



POLICY ON SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT

2014







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FOREWORD



It is my pleasure to introduce the Policy on Screening, Identification, Assessment and Support to all South African education officials, schools, educators, learners, parents and education stakeholders.

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

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

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

At the same time the policy introduces new roles and responsibilities for the education support system in the country, including the District-based Support Teams, Special School Resource Centres, Full-Service Schools and the School-based Support Teams. This new support system also acknowledges the central role played by teachers and parents in the decision-making and support processes.

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

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

The development of the policy on Screening, Identification, Assessment and Support would not have been possible without the hard work and dedication of hundreds of educators, principals, researchers, lecturers, parents, persons with disabilities and provincial education officials who participated in the consultation process since 2002. We are pleased to know that we can rely on all these stakeholders to implement the processes to ensure that all learners receive appropriate support to enhance their learning.



ANGELINA MATSIE MOTSHEKGA, MP

MINISTER OF BASIC EDUCATION

PRETORIA, SOUTH AFRICA

DEPARTMENT OF BASIC EDUCATION

No. 1044 **19 December 2014**

NATIONAL EDUCATION POLICY ACT, 1996 (ACT NO. 27 OF 1996)

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

1. I, Angelina Matsie Motshekga, Minister of Basic Education, after consultation with the Council of Education Ministers and in terms of Sections 3(4) (i), (o) and (p) of the National Education Policy Act, 1996 (No. 27 of 1996) read in conjunction with section 5 (1), (2), (6), (8) and (9) and section 12 (4) and (5) of the South African Schools Act, 1996 (Act No. 84 of 1996), hereby approve the Policy on Screening, Identification, Assessment and Support.



MRS AM MOTSHEKGA, MP
MINISTER OF BASIC EDUCATION
DATE: 10/12/2014

POLICY ON SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT 2014

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ACRONYMS AND ABBREVIATIONS

AAC	Alternative and Augmentative Communication
AET	Adult Education and Training
CPTD	Continued Professional Teacher Development
CSTL	Care and Support for Teaching and Learning
DBST	District-based Support Teams
DPO	Disabled People Organisation
DSD	Department of Social Development
ECD	Early Childhood Development
EMIS	Education Management Information Systems
FET	Further Education and Training
FSS	Full-Service School
GET	General Education and Training
HEI	Higher Education Institution
ISP	Individual Support Plan
ITE	Initial Teacher Education
LURITS	Learner Unit Record Information and Tracking System
NCS	National Curriculum Statement (Schools Grade R –12)
NSC	National Senior Certificate
NGO	Non-governmental organisation
NPO	Non-profit organisation
SAPS	South African Police Service
SASA	South African Schools Act (Act 79 of 1996)
SASL	South African Sign Language
SBST	Site/School-based Support Team
SGB	School Governing Body
SIAS	Screening, Identification, Assessment and Support
SMT	School Management Team
SNA	Support Needs Assessment
SSRC	Special School Resource Centre

DEFINITIONS

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

"Assistive devices" – An educational assistive device is any device that is designed, made or adapted to assist a learner in performing a particular educational task. It is intended to compensate for any form of functional limitation that makes it difficult for a learner with a disability to access the curriculum. Assistive devices and technologies such as wheelchairs, prostheses, mobility aids, hearing aids, visual aids, and specialised computer software and hardware increase mobility, hearing, vision and communication capacities. With the aid of these technologies, people with a loss in functioning are better able to live independently and participate in their societies.

"Assistive technology" – An umbrella term that includes assistive, adaptive, and rehabilitative devices for learners with disabilities and also includes the process used in selecting, locating, and using them in an education context. Assistive technology promotes greater independence by enabling people to perform educational tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to, or changing methods of interacting with the technology needed to accomplish such tasks.

"Augmentative and Alternative Communication (AAC)" – AAC strategies describe the way people supplement their communication when they cannot speak clearly enough to be understood by those around them. These strategies include a wide range of communication methods ranging from gestures and communication boards to assistive communication devices.

"Barriers to learning" – Refer to difficulties that arise within the education system as a whole, the learning site and/or within the learner him/herself which prevent access to learning and development.

"Case Manager" – A case manager can be identified at school, circuit or district level to coordinate the assessment process and decision-making on support packages needed by learners, and support provision for and monitoring of learners.

"Category of disability" – The current organiser for data collection in schools. These organisers have been weighted and they include multiply disabled, deaf, hard of hearing, blind, partially sighted, deaf/blind, cerebral palsy, specific learning disability, behavioural disorder, mild or moderate intellectual disability, severe intellectual disability, profound intellectual disability, physical disability, autistic spectrum disorders, epilepsy, attention deficit disorder, with/without hyperactivity.

"**Curriculum differentiation**" **–** Curriculum differentiation is a key strategy for responding to the needs of learners with diverse learning styles and needs. It involves processes of modifying, changing, adapting, extending and varying teaching methodologies, teaching strategies, assessment strategies and the content of the curriculum. It takes into account learners' levels of functioning, interests and backgrounds. Curriculum differentiation can be done at the level of content, teaching methodologies, assessment and learning environment.

"District-based Support Team (DBST)" – A management structure at district level, the responsibility of which is to coordinate and promote inclusive education through: training; curriculum delivery; distribution of resources; infrastructure development; identification, assessment and addressing of barriers to learning. The DBST must provide leadership and general management to ensure that schools within the district are inclusive centres of learning, care and support.

Leadership for the structure must be provided by the District Senior Management that could designate transversal teams to provide support.

"Domains of specialised support" – Specialised support can be provided or facilitated at a low, moderate or high level in one or more of the following domains:

a) Health (including mental health) as part of the integrated school health programme

b) Vision (blind, low vision/partial sightedness, deaf blindness)

c) Hearing (Deaf, hard of hearing)

d) Communication (little or no functional speech, requiring Augmentative and Alternative Communication)

e) Motor

f) Cognition (moderate, severe and profound intellectual disability or learning disability)

g) Neurological and Neurodevelopmental impairments (including epilepsy, cerebral palsy, attention deficit disorder, specific learning disabilities, traumatic brain injury, foetal alcohol syndrome and autism)

h) Behaviour and social skills

i) Skills and vocational education

j) Multiple and complex learning and developmental support

"Eligibility for high-level support" – A learner who requires support in the areas of curriculum differentiation, specialised support, assistive technology, specialised LTSM and/or a specially-trained teacher on a high intensity and frequency basis. Access to such high-level support is determined by the availability of resources.

"Full-service Schools (FSS)" – Ordinary schools that are inclusive and welcoming of all learners in terms of their cultures, policies and practices. Such schools increase participation and reduce exclusion by providing support to all learners to develop their full potential irrespective of their background, culture, abilities or disabilities, their gender or race. These schools will be strengthened and orientated to address a full range of barriers to learning in an inclusive education setting to serve as flagship schools of full inclusivity.

"High level of support provision" - Support provisions that are rated high, are over and above provisions covered by programme policies, line budgets, and norms and standards for public ordinary schools support. These provisions are specialised, requiring specialist classroom/school organisation, facilities and personnel which are available on a high-frequency and high-intensity basis. A high level of support provision will be available at special schools but should not be seen as site restricted. In the case where a special school is not within reach, alternative measures should be put in place to ensure that a learner who needs access to high-support provision, may receive reasonable accommodation in an ordinary school.

"Individual Support Plan" – A plan designed for learners who need additional support or expanded opportunities, developed by teachers in consultation with the parents and the School-based Support Team.

"Level of support provision" – Scope and intensity of support needed at system, school, teacher and learner level. This becomes the main organiser for schools, funding and post provisioning in the inclusive education system.

"Low level of support provision" – The support provisions that are rated low are mostly preventative and proactive. It covers support provisions that are provided for in generally applicable departmental programmes, policies, line budgets and norms and standards for public schools.

"Moderate level of support provision" – Support provisions that are rated moderate, cover support provisions that are over and above provisions covered by programmes, policies, line budgets and norms and standards for ordinary public schools. Such provisions are provided once-off, on a medium-frequency, intermittent or short-term basis or through the

loan of physical devices. Implementation of such provisions can generally be accommodated within the ordinary school or classroom. A loan system, operated from a Teaching and Assistive Devices Resource Centre, may provide educational assistive devices and technology to identified learners. The loan centres should be evenly spread geographically to be accessible to all schools. Ordinary schools that have been designated as full-service schools will receive a moderate-level support package. However, all learners should be able to access such available support.

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

"Profound intellectual disability" – An individual with profound intellectual disability is dependent on others for all aspects of daily physical care, health and safety, although he or she may be able to participate in some of these activities as well. Individuals without severe physical impairments may assist with some daily tasks at home, like carrying dishes to the table. Simple actions with objects may be the basis of participation in some vocational activities with high levels of on-going support. Co-occurring physical and sensory impairments are frequent barriers to participation (beyond watching) in home, recreational, and vocational activities. Maladaptive behaviour is present in a significant minority.

"Programme of support" – Programmes of support refer to structured interventions delivered at schools and in classrooms within specific time frames. The following support programmes should be put in place to address barriers that prevent access to the curriculum:

a) Provision of specialist services by specialised professional staff

b) Curriculum differentiation which includes adjustments and accommodations in assessment

c) Provision of specialised Learning and Teaching Support Material and assistive technology

d) Training and mentoring of teachers, managers and support staff.

"Reasonable accommodation" – means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms (Definition provided in Article 2 of the *Convention on the Rights of Persons with Disabilities*)

"School-based Support Teams (SBSTs)" – Teams established by schools in general and further education, as a school-level support mechanism, whose primary function is to put co-ordinated school, learner and teacher support in place. Leadership for the SBST is provided by the school principal to ensure that the school becomes an inclusive centre of learning, care and support. This team is the same as an Institution-level Support Team.

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

"Special Schools Resource Centres (SSRCs)" – Special schools equipped to accommodate learners who need access to high-intensity educational support programmes and services, as well as providing a range of support services to ordinary and full-service schools.

"Support Needs Assessment (SNA)" – Process of determining the additional support provision that is needed by a learner. The process is guided by the various sections of the SNA form.

"Support Package" – A package of support needed to address the barriers identified for each child or school to address the challenges/barriers experienced by learners. Packages vary from low, to moderate, to high, in terms of intensity and variety. Each consists of a variety of resources which may be human, physical or material, or a combination of these.

CHAPTER 1

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

1. PURPOSE OF THE POLICY

(1) The purpose of the Policy on Screening, Identification, Assessment and Support (SIAS) is to provide a policy framework for the standardisation of the procedures to identify, assess and provide programmes for all learners who require additional support to enhance their participation and inclusion in school.

(2) The SIAS policy is aimed at improving access to quality education for vulnerable learners and those who experience barriers to learning, including:

a) Learners in ordinary and special schools who are failing to learn due to barriers of whatever nature (family disruption, language issues, poverty, learning difficulties, disability, etc.)

b) Children of compulsory school-going age and youth who may be out of school or have never enrolled in a school due to their disability or other barriers.

(3) The main focus of the policy is to manage and support teaching and learning processes for learners who experience barriers to learning within the framework of the *National Curriculum Statement Grades R –12.*

(4) The policy is closely aligned to the Integrated School Health Policy to establish a seamless system of early identification and effective intervention to minimise learning breakdown and potential dropout.

(5) The policy directs the system on how to plan, budget and programme support at all levels.

(6) The policy must further be seen as a key procedure to ensure the transformation of the education system towards an inclusive education system in line with the prescripts of *Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System (2001).*

(7) The policy provides clear guidelines on enrolling learners in special schools and settings which also acknowledge the central role played by parents and teachers (*Education White Paper 6, p.7*).

(8) The policy includes a protocol as well as a set of official forms to be used by teachers, School-Based Support Teams and District-Based Support Teams in the process of screening, identifying and assessing barriers experienced by learners with a view to planning the support provision according to programmes and monitoring by the District-based Support Team.

(9) The protocol outlines the role functions of staff appointed in district as well as school structures responsible for planning and provision of support.

(10) It also regulates the composition and operations of the key coordinating structures required for the implementation of an inclusive education system, namely School-based Support Teams and District-based Support Teams which are transversal structures aimed at rationalising and maximising support provision at school and district level.

(11) The Policy on Screening, Identification, Assessment and Support (SIAS) aligns with other Department of Basic Education strategies which aim to support teachers, managers, districts and parents in schools.

2. RELATED LEGISLATION AND POLICIES

(1) This policy document is aimed at rationalising and standardising admissions and support services and must be read in conjunction with the following treaties, legislation and policy documents:

a) The Constitution of South Africa (Act No. 108 of 1996)

b) The South African Schools Act (Act No. 84 of 1999)

c) Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System (2001)

d) The Convention on the Rights of Persons with Disabilities (2006), specifically Article 24

e) The Convention on the Rights of the Child (1989) specifically Article 23

f) The Education White Paper 5 on Early Childhood Development (2001)

g) The Children's Act (Act No. 38 of 2005)

h) The National Curriculum and Assessment Policy Statement, Gr R–12 (2011)

i) HIV and AIDS in Education Policy (1999)

j) Integrated School Health Policy (2012)

k) The Care and Support for Teaching and Learning (CSTL) Programme (2008)

l) School Nutrition Policy (2013)

m) Minimum Uniform Norms and Standards for Public School Infrastructure (2013)

n) Mental Health Care Act, Act 17 of 2002

o) Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)

p) Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (PEPUDA or the Equality Act, Act No. 4 of 2000). Integrated School Health Policy

CHAPTER 2

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

3. EDUCATION WHITE PAPER 6

(1) Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System (2001) outlines how discriminatory practices and imbalances of the past can be corrected and the principles of inclusion promoted by focusing on *'overcoming barriers in the system that prevent it from meeting the full range of learning needs'* (p.17).

(2) In view of the fact that not all learners who experience barriers to learning, including those with disabilities, have access to appropriate support, this policy is intended to ensure a more rigorous and consistent process of screening, identification, assessment and support of learners across the system. This will enable more equitable practice in terms of admission, support and funding.

(3) The policy supports the implementation of the main principles of Education White Paper 6 (pp. 7-8).

(4) The Screening, Identification, Assessment and Support policy specifically aims to identify (1) the barriers to learning experienced, (2) the support needs that arise from barriers experienced and (3) to develop the support programme that needs to be in place to address the impact of the barrier on the learning process.

4. THE UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (UNCRPD)

(1) The policy is the first since the ratification by Cabinet of the Convention on the Rights of Persons with Disability (2007) to direct how, in terms of Article 24, there will be zero rejection of learners on the basis of their disability.

(2) It further puts in place measures for how reasonable accommodation can be provided in a fully inclusive education system which makes it possible for every child with a disability to have access to an inclusive, quality and free primary education, and secondary education on an equal basis with others in the communities in which they live.

(3) It also acknowledges that effective, individualised support measures need to be provided in environments that maximise academic and social development, consistent with the goal of full inclusion.

5. ADDRESSING BARRIERS TO LEARNING AND DEVELOPMENT

(1) Often learners are faced with challenges in the learning process that are a result of a broad range of experiences in the classroom, at school, at home, in the community, and/or as a result of health conditions or disability. These challenges are referred to as 'barriers to learning and development'.

(2) Barriers to learning and development may include:

a) Socio-economic aspects (such as lack of access to basic services, poverty and under-development)

b) Factors that place learners at risk, for example, physical, emotional and sexual abuse, political violence, HIV and AIDS and other chronic health conditions

c) Attitudes

d) Inflexible curriculum implementation at schools

e) Language and communication

f) Inaccessible and unsafe structural environments

g) Inappropriate and inadequate provision of support services

h) Lack of parental recognition and involvement

i) Disability

j) Lack of human resource development strategies

k) Unavailability of accessible learning and teaching support materials and assistive technology.

6. DETERMINING THE SUPPORT NEEDS OF ALL LEARNERS

(1) The Screening, Identification, Assessment and Support (SIAS) policy is structured in such a way that it ensures that teachers and schools understand the support needs of all learners to enhance delivery of the National Curriculum and Assessment Policy Statement (2011).

(2) The Screening, Identification, Assessment and Support (SIAS) process outlined in this policy is intended to assess the level and extent of support required in schools and in classrooms to optimise learners' participation in the learning process.

a) It outlines a process of identifying individual learner needs in relation to the home and school context, to establish the level and extent of additional support that is needed.

b) It outlines a process to enable access to and provision of such support at different levels.

(3) Through a set of forms, this policy outlines the protocol that has to be followed in identifying and addressing barriers to learning that affect individual learners throughout their school career.

(4) It identifies the roles and responsibilities of teachers, managers, district-based support teams and parents/ caregivers.

(5) It provides guidance on how further support and interventions must be made available to learners who have been identified through the screening processes conducted through the Integrated School Health Programme.

(6) It provides guidance to the school on how further support and interventions can be made available through the Care and Support for Teaching and Learning (CSTL) framework.

CHAPTER 3
PRINCIPLES OF THE POLICY ON SCREENING,IDENTIFICATION, ASSESSMENT AND SUPPORT (SIAS)

7. ORGANISING PRINCIPLES

(1) The organising principle for the Screening, Identification, Assessment and Support process is that every child should have the right to receive quality basic education and support within his or her local community.

(2) Every learner has a right to receive reasonable accommodation in an inclusive setting.

(3) Decisions about the child should be in his or her best interests at all times.

(4) No child may be refused admission to an ordinary school on the basis of decisions taken through this policy without recourse to a process of appeal.

(5) The policy advocates a shift from a system where learners are referred to another specialised setting other than the school nearest to their home, where a request is made for assistance to be delivered at the current school.

(6) The child must be viewed within his or her context. The extent to which intrinsic factors, the home and school context, are impacting on his or her accessing education, remaining enrolled and achieving to his or her optimum potential, must be evaluated.

(7) Decisions about eligibility for support are guided by the learner's level of functioning and participation in the teaching and learning process in line with the International Classification of Functions (2007).

8. PRINCIPLES OF SUPPORT

(1) Support should no longer focus only on the diagnosis and remediation of deficits in individual learners through individual attention by specialist staff. The SIAS shifts the focus to a holistic approach where a whole range of possible *barriers to learning* that a learner may *experience* (such as extrinsic barriers in the home, school or community environment, or barriers related to disabilities) are considered. The aim is to design support programmes in such a way that the learner gains access to learning.

(2) Support includes all activities in a school which increase its capacity to respond to diversity. Providing support to individuals is only one way of making learning contexts and lessons accessible to all learners.

(3) Support also takes place when schools review their culture, policies and practices in terms of the extent to which they are inclusive centres of learning, care and support.

(4) Support must focus broadly on the learning and teaching process by identifying and addressing learner, teacher and school needs.

(5) A support package for a learner may consist of a range of additional support provisions that may not be equal in respect of their level of intensity.

(6) Support can be provided along a continuum of intensity ranging from low to moderate to high.

(7) Support delivery can be optimally efficient and cost-effective if it is based on inter-sectoral collaboration.

(8) Though the major responsibility for coordinating support may rest with a limited number of people, all staff needs to be involved in support activities.

(9) Five specific support provision areas are identified:

(i) Specialist support staff

(ii) Assistive devices, specialised equipment and teaching and learning support materials

(iii) Curriculum differentiation to meet the individual needs of learners

(iv) Initial and on-going training, orientation, mentorship and guidance

(i) Environmental access (once-off and not necessarily on-going).

(10) Determination of a support package is dependent on the findings of the range of assessments conducted and the outcomes of support plans implemented by several role players (including the parents and the learner) while following the SIAS process.

(11) The nature and extent of the support needed to address the barrier are determined by evaluating:

a) The existing resources or support available to the learner and the school

b) The additional support that is still required

c) What is available within the province or district that could reasonably be made available at school level through a range of means.

9. PRINCIPLES OF ASSESSMENT

(1) The assessment referred to in this section does not refer to assessment of learner scholastic achievement, but to assessment to determine barriers to learning, level of functioning and participation to determine support needs.

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

(3) Assessment needs to be multi-dimensional or systemic in nature, located within the framework of barriers experienced at the individual (learner and teacher), curriculum, school, family, community and social context levels.

(4) Assessment needs to be varied, including various forms and drawing from various perspectives.

(5) Standardised tests, provided they are culturally fair, can be used as part of the range of strategies used in the assessment process with the aim of informing the teaching and learning process in respect of the nature and level of educational support that needs to be provided to the learner as part of the Individual Support Plan.

(6) Any request from a School-based Support Team to the District-based Support Team for specialist assessment (e.g. medical, social, psychological and therapeutic – occupational therapy, speech therapy and physiotherapy) must stipulate the nature of the assessment query and motivation for such an assessment.

(7) Assessment procedures need to be guided by the principle of respect for all concerned.

(8) The purpose of the assessment should be clear and open.

(9) Assessment needs to be appropriate and relevant to the realities and context of the person or school concerned.

(10) Assessment must be fair, bias-free and sensitive to gender, race, cultural background and ability.

(11) Assessment needs to identify barriers to learning, with the purpose of improving the teaching and learning process.

(12) Assessment needs to be a continuous process.

(13) The different levels of the system that are involved in the assessment process (e.g. School-based Support Teams and District-based Support Teams) need to work closely together, ensuring that assessment processes are smoothly pursued.

(14) Assessment must be manageable and time-efficient.

(15) Assessment results must be clearly, accurately and timeously documented and communicated to those affected.

10. GUIDING PRINCIPLES FOR DECISION MAKING

(1) Access to additional support, irrespective of the range of intensity, is not site restricted.

(2) No child can be excluded from admission to a school or support on the basis of standardised tests only.

(3) Placement of a learner in a specialised setting to access support provisions is a last resort and should also not be seen as permanent.

(4) Review processes to consider reintegration into an ordinary school should continually be conducted.

11. COMPETENCIES RELATED TO THE SIAS PROCESS

(1) Certain competencies of the SIAS process lie with different levels of authority within the system:

a) Teachers:

(i) to gather information and identify learners at risk of learning breakdown and/or school dropout.

(ii) to provide teacher-developed classroom-based interventions to address the support needs of identified learners.

b) School-based Support Teams:

(i) to respond to teachers' requests for assistance with support plans for learners experiencing barriers to learning.

(ii) to review teacher-developed support plans, gather any additional information required, and provide direction and support in respect of additional strategies, programmes, services and resources to strengthen the Individual Support Plan (ISP).

(iii) where necessary, to request assistance from the DBST to enhance ISPs or support their recommendation for the placement of a learner in a specialised setting.

c) District-based and Circuit-based Support Teams:

(i) to respond to requests for assistance from SBSTs.

(ii) to assess eligibility of requests made by SBST by gathering any additional information and/or administering relevant assessments, conducting interviews and/or site visits.

(iii) to provide direction in respect of any concessions, accommodations, additional strategies, programmes, services and resources that will enhance the school-based support plan.

(iv) to identify learners for outplacement into specialised settings, e.g. special schools, to access specialised support services attached to ordinary or full-service schools or to access high-level outreach support.

CHAPTER 4
LEVEL AND NATURE OF SUPPORT

12. SHIFTING FOCUS FROM THE INDIVIDUAL LEARNER DEFICIT TO THE SUPPORT PROGRAMME

(1) The Screening, Identification, Assessment and Support Policy aims to facilitate the shift from individual learner disability as the driving organiser for support provision to that of the range, nature and level of support programmes, services, personnel and resources that will be made available for special and ordinary schools to increase learner participation in the learning process.

(2) The range, nature and level of support programmes, services, personnel and resources rather than the individual learner will be the focus of budgets, norms and standards for support provision.

(3) The availability of the range, nature and level of support programmes, services, personnel and resources may be at site level or at nodal sites to be accessed by a cluster of schools. This will be one of the main mechanisms to ensure that learners can access support without the need to move to any school other than their ordinary neighbourhood school.

(4) Highly-specialised support resources, personnel, programmes and facilities for a group of learners with high-support needs requiring access to the same support programme or resources on a high-frequency basis, can be provided at site level such as in special schools or specialised settings attached to ordinary schools.

(5) Specialised support resources, personnel, programmes and facilities that are needed on a lower-frequency basis, are holistic and teacher-focused, more portable and requiring less operational and organisational planning, will be provided at circuit or district level to be accessed by learners at ordinary schools, e.g. learning support, remedial education, assistive devices, counselling, rehabilitation and therapeutic services.

13. INSTITUTIONAL ARRANGEMENTS FOR DELIVERY OF SUPPORT

(1) The Special School Resource Centre or emerging Full-Service Schools, as well as an Educational Assistive Devices Resource Centre, will be the point within a circuit or district from which services will be made available to a cluster of ordinary schools or special-care centres.

(2) Provincial factors such as the range and incidence of barriers experienced by learners, the way it organises or clusters schools, the terrain of the province, availability of specialist services/personnel in the area, available budgets for support provision in relation to the size of the department, will determine the provincial policy to ensure that the range of support programmes, services, personnel and resources are available and can be accessed by all learners requiring such support provision.

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

14. PROGRAMMES OF SPECIALISED SUPPORT

(1) The following support programmes will deal with the scope of barriers dealt with in the SIAS policy, which prevent access to the curriculum:

a) Provision of specialist services by specialised professional staff

b) Curriculum differentiation which includes adjustments and accommodations in assessment

c) Provision of specialised Learning and Teaching Support Material and assistive technology

d) Training and mentoring of teachers, managers and support staff.

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

(3) The low-rated support provisions are mostly preventative and pro-active, and cover all the support provisions in generally applicable departmental programme policies, line budgets, and norms and standards for public schools.

(4) Moderate-rated support provisions cover support provisions that are over and above provisions covered by programmes, policies, line budgets and norms and standards for public schools. Such provisions are provided once-off, on a medium-frequency, intermittent or short-term basis, or through a loan system. Implementation of such provisions can generally be accommodated within the ordinary school or classroom. Ordinary schools that have been designated as full-service schools will receive a moderate-level support package. However, all schools should be able to access such available support.

(5) High-level support provisions are over and above provisions covered by programme policies, line budgets and norms and standards for public schools support. These provisions are specialised, requiring specialist classroom/ school organisation, facilities and personnel which are available on a high-frequency and high-intensity basis. High-level support provision will be available at special schools but should not be seen as site restricted. In the case where a special school is not within reach, alternative measures should be in place to ensure that a learner who needs access to high-support provision, may receive reasonable accommodation in an ordinary school.

(6) It is acknowledged that integrated specialised support services should be available to provide specialised support on high, medium and low intensity and frequency levels in ordinary and special schools across the four programmes listed in Paragraph 1 above. Access to specialised support will be facilitated or provided for in the following broad domains:

a) Vision

b) Hearing

c) Motor

d) Communication

e) Learning and cognition (moderate, severe and profound intellectual disability or learning disabilities)

f) Neurological and neurodevelopmental impairments (including epilepsy, cerebral palsy, attention deficit disorder, specific learning disabilities, foetal alcohol syndrome, traumatic head injury, autism, etc.)

g) Health (including mental health) as part of the integrated school health programme

h) Behaviour and social skills

i) Skills and vocational education

j) Multiple and complex learning and developmental support.

15. DESCRIPTORS FOR DETERMINING THE LEVEL AND NATURE OF SUPPORT PROVISION

(1) The table below unpacks the three levels of support, the organisers and the resourcing and implementation implications.

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

Level	Support Organisers	Resourcing and implementation implications
Moderate	**Specialist Support:** • Transversal teams based at circuit and/or district level will monitor and support the implementation of inclusive education through support-group meetings, feedback reports, telephonic consultations and site visits. Teachers must be engaged directly at least three times per year in the support being provided to individual learners. • Provision of therapeutic or specialist services that are not available to the school or within the district, are to be sourced from outside the Department or from the school's network of stakeholders (e.g. other Government Departments, NGOs, HEIs) according to the need. These services are required at least once a month on the short term (1 year), and thereafter for a minimum of one consultation per quarter. These programmes can be accommodated at school level but would require funding as part of the school's Inclusive Education allocation. **Curriculum and Assessment:** • Adjustments needed to the curriculum, assessment tasks and LTSM involve additional planning time by teachers, inputs from curriculum and assessment advisors, resources and monitoring by the SBST and the DBST. Monitoring by the DBST should be done at least twice a year. Such adjustments can be processed/facilitated through Departmental policy, processes and practices but resourcing will be required to accommodate extra staff provision for planning and supporting such adjustments. **Specialised LTSM and other resources to ensure access:** • Specialised LTSM or devices (portable) can be accessed through Full-Service Schools, Special School Resource Centres, an Assistive Devices Resource Centre, or the Department of Health. Access to such devices is required daily by the learner. Such resources must also be made available as part of the school's loan system and outreach programme. Resourcing within the school's inclusive education allocation needs to cover the cost of purchasing, maintaining and repairing such resources. **Training/Orientation of staff:** • Short-term (fewer than 10 sessions) to long-term (more than 10 sessions) training and outreach programmes for management and teachers on issues of support (nature and strategies), awareness programmes and policy implementation provided by the school's network of stakeholders or specialists outside the Department can be accommodated within the school but require resourcing in the inclusive allocation.	• Posts of transversal teams at circuit level (Occupational therapists, Speech therapists, Audiologists and Physiotherapists, Psychologists, Learning Support Teachers and Counsellors) are to be incrementally created and budgeted for. • An additional allocation as part of the school's funding and post-provisioning norms are to include an allocation for Inclusive Education. • The Inclusive Education allocation to schools that are equipped to offer moderate levels of support provision is to cover the following cost drivers: (1) specialised services/facilities, (2) curriculum and assessment adaptation, (3) specialised LTSM and assistive devices and (4) training and outreach programmes. • The service conditions of staff at FSSs and SSRCs should factor in the additional outreach support role they have to offer to schools within their cluster or area.

Level	Support Organisers	Resourcing and implementation implications
High	**Specialist Support:** • Access to a range of support specialists (specialist teachers, Occupational Therapists, Speech Therapists, Audiologists, Physiotherapists, Mobility and Orientation Instructors, Psychologists, Nurses, Class Assistants) is required on a daily or weekly basis and to be available full-time on site. • Daily individual or small-group support and/or supervision by an adult • Reduced teacher : learner ratio • Access to such high-specialist support needs to be planned, budgeted and programmed for as part of the Post Provisioning Model **Curriculum and Assessment:** • Standard provision of complex and on-going adjustments to the regular curriculum programme. • Standard provision for the implementation of a differentiated curriculum • Standard provision for the implementation of assessment accommodations and concessions **Specialised LTSM and other Resourcing to ensure access:** • Specialised and individualised assistive devices that are fixed or can only be accessed through an FSS and/or SSRC and need on-going monitoring, maintenance and adjustment. • On-going use of the devices that requires technical support • Permanent specialised facilities and programmes to be in place. **Training/Orientation of staff:** • Intensive induction programmes for staff to master competencies that are required in the support programme. • On-going specialist mentoring, supervision and training of staff needed. • Training programmes are sourced within departmental structures or externally.	• Standard specialised funding and HR norms and standards related to specific support programmes are required. • Funding norms and standards must allow for costs of outreach activities and provision of assistive devices as part of a loan system for surrounding schools. • The PPN need to be reviewed in relation to the specialised nature of support and admission at such sites.

CHAPTER 5
SCHOOL ARRANGEMENTS RELATED TO THE POLICY ON SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT (SIAS)

16. INTEGRATED COMMUNITY-BASED SUPPORT PROVISIONING

(1) As outlined in Education White Paper 6, the implementation of the Policy on Screening, Identification, Assessment and Support proposes an integrated community-based model of support provisioning.

(2) This entails involving support staff from the education district, circuit, the District-based Support Team (DBST) that includes staff from curriculum, school management and governance, financial, personnel and physical planning, assessment, psycho-social support, Care and Support in Teaching and Learning (CSTL) framework, Whole School Evaluation (WSE), ECD, LTSM, E-Learning, etc. that operate as transversal teams to support schools to identify and address a wide range of systemic and other barriers, and mentor and guide schools to implement inclusive education in all its dimensions.

(3) Collaborating with the District-based Support Teams are the Special School Resource Centres and the Full-service or Inclusive Schools that are also equipped with specialised skills and resources to reach out to all ordinary and special schools in a district as well as to Early Childhood Development Centres and Special Care Centres for children with severe and profound disabilities who are not yet enrolled in schools.

(4) The delivery structure of the support service at school level is the School-based Support Team (SBST).

(5) Educational support systems should make use of and promote the establishment of a network of support through the Care and Support for Teaching and Learning (CSTL) framework, which coordinates all existing services, including other government departments, community services, private professionals, non-government organisations (NGOs), disabled people organisations (DPOs), early intervention providers and community-based rehabilitation services.

17. ALIGNMENT WITH THE SYSTEMS AND POLICIES WITHIN BASIC AND HIGHER EDUCATION

(1) Performance agreements of managers will outline the responsibilities related to the implementation of Inclusive Education within their areas of management.

(2) This policy aims at guiding legislative provision to determine:

a) admission and exit ages for learners with special education needs

b) appropriate school exit strategies and accompanying transition to work programmes

c) conditions for conducting school-readiness tests and authorising late admission to school

d) prevention of institutionalisation.

(3) The policy is aligned to the National Curriculum and Assessment Policies but may require the adoption of further regulations.

(4) The implementation of the policy requires that there be functional transversal District-based Support Teams

that are staffed at a minimum level, have been trained and operate within the framework of the *Policy on the Organisation, Roles and Responsibilities of Education Districts* (2013).

(5) The *Policy on the Minimum Requirements for Teacher Education Qualifications* (2014) as well as the *Integrated Strategic Planning Framework for Teacher Education and Development in South Africa* (2011) incorporate inclusive education as a cross-cutting principle of Initial Teacher Education (ITE) as well as Continued Professional Teacher Development (CPTD).

(6) The principles underpinning the design of ITE programmes as outlined in the *Policy on the Minimum Requirements for Teacher Education Qualifications* incorporates inclusivity as part of pedagogical, practical and situational learning.

(7) Orientation, as well as in-depth understanding of the requirements for effectively implementing the SIAS policy, will be a key focus of CPTD programmes in the short term.

(8) The organisation of early identification and early intervention services will be a key focus in Early Childhood Development (ECD) in both the 0 to 4-year programmes, as well as in Grade R.

(9) Training of all ECD practitioners will include a component on the SIAS Policy.

(10) The policy outlines the smooth transition of learners who have additional support needs from ECD to Grade R and Grade 1.

(11) The SIAS forms will be incorporated into the SA SAMS system to facilitate their use by teachers and schools.

(12) The support provided to learners will be tracked through the LURITS system.

18. ALIGNMENT WITH THE INCLUSIVE EDUCATION POLICY

(1) The regulatory process through which special schools are designated to function as resource centres will be outlined in the school-funding and post-provisioning norms.

(2) The roles and functions of schools that have been designated as full-service schools will also be outlined in the school-funding and post-provisioning norms.

(3) Minimum requirements for a fully functional District-based Support Team and School-based Support Team will be regulated.

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

19. NORMS AND STANDARDS

(1) The development of norms and standards for resourcing an inclusive education and training system is an immediate requirement for the successful implementation of the policy.

(2) Such norms and standards will outline the cost-effective provision and utilisation of personnel, as well as services, resources and facilities.

(3) If conditions of service are affected, these will be regulated by following due process.

(4) Post-provisioning norms and standards will make provision for all categories of staff required in an inclusive education system, including itinerant learning support, therapeutic and psycho-social support professionals, as well as teacher and class assistants, therapy assistants, technicians, interpreters and facilitators.

(5) Measures must be introduced to utilise telemedicine opportunities to support schools in rural areas to conduct assessment and provide support.

20. ALIGNMENT WITH HEALTH SYSTEMS

(1) The administration of the Health and Disability Form that is to be completed by the relevant health professionals will be managed through an agreement between the Ministers of Health and Basic Education within the framework of the Integrated School Health Programme so as to ensure barrier-free access to services and support.

(2) The SIAS policy requires the Department of Basic Education to collaborate with the Department of Health on the provision of health-related services to children of school-going age to improve access to and participation in learning.

(3) The Department of Health's Guideline on the Provision of Assistive Devices outlines how the assessment, procurement and management of assistive devices and technology are administered in relation to health and daily-living devices.

(4) The Integrated School Health Programme is linked to the SIAS Policy in terms of screening, early identification and support to learners who are at risk of learning breakdown due to health-related barriers.

21. ALIGNMENT WITH SOCIAL SERVICES

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

22. ALIGNMENT WITH THE CARE AND SUPPORT FOR THE TEACHING AND LEARNING (CSTL) PROGRAMME

(1) The CSTL Programme intends to prevent and mitigate factors that have a negative impact on the enrolment, retention, performance and progression of vulnerable learners in schools by addressing barriers to learning and teaching.

(2) In order to realise its goal, nine priority areas have been identified to address barriers to teaching and learning. These priority areas have been identified based on the policy and legislative mandate on care and support that the Department has to fulfil, as well as the most pressing needs in school communities. The priority areas are in line with the areas of support outlined in the SIAS Policy and are as follows:

(i) nutritional support

(ii) health promotion

(iii) infrastructure for water and sanitation

(iv) safety and protection

(v) social welfare services

(vi) psychosocial support

(vii) material support

(viii) curriculum support

(ix) co-curricular support

23. POLICY IMPLEMENTATION PLAN FOR 2015 TO 2019

The implementation of this policy will be effected through the following activities in the short to medium term:

2015 – 2016:

(i) Training of Foundation Phase teachers, managers and provincial and district officials on the implementation of the policy;

(ii) Establish SBSTs and DBSTs in all 86 districts, all special schools, and 2 000 full-service / inclusive schools;

(iii) Extended consultation and collaboration with other government departments, especially the Departments of Health and Social Development to align services and procedures at all levels;

(iv) Consultation with disability and children's rights stakeholders;

(v) Advocacy and information campaigns;

(vi) Finalisation of funding and post-provisioning norms;

(vii) Alignment of the policy with the Integrated School Health Policy;

(viii) Assessment of foundation-phase learners in full-service schools that have additional support needs and of all learners in special schools; and

(ix) Agreement with Higher Education and Training to mediate inclusion of SIAS content in all initial teacher-education programmes.

2016 – 2017:

(i) Monitoring the establishment and functionality of SBSTs and DBSTs in all 86 districts, 441 special schools and 1000 full-service schools;

(ii) Strengthening a further 100 special schools as resource centres;

(iii) Fully equipping assistive devices and specialised equipment loan centres in provinces or districts;

(iv) Training 20 000 members of SBSTs in 5000 ordinary schools;

(v) Expanding the continuum of support services at district and circuit levels;

(vi) Creating and filling posts for specialist professionals to provide outreach services to all schools; and

(vii) Assessment of all learners admitted to special schools through the SIAS.

2017 – 2018:

(i) Monitoring the functionality of SBSTs and DBSTs in all 86 districts, 441 special schools, and 2 000 full-service schools;

(ii) Strengthening a further 100 special schools as resource centres;

(iii) Expanding assistive devices and educational assistive devices resource centres in provinces or districts;

(iv) Training a further 20 000 members of SBSTs in 5000 ordinary schools;

(v) Further expanding the continuum of support services at district and circuit levels;

(vi) Creating and filling posts for specialist professionals to provide outreach services to all schools; and

(vii) Assessment of all learners admitted to special and full-service schools through the SIAS.

2018 – 2019:

(i) Monitoring the functionality of SBSTs and DBSTs in all 86 districts, all special schools, and 2 000 full-service schools;

(ii) Strengthening a further 100 special schools as resource centres;

(iii) Expanding assistive devices and specialised equipment loan centres in provinces or districts;

(iv) Training a further 20 000 members of SBSTs in 5000 ordinary schools;

(v) Further expanding the continuum of support services at district and circuit levels; and

(vi) Creating and filling posts for specialist professionals to provide outreach services to all schools.

CHAPTER 6
THE PROCESS OF SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT (SIAS)

24. SUMMARY OF THE STAGES OF THE SIAS PROTOCOL

The SIAS process is implemented at different levels of the system. Each level has a different focus of intervention.

STAGE 1: THE INITIAL SCREENING GUIDED BY THE LEARNER PROFILE

(1) The teacher must screen all children at admission as well as in the beginning of each phase and record their findings in the Learner Profile (LP) included in this Policy as Annexure A. This Learner Profile will replace all learner profile forms currently being used by Provincial Education Departments and will be captured in the Learner Unit Record Individual Tracking System (LURITS).

(2) The following documents and reports could be used to gather applicable information:

- Admission form
- Road to Health Booklet (especially for Grade R and Foundation Phase levels)
- Integrated School Health Programme reports
- Year-end school reports (included in the Learner Profile)
- Reports from parents, professionals and other relevant stakeholders
- The report(s) of the teacher(s) currently involved with the learner.

(3) Areas in the Learner Profile marked with an asterisk, will indicate when the completion of the SNA1 should be started.

STAGE 2: IDENTIFYING AND ADDRESSING BARRIERS TO LEARNING AND DEVELOPMENT AT SCHOOL LEVEL

(1) When a learner has been identified through the initial screening as being vulnerable or at risk (as pointed out in the Learner Profile), it is the responsibility of the teacher to assume the role of a case manager, driving and coordinating the support process.

(2) The parent/caregiver and the learner (from the age of 12 as far as possible) must be involved throughout in the decision-making process of the SIAS. The teacher will be guided by the SIAS forms, starting with the completion of the Support Needs Assessment form 1 (SNA1). The teacher captures the following information in the SNA1 in collaboration with the parent/caregiver:

a) The areas of concern: The teacher verifies his/her findings by discussing them with the parent/caregiver and also determines whether there has been any earlier intervention.

a) An inventory of the strengths and needs of the learner across a broad spectrum of areas is put together.

b) On the basis of the information gathered, an individual support plan is formulated to support the learner, and a review date is set. Such plans should be reviewed *at least* once a term.

c) If the support given by the teacher proves to be ineffective, he/she will involve the SBST by making an

appointment and presenting the needs of the learner to the team for discussion.

(3) The SNA 2 form guides the School-based Support Team when a learner is referred to them:

a) A review is done of the teacher's identification of barriers and the interventions applied.

b) A plan of action through which the teacher/school could strengthen the support (with the help of in-house specialists and/or teachers who have a wide range of experience) is formulated.

c) The support plan is captured and put into action. It must have a review date on which progress (or lack of progress) will be discussed. On the review date the plan is adjusted and the SBST may decide that a higher level of support is needed in which case the DBST is asked to assist. Such plans should be reviewed *at least* once a term.

d) In exceptional cases where direct referral is required to ensure the safety of a learner who is vulnerable to abuse, deviation from the standard procedure is permitted.

STAGE 3: IDENTIFYING AND ADDRESSING BARRIERS TO LEARNING AND DEVELOPMENT AT DISTRICT LEVEL

(1) The SNA 3 form guides the District-based Support Team (DBST) in their intervention strategy to:

a) review the action plan of the teacher and SBST and use the *Guidelines for Support*[1], the *Table to rate the level of support needed*[2] and the *Checklist to help determine the decision on how support is to be provided to the learner.*[3] The DBST puts a further plan of action together for the learner[4] and/or school[5], based on the information available. The plan will spell out a suitable support package and include:

- Planning and budgeting for additional support programmes determined in SNA 3
- Resource and support-service allocation to school and learner
- Training, counselling and mentoring of teachers and parents/legal caregivers
- Monitoring support provision
- Using the various tools attached as Annexures to the SIAS Policy to help carry out their decisions.

1 See the DBST: GUIDELINES FOR SUPPORT in the SNA3
2 See the DBST: TABLE TO RATE LEVEL OF SUPPORT in the SNA3
3 See the DBST CHECKLIST to help determine the decision on support to be provided to the learner in the SNA3
4 See the DBST: PLAN OF ACTION IN RELATION TO THE LEARNER in the SNA3
5 See the DBST:PLAN OF ACTION IN RELATION TO THE SCHOOL in the SNA3

Table 1: Diagram of responsibilities

Forms	Filled in for whom?	Filled in by whom?
Road to Health Card	For all learners	Health Professionals
Reports from Health Screening (ISHP)	For learners who have an indication of vulnerability and need to access health and learning support interventions	School Health Team
Learner Profile	All learners	Class teacher (The class teacher captures all relevant information from other screening processes onto the Learner Profile)
Support-Needs Assessment Form 1 (SNA1)	For learners • for whom additional support must be put in place from the outset, e.g. learners with disabilities (see also the Health and Disability Assessment Form) • who are identified in the course of teaching and learning as having additional support needs indicated via the Learner Profile	Class teacher or teacher who is tasked to be the case manager supported by the SBST
Support-Needs Assessment Form 2 (SNA 2)	For learners who have not benefited enough from the teacher's intervention and need additional support from the school's experienced and/or highly qualified teachers and network of service providers	School-Based Support Team (SBST) in consultation with the teacher and parents
Support-Needs Assessment Form 3 (SNA 3)	For a learner who has not adequately benefited from the school-based support plan and where the SBST has requested additional support from the DBST.	DBST/CBST, in consultation with teacher(s) SBST and parents
Health and Disability Assessment Form	For learners for whom additional support must be put in place from the outset, e.g. learners with disabilities or health conditions	Health professionals as outlined in the form Submitted to SBST and DBST for information
Forms 123 - 125	For learners who need a specific support intervention	DBST in consultation with teacher(s) SBST and parents

CHAPTER 7
ROLE FUNCTIONS AND RESPONSIBILITIES

25. ROLE FUNCTIONS OF SCHOOL STAKEHOLDERS

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

(2) If there is no School-based Support Team (SBST) at a school, the Districtbased Support Team (DBST) must assist in setting it up. SBSTs need to support teachers and caregivers in this process by providing opportunities for regular, collaborative problem-solving in areas of concern, and facilitating the provision of support where needed. In each case a cycle of intervention and support by the teacher, facilitated by the SBST, needs to be implemented before additional support from outside the site of learning is requested.

(3) To ensure effective intervention by the SBST, their role must be accommodated in timetabling.

(4) Only where high-level support cannot be organised in any practical and cost-effective way, and it is the preferred option of the learner and/or his/her parents/caregivers, enrolment in a facility where higher levels of support are available, may be considered. However, this option must be validated by the DBST and be based on a thorough evaluation of the learner and school profiles. No decision may be based solely on the category of disability of the learner. Psychometric tests may be applied in the admission process if they are appropriate and enhance the understanding of the learner's needs. No learner whose support needs can be accommodated in an ordinary or full-service school close to his/her home may be admitted to a special school/resource centre.

26. FUNCTIONS OF SCHOOL-BASED SUPPORT TEAMS

(1) Study the report provided by the teacher on barriers identified and support provided/ implemented up to that point, and the impact of the support.

(2) Assess support needed and develop a programme for teacher and parents.

(3) Provide training/support to be implemented in the classroom if necessary.

(4) Evaluate/monitor the situation after the proposed programme has been implemented for a period agreed upon by the SBST, teacher and parents. The kind of support to be provided will determine the length of a formal report which should be compiled by the SBST.

(5) Identify further School-Based Support assets and mobilise them.

(6) Encourage collegial/peer support.

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

a) Coordinating all learner, teacher, curriculum and school development support in the school. This includes linking the SBST to other school-based management structures and processes, or even integrating them in order to facilitate the coordination of activities and avoid duplication

b) Collectively identifying school needs and, in particular, barriers to learning at learner, teacher, curriculum and school levels

c) Collectively developing strategies to address these needs and barriers to learning. This should include a major focus on teacher development and parent consultation and support

d) Drawing in the resources needed, from within and outside the school, to address these challenges

e) Monitoring and evaluating the work of the team within an 'action-reflection' framework.

27. COMPOSITION OF SCHOOL-BASED SUPPORT TEAMS

(1) **It is the responsibility of the principal to establish the School-Based Support Team and ensure that the team is functional and supported**. It is suggested that the following people make up the core members of this team:

a) Teachers who are involved directly in the management of the school. They could be the principal, the deputy principal or another member of the management team

b) Teachers involved with the teaching of the particular learner(s) who experience barriers to learning

c) Teachers with specialised skills and knowledge in areas such as learning support, life skills/guidance, or counselling

d) Teachers from the school. These could be teachers who volunteer because of their interest, or who represent various levels of the programme, e.g. Foundation Phase, or who represent various learning areas, e.g. language and communication

e) Teachers on the staff who have particular expertise to offer around a specific need or challenge

f) Non-educators from the school. These include administrative and care-taking staff.

(2) Non-core, but other important members:

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

a) Parents/Caregivers at early childhood centres or school levels. The inclusion of interested and specifically skilled parents would strengthen the team

b) Learner representatives at senior, further education or higher education levels. They would be an important addition to the team if one wished to encourage 'peer-support'.

c) Specific members of the District-based Support Team (DBST), and special/resource schools

d) Members of the local community who have a particular contribution to make in respect of specific challenges

e) Teachers from other schools, particularly from full-service schools and those who may be in a 'cluster' relationship with the school concerned.

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

(1) Where high-level support at school level cannot be organised in any practical and cost-effective way, the DBST is the next level to provide additional support.

(2) The SBST should provide the DBST with evidence of support provided to the learner at school level.

(3) The SBST should always involve the parent in, and inform the parent about decisions taken to support the learner.

(4) The DBST should establish what kind of support is needed by the SBST in order to support the learner, what the strength of the SBST is and explore ways in which additional support can be obtained, assist the SBST to recognise further community-based support and also facilitate collaboration through the CSTL framework.

29. EXTERNAL SOURCES OF SUPPORT

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

(i) Department of Health, school health team, health-care practitioners

(ii) Department of Social Development/social workers

(iii) Programmes of Non-Profit Organisations (NPOs), Disabled People Organisations (DPOs), Parent Organisations or Higher Education Institutions (HEIs)

(iv) Early Childhood Development (ECD) service providers

(v) Special Schools and Special School Resource Centres.

30. DEPARTMENT OF HEALTH SERVICES AND HEALTH-CARE PRACTITIONERS

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

(2) Health-care practitioners could range from private medical and paramedical practitioners (e.g. psychologists, therapists) to primary health-care workers employed by the Department of Health, NGOs or Disabled People Organisations.

(3) Health professionals play a significant role in the SIAS process. Schools may require the support of health professionals such as psychologists, audiologists, speech, occupational and physiotherapists, to conduct more formal assessments. These assessment results should be recorded in the **Disability and Health Assessment Form** and reviewed in line with information from SNA 1 and 2 on the form, to distinguish the different levels of support needed.

(4) The call for formal health assessments will depend on whether previous assessments were carried out before the learner entered the school.

(5) Parents may also choose to engage professionals privately to carry out assessments for a child who is at the school. Parents should be encouraged to make such information available within the SIAS process.

31. DEPARTMENT OF SOCIAL DEVELOPMENT AND SOCIAL WORKERS

(1) The Department of Social Development services include social workers working within local communities and providing support to families and communities. In the case of children with disabilities, Care Dependency Grants are allocated through the Department of Social Development. The Department addresses the issues of child rights, safety and protection. The range of social services they provide for children includes psychosocial support, social grants, protective placements, victim support and empowerment programmes.

(2) These allocations are made after a medical examination to determine the level of intensity of the support needed in relation to the financial status of the family. Other social welfare grants are available to families affected by unemployment and poverty.

32. NON-PROFIT ORGANISATIONS, DISABLED PEOPLE ORGANISATIONS AND HIGHER EDUCATION INSTITUTIONS

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

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

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

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

33. ECD SERVICE PROVIDERS

(1) Early Childhood Development (ECD) providers consist of a range of service providers, such as public centres, community centres, and home-based services.

(2) In most cases these services concentrate on addressing the immediate basic development needs of children, and they focus on systemic barriers to learning, such as poor nutrition, family breakdown, health issues, etc.

(3) However, there is limited knowledge and availability of intervention programmes which can address barriers to learning arising from disability and developmental delays in a systematic and concentrated manner.

(4) Most of these service providers know the children well and can provide useful information to the receiving school, regarding strategies that can be used to support the child in an educational setting.

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

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

(7) It is crucial that such centres become included in the network of other centres in an area and that all measures are taken to ensure that children progress from there to formal compulsory education once they reach school-going age. The Care and Support for Teaching and Learning (CSTL) framework should be used to organise these service providers so that duplication of services can be contained.

34. THE ROLE OF TEACHERS AND PRACTITIONERS

(1) The teacher's role in an inclusive environment is crucial. A conceptual understanding of inclusion and the diverse needs of learners, including those with disabilities, is required.

(2) Learning programmes and materials as well as assessment procedures must be made accessible to all learners, and must accommodate the diversity of learning needs in order to facilitate learners' achievement to the fullest.

(3) The Learner Profile document will serve primarily as a tool for teachers to plan interventions and support on a day-to-day basis for all learners as part of the teaching and learning process.

(4) Teachers must take care not to label learners who are identified for additional support, thereby promoting exclusionary practices.

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

(6) The procedures outlined in the Guidelines for Responding to Diversity in the Classroom will assist teachers to plan support for individual learners who experience barriers to learning.

(7) The support will include differentiation of content, adjustment of classroom methodologies and classroom environment, and applying the necessary accommodations in assessment and examinations.

(8) Once the teacher has exhausted all strategies, he/she will consult with the SBST.

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

(10) A change in attitudes, behaviour, teaching methods, curricula and environments are needed to meet the needs of all learners.

(11) Maximising the participation of all learners in the culture and curriculum of schools, and uncovering and minimising barriers to learning, are the central objectives of screening, identification and assessment.

(12) The teacher and all who are directly involved with the learner on a daily basis are expected to apply the SIAS process. The teacher must assume the role of case manager to drive the support process. Information gained from external assessments should serve only to enhance the understanding of the interventions needed and should not be central in decision making around support. The knowledge and wishes of the parents/caregivers must carry the ultimate weight in any decision-making process.

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

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

35. THE ROLE OF SCHOOL GOVERNING BODIES

(1) School governing bodies (SGBs) must ensure that the culture, ethos and policies of the school are inclusive, promote participation of all learners and reduce exclusionary practices.

(2) A sub-committee of the SGB must be established to oversee learner support and inclusion.

(3) SGBs must monitor the implementation of the SIAS processes at school and ensure that every possible measure is taken to provide reasonable accommodation for learners with additional support needs, including learners with disabilities.

36. THE ROLE OF DISTRICT-BASED SUPPORT TEAMS

(1) The District-based Support Team forms a key component in the successful implementation of an inclusive education support system. This Policy gives an overview of the role functions of District-Based Support Teams with regard to the management of the Screening, Identification, Assessment and Support Process as a measure to establish such a support system.

(2) The Policy is for all support staff in the District-based Support Team (DBST), including curriculum and school managers, human resource planning and development coordinators, social workers, therapists, psychologists and other health professionals, working within the school system.

(3) The Policy is binding in terms of decision-making around any form of support-provisioning to learners, schools and teachers.

37. THE ROLE OF PARENTS/CAREGIVERS

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

(1) Parents/caregivers should also be free to initiate contact with teachers regarding their child's progress. When choices have to be made about the learner's enrolment into a site where additional support is available, parents/caregivers need to have full information about all options so that they can make informed choices.

(2) The unwillingness or inability of the system to support the learner in the current site should never be a primary motivation to move a learner, especially if it is necessary for the child to attend school far from home.

(3) The financial situation of the family and their capacity to pay for the choice of school (especially in terms of transport) should be taken into account.

(4) The responsibility of parents/caregivers

(i) Parents/caregivers need to take responsibility for the support of their children in the most inclusive setting possible.

(ii) Parents/caregivers should be empowered to understand how the potential of their child can be optimally developed.

(iii) They need access to information on the kinds of support needed by their child.

(iv) They must know their rights in terms of accessing available support.

(v) Parents/caregivers must make every effort to ensure that their child has access to an appropriate early-intervention programme which is available in their area.

(vi) Parents/caregivers who suspect that their child has additional support needs, but has not accessed early-intervention programmes prior to the child turning 3 years old, must report to the local ordinary school as early as possible but no later than the age of 5 years.

(vii) They must ensure that the relevant sections of the Support Needs Assessment are completed in respect of the child's needs.

(viii) Documentation to be included in the child's application for Support Needs Assessment may consist of any appropriate reports such as social or medical records, the Health and Disability Assessment Form, or reports from early-intervention support providers.

(ix) The local school must complete the relevant forms in consultation with the parent/caregiver.

(x) Parents/caregivers must play a meaningful role in forming a partnership with the teacher to ensure that the support outlined in the Individual Support Plan is successfully implemented.

(xi) Parent/caregiver participation in the SIAS process is not a matter of choice, but is compulsory.

38. THE ROLE OF LEARNERS

(1) Wherever possible, learners themselves should be involved in assessing their progression. Learners' own perceptions of themselves and their learning are crucial when identifying the need for support.

(2) The learning needs, social relationships and emotional growth of learners need to be taken into account when decisions are made about the site where they are to receive additional support. Such decisions cannot be made without consulting the learners themselves.

(3) Consent should always be obtained from older learners who are being assessed and confidentiality should be adhered to.

(4) The SIAS process aims to enable and support better information-sharing about the support needs of learners as part of preventative services. Sharing of such information should never violate the families or learners' right t privacy. Under most circumstances, information should only be recorded and shared with the informed consent of the parents/legal caregivers or the learner.

(5) In the screening and assessment process it is important for the teacher/school to:

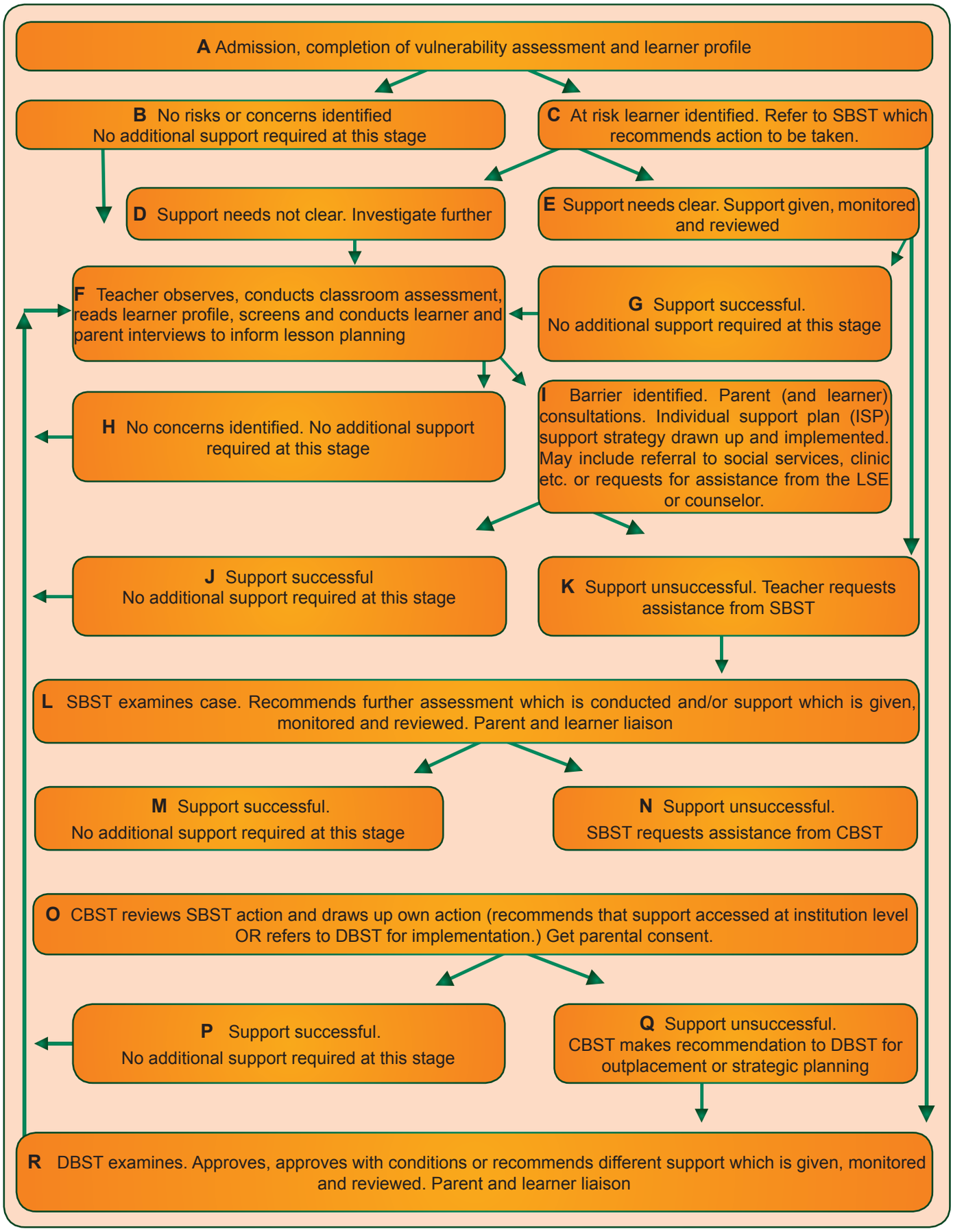
a) Obtain informed consent

b) Ensure that the information shared is accurate and up-to-date, necessary for the purpose for which it is being shared, shared with people who need to see it, and stored securely

c) Work with learners and parents to reach agreement on how information is recorded, used and shared

d) Where possible, obtain explicit consent if the information held is sensitive. Explicit consent can be oral or written. Written consent is preferable, e.g. through a signature on the SNA Forms. If there is on-going contact, the consent should be reviewed regularly.

SIAS Process for Individual Learners



Forms

FORMS CONTENTS

SNA 1: ASSESSMENT AND INTERVENTION BY TEACHER

AREAS OF CONCERN

STRENGTHS AND NEEDS OF THE LEARNER

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

TEACHER INTERVENTIONS/SUPPORT

Curriculum Intervention:

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

Other interventions:

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

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

Review the teacher's:

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

SBST: Individual Support Plan (ISP)

SBST: Request for assistance from the District-based Support Team (DBST) **Form DBE 120**

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

Review the SBST's:

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

DBST: Guidelines for Support

DBST: Table to rate level of support

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

DBST: Plan of Action in relation to the learner – **Form DBE 121**

DBST: Plan of Action in relation to the school – **Form DBE 122**

ANNEXURES

ANNEXURE A1: Request by parent/legal caregiver for placement/transfer of learner to a resource centre/ special school to access a high-level specialist support programme – **Form DBE 123a**

ANNEXURE A2: Application by the District-Based Support Team for placement of learner - **Form DBE 123b**

ANNEXURE B: Application by the SBST/DBST for a Concession, Exemption or Endorsed NSC - **Form DBE 124**

ANNEXURE C: Curriculum Differentiation Schedule - **Form DBE 125**

ANNEXURE D: Health and Disability Assessment Form - **Form DBE 126**

CHECKLIST OF FORMS COMPLETED

FORM	SUBMITTED	
	YES	NO
LEARNER POFILE		
SNA 1: ASSESSMENT AND INTERVENTION BY TEACHER		
SNA 2: ASSESSMENT AND INTERVENTION BY SBST		
INDIVIDUAL SUPPORT PLAN (ISP)		
FORM DBE 120		
FORM DBE 121		
FORM DBE 122		
FORM DBE 123 A		
FORM DBE 123 B		
FORM DBE 124		
FORM DBE 125		
FORM DBE 126		

LEARNER PROFILE
GRADES R – 12
CONFIDENTIAL

- This is a legal document and information may not be removed. It must be made available by the principal of the school from which the learner has been transferred once the transfer document has been issued, to the principal of the school to which the learner is being moved. It should be posted or personally and officially handed over to the receiving principal and not given to the learner's parents/ guardian (of the learner).
- This profile must be completed in print at least annually by the register teacher. No Tippex may be used.
- When information is included in the area marked by an asterisk (*), the teacher should complete the Support Needs Assessment Form of the Strategy on Screening, Identification, Assessment and Support (SIAS).

Learner No										

FOUNDATION PHASE	INTERMEDIATE PHASE	SENIOR PHASE	FET PHASE
Photo must be attached at the beginning of phase …..	*Photo must be attached at the beginning of phase …..*	*Photo must be attached at the beginning of phase …..*	*Photo must be attached at the beginning of phase …..*

PERSONAL INFORMATION *(Please use BLACK ink and update if there are changes)*

Surname			
Names			
Name by which learner is called		Home language	
ID number (birth certificate)		Sex (M/F)	
Number of children in household or family			

Position in family (Indicate with X)	Only child	First child	Second child	Third child	Fourth child	Fifth / more

Religion	African	Bahai	Buddist	Christian	Hindu	Islam	Jewish	Other:	

* **Disability (if any)**	
* **Type of social grant** (e.g. foster care, care dependency grant, child-support grant, etc.)	

MEDICAL INFORMATION *(Please use a PENCIL and update when there is change, except for allergies)*

Family doctor/Clinic		Contact no	
Allergies (indicate in RED)		Chronic illness	
Name of Medical Aid		Medical Aid no.	
Name of principal member (Medical Aid)			
Contact person (not parent or guardian) in case of emergency		Contact no	

Road to Health Card shown?	Yes	No	Number	

***Any indication of problems with regard to**	Yes	No	**Remark(s) if "YES"*
Child's growth progress	Yes	No	
Prenatal/postnatal information	Yes	No	
Immunisation record (birth to 5 years)	Yes	No	
Visual/hearing/height/weight/speech/physical/locomotor screening results	Yes	No	
Hospital admissions	Yes	No	

Any developmental problems in the "In need of special care" section?	Yes	No	
Any chronic condition?	Yes	No	

INFORMATION REGARDING PARENT(S) OR GUARDIANS *(Please use a PENCIL and update if there are changes)*

	Father	Mother	Guardian
Surname & Initials			
Occupation			
Physical address			
Postal address			
City/Town			
Telephone (home)			
Telephone (work)			
Cell phone			
Email address			

PERSON(S) WITH WHOM THE LEARNER LIVES *(Fill in only when this is different from parents/guardians mentioned above)*

Surname & initials		ID Number	
Contact details		Relationship	

PERSONS AUTHORISED TO COLLECT THE LEARNER FROM SCHOOL

Surname & initials		ID Number	
Contact details		Relationship	

*** EARLY INTERVENTION SERVICES RENDERED**

(All services related to barriers to learning e.g. poverty, health, disability, social assistance)

0 – 5 year		Services and interventions received

SCHOOLS ATTENDED (Grade R included) *(Use a BLACK PEN and update annually if (when) there are changes)*

Name of school Date Gr Date Gr	EMIS no	LOLT	Admission Date/Gr	Departure Date/Gr

* AREAS NEEDING ONGOING SUPPORT (e.g. academic, emotional, behaviour, social, learning, vision, mobility, communication – detailed reports may be included in the profile) *Please use a BLACK PEN*				
MM/YY	Gr	Area of need	Nature of support	Review Date

* AREAS NEEDING ONGOING SUPPORT (Continued) (e.g. academic, emotional, behaviour, social, learning, vision, mobility, communication – detailed reports may be included in the profile) *Please use a BLACK PEN*				
MM/YY	Gr	Area of need	Nature of support	Review Date

PARTICIPATION IN EXTRA (CO)-CURRICULAR ACTIVITIES (School, as well as non-school related – include certificates required for Life Orientation in FET)				
Year	Gr	Activity	Certificate	Organisation/other

ACHIEVEMENTS - e.g. Academic, arts & culture, sport. *(Please use a BLACK PEN and complete annually)*		
Year	Gr	Activity

CUMULATIVE RECORD CARD

Must be completed annually by the register teacher *(*Alternatively: A computer-generated report with *<u>all</u>* the information may be attached to these pages *<u>annually</u>)*

FOUNDATION PHASE		*Use a BLACK PEN*					*Indicate achievement level*			
Level indicators		*Outstanding*		*Meritorious*		*Substantial*	*Adequate*	*Moderate*	*Elementary*	*Not achieved*	
Code		***7*** *(80 – 100%)*		***6*** *(70 – 79%)*		***5*** *(60 – 69%)*	***4*** *(50 – 59%)*	***3*** *(40 – 49%)*	***2*** *(30 –39%)*	***1*** *(0 – 29%)*	
Year	Grade	Progress									
		Home Language	First Additional Language	Mathematics	Life Skills	Comment				Number of days absent	Promotion Y / N

INTERMEDIATE PHASE		*Use a BLACK pen*						*Indicate achievement level*		
Level indicators		*Outstanding*		*Meritorious*		*Substantial*	*Adequate*	*Moderate*	*Elementary*	*Not achieved*
Code		***7*** *(80 – 100%)*		***6*** *(70 – 79%)*		***5*** *(60 – 69%)*	***4*** *(50 – 59%)*	***3*** *(40 – 49%)*	***2*** *(30 –39%)*	***1*** *(0 – 29%)*
Year	Grade	Progress								
		Home Language	First Additional Language	Mathematics	Natural Sciences	Social Sciences	Life Skills			Number of days absent	Promotion Y / N

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SENIOR PHASE		Use a BLACK PEN Indicate performance levels						Circle results if condoned in Grade 9		
Level indicators		*Outstanding*	*Meritorious*	*Substantial*	*Adequate*	*Moderate*		*Elementary*		*Not achieved*
Code		***7*** *(80 – 100%)*	***6*** *(70 – 79%)*	***5*** *(60 – 69%)*	***4*** *(50 – 59%)*	***3*** *(40 – 49%)*		***2*** *(30 –39%)*		***1*** *(0 – 29%)*
Year	Grade	Progress								
		Home Language	First Additional Language	Mathematics	Natural Sciences	Social Sciences	Life Skills	**COMMENTS**	Number of days absent	PROMOTION Y/N

FET PHASE		Use a BLACK PEN ***Record % achieved per subject***						Circle results if condoned		
Level indicators		*Outstanding*	*Meritorious*	*Substantial*	*Adequate*	*Moderate*		*Elementary*		*Not achieved*
Code		***7*** *(80 – 100%)*	***6*** *(70 – 79%)*	***5*** *(60 – 69%)*	***4*** *(50 – 59%)*	***3*** *(40 – 49%)*		***2*** *(30 –39%)*		***1*** *(0 – 29%)*
Year	Grade	**Progress**								
		Home Language	First Additional Language	Mathematics	Life Skills			**COMMENTS**	Number of days absent	PROMOTION Y/N

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PLACE THE FOLLOWING INFORMATION IN THIS PROFILE DOCUMENT		
Date	**Document**	√
	Admission form	
	Copy of birth certificate	
	Copy of Road to Health card	
	Transfer certificate/document	
	Indemnity forms	
	Letters from/to parents	
	Absenteeism letters	
	Medical reports	
	Support services	
	Intervention reports	
	*** Current report card**	
	Support Needs Assessment (SIAS)	
Annually	End of year report/report card	

DETAILS OF CLASS / REGISTER TEACHER			
Date	**Grade**	**Surname and initials**	**Signature**

**** IF THE LEARNER IS TRANSFERRED IN THE MIDDLE OF THE YEAR, THE MOST RECENT (CURRENT) REPORT SHOULD BE PLACED IN THE PROFILE***

basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

SUPPORT NEEDS ASSESSMENT FORM

SNA 1 & 2: SCHOOL LEVEL

Surname and names of learner	DOB: 20…./ ..... / ..... (yy/mm/dd) ID No. ..... LURITS/CEMIS No. .....
Name of school:	EMIS No.: .....

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

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SUPPORT NEEDS ASSESSMENT (SNA 1 & 2)
(School-Level Intervention)

Both SNA 1 and 2 must be completed at school level

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

SNA 1: ASSESSMENT AND INTERVENTION BY TEACHER

To be completed by the class teacher and/or subject teachers if the learner is taught by more than one teacher.

- To be completed if the Learner Profile or Screening Report or teacher observation or parent interview shows that a learner has additional support needs.
- Captures information that will be needed when support is requested from the School-based Support Team (SBST) by the teacher concerned.

1. AREAS OF CONCERN

Describe your concern about the learner.

When did you become aware of this? _____

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

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

Complete the following table with regard to the learner's scholastic profile (information extracted from Learner Profile)

YEAR							
GRADE							
RESULT (Pass/more time/ progressed)							
NUMBER OF SCHOOLS ATTENDED							

Has any disability been diagnosed by a healthcare professional?

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

If Yes, complete the following and attach reports.

Health-care Professional	Date of assessment	Summary of results

2. STRENGTHS AND NEEDS OF THE LEARNER

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

2.1 Communication:

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

Strengths	Needs/At risk factors	Support needed

2.2 Learning:

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

Strengths	Needs/At risk factors	Support needed

2.3 Behaviour and social competence:

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

Strengths	Needs/At risk factors	Support needed

2.4 Classroom and school:

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

Strengths	Needs/At risk factors	Support needed

2.5 Family, home and community situation:

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

Strengths	Needs/At risk factors	Support needed

3. TEACHER INTERVENTIONS/SUPPORT

3.1 Curriculum Intervention:

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

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

Successes	Challenges

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

Successes	Challenges

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

Successes	Challenges

3.2 What interventions have you as a teacher implemented in the learning environment (classroom/school) to address your observations and concerns about the learner?

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

Successes	Challenges

3.3 Comment on how the physical environment has been modified/adapted

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

Successes	Challenges

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

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

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

Date	*Purpose*	*Outcome*

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

Role player	Initials and surname of person (print)	Signature	Date
Teacher/ Manager			20… / … / …
Parent/Legal Caregiver			20… / … / …
Learner (if applicable)			20… / … / …

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

To be completed by the SBST in consultation with the teacher

- *To be completed when requesting support from the DBST by the school*

1. REVIEW

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

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

YES		NO		Comments:

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

YES		NO		Comments:

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

3. INDIVIDUAL SUPPORT PLAN (COMPLETED BY CLASS TEACHER AND SBST)

List the area(s) in which the support needs to be provided: Communication; Learning; Behaviour and social competence; Health, Wellness and personal care; Classroom and school; Family, home and community; Teacher development/ training, etc. (See SNA1)

Area(s) in which support is needed	**Target to be achieved**	**Strategy of intervention** *(If the learner needs concessions, or is an immigrant who needs exemptions, use Annexure B If a medical condition must be investigated by a medical or other specialist, use Annexure D)*	**Responsible person**	**Time frame**	**Review date** (to assess achievement of the target)	**Comment on progress made in achieving target(s)**
E.g. Behaviour and social competence	*Stop bullying behaviour*	• *Assign a mentor teacher to support learner* • *Raise awareness during assembly* • *Review school conduct policy* • *Call in the parent/legal caregivers*	*Principal*	*Within a week*	*15 April 20…*	

FORM DBE 120

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

- To be completed by the SBST only when requesting support from the DBST
- Copies of Learner Profile, SNA1 and 2 and all other relevant supporting documents must be submitted.

Provide reasons and motivation why support is needed from the DBST:

State what support is needed from the DBST:

Initials and surname of SBST Coordinator (print)	Signature	Date:
		20… / … / …

PARENT/LEGAL CAREGIVER SUPPORT REQUEST FOR DBST ASSISTANCE		Yes	No
Comment:			
Initials and surname of parent/legal caregiver (print)	Signature	Date:	
		20… / … / …	

PRINCIPAL'S PROFESSIONAL JUDGEMENT ON REQUEST FOR SUPPORT FROM DBST			
Request supported		Yes	No
Reason for decision and recommendation			
Initials and surname of principal (print)	Signature	Date:	
		20… / … / …	

*Attach this form in front of the SNA 1 and 2 booklet when submitting to the DBST

basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

SUPPORT NEEDS ASSESSMENT FORM

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

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

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

REVIEW:				
• *Review the information and supporting documents given in SNA 1 & 2 and discuss it with the SBST. Does the DBST agree with the SBST's identification of the barrier(s) experienced by the learner?*				
YES		NO		Comment:

• *Review the interventions provided by the SBST to address the identified barrier(s) experienced by the learner. Have appropriate interventions been implemented?*				
YES		NO		Comment:

DBST: GUIDELINES FOR SUPPORT

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

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

DBST: TABLE TO RATE LEVEL OF SUPPORT

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

LOW	**Specialist Support:** • Provision of any specialist intervention either from other teachers/specialists from within the school or surrounding schools, SBST or DBST, or from the school's network of stakeholders. Such interventions can be accommodated within the school's budget and regular organisation of the school/classroom. The minimum frequency of this intervention should be at least once or twice a term, e.g. consultation with SBST or with specialists within the DBST or assistance from the Learning Support Teachers. **Curriculum and Assessment:** • Curriculum and assessment adjustments required to allow learners at multiple levels of functioning to access the curriculum and assessment tasks best suited to their individual needs (In terms of Chapter 9 of the National Assessment Protocol and Annexure C1 of the National Policy on the Conduct of the National Senior Certificate). Such accommodations can be managed at school or classroom level. The frequency of intervention by DBST to monitor implementation at school level should be at least quarterly. **Specialised Learning and Teaching Support Material (LTSM) and other resources to ensure access:** • Adapted LTSM or portable assistive devices which can be accommodated in the LTSM budget of the school. • Once-off physical adjustments or upgrades to the school buildings to broaden access. Such adjustments must be accommodated using the school's budget. **Training/Orientation of staff:** • Once-off or short-term programme (fewer than 10 sessions) for management and staff on issues of support (nature and strategies), awareness programmes and policy implementation. These training/orientation sessions can be provided either by other teachers/ specialists from within the school or surrounding schools; SBST or DBST; or from the school's network of stakeholders. These training programmes can be accommodated within the school's budget and regular organisation of the school/classroom.
MODERATE	**Specialist support:** • Provision of transversal teams (specialist support) at Circuit and District level. Such support is required at least once a month for a short-term period (1 year), and thereafter for a minimum of one consultation per quarter. • To accommodate the services that are not available to the school or within the District that are sourced outside the Department or outside the school's network of stakeholders: These services are required at least once a month for a short-term period (1 year), and thereafter for a minimum of one consultation per quarter and are provided as part of the school's in-house and outreach support programme. These programmes can be accommodated at school level but would require funding as part of the school's Inclusive Education allocation. **Curriculum and Assessment:** • Adjustments needed to the curriculum, assessment tasks and LTSM that involve additional planning time by the teacher, inputs from curriculum and assessment advisors, resources and monitoring by SBST and DBST: Monitoring by DBST should be at least twice a year. Such adjustments can be processed/facilitated through departmental policy, processes and practices but resourcing is required to accommodate extra staff provisioning for planning and supporting such adjustments. **Specialised LTSM and other resources to ensure access:** • Specialised LTSM or devices (portable) that can be accessed through Full-Service Schools, Special School Resource Centres, or the Department of Health: Access to such devices is required daily by the learner. Such resources must also be made available as part of the school's loan system and outreach programme. Resourcing within the school's inclusive education allocation needs to cover the cost of purchasing, maintaining and repairing such resources. **Training/Orientation of staff:** • Short (fewer than 10 sessions) to long-term (more than 10 sessions) training and outreach programmes for management and teachers on issues of support (nature and strategies), awareness programmes and policy implementation provided by the school's network of stakeholders or specialists outside the Department. These training programmes can be accommodated within the schools but require resourcing in the inclusive education allocation.

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

DBST CHECKLIST to help determine the decision on support to be provided to the learner. This must be used and motivated in the **DBST Action Plan**

Support needed from/ by:	Support to be provided	Frequency of Provision	Source
	(Tick all relevant areas)		
Psychological, Social, Therapeutic and Learning Support Services	☐ Psychologist ☐ Occupational therapist ☐ Physiotherapist ☐ Speech language therapist ☐ Speech therapist and audiologist ☐ Audiologist ☐ Learning support teacher ☐ Counsellor ☐ Social worker ☐ Nurse ☐ Other: ……	☐ Daily ☐ Weekly ☐ Once per month ☐ Once per term ☐ Twice per annum ☐ Once a year	☐ School budget ☐ Full-service School outreach ☐ Special School Resource Centre outreach ☐ District Advisory Service ☐ Outside source ☐ Outplacement
Curriculum and Assessment Support	☐ Inputs from curriculum advisors ☐ Inputs from learning support service ☐ Inputs from exams ☐ Granting of accommodations/ adapted assessment (See Annexure B) ☐ Sign Language instruction ☐ Orientation and mobility instruction ☐ Braille instruction and books ☐ Sign Language instruction ☐ Sign Language interpretation ☐ Differentiated curriculum (straddling) (See Annexure C) ☐ Other: …….	☐ Daily ☐ Weekly ☐ Once per month ☐ Once per term ☐ Twice per annum ☐ Once a year	☐ School budget, ☐ Full-service School outreach ☐ Special School Resource Centre outreach ☐ District Advisory Service ☐ Outside source ☐ Outplacement
Specialised LTSM and Devices	☐ Braille textbooks and materials ☐ Large print ☐ Individual assistive device ☐ Adapted activity sheets ☐ Physical access at site level ☐ Other: ……..	☐ Daily ☐ Weekly ☐ Once per month ☐ Once per term ☐ Twice per annum ☐ Once a year	☐ School budget, ☐ Loan from Full-service School ☐ Loan from Special School Resource centre ☐ District Advisory Service ☐ Outside source ☐ Outplacement
Training/Orientation of school staff	☐ School Management Team ☐ School Governing Body ☐ Teacher ☐ School Support Team ☐ Other: ……	☐ Once-off ☐ Periodically ☐ Monthly mentoring and consultation ☐ Mentoring once per term ☐ Mentoring twice per annum ☐ Mentoring once a year	☐ School budget, ☐ Full-service School outreach ☐ Special School Resource Centre outreach ☐ District Advisory Service ☐ Outside source

DBST: PLAN OF ACTION IN RELATION TO THE LEARNER:

Areas needing support *(Choose from:Specialist support/Curriculum and Assessment/ Specialised LTSM/ Training/orientation of staff)*	**Level of support needed** *(Low/Moderate/High)*	**Describe support needed** *(i) Use the table to rate the level of support, as well as the checklist, to describe the support needed. (ii) If a learner needs to be placed in a special school/resource centre, add Form 123a and 123b. (iii) If curriculum differentiation is needed, add Form 125. (iv) If accommodations/exemptions/ concessions/ adapted assessment are needed, add Form 125.*	**Responsible Person** *(Assign a case manager)*
E.g. Specialised LTSM	*High*	*This foundation-phase learner is blind and needs Orientation and Mobility as well as Braille instruction on a daily basis. Speech therapy is needed on a weekly basis to alleviate his speech impediment. The outplacement of the learner can be considered as no specialist outreach services are currently available/can be provided to him at his current school.*	*The SBST coordinator*

PARENT/LEGAL CAREGIVER AGREES WITH THE DBST ACTION PLAN		Yes	No
Comment:			
Initials and surname of Parent/Legal Caregiver (print)	Signature	Date:	
		20… / … / …	
DBST REPRESENTATIVE APPROVES THE DBST ACTION PLAN		Yes	No
Comment:			
Initials and surname of DBST representative (print)	Signature	Date:	
		20… / … / …	

FORM DBE 122

DBST: PLAN OF ACTION IN RELATION TO THE SCHOOL

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

DISTRICT/CIRCUIT MANAGER ENDORSES DBST'S RECOMMENDATIONS	
YES/NO	
Comment:	

Initials and surname of District/Circuit Manager (print)	Signature	Date:
		20… / … / …

ANNEXURE A1

REQUEST BY PARENT/LEGAL CAREGIVER FOR PLACEMENT/TRANSFER OF LEARNER TO A RESOURCE CENTRE/SPECIAL SCHOOL TO ACCESS A HIGH-LEVEL SPECIALIST SUPPORT PROGRAMME

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

I,…… (initials and surname) the Parent/Legal Caregiver/Guardian of…… (name and surname of learner) who is at present attending the……(school), request the Department of Education to transfer my child to……(resource centre/special school/programme) for the purpose of ……..……
……..……..……..……..……
……..

==========

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

…….. 20 …. / …. / ….

Signature of Parent/Legal Caregiver Date

Witnesses 1. …… 2. ……

ANNEXURE A2

APPLICATION BY THE DISTRICT-BASED SUPPORT TEAM FOR PLACEMENT OF LEARNER AT A RESOURCE CENTRE/SPECIAL SCHOOL/TO ACCESS A HIGH-LEVEL SUPPORT PROGRAMME

Attach a copy of the Learner Profile, SIAS 1 – 3, the original Parent/Legal Caregiver Request Form 123a and send to the Provincial Central Admissions Committee

DISTRICT/CIRCUIT	1. Initials and surname of learner		
	2. Reason for referral and support programme to be accessed		
	3. Name of current school or institution		
	4. Name of District/Circuit that refers learner		
	5. Name of the District/Circuit where the learner must be placed		
	6. Name of Full-Service School/Special School/Resource Centre where learner should be placed		
	7. Motivate the choice of this specific school/programme if the learner will not be attending the facility closest to the learner's residential address		
	8. Does the learner require hostel accommodation? (Circle your choice)	Yes	No

DBST RECOMMENDATION					
DBST COORDINATOR	Indicate why the recommended support action plan cannot be implemented within an ordinary public school				
	…… Signature of DBST Coordinator		…… Initials and surname (print)		20…. / …. / …. Date
DISTRICT RECOMMENDATION					
DIRECTOR/ CES	Recommended	Y	N	If no, provide alternative recommendation:	
	Initials and surname (print)		Signature	Date:	
				20… / … / …	
PROVINCIAL ADMISSIONS COMMITTEE					
PROVINCIAL DIRECTOR	Approved	Y	N	If not, provide alternative recommendation:	
	Initials and surname (print)		Signature	Date:	
				20… / … / …	

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ANNEXURE B

Application by the SBST/DBST for an Accommodation, Concession, Exemption or Endorsed NSC to alleviate the learning barrier(s) experienced by the learner

SCHOOL: ,.....

LEARNER: ,.....GRADE: ,.....

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

LIST OF ACCOMMODATION(S)/EXEMPTION(S) YOU ARE APPLYING FOR:

(Mark your choice with an X)

TYPE OF ACCOMMODATION REQUESTED	SUBJECTS						
Adaptation of questions							
Additional Time							
Digital Player/Recorder							
Braille							
Computer/voice to text/text to voice							
Enlarged print							
Handwriting							
Medication/food intake							
Oral examination							
Personal assistant							
Prompter							
Reader							
Rest breaks							
Scribe							
Separate venue							
Sign language interpreter							
Spelling							
Transcription of Braille							
Video/DVD recorder/Webcam							
Endorsed NSC							
Exemption from a language (immigrant/refugee learner with a study permit)	Language:						
Comments							

VERIFIED AND SUPPORTED	SURNAME, INITIALS (PRINT)	SIGNATURE	DATE
Parent/Legal Caregiver			20.... / .... / ....
Learner (if applicable)			20.... / .... / ....
SBST coordinator			20.... / .... / ....
Principal			20.... / .... / ....
DBST coordinator			20.... / .... / ....
APPROVAL:			
District Office Official			20.... / .... / ....
Provincial Official (for Grade 12)			20.... / .... / ....

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ANNEXURE C

CURRICULUM DIFFERENTIATION SCHEDULE

To report on the learner's functioning level, to alleviate the barrier(s) to learning experienced by the learner

This schedule can be used to track the progression of a learner who has been assessed and needs differentiation, and she/he functions more than a grade below his/her age cohort in the curriculum.

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

CURRICULUM DIFFERENTIATION (STRADDLING)					
Quarterly report of the functioning levels of the learner within the curriculum *(only for identified learners who, in spite of spending more time in a grade/phase and a range of interventions, still do not progress satisfactorily)*					
SUBJECTS	*Key:*	***G:** Current grade level of work / **C:** Code awarded on this level*			
		Term 1	*Term 2*	*Term 3*	*Term 4*
Home Language/Literacy	*G*				
	C				
First Additional Language/Literacy	*G*				
	C				
Mathematics/Numeracy	*G*				
	C				
Life Orientation/Life Skills	*G*				
	C				
Natural Sciences	*G*				
	C				
Social Sciences	*G*				
	C				
Technology	*G*				
	C				
Economic and Management Sciences	*G*				
	C				
Arts and Culture	*G*				
	C				
Signatures:					
Principal					
SBST Coordinator					
Parent/Legal Caregiver					
DBST Co-ordinator					

ANNEXURE D

HEALTH AND DISABILITY ASSESSMENT FORM

A. INSTRUCTIONS TO HEALTH-CARE PROFESSIONAL WHO IS ASSESSING THE LEARNER
• This form is be completed by the **Health Professional** for learners who experience medical/ physical/neurological/ sensory/cognitive/psychological and emotional barriers to learning. • The learner is referred to a health professional by the School-based Support Team (SBST) and/or the District-based Support Team (DBST) for further assessment to determine the nature of the disability/health condition. ***PART A: PROCEDURE*** • *Assess the learner in terms of the specific barrier(s) that the learner has been referred for* • *Make recommendations for further interventions required* • *Provide advice on support and adjustments required to assist the school to support and make reasonable accommodation for the learner.* ***PART B: LEARNER AND PRACTITIONER INFORMATION*** *Complete Part B which contains personal information about the child, and contact details of the health professional.* ***PART C: DIAGNOSTIC SECTION*** *Complete all sections of **Part C** relevant to the child in accordance with the diagnostic criteria provided.* ***PART D: DECLARATIONS AND RECOMMENDATIONS FOR INTERVENTIONS AND SUPPORT*** *Sign the declarations in **Part D** and make recommendations regarding the support to be provided.* ***NB. Please note that this form may not be completed by the teacher*** ***Please write legibly***

B. LEARNER INFORMATION AND CONTACT DETAILS OF HEALTH-CARE PROFESSIONAL	
NAME OF LEARNER:	DATE OF BIRTH: ..... / ..... / .....
PRESENT SCHOOL:	ASSESSMENT DATE: ..... / ..... / .....
PATIENT NUMBER:	MALE/FEMALE M/F
ASSESSED BY:	PROFESSION:
FACILITY/PRACTICE:	TELEPHONE NUMBER/S:
MEDICAL HISTORY OR BACKGROUND OF LEARNER/PATIENT:	

C. DIAGNOSTIC CRITERIA

Notes for the health-care professional/practitioner completing the form

Learners who have been screened through the health system, their parents, the School-based Support Team (SBST) or the District-based Support Team (DBST), and suspected of having a disability and/or health condition, need to be referred for further assessment by a health-care professional.

The purpose of such an assessment is to obtain information on the impact of the disability and/or medical condition on the learner's ability to participate meaningfully and productively in the learning process.

Recommendations should be made on the medical/health interventions and support required by the learner.

In accordance with the **definition** of the Convention on the Rights of Persons with Disabilities (CRPD), persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

"Moderate to severe limitation", in the context of disability, means a significant restriction on a person's ability to function or perform one or more basic daily activities after maximum correction, except where indicated. Maximum correction in this context means appropriate therapy, medication, educational and personal support and use of devices.

The diagnostic criteria seek to assess the functional impact of the impairment on a learner's ability to perform daily activities and participate in learning.

Please complete the section(s) that apply to your patient/client and fall(s) within your scope of practice.

Disability/ Medical Condition	Duly registered health professional specially trained to deal with condition
Vision (including eye conditions, visual processing)	Professional trained in the assessment of vision function in children using specialised assessment tests which include at least LogMAR charts, contrast sensitivity charts and near-vision charts (e.g. an optometrist or primary health-care nurse practitioner)
Hearing (including ear conditions, auditory processing)	Professional trained to perform or conduct a battery of diagnostic audiometry tests (i.e. Audiologist) or auditory processing (speech-language therapist OR audiologist)
Physical	Physiotherapist or occupational therapist, medical practitioner and relevant specialists
Communication	Speech-language therapist, audiologist
Intellectual	Clinical psychologist, educational psychologist, counselling psychologist, psychiatrist, paediatrician
Mental Health	Psychiatrist, clinical psychologist, educational psychologist, counselling psychologist, medical practitioner, paediatrician, occupational therapist.
Chronic health condition	Medical practitioner, professional nurse, paediatrician, physiotherapist.
Neuro-Developmental disorder	Physiotherapist or occupational therapist, medical practitioner, educational psychologist and relevant specialists

PLEASE COMPLETE THE PARENTAL CONSENT FORM AT SECTIONS F AND G

Chronic Health Condition

Condition diagnosed by Health Professional*: _____

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

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

Notes:

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

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

When did your patient meet the above criteria for the first time?	YY/MM/DD

Mobility

Condition Diagnosed*: _____

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

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	Is unable to walk, e.g., wheelchair user	
☐	Is only able to walk with the use of assistive devices, e.g., callipers, crutches, walking frames and other such devices	
☐	Is able to walk without the use of assistive devices but with a degree of difficulty, e.g., learners with cerebral palsy	
☐	Is functionally limited in the use of their upper limbs	
☐	Has a fine mobility restriction	
☐	Has a communication restriction	
☐	Needs assistance with personal care	

Notes:

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

When did your patient meet the above criteria for the first time?	YY/MM/DD

Other Mental Disorders

Condition Diagnosed by Health Professional*: _____

With the exclusion of intellectual disability, a learner is regarded to be a learner with a mental disability if he or she has been diagnosed, in terms of accepted diagnostic criteria (*Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (*DSM-5*), 2013 or the *International Statistical Classification of Diseases and Related Health Problems*, 10th revision of the WHO (ICD10)) by a mental health-care practitioner authorised to make such diagnosis:

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

Notes:

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

When did your patient meet the above criteria for the first time?	YY/MM/DD

Developmental Functioning/Learning Disability/Intellectual Disability

Condition Diagnosed*: _____

In terms of the Diagnostic and Statistical Manual of mental Disorders Fifth Edition (DSM-V) Intellectual disability (intellectual developmental disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social and practical domains. The following criteria must be met:

- *Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning and learning from experience, confirmed by both clinical assessment and individualised, standardised intelligence testing;*
- *Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without on-going support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation and independent living, across multiple environments, such as home, school, work and community;*
- *Onset of intellectual and adaptive deficits during the developmental period.*

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning, and learning from experience	
☐	Self-care	
☐	Social/interpersonal skills	
☐	Self-direction impacting on independence at school	
☐	Functional cognitive skills	
☐	Concentration, leisure, health and safety	

Notes:

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

When did your patient meet the above criteria for the first time?	YY/MM/DD

Vision

Condition Diagnosed*: _____

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

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

Notes:

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

When did your patient meet the above criteria for the first time?	YY/MM/DD

Communication

Condition Diagnosed*: _____

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

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	Inability to make him/herself understood to familiar communication partners using speech in a quiet setting	
☐	Inability to make him/herself understood, to familiar and or non-familiar communication partners and to meet communication needs as appropriate for his/her age by using speech, in less than 30 intelligible words	
☐	Problems in understanding meaningful language by familiar communication partners that lead to substantial difficulty in communicating	
☐	Relying on augmentative or alternative communication (AAC), including unaided (Sign language or other manual signs)	
☐	Aided means of communication (ranging from communication boards to speech-generating devices)	

Notes

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

When did your patient meet the above criteria for the first time?	YY/MM/DD

Hearing

Condition Diagnosed*: _____

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

Tick when applicable	Area of functional limitation Degree of hearing loss (PTA)	Recommendations of support that could be provided at school
☐	-10 to +15 dB HL (hearing level): Normal hearing	
☐	16 to 25 dB HL: Minimal loss	
☐	26 to 40 dB HL: Mild loss	
☐	41 to 55 dB HL: Moderate loss	
☐	56 to 70 dB HL: Moderately severe loss	
☐	71 to 90 dB HL: Severe loss	
☐	91 dB HL and more: Profound loss	
☐	Chronic otitis media	

Notes:

- Hearing impairment is an abnormal or reduced function in hearing resulting from several causes.
- A child is a person between the ages of 0 to 18 years.
- Amplification devices include hearing aids, bone conductors, implantable devices and assistive listening devices.
- Pure Tone Average (PTA): average of hearing sensitivity thresholds (in decibel hearing level) to pure tone signals at 500 Hz, 1000 Hz and 2000 Hz of each ear.
- Bilateral hearing loss is a hearing sensitivity loss in both ears.
- Unilateral hearing loss is a hearing sensitivity loss in one ear only.

When did your patient meet the above criteria for the first time?	YY/MM/DD

Neurodevelopmental and Neurological Disorders

Condition Diagnosed by Health Professional*: _____

Can include disorders such as epilepsy, cerebral palsy, traumatic brain injury, attention deficit disorder, dyslexia, foetal alcohol syndrome and autism.

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	Communication (ability to effectively communicate using speech/language)	
☐	Self-care (ability to effectively perform activities of daily living. e.g. feeding, dressing, washing, etc.)	
☐	Social/interpersonal skills (ability to interact appropriately with peers and adults)	
☐	Mobility (ability to ambulate or use assistive devices to move)	
☐	Functional cognitive skills (ability to pay attention, concentrate, learn, etc.)	
☐	Vocational/Scholastic (ability to execute academic tasks)	
☐	Leisure/Play/Sports (ability to actively participate in leisure tasks)	
☐	Sensory (seeing, hearing and related functions)	

Notes:

With the exclusion of intellectual disability, a learner is regarded as being a learner with a neurological or neurodevelopmental disorder if he or she has been diagnosed, in terms of accepted diagnostic criteria, by a medical practitioner authorised to make such diagnosis:

When did your patient meet the above criteria for the first time?	YY/MM/DD

D. RECOMMENDATIONS BY HEALTH-CARE PROFESSIONAL

Summary of conditions diagnosed:

Specific interventions required by the learner (Tick when applicable):

☐	Medication/ medical examination	☐	Assistive devices and consumables	☐	Psycho-social support and counselling
☐	Physiotherapy	☐	Occupational therapy	☐	Family/caregiver support and counselling
☐	Speech language therapy and/or audiology	☐	Psychotherapy	☐	Other

FURTHER REFERRAL NEEDED:	Yes		No		
Describe/Explain					

EFFECT OF MEDICAL CONDITION OR DISABILITY ON PATIENT'S ABILITY TO LEARN IN A SCHOOL ((Tick when applicable):					
None/minimal		**Moderate**		**High**	
☐	*Learner ought to cope in an unmodified school environment with recommended assistive devices*	☐	*Will be able to cope in a slightly modified school environment and may need assistive devices*	☐	*Will only be able to cope in a modified school environment (modified toilets/ ramps/ground- level classrooms, etc.)*
☐	*Learner needs a low level of support in school environment*	☐	*Needs occasional therapy/ treatment/support*	☐	*Needs frequent, high level of treatment/therapy/support by a medical professional*

Explain your choice	.....

E. DECLARATION BY HEALTH-CARE PROFESSIONAL

PLEASE ATTACH DETAILED REPORTS WHERE APPLICABLE

Signature: Date: 20 .... / ..... / .....

Initials and surname (print): .....Tel no.: .....

F. HEALTH-CARE PROFESSIONAL WHO COMPILED THE REPORT

PLEASE ATTACH DETAILED REPORTS WHERE APPLICABLE

Signature: .....Date: 20 .... / ..... / .....

Initials and surname (print): .....Tel no.: .....

PARENT/LEGAL CAREGIVER'S PERMISSION TO SHARE INFORMATION

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

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

Print name: ..... Tel. no. .....

COMMENT:

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