATTENDANCE:
Planned transport to and from school (circle): Public bus / School bus / Walk / Private car / Taxi /
Distance from home to school:
Details of family/home situation that may impact on school attendance & performance (describe):
_____________________________________________________________________________________
_____________________________________________________________________________________

EMERGENCY CONTACT: (fill out only if different to carer contact details above)
Name: ________________________________ Phone number: ____________________________
Relationship to student: ______________________

MEDICAL HISTORY:
What disability does the student have? (Please describe in detail): ____________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Has this disability been confirmed by a doctor/specialist? (circle): Yes / No
If yes, please give doctor/specialist name & contact details: _________________________________
Are copies of letters/reports available? If so, please provide (circle): Attached / Not Available
Does the student have other health issues? (e.g. asthma, heart problems, epilepsy) (circle): Yes / No
If yes, please list: ________________________________

Does the student have any allergies? (circle): Yes / No
If yes, please list: ________________________________

Does the student have any hearing problems? (circle): Yes / No
If yes, please describe (eg. cause, which ear, how severe, hearing aides): ____________________________
_____________________________________________________________________________________
If yes, are reports/test results available? If so, please provide (circle): Attached / Not Available

Does the student have any vision problems? (circle): Yes / No
If yes, please describe (eg. cause, which eye, how severe, do they have/need glasses?): ________________

If yes, are reports/test results available? If so, please provide (circle): Attached / Not Available

Does the student take medication? (circle): Yes / No

If yes, please list: ____________________________________________________________

Does any other member of the family have a disability? ___________________________________________

Is the family receiving government social welfare funding, or funding from any other agency? ___________________________________________________________

Place of Birth: ___________________________

**DEVELOPMENTAL HISTORY:**

Did you have any worries about the student when they were growing up? (i.e. were they slow to develop or slow to learn new skills compared other children?) (circle): Yes / No

If yes, please describe why you were worried: ____________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

At what age did the student first start to walk? (give approximate age): ___________________________

At what age did the student say their first words? (give approximate age): ___________________________

**PREVIOUS EDUCATION:**

Has the student attended a kindergarten or school before this one? (circle): Yes / No

If yes:

Name of kindergarten / school: ________________________________________________________________

Dates attended: From ____________ To: ____________

Have copies of relevant reports been received from the previous school? (circle): Yes / No

If yes please attach to enrolment form (circle): Attached / To be followed up

**PARENT / GUARDIAN CONSENT:** (Please circle yes or no to the following to indicate your agreement)

I give consent for the school to take photos/videos of my child for educational purposes. Yes / No

I give consent for photos/videos to be used on the internet for disability awareness purposes. Yes / No
I give consent for the release of information about my child to those involved his/her education. Yes / No

I give consent for my child to participate in extra-curricular activities organised by the school. Yes / No

More specifically these may include:
- Swimming: Yes / No
- Other sporting activities: Yes / No
- School Excursions: Yes / No
- School Camps: Yes / No

I give consent for my child to receive medical attention in an emergency at school, including being taken to hospital. Yes / No

I give consent for school staff to provide transport for my child in an emergency. Yes / No

I give consent for my child to receive dental and medical check-ups at school. Yes / No

I give consent for my child to be seen by visiting specialists at school such as the hearing team or physiotherapist. Yes / No

I commit to supporting my child’s education to the best of my ability, including attendance at parent/teacher interviews. Yes / No

I agree that all information I have provided in this form is true and correct. Yes / No

PARENT / GUARDIAN NAME: _________________________ SIGNATURE: ______________________
DATE: __________________

Please note, parent information and consent forms for school excursions and events will also be sent home as they occur.

OFFICE USE ONLY:

Has a copy of this document been provided to the student’s classroom teacher? Yes / No

Has a time and date been agreed upon for the Parent Teacher Interview? Yes / No

If yes, state date and time: ____________________________

HEAD TEACHER SIGNATURE: ____________________________
DATE: __________________
If applicable this page is to be filled in with parent / teacher interview appointment details and provided to Parent / Caregiver at end of enrolment Interview:

<table>
<thead>
<tr>
<th>Parent/Caregiver Name: ___________________</th>
<th>Student Name: ________________________</th>
</tr>
</thead>
</table>

I agree to attend the Parent / Teacher Interview to share information about my child with their teacher, so that they can provide my child with the support needed at school.

<table>
<thead>
<tr>
<th>Teacher: _____________________________</th>
<th>Location: ______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ________________________________</td>
<td>Time: __________________________________</td>
</tr>
</tbody>
</table>
**PART 2A: PARENT / TEACHER INTERVIEW**

To be completed by the classroom teacher during an interview with the parent/caregiver after the student enrols. The teacher should ask all questions and explain them to the parent/caregiver.

If needed please ensure an interpreter is available for the parent / caregiver during the interview.

Student’s name: ____________________________  Caregiver’s name: ____________________________

Teacher’s name: ____________________________  Class: ____________________________

Has the student enrolment form been reviewed with parents/caregivers to ensure all areas have been filled out? (circle): Yes / No

Are there any issues / actions arising from this form that need to be followed up? (circle): Yes / No

If yes, please describe: _______________________________________________________________

__________________________________________________________________________________

**Parent/Caregiver report on student’s functioning at home and in the community:**

**PHYSICAL:**

Can your child move about without difficulty indoors/over short distances? (circle): Yes / No

If you answered no, what sort of assistance do they require? (Describe their difficulty, any equipment used, or physical assistance given): ______________________________________________________

__________________________________________________________________________________

Can your child move about without difficulty outdoors/over longer distances? (circle): Yes / No

If you answered no, what sort of assistance do they require? (Describe their difficulty, any equipment used, or physical assistance given): ______________________________________________________

__________________________________________________________________________________

In general does your child have any difficulties with movement? (circle): Yes / No

If yes, please complete the table below:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Specify which limb (right or left), and how it is affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you noticed any other physical concerns with your child? (Eg. stiffness, pain, skin conditions) (circle): Yes / No

If yes, please describe in detail: ______________________________________________________

__________________________________________________________________________________
COMMUNICATION:
How does your child communicate their needs? (Eg. verbal, gestures / home sign language. Please describe):
_______________________________________________________________________________________
_______________________________________________________________________________________

What language is spoken at home? (tick the most commonly spoken language):
English ☐ Fiji Hindi ☐ Fijian ☐ Sign Language ☐ Other: ________________________________

How well does your child understand English? (circle): Very well / Somewhat well / Not very well / Not at all

How well does your child speak English? (circle): Very well / Somewhat well / Not very well / Not at all

Can you easily understand your child when s/he communicates with you? (circle): Yes / No
If not, please explain why: _____________________________________________________________

Is your child easily understood by people who do not know him/her? (circle): Yes / No
If not, please explain why: _____________________________________________________________

Is your child able to follow verbal instructions? (circle): Yes / No
If not, please explain why: ___________________________________________________________________

What is the best way of communicating with your child so they understand? (tick more than one if appropriate):
Verbal ☐ Sign Language ☐ Gestures ☐ Other (list): ________________________________

DAILY LIVING SKILLS:
Please discuss the following daily living skills, and the level of assistance required if applicable:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Does your child need help?</th>
<th>If you answered yes, please describe what type of assistance is required (i.e. specialised equipment, physical assistance, supervision, instructions etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brushing teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washing hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SAFETY:
Do you have any concerns about your child’s safety? (circle): Yes / No
If yes, please describe your concerns about your child’s safety in the following environments:

At home: ____________________________________________________________
__________________________________________________________

In school: ____________________________________________________________
__________________________________________________________

In the community: ____________________________________________________
__________________________________________________________

**SOCIAL SKILLS:**

Does your child have any difficulties with:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking turns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding the concept of sharing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Following household rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Following classroom rules</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide more details about your child’s difficulty with social skills if you answered yes to any of the above:
__________________________________________________________
__________________________________________________________

**BEHAVIOUR:**

Are you concerned about your child’s behaviour? (circle): Yes / No

If yes, please describe your concerns: __________________________________________________________
__________________________________________________________

If you answered yes to the above, do you know what leads to this behaviour? Please describe:
__________________________________________________________
__________________________________________________________

Does your child have difficulty controlling their emotions? (circle): Yes / No

If yes, please describe: __________________________________________________________
__________________________________________________________
FURTHER BACKGROUND INFORMATION:
Please provide information detailing your child’s role at home:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

What are your child’s interests, likes and dislikes?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

What are your hopes for your child, what would you like them to achieve?
(This relates to the long-term goal of the student’s education)
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Is there anything else you think the teacher should know if they are going to work with your child effectively in the classroom? (circle): Yes / No If yes, please provide details:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Do you agree to be involved in future parent teacher interviews and to assist in the development of your child’s Individual Education Plan? (Teacher to explain process)
(circle): Yes / No

Parent/ Caregiver Signature: ______________________________

Teacher Signature: ____________________________

Date: ____________________________
PART 2B: TEACHER / CHILD INTERVIEW

To be completed by the classroom teacher during an interview with the child after the student enrols. The teacher should ask all questions and explain them to the child.

If needed please ensure an interpreter is available for the child during the interview.

Student’s name: ______________________  Caregiver’s name: ______________________
Teacher’s name: ______________________  Class: ______________________

Begin the interview by explaining to the student what an IEP is for - that it is a special document all about them. They are allowed to say anything they want in this interview and can use alternate modes of communication (drawing, art, communication boards, signing) to explain what they want to say if necessary. The following page (“Hi, my name is”) can be used to help the child answer the questions.

What would you like to be when you grow up?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

What do you like to do at home?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

What is your favourite food / drink / game?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

What can you do really well?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

What is the hardest thing about coming to school?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

What can your teacher do to make school easier for you?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Is there something you’d really like to learn to do at school?
_______________________________________________________________________________________
_______________________________________________________________________________________
Hi, my name is ______________________
PART 3: TEACHER OBSERVATION CHECKLIST

Teacher to complete within a few weeks after the student enters their classroom. This checklist will provide a profile of this student’s learning needs, and will lead to the development of their Individual Education Plan.

Student’s name: ___________________ Teacher’s name: ___________________

Class/Year level: ___________________ Date of checklist completion: / /

1. Write your observations of the student’s skills. Refer to the academic curriculum to guide you if needed. Remember to keep your observations as specific and objective as possible.

<table>
<thead>
<tr>
<th>Learning Area</th>
<th>Current Skills Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL SKILLS:</td>
<td>Include as much specific details, strengths, weaknesses etc. as you can.</td>
</tr>
<tr>
<td>Examples of information you might include:</td>
<td></td>
</tr>
<tr>
<td>How does he/she move around the school?</td>
<td></td>
</tr>
<tr>
<td>Is any equipment or assistance needed?</td>
<td></td>
</tr>
<tr>
<td>Gross motor skills? (e.g. sports, throwing, catching, running, jumping, hopping)</td>
<td></td>
</tr>
<tr>
<td>Fine motor skills? (e.g. controlling a pencil to draw and write, doing up buttons on clothes.)</td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION:</td>
<td></td>
</tr>
<tr>
<td>Examples of information you might include:</td>
<td></td>
</tr>
<tr>
<td>Main method of communication? (e.g. verbal, sign, gesture)</td>
<td></td>
</tr>
<tr>
<td>Any other methods?</td>
<td></td>
</tr>
<tr>
<td>Listening skills/understanding of instructions?</td>
<td></td>
</tr>
<tr>
<td>How best to communicate with them so they understand?</td>
<td></td>
</tr>
<tr>
<td>Understanding of English language?</td>
<td></td>
</tr>
<tr>
<td>Describe any difficulties communicating with him/her.</td>
<td></td>
</tr>
<tr>
<td>DAILY LIVING SKILLS:</td>
<td></td>
</tr>
<tr>
<td>Examples of information you might include:</td>
<td></td>
</tr>
<tr>
<td>Self-care skills e.g. toileting, hygiene, dressing, feeding etc. How much assistance is required? What type of assistance?</td>
<td></td>
</tr>
<tr>
<td>General domestic skills e.g. cleaning, cooking, gardening.</td>
<td></td>
</tr>
<tr>
<td>Safety e.g. does he/she understand how to be safe in school &amp; in the community?</td>
<td></td>
</tr>
<tr>
<td>SOCIAL SKILLS &amp; BEHAVIOUR:</td>
<td></td>
</tr>
<tr>
<td>Examples of information you might include:</td>
<td></td>
</tr>
<tr>
<td>Making friends, sharing, turn taking, following classroom rules, interacting appropriately with teachers and staff at school and with members of the community.</td>
<td></td>
</tr>
<tr>
<td>Any behaviours of concern?</td>
<td></td>
</tr>
<tr>
<td>Known causes of these behaviours? Please describe.</td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling emotions?</td>
<td></td>
</tr>
</tbody>
</table>
**LITERACY:**
*Examples of information you might include:*
Reading and writing: please refer to the academic curriculum appropriate to their level of ability.
Think about his/her functional reading and writing needs eg. Labels on food, road signs, writing and signing their name.

**NUMERACY:**
*Examples of information you might include:*
Numbers: Refer to the academic curriculum appropriate to their level of ability
Think about the student’s functional use of numbers for daily living skills e.g. telling the time, handling money etc.

**CREATIVE EXPRESSION/ THE ARTS:**
*Examples of information you might include:*
Refer to the academic curriculum appropriate to their level of ability.
Drawing, arts and craft, music, singing, dancing etc.

**OTHER ACADEMIC OR VOCATIONAL AREAS:**
*Examples of information you might include:*
Consider other areas from the curriculum or vocational areas that are relevant to the student, which are not covered in the above boxes.

Based on the above observations, and information gained in the parent teacher interview, please answer the following questions about this student:

2. **What are his/her main strengths?** *(List at least 3)*
   - 
   - 
   - 
   - 


3. **What are his/her main challenges?** (List at least 3)
   - 
   - 
   - 
   - 
   - 

4. **What strategies have you observed that help him/her learn in the classroom?** (List at least 3)
   - 
   - 
   - 
   - 
   - 

5. **What is the long-term goal of education for this student, i.e. what are you hoping they will achieve from their time in this school?**
   
   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________

6. **Other information and comments**
   
   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________

Class teacher: ______________________ Signed: ____________________ Date: ______________

Head Teacher: ______________________ Signed: ____________________ Date: ______________
PART 4: INDIVIDUAL EDUCATION PLAN (IEP)

To be developed with reference to the completed student profile, in partnership with the parent / caregiver and other relevant staff and specialists where possible. To be reviewed at the end of every term, and a new IEP filled out for the following term.

Student name: ___________________________  Teacher name: ___________________________

Class: ___________________  School: ___________________  Term: ___________________

Date of IEP development: / /  Date of review: / /

List the people involved in IEP development: __________________________________________
________________________________________________________________________________________

Curriculum (please circle):  Academic  Modified for Special Needs

Long-term goal of education: (Transfer from Student Profile Part 3: Teacher Observation Checklist)

________________________________________________________________________________________

To fill in the table below choose between 2 and 3 learning areas from the Teacher Observation Checklist. You may even choose to focus on one area, breaking it down into separate components to work on. Make sure you choose those areas in which the student requires the most individualised support, or those that are most relevant to the achievement of their long-term goal above.

<table>
<thead>
<tr>
<th>LEARNING AREAS</th>
<th>LEARNING AREA 1 - (Date:               )</th>
<th>LEARNING AREA 2 - (Date:               )</th>
</tr>
</thead>
</table>
| Current skills in this area  
(What can the student do now?)  
Transfer relevant information directly from the observation checklist. | | |
| SMART Goal  
(What do we want the student to achieve?)  
Remember the goal must be: specific, measurable, achievable, relevant and time limited. | | |
### Strategies

*(What teaching methods will be used?)*

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
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</tbody>
</table>

### Resources needed

*(Staff/specialist/parent support, additional equipment?)*

<p>| | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Evaluation

*(Achieved/Developing/Not achieved)*

Provide any extra details/additional comments. If not achieved, why do you think it wasn’t?

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please use additional ‘IEP extended form’ if you would like to focus on an additional learning area.

IEP extended form completed? (circle): Yes / No

**Verified with signatures:**

<table>
<thead>
<tr>
<th>Goals Created (Date: )</th>
<th>Goals Evaluated (Date: )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher:</td>
<td>Teacher:</td>
</tr>
<tr>
<td>Parent:</td>
<td>Parent:</td>
</tr>
<tr>
<td>IEP Champ / Head Teacher:</td>
<td>IEP Champ / Head Teacher:</td>
</tr>
</tbody>
</table>

**FOLLOW UP:** Complete new IEP document for next term.
**PART 5: IEP EXTENDED FORM**

To be filled out if you would like to focus on more than 2 learning areas for the term, attach to the original Individual Education Plan.

<table>
<thead>
<tr>
<th>LEARNING AREAS</th>
<th>LEARNING AREA 3 - (Date: )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current skills in this area</strong></td>
<td></td>
</tr>
<tr>
<td><em>(What can the student do now?)</em></td>
<td></td>
</tr>
<tr>
<td>Transfer relevant information direct from the observation checklist.</td>
<td></td>
</tr>
<tr>
<td><strong>SMART Goal</strong></td>
<td></td>
</tr>
<tr>
<td><em>(What do we want the student to achieve?)</em></td>
<td></td>
</tr>
<tr>
<td>Remember the goal must be: specific, measurable, achievable, relevant and time limited</td>
<td></td>
</tr>
<tr>
<td><strong>Strategies</strong></td>
<td></td>
</tr>
<tr>
<td><em>(What teaching methods will be used?)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Resources needed</strong></td>
<td></td>
</tr>
<tr>
<td><em>(Staff/specialist/ parent support, additional equipment?)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td></td>
</tr>
<tr>
<td><em>(Achieved/Developing/ Not achieved)</em></td>
<td>Provide any extra details / additional comments. If not achieved, why do you think it wasn’t?</td>
</tr>
</tbody>
</table>