

School accessibility and inclusion assessment form

School Accessibility and Inclusion Assessment form

The form should be completed by the School Management Committee with the Head Teacher, and where possible with the involvement of students with disabilities and their parents. Participation by representatives from a Disabled Persons Organisation may be helpful to conduct the School Accessibility Assessment. You can look up Fiji Disabled Persons Federation on Facebook for contact details of your nearest group.

School: _____

Form completed by: _____ Date: _____

Accessibility of infrastructure and transport

GENERAL	Yes or No	If not, what plans are there to increase accessibility?
Is the road leading to the school accessible to a student in a wheelchair, including during the rainy season?		
Are there steps leading up to the main entrance?		
If yes, is there a proper ramp in good condition usable by a person in a wheelchair?		
Is the main entrance to the school wide enough for a person in a wheelchair to enter?		
Is the main assembly area accessible to students with disabilities?		
Is the first aid / sick room accessible to students with disabilities?		
Is the library accessible to students with disabilities?		
Are recreational areas accessible to students with disabilities?		
Signage (tactile markers, clear signs): Are children with seeing and hearing difficulties able to navigate independently and safely around the school?		
Emergency situations: In the school policy and procedures, are students and staff with disabilities specifically considered?		
WATER, SANITATION AND HYGIENE		
Are toilets accessible to boys and girls with physical disabilities? (ramp access, hand rails)		
Are hand-washing facilities accessible for boys and girls with physical disabilities? (taps & soap within reach)		
Is drinking water accessible to boys and girls with disabilities?		
BUILDINGS		
1 st Building – site plan label: _____		
Number of storeys		
Number of storeys that are accessible to students with physical disabilities (ramps or elevators)		
Number of classrooms		

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Number of classrooms accessible to students with physical disabilities		
2 nd Building – site plan label: _____		
Number of storeys		
Number of storeys that are accessible to students with physical disabilities (ramps or elevators)		
Number of classrooms		
Number of classrooms accessible to students with physical disabilities		
3 rd Building – site plan label: _____		
Number of storeys		
Number of storeys that are accessible to students with physical disabilities (ramps or elevators)		
Number of classrooms		
Number of classrooms accessible to students with physical disabilities		
4 th Building – site plan label: _____		
Number of storeys		
Number of storeys that are accessible to students with physical disabilities (ramps or elevators)		
Number of classrooms		
Number of classrooms accessible to students with physical disabilities		
TRANSPORT		
Please tick and/or describe how children with physical or sensory disabilities get to and from school?	<input type="checkbox"/> School bus is adapted and accessible <input type="checkbox"/> School bus is not adapted, but physical assistance is provided by other people <input type="checkbox"/> Private vehicle or taxi <input type="checkbox"/> Other: _____	
SPECIAL MATERIALS OR EQUIPMENT	Yes / No / Not needed	High quality = 1, Average quality = 2, Low quality = 3
Does your school have a sufficient quantity of these materials for the students who need them?		
Braille books		
Audio books (child listens to CD, tape, etc.)		
Hearing loop (for people with hearing aids)		
Modified furniture		
Assistive devices for gripping (e.g. for pencils)		
Computer screen readers		
Large, easy-to-read signage		

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Disability inclusion activities

Please provide details on **whole school disability screening programs** run by external agencies, which have been run within the last 12 months (e.g. Project Heaven, Ministry of Health)

Type of screening program	Screening done: Yes / No	Date(s) of screening	Who conducted the screening?	Which classes were screened?
<input type="checkbox"/> Vision				
<input type="checkbox"/> Hearing				

Please provide details of **disability activities** that have been conducted within the last 12 months?

Type of awareness activity	Date(s) of activity	Who conducted the activity?	Audience / recipients of the awareness activity (including number of people attending)
<input type="checkbox"/> Parent education sessions at the school			
<input type="checkbox"/> Student awareness activities (general student body)			
<input type="checkbox"/> Community awareness activities in the village / community			
<input type="checkbox"/> Awareness / training for teaching staff at the school			
<input type="checkbox"/> Other: <input type="checkbox"/>			
<input type="checkbox"/> Other: <input type="checkbox"/>			
<input type="checkbox"/> Other: <input type="checkbox"/>			

Please provide details of **specialist staff** available to support disability-inclusive education.

Type of specialist	Frequency of availability (please circle)
<input type="checkbox"/> Braille specialist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Sign language interpreter	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Physiotherapist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Speech therapist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Occupational therapist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Audiologist / audiometrist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Educational psychologist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Special education visiting specialist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Maternal child health (ECE age children)	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Other:	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Other:	Weekly / Monthly / Every 3 months / Every 6 months / Once a year

Individual Education Plans (IEPs)

Does the school use IEPs for students with disabilities? Yes / No

Involvement of parents/guardians of students with disabilities

Does the School Management Committee include at least one parent of a student with disability?

Yes / No

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School disability inclusion policy

Does the School have a Disability Inclusion Policy, or a Policy that specifies actions for including children with disability? Yes / No

What is the date of the most recent update/revision of the Policy? __/__/__

Inclusion activities for out-of-school children with disabilities

Children with Disabilities NOT Attending School

Record the details of any children you know of in your school's catchment area or local community who are unable to attend school due to a disability or impairment. Record only those children of Primary School age.

Child's name	Place of residence (locality)	Age	Sex	Areas of difficulty functioning**

** vision, hearing, speaking, gross motor, fine motor, intellectual, behavioural, emotional

Tick and/or describe what activities are undertaken to engage with children with disabilities who are out-of-school?

- Teachers visit the children's home at least monthly to provide school work and teaching
- Teachers meet with parents to discuss options for attending school
- Other: please describe as many actions as are undertaken:

Please write anything else the school would like to communicate to the Ministry of Education related to inclusion of children with disabilities:
