



education

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Department:  
Education  
REPUBLIC OF SOUTH AFRICA

**NATIONAL STRATEGY ON  
SCREENING, IDENTIFICATION,  
ASSESSMENT AND SUPPORT**

**PARTICIPANT'S MANUAL**

**APRIL - AUGUST 2008**

## INTRODUCTION

The Participants Manual on the National Strategy on Screening, Identification, Assessment and Support (SIAS) has been developed to orientate members of District-Based and Institution-Level Support Teams in the implementation of the Strategy in schools and districts.

In 2006 schools and districts participated in an orientation programme on the Draft National Strategy on Screening, Identification, Assessment and Support. The research report on the orientation programme informed the revision of the Strategy in 2007. The Strategy was approved by HEDCOM in November 2007 for implementation in 30 districts and in special schools IN 2008.

The Strategy outlines through a set of forms, how the support needs of learners should be identified and how they should be supported in the education system. The procedures give guidance about the role of the District-based Support Team and the Institution-level Support Team to ensure that barriers to teaching and learning are addressed and all learners are supported to participate and develop their full potential in their neighbourhood schools with their peers.

The following documents will be used in the orientation programme:

- The National Strategy on Screening, Identification, Assessment and Support (SIAS) . Schools Pack
- The Operational Manual to the National Strategy on Screening, Identification, Assessment and Support (SIAS)
- The SIAS Learner Pack
- Education White Paper 6
- The Learner Profile
- Guidelines to Ensure Quality Education and Support in Special Schools and Special School Resource Centres

The intention of the SIAS Workshops is to provide support to provincial and district officials as well as members of Institution-level Support Teams in respect of the implementation of the SIAS Strategy in selected schools and districts in 2008. It is an introduction to the SIAS process and toolkit and will assist district officials and educators to utilise these documents effectively in their daily practice. This is the first orientation programme and follow-up training, mentoring and support will be provided at all levels.

In anticipation, we thank you for your participation in this orientation programme and wish you well in your engagements with your colleagues and teachers.

Directorate: Inclusive Education

Department of Education

2008

## **WORKSHOP OUTCOMES**

Dear Participant

As a representative of your district or school you would be expected to:

1. Provide clarity on the requirements set out in the National Strategy on Screening, Identification, Assessment and Support (SIAS);
2. Provide guidance and discuss the protocols and procedures as set out in the SIAS Strategy
3. Provide guidance and discuss role functions of all stakeholders involved in the Screening, Identification, Assessment and Support (SIAS) process
4. Develop a training plan and programme for the implementation of the National Strategy on Screening, Identification, Assessment and Support (SIAS) in your District and School.
5. Manage the implementation of the SIAS Strategy in your school and district
6. Submit a report on the SIAS training workshop to your District and/or School Manager on the last day of the training.

**PROGRAMME:**       **ORIENTATION ON THE NATIONAL STRATEGY ON SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT**  
**DATE**               **3 Day workshop**  
**VENUE:**           **Venue to be confirmed**

<b>DAY 1:</b>			
8:00 . 8:15	WELCOME AND OPENING		Provincial Coordinator of Programme
<b>SESSION 1</b>	<b>ACTIVITY 1</b>	<b>OBJECTIVE</b>	<b>FACILITATORS</b> <b>* To be confirmed</b>
8:15 . 8:30 (15 minutes)	SETTING THE SCENE RATIONALE AND PURPOSE OF THE WORKSHOP.	To give the background and rationale for the orientation	DoE/Provincial Head Office Representative
8:30 . 8:45 (15 minutes)	EXPECTATIONS and HOUSEKEEPING	To determine participant expectations and workshop rules and introduce the documents to be used in the workshop.	Provincial Coordinator of Programme
8:45 . 9:30 (45 minutes)	INTRODUCTION AND BACKGROUND TO THE NATIONAL STRATEGY ON SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT (SIAS)	To outline the Policy Background and the intentions of the Strategy	Facilitator
9:30 . 10:00	<b>TEA</b>		
<b>SESSION 2</b>	<b>ACTIVITY 2</b>	<b>OBJECTIVE</b>	<b>FACILITATORS</b>
10:00-11:00 (60 minutes)	SIAS PREAMBLE AND OVERVIEW	Outline and purpose of stages of the Strategy and roles of all stakeholders in each	Facilitator

	<b>ACTIVITY 3</b>		
11:00 . 13:00 (120 minutes)	THE GUIDELINES FOR ILSTs, DBSTs, TEACHERS, PARENTS	To discuss and understand the Role Functions of each group involved in the SIAS process:  - ILSTs - DBSTs - Teachers - Parents	Team of facilitators
13:00 . 14:00	LUNCH		
14:00 . 15:00 (60 minutes)	THE GUIDELINES FOR ILSTs, DBSTs, TEACHERS, PARENTS	Feedback on group discussions Conclusion on Role Functions	Team of facilitators
<b>SESSION 3</b>	<b>ACTIVITY 4</b>	<b>OBJECTIVE</b>	<b>FACILITATORS</b>
15:00 . 17:00 (120 minutes)	LEARNER AND DIAGNOSTIC PROFILE	To discuss the use of the Learner Profile and SNA: Diagnostic Profile in the SIAS process	Team of facilitators
15:30 . 16:00	<b>TEA</b>		
17:00 . 17:30	REFLECTION ON DAY 1		
<b>DAY 2</b>			
8:00 . 8:15	REFLECTION ON DAY 1		
<b>SESSION 1</b>	<b>ACTIVITY 5</b>	<b>OBJECTIVE</b>	<b>FACILITATORS</b>
8:15 . 10:00 (110 minutes)	SNA SECTIONS 1 AND 2: EXTENDED LEARNER PROFILE	To introduce the use of the SNA: Sections 1 and 2 as a tool for the basic screening of barriers to learning and development of an extended profile of learner	Team of Facilitators
10:00 . 10:30	TEA		

<b>SESSION 2</b>	<b>ACTIVITY 6</b>	<b>OBJECTIVE</b>	<b>FACILITATORS</b>
10:30 . 12:00 (90 minutes)	SNA: INDIVIDUAL SUPPORT PLANNING	To introduce and discuss the use of SNA: ISP as a tool for Individual Support Planning	Team of Facilitators
	<b>ACTIVITY 7</b>	<b>OBJECTIVE</b>	<b>FACILITATORS</b>
12:00 . 13:00 (115 minutes)	SNA: SECTION 3 a . Assessment of Support Needs Requirements	To introduce and practice the use of the SNA: Section 3 a as a tool to conduct an Assessment of Support Needs Requirements	Team of facilitators
13:00 . 14:00	LUNCH		
14:00 . 16:00 (120 minutes)	ACTIVITY 7 (Cont.)	Group Work and Feedback on Section 3a	Team of facilitators
<b>SESSION 3</b>	<b>ACTIVITY 8</b>	<b>OBJECTIVE</b>	<b>FACILITATORS</b>
16:00 . 17:00 (60 minutes)	SNA: Section 3 b: School request to District	To outline the use of the School request to District, Section 3 b	Team of facilitators
17:00 . 17:30	REFLECTION ON DAY 2		
<b>DAY 3</b>			
<b>8:00 – 8:15</b>	<b>OVERVIEW OF DAY 2</b>		
<b>SESSION 1</b>	<b>ACTIVITY 9</b>	<b>OBJECTIVE</b>	<b>FACILITATORS</b>
8:15 . 10:00 (90 minutes)	Action Planning for provisioning and Monitoring of Support	To introduce the tool for Action Planning to be used by DBSTs for provisioning and monitoring of support	Team of facilitators
10:00 . 10:30	TEA		
<b>SESSION 2</b>	<b>ACTIVITY 10</b>	<b>OBJECTIVE</b>	<b>FACILITATORS</b>
10:30 . 12:00	ACTION PLANS FOR IMPLEMENTATION AT	To develop provincial, district and school	Team of facilitators

(90 minutes)	DISTRICT AND SCHOOL LEVEL	level action plans to implement and monitor the strategy.	
12:00 . 13:00 (60 minutes)	PRESENTATION OF IMPLEMENTATION PLANS	Feedback on group planning sessions	Team of facilitators
13:00 . 14:00	LUNCH		
14:00 . 15:00	SUMMARY AND OVERVIEW AND EVALUATION OF TRAINING AND WAY FORWARD		Provincial Coordinator
15:00	CLOSURE		

## Orientation on the National Strategy on Screening, Identification, Assessment and Support

**Date** : 1 Day Workshop to brief provincial or district management teams and other units

**Venue** : Venue to be confirmed

DAY 1:			
8h30 . 8h45	Welcome and Opening		<b>Senior Manager</b>
<b>Session 1</b>	<b>Activity 1</b>	<b>Objective</b>	
8:45 . 9:15	Introduction and Background to the National Strategy on Screening, Identification, Assessment And Support SIAS)	To outline the policy background and the intentions of the strategy	Senior Manager
<b>Session 2</b>	<b>Activity 2</b>	<b>Objective</b>	<b>Facilitators</b>



09:15. 10:00	Overview of the Structure and Stages of the SIAS Strategy	To discuss and understand the stages of the strategy and who is involved in each: - ILSTs - DBSTs - teachers - parents	
<b>10:00 – 10:15</b>	<b>Tea</b>	<b>Tea</b>	<b>Tea</b>
<b>Session 3</b>	<b>Activity 3</b>	<b>Objective</b>	<b>Facilitators</b>
10:15 . 10:45	Learner And Diagnostic Profile	To discuss the use of the learner profile and SNE: diagnostic profile in the SIAS process	
<b>Session 4</b>	<b>Activity 4</b>	<b>Objective</b>	<b>Facilitators</b>
10:45 . 11:45	SNA Sections 1 and 2: Extended Learner Profile	To introduce the use of the SNA: sections 1 and 2 as a tool for the basic screening of barriers to learning and development of an extended profile of learner by applying it to some case studies	
<b>Session 5</b>	<b>Activity 5</b>	<b>Objective</b>	<b>Facilitators</b>

11:45 . 12:15	SNA: Individual Support Planning	To introduce and discuss the use of SNA: ISP as a tool for individual support planning making use of case studies	
<b>Session 6</b>	<b>Activity 6</b>	<b>Objective</b>	<b>Facilitators</b>
12:15 . 13:00	SNA: Section 3 A . Assessment Of Support Needs Requirements	To introduce and practice the use of the SNA: section 3 a as a tool to conduct an assessment of support needs requirements	
<b>13:00 13:45</b>	<b>LUNCH</b>		
13:45 . 14:00	Feed Back on Section 3		
14:00 . 14:30	SIAS on SA-SAMS	Electronic capturing of the process	Presentation by EMIS
<b>Session 7</b>	<b>Activity 7</b>	<b>Objective</b>	
14:30 . 14:45	School Request for Support from District	To introduce the request form for additional support from DBST	
<b>Session 8</b>	<b>Activity 8</b>	<b>Objective</b>	<b>Facilitators</b>
14:45 - 15:30	Action Planning for Provisioning and Monitoring of Support	To introduce the tool for action planning to be used by DBSTs for provisioning and monitoring of support	
15:30 . 16:00	Systemic Implications for all Directorates	To discuss the range of implications for the system	
16:00	Closure		

## WORKSHOP SESSIONS

### DAY 1: SESSION 1:

#### ACTIVITY 1 : INTRODUCTION TO THE PURPOSE OF THE WORKSHOP AND THE CONTEXT OF IMPLEMENTATION

**TIME ALLOCATION: 90 minutes**

#### LEARNING OUTCOMES:

1. By the end of this session participants would have:
  - Understood the policies and legislation that inform the SIAS orientation programme
  - Understood the context and background to the training programme at national, provincial, district and school level
  - Unpacked and discussed the key elements of the orientation programme
  - A clear understanding of the key documents which would inform the orientation programme
  - A clear understanding of the purpose and intentions of the SIAS strategy as a key mandate of Education White Paper 6.

#### RESOURCES

1. National Strategy on Screening, Identification, Assessment and Support (Schools Pack and Operational Manuals)
2. Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System
3. PowerPoint presentation
4. Laptop and Data Projector
5. Flip Chart and Stand
6. KOKIS

#### PROCESS AND CONTENT(POWERPOINT) (30 minutes)

1. Facilitator/s will provide an overview of :
  - 1.1 The National Strategy on Screening, Identification, Assessment and Support
    - As a key implementation strategy of Education White Paper 6 . noting also related legislation
    - The intentions of the policy
    - The process of developing the Schools Pack, approved by HEDCOM in Nov 2007;

<ul style="list-style-type: none"> <li>• The Operational Manual</li> </ul>
1.2 The proposed implementation process of the Strategy
<p><b>METHOD:</b></p> <ul style="list-style-type: none"> <li>• Participants will have the opportunity to pose questions about the revision process of the SIAS documents and discuss the proposed implementation process in a plenary session.</li> <li>• Participants will be divided into groups of not more than 8 participants per group. Each group will be assigned at least one or more group tasks</li> </ul>
<p><b>GROUP TASKS: 30 minutes</b></p>
<ol style="list-style-type: none"> <li>1. Discuss and make a list of all conventions, rights documents, legislation and policies which inform this Strategy</li> <li>2. Discuss what Education White Paper 6 says about the overhauling of the assessment and admissions system as a key to the implementation of inclusive education. <ol style="list-style-type: none"> <li>a. The barriers within the current approach towards assessing learner support needs</li> <li>b. The proposed improvements brought by the SIAS</li> </ol> </li> </ol>
<p><b>FEED BACK: 15 minutes</b></p> <p>Groups report back to plenary.</p>
<p><b>WRAP-UP: Facilitator 5 minutes</b></p> <p>Facilitator will summarise the background to the Strategy on Screening, Identification, Assessment and Support and the proposed implementation strategy</p>

<b>DAY 1: SESSION 2:</b>
<b>ACTIVITY 2 : OUTLINE OF THE STRATEGY, THE STAGES OF THE SCREENING, IDENTIFICATION, ASSESSMENT AND SUPPORT PROCESS AND ROLE PLAYERS INVOLVED</b>
<b>TIME ALLOCATION: 60 minutes</b>

<p><b>LEARNING OUTCOMES:</b></p> <ol style="list-style-type: none"> <li>1. By the end of this session participants will be able to explain and discuss; <ul style="list-style-type: none"> <li>• The various barriers to teaching, learning and development</li> <li>• How the SIAS will identify and address these through effective support provision</li> <li>• The various stages of the SIAS process, the purpose of each and who would be involved in each</li> <li>• The various parts of the SIAS Toolkit and the use of each</li> </ul> </li> </ol>
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<b>RESOURCES</b>
<ol style="list-style-type: none"> <li>1. Learner Profile</li> <li>2. National Strategy on Screening, Identification, Assessment and Support (Schools Pack and Operational Manuals)</li> <li>3. Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System</li> <li>4. PowerPoint presentation</li> <li>5. Laptop and Data Projector</li> <li>6. Flip Chart and Stand</li> <li>7. KOKIS</li> </ol>
<b>PROCESS AND CONTENT(POWERPOINT) 40 minutes</b>
<p>Facilitator will provide the context for understanding the purpose and structure of the SIAS by</p> <ul style="list-style-type: none"> <li>• Explaining the SIAS process and who will be affected by and involved in each stage</li> <li>• What the purpose of each stage is</li> <li>• How the SIAS process will inform the planning and provisioning of support</li> </ul>
<b>DISCUSSION: 20 minutes</b>
<p>Participants will have the opportunity to engage with the process and request clarity on certain areas.</p>
<b>WRAP UP:</b> Facilitator will summarise and wrap up the session

<b>DAY 1: SESSION 2:</b>
<b>ACTIVITY 3 : THE ROLES AND RESPONSIBILITIES OF TEACHERS, ILSTs, DBSTs AND PARENTS IN THE SIAS PROCESS</b>
<b>TIME ALLOCATION: 180 minutes</b>

<b>LEARNING OUTCOMES:</b>
<ol style="list-style-type: none"> <li>1. By the end of this session participants would have engaged with and understood the roles and responsibilities for the following groups or structures who participate in the SIAS process: <ul style="list-style-type: none"> <li>• Teachers</li> <li>• Institution Level Support Teams</li> <li>• District-based Support Teams</li> <li>• Parents</li> </ul> </li> </ol>
<b>RESOURCES</b>

1. National Strategy on Screening, Identification, Assessment and Support (Schools Pack and Operational Manuals)
2. Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System
3. PowerPoint presentation
4. Laptop and Data Projector
5. Flip Chart and Stand
6. KOKIS

**METHOD:**

Participants will be divided into groups, not more than 8 participants per group. Each group will be assigned one area to brainstorm, summarise and report back

**GROUP TASKS 90 minutes**

Referring to the overview given in Activity 2, brainstorm, discuss and list in parallel groups the roles and responsibilities of the following groups in relation to the SIAS process:

- Teachers
- The District-based Support Team
- The Institution-level Support Team
- Parents

**REPORT BACK: 60 minutes**

**WRAP UP AND SUMMARY: 30 minutes**

Facilitators individually summarise the role functions and responsibilities of each of the structures or groups through a short powerpoint presentation which describes the content of the Guidelines in the SIAS Schools Pack

**DAY 1: SESSION 3:**

**ACTIVITY 4: DIAGNOSTIC PROFILE OF LEARNER**

**TIME ALLOCATION: 60 MINUTES**

**LEARNING OUTCOMES:**

1. By the end of this session participants would have engaged with and understood the content and purpose of the Learner Profile and Diagnostic Profile in the SIAS process
2. Understand the collaboration with other systems such as Health and Social Development to ensure that support provision is integrated
3. Have a clear understanding of the approach followed in the International Classification of Functions (ICF)

**RESOURCES**

1. National Strategy on Screening, Identification, Assessment and Support (Schools Pack, Learner Pack and Operational Manuals)
2. Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System
4. PowerPoint presentation
5. Laptop and Data Projector
6. Flip Chart and Stand
7. KOKIS
8. Activity Sheets

**METHOD:**

Facilitators will introduce the Learner Profile and the Diagnostic Profile to Participants (20 minutes)

Participants will read case studies and start to apply to the Learner Profile and the First form of the SIAS Toolkit.

**GROUP WORK: 60 minutes**

Participants will divide into groups of not more than 8 and do the group work

1. Read the case studies of learners (Activity Sheet 1) - What information of each child would be captured in the Learner profile?
2. Read the school case studies (Activity Sheet 5). List the barriers experienced by each of the children in the case studies (Activity Sheet 6) (20 minutes)
3. Review the Diagnostic Profile which has been completed for each of the relevant children in the case studies and discuss the ratings given and the implications of the information gained (10 minutes)
  - See if you agree with the score given for each child (although not all information is available).
  - Indicate whether the outcome of the evaluation would have been anticipated
4. Indicate how the process has provided a better understanding of disability and how it impacts on the functioning of the child

**REPORT BACK: 30 minutes**

Group report backs and discussions.

**WRAP UP: FACILITATOR (30 minutes)** - Facilitator will ensure that there is common understanding of where the Learner Profile and Diagnostic Profiles fit into the SIAS process.

**DAY 2: SESSION 1:**

**ACTIVITY 5: BASIC SCREENING OF BARRIERS TO LEARNING AND EXTENDED**

**LEARNER PROFILE****TIME ALLOCATION: 110 MINUTES****LEARNING OUTCOMES:**

1. By the end of the session participants will:
  - Have a clear understanding of how to develop an extended Learner Profile by completing SNA: Section 1
  - Know who should be involved in the process and how all role players should be approached.

**RESOURCES**

1. National Strategy on Screening, Identification, Assessment and Support (Schools Pack, Learner Pack and Operational Manuals)
2. Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System
3. PowerPoint presentation
4. Laptop and Data Projector
5. Flip Chart and Stand
6. KOKIS
7. Activity Sheets

**PROCESS AND CONTENT(POWERPOINT)**

1. Facilitator will provide the context for this stage of the SIAS process by: (15 minutes)
  - Outlining the purpose of the screening process
  - Time frames for completion
  - Listing who should be involved in the process
  - Guiding how role players should be approached
  - The factors that are specific to the child which can constitute a barrier to his/her learning and development
  - The contextual factors which can either be enabling to the child's development or constitute a barrier

**GROUP TASKS 60 minutes**

- In groups of not more than six complete Section 1 of the SNA for each of the children in the same case studies that were introduced in the previous activities.
- In groups complete Section 2 of the SNA for each of the learners in the case studies
- List how



<ul style="list-style-type: none"> <li>• Support can be organised at school level by a whole school development approach</li> <li>• Support can be provided to the teacher</li> <li>• Support can be provided to the learner</li> <li>• Parents can be consulted in the support process</li> <li>• The DBST can be involved in the process</li> </ul>
<b>REPORT BACK: 45 minutes</b>
Group report back and discussions.
<b>WRAP UP: Facilitator 15 minutes</b>
Facilitator will ensure that there is common understanding of how Section 1 and 2 of the SNA should be completed for a learner who is experiencing barriers to learning

<b>DAY 2: SESSION 2</b>
<b>ACTIVITY 6: INDIVIDUAL SUPPORT PLANNING</b>
<b>TIME ALLOCATION: 90 minutes</b>

<b>LEARNING OUTCOMES:</b>
By the end of this activity participants will have: <ul style="list-style-type: none"> <li>• A clear understanding of how the information gathered in Sections 1 and 2 of the SNA Form should be recorded in an individual support plan which can be tracked and reviewed at school level by the ILST in consultation with the teacher/s and parents.</li> <li>• How the school, ILST and Teacher can support a child without having to approach the DBST for further assistance</li> <li>• Experience of completing the Individual Support Plan form.</li> </ul>
<b>RESOURCES</b>
<ol style="list-style-type: none"> <li>1. National Strategy on Screening, Identification, Assessment and Support (Schools Pack, Learner Pack and Operational Manuals)</li> <li>2. Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System</li> <li>3. PowerPoint presentation</li> <li>4. Laptop and Data Projector</li> <li>5. Flip Chart and Stand</li> <li>6. KOKIS</li> <li>7. Activity Sheets</li> </ol>
<b>PROCESS AND CONTENT(POWERPOINT)</b>

**GROUP TASKS 60 minutes**

In groups of not more than 6, read the main headings of the form and list:

- How this form relates to the SNA Sections 1 and 2
- How this form relates to the Diagnostic Form

Then:

Complete the Individual Support Plan for the learners in the respective case studies, by referring back to the other forms in the Toolkit.

**REPORT BACK: 20 minutes**

Group report backs and discussions.

**WRAP UP: Facilitator 10 minutes** Facilitator will ensure that there is common understanding of the process of completing the Individual Support Plan. Summarise key points

**DAY 2: SESSION 2****ACTIVITY 7: ASSESSMENT OF SUPPORT NEEDS REQUIREMENTS**

**TIME ALLOCATION: 235 minutes**

**LEARNING OUTCOMES:**

By the end of this activity participants will have:

- A broad overview of the purpose and content of the SNA Section 3a Form
- An understanding of who should be filling it in for whom and when
- How this process should be managed

**RESOURCES**

1. National Strategy on Screening, Identification, Assessment and Support (Schools Pack, Learner Pack and Operational Manuals)
2. Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System
3. PowerPoint presentation
4. Laptop and Data Projector
5. Flip Chart and Stand
6. KOKIS
7. Activity Sheets

**PROCESS AND CONTENT(POWERPOINT)**

<p>The facilitators will present the structure and purpose of the SNA Section 3 a form outlining (30 minutes):</p> <ul style="list-style-type: none"> <li>• The rationale for the Areas of Support</li> <li>• How the form should encourage inclusive placement</li> <li>• How the form embodies a move away from category of disability to level of support needed</li> <li>• How the form will inform support planning and provisioning</li> </ul>
<p><b>GROUP TASKS 60 minutes</b></p>
<p>In groups of not more than 6 complete the form for relevant learners in the case studies.</p>
<p><b>REPORT BACK: 60 minutes</b></p> <p>Groups report back on:</p> <ul style="list-style-type: none"> <li>• The main areas in which the learner needs high levels of support</li> <li>• What kind of support and of what intensity should be provided</li> </ul>
<p><b>WRAP UP: Facilitator 20 minutes</b></p> <p>Facilitator will ensure that there is common understanding of the main features of the use of SNA Section 3 a</p>

<p><b>DAY 2: SESSION 2:</b></p>
<p><b>ACTIVITY 8: SCHOOL REQUEST TO DISTRICT</b></p>
<p><b>TIME ALLOCATION: 60 minutes</b></p>

<p><b>LEARNING OUTCOMES:</b></p> <ol style="list-style-type: none"> <li>1. By the end of this session participants would be able to: <ul style="list-style-type: none"> <li>• Explain how the Section 3a form should be analysed and translated into a request for support from the District</li> <li>• Motivate how a school can already provide support at various levels without having to consider an outplacement of a learner.</li> <li>• Outline how the support provided by the school can be enhanced and effectively monitored</li> </ul> </li> </ol>
<p><b>RESOURCES</b></p> <ol style="list-style-type: none"> <li>1. National Strategy on Screening, Identification, Assessment and Support (Schools Pack, Learner Pack and Operational Manuals)</li> <li>2. Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System</li> </ol>

3. PowerPoint presentation
4. Laptop and Data Projector
5. Flip Chart and Stand
6. KOKIS
7. Activity Sheets

**PROCESS AND CONTENT(POWERPOINT)**

Facilitator outlines the context of the support request form (SNA, Section 3b) by indicating how:

- The form will be replacing referral forms of the past
- The form is providing an indication of the capacity that the school has to provide support
- Is a first step towards whole school development and the identification of areas for ongoing staff development.

**METHOD:**

**Group Task 30 minutes**

In groups of not more than 4 draw fill in the form for each of the children in the case studies providing as much information as possible

**REPORT BACK: 20 minutes**

Group members will share their filled in forms with the plenary group.

**WRAP UP: Facilitator 10 minutes**

Facilitator will ensure that there is common understanding of the main features of the School Support Tracking Process.

**DAY 3: SESSION 1:**

**ACTIVITY 9: ACTION PLANNING FOR PROVISIONING AND MONITORING OF SUPPORT**

**TIME ALLOCATION: 90 minutes**

**LEARNING OUTCOMES:**

1. By the end of this session participants would be able to:
  - Understand the fundamental shift in how support should be understood as moving away from providing support for individual learners to supporting the system, the school and the teacher so that all learners can benefit.
  - Understand the cost drivers for support provisioning and how the DBST needs to plan their service to respond to these.

<ul style="list-style-type: none"> <li>• Manage the process of completing SNA Section 3b</li> <li>• Manage the provisioning and tracking of support at schools in the district.</li> <li>• Understand how this process provides a deeper understanding of how the system can support holistically and effectively respond to the needs of all learners who experience barriers to learning and development (including those with disabilities).</li> </ul>
<p><b>RESOURCES</b></p>
<ol style="list-style-type: none"> <li>1. National Strategy on Screening, Identification, Assessment and Support (Schools Pack, Learner Pack and Operational Manuals)</li> <li>2. Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System</li> <li>3. PowerPoint presentation</li> <li>4. Laptop and Data Projector</li> <li>5. Flip Chart and Stand</li> <li>6. KOKIS</li> <li>7. Activity Sheets</li> </ol>
<p><b>PROCESS AND CONTENT(POWERPOINT)</b></p> <p>The Facilitator/s will provide an overview of the purpose and content of the SNA Section 4 Form outlining: (10 minutes)</p> <ul style="list-style-type: none"> <li>• The functions of the DBST in relation to the whole SIAS Process</li> <li>• The planning, provisioning and monitoring of support processes in the district . not only for individual learners but also for schools, teachers, ILSTs and the system as a whole.</li> <li>• How this process should minimise the number of learners who are referred for outplacement to special schools and ensure that there is capacity building at school level to provide effective support to all learners, including those with moderate to high level needs.</li> </ul>
<p><b>METHOD:</b> Participants will be divided into groups, not more than 8 participants per group. Each group will be assigned one group task.</p>
<p><b>GROUP TASKS: 40 minutes</b></p> <p>Groups will fill in the SNA Section 4 form in respect of the learners in the case studies.</p>
<p><b>REPORT BACK: 30 minutes</b></p> <p>Participants will share report to plenary:</p> <ul style="list-style-type: none"> <li>• List the main areas in which support will be planned</li> <li>• The roles of all stakeholders in the support planning and provisioning process.</li> </ul>
<p><b>WRAP-UP: Facilitator 10 minutes</b></p> <p>Facilitator will ensure that there is common understanding of the nature and intent of this</p>

stage of the SIAS process.

**DAY 3: SESSION 3:**

**ACTIVITY 10: ACTION PLANNING FOR IMPLEMENTATION AT DISTRICT AND SCHOOL LEVEL**

**TIME ALLOCATION: 150 minutes**

**LEARNING OUTCOMES:**

By the end of this session participants will have :

- Planned the implementation of the SIAS at DBST and school level
- Indicated who will be coordinating the process at district and school levels
- planned and developed action plans for implementing the National Strategy by District-based Support Teams
- planned and developed action plans for implementing the National Strategy by Institution-level Support Teams
- planned process of further training at district and school level

**RESOURCES**

1. National Strategy on Screening, Identification, Assessment and Support (Schools Pack, Learner Pack and Operational Manuals)
2. Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System
3. PowerPoint presentation
4. Laptop and Data Projector
5. Flip Chart and Stand
6. KOKIS
7. Activity Sheets

**PROCESS AND CONTENT(POWERPOINT) – 20 minutes**

1. Role of Provincial Head Office Officials
2. Role of Provincial District Office Officials
3. Role of School Management Teams and ILSTs
5. Monitoring, Evaluation and support from Province, District Based Support Team

**GROUP ACTIVITY: 70 Minutes**

Participants break up in groups according to Districts. Delegates will discuss, plan and share implementation plans in a group session and report back to plenary. The DBST coordinator will lead the group.

<b>REPORT BACK: 50 minutes</b> District presentations of action plans with key objectives, activities, performance indicators, responsibilities and time frames will be followed by discussions.
<b>WRAP-UP: Facilitator 10 minutes</b> Summary of District action plans and issues to be managed by the province.

<b>DAY 3: SESSION 3:</b>
<b>SUMMARY, EVALUATION, WAY FORWARD AND CLOSURE</b>
<b>TIME ALLOCATION: 60 minutes</b>

<b>LEARNING OUTCOMES:</b> By the end of this session participants will have : <ul style="list-style-type: none"> <li>• A clear understanding of the implementation process that will be followed in 2008 with regard to the implementation of the SIAS Strategy in designated schools and districts.</li> <li>• An understanding of the roles and responsibilities of all sections regarding the monitoring of the process.</li> <li>• Submitted a report to the provincial head of Inclusive Education on the way forward.</li> </ul>
<b>WRAP UP</b> Provincial/ District Head of Inclusive Education outlines the way forward

<b>CLOSURE</b> Closing Remarks and Evaluation
<b>LUNCH AND FAREWELL</b>

**LIST OF POWERPOINT PRESENTATIONS**

<b>POWERPOINT</b>	<b>CONTENT</b>	<b>ACTIVITY</b>

1a	Introduction to Training	Activity 1 a
1b	Background to the Policy	Activity 1 b
2	Introduction and Overview of the Strategy, Stages and Stakeholders	Activity 2
3	Role Functions of: ILSTs DBSTs Teachers Parents	Activity 3
4	Learner Profile and Diagnostic Profile	Activity 4
5	Extended Learner Profile and Identification of Barriers to Learning	Activity 5
6.	Individual Support Planning	Activity 6
7.	Assessment of Support Needs Requirements	Activity 7
8.	Schools Request for Support Form	Activity 8
9.	Action Planning for Support Provisioning and Monitoring	Activity 9



# ACTIVITY SHEET 1

## CASE STUDIES

### Trevor

Trevor is the younger of two children who have both been diagnosed as children with ADHD. The parents say they both had learning problems at school and suspect they should also have had the same diagnosis. Both parents are working and Trevor was placed in various educare centres from age 2. He has been in continuous trouble at pre-school level because of behaviour problems and was in effect expelled from Grade R. The pre-school advised that he was not ready for Grade 1. The parents eventually decided to enroll him in Grade 1 because of the advice of a consultant that he needed the academic stimulation to prevent the dying of brain cells due to lack of appropriate stimulation.

The primary school where Trevor is enrolled is an ex-model C school with relatively small classes and a learning support teacher employed by the SGB. His Grade 1 teacher, Mrs. K, is experienced, dedicated and with a good track record of handling difficult children. Initially she struggled to keep Trevor in the class and the principal, secretary or learning support teacher had to come to her help to bring him back to class. Eventually she managed to win him over and developed a system of control and self-control by which he takes time-out when necessary but stays within bounds.

However, he really struggles academically. In September of Grade 1 he still could not write his name and hated any writing exercises, he could not cope with reading and numeracy according to age expectations. Mrs. K. reports that he attends reasonably well during group sessions on the mat but finds it difficult or impossible to work on his own at his desk. Recently she had more success when she used a peer to sit with him to help him concentrate.

The relationship with the parents is currently extremely tense. Initially they offered their full cooperation and support and openly discussed Trevor's problems and needs. However, somewhere the communication channels got blocked and the school feels they are very uncooperative. Disagreements are around after-care facilities, resistance against use of Ritalin, and a mutual feeling that the other party is not doing its share in the care of this very vulnerable child. The parents sometimes have unreasonable expectations of the school and

blame them for Trevor's lack of progress. The school feels that they get no support from the parents and that they are blocking their efforts to help Trevor. An agreement has been reached that Trevor will repeat Grade 1 but his current teacher cannot take him again due to difficult home circumstances and the severe stress that Trevor's presence in class places on her.

### Word Picture of Trevor

DOB: 15.11.99, Grade 1, Class teacher- Mrs. K. started Word P. 20.9.06

<p><b>COGNITIVE</b>          Concentration skills very poor          Struggles to complete task-          Very distractible          Struggles with all reading activities, spelling, and writing. Some days he still struggles to write his name. Performance fluctuates but he is mostly on level of first term Grade 1 in all these activities.          Numeracy slightly better. On some days he can do calculations up to 10. Can count well by rote and one to one counting is excellent on good days.          Visual motor skills well above average according to Beery- copying of patterns.          Motor planning excellent when not stressed</p>	<p><b>COMMUNICATION</b>          Does not follow instructions          Likes to talk- spontaneous communication also with relative strangers.          Loves stories.          Fairly good command of language.</p>
<p><b>PHYSICAL</b>          Allergies, blocked nose, frequent ear infections          Can gallop, jump, balance, and catch ball reasonably for age and dances excellently. He struggles with fine motor control tasks - especially writing and presses hard on pen to control movements. He seems to need to move all the time by fiddling, moving, rocking in chair, jumping up.etc. Left handedness well established.          Oversensitive to loud noise, sharp light, accidental touching as in group activities.</p>	<p><b>SOCIAL/EMOTIONAL</b>          Is keen to make friends but often annoys his peers. Impulsive, easily over stimulated, struggles to function in group - wise handling by teacher helped him to improve.          He avoids tasks when he cannot do them. Voluntarily time-out in passage helps him to cope but is often overused.          Struggles to make friends. Peers avoid him because of behaviour.          Mrs. K found that once she had won his confidence he was able to give lots of love and form relationship with her.</p>

Remarks: Parents are hesitant to use Ritalin due to family medical history. Currently he is on programme of alternative medication- omega 3 etc. but there are some practical problems in regular administering of medication. Parents tend to blame school for child's problems and are upset about school's after-care facilities. School blames parents for not being cooperative and not finding other after-care.

## SHANE

Shane is now eight years old. He is the youngest of six children and two of his older siblings are married with children of their own. His mother is in her early fifties and his father close to the age at which he intended to retire. However, his father feels that the concerns he has about Shane might altered his plans as Shane has not developed in the way the other children in the family did. Shane is obviously a very intelligent boy and has an excellent vocabulary for this age, but there seems to be something holding him back, especially in the way he reacts to people and situations.

Shane is often fearful of new experiences. Even at the age of eight he still likes all the home routines to be the same and becomes unreasonably upset when he finds any change in his environment and has a rigid set of interests which he pursues relentlessly. He has been obsessed with space for a number of years and spends hours in his bedroom looking at books and building Lego space constructions. Shane's parents have tried very hard to continue to help Shane to invite friends home as he is always asking for friends, but when they come, Shane tends to ignore them or become annoyed and angry when they want to play with his toys. He sometimes will throw temper tantrums when he does not get his own way and it seems as if he now has a reputation for being an odd child.

Shane attends his neighbourhood school which has been designated as a Full Service School. He is now in Grade 2. His Grade 2 teacher is upset that she has to deal with a learner like Shane in her class of 45 learners. She feels that she has not been given the training nor has the patience to support Shane. She finds Shane difficult to engage and often feels that he is going out of his way to annoy her. He does not respond to her, even when she tries to show concern and she finds this extremely frustrating and has expressed her feelings to the class. Shane is aware of his teacher's attitude and his behaviour has regressed. Recently Shane has been crying a lot at home and having even more temper outbursts. Shane's parents are very anxious about this situation and have made an appointment to see the school principal.

## **RAVI**

Ravi was abandoned at birth and was eventually placed in a convent which took in children with severe disabilities. The nuns soon noticed that Ravi was developing well in his language skills, even though he sometimes found it difficult to talk. He also was very alert, was able to enjoy and respond to television programmes and was an easy going and responsive child, despite his physical challenges.

Ravi is very sociable and popular amongst his peers in the convent. He has a good sense of humour and enjoys personal interactions with the adults who have cherished him since birth. Attempts to locate his parents through the social workers have been unsuccessful. It is rumoured that his mother was extremely young and delivered him in secret away from her family.

Ravi is now seven years old. He has very little independent functional movement. He has a customized wheelchair with head support and chest harness and he needs to be pushed by an adult. He also has a standing frame. He tolerates being positioned in this for short periods each day. Ravi is unable to clear his throat, his swallowing is significantly impaired and he struggles constantly to maintain his airway. With slow concentrated movements he is able to take objects held out to him. Ravi likes to paint. He is positioned in his wheelchair in front of an easel, the paint is loaded onto the brush and he holds this with a fist grip. An adult support and guides his arm and hand while he paints and assists him to release the brush. Ravi requires total assistance to transfer in and out of his wheelchair and standing frame or on to the floor, he is fully dependent for all his toileting needs.

The nuns at the convent have heard about inclusive education and have approached the local school as they feel that Ravi needs stimulation from learners without disabilities and exposure to a normal environment.

## QUINTON

Primary school has been one long struggle for Quinton and he has become used to being mocked and teased, especially by the boys at his school for ~~failing~~ not once, but twice. Quinton has become used to disappointments and surviving, as he and his mother have had to survive many things.

The first disappointment was when at the age of three his father left home and did not return. This left Quinton and his mother with little choice but to move into a small lodging room at the back of his uncle's house. The second major disappointment was school. Quinton so looked forward to going to school, having a uniform, having a packed lunch and learning many things; the kinds of things that his cousins bragged that they could do. But somehow school did not work the way he hoped it would. The work was always too hard, the tasks too difficult to complete and the punishments and humiliations too hurtful and unfair. Quinton could not copy from the board quickly like the other children could, he could not remember the instructions or got them mixed up, he could not even read properly and things never seemed to get better. The only good thing in class was that often some of the girls would help him with his written work, organising his things and finding the right page numbers quickly. Also the teachers now tended to ignore him. Most of them did not even ask for his books and were happy to let him draw the intricate drawings which kept him quiet and absorbed for most of the time.

All Quinton thought of during school time was that when the bell rang for break time and he could take his rugby ball and play soccer on the field. There it did not seem to matter so much that he never got good marks for his maths, could not answer the comprehension questions, did not ever get called up for merits in assembly and that he could not read any of his textbooks. His rugby skills also got him noticed by some of the girls and that was not a bad thing either. Now that he was 15 and in Grade 7 he found himself thinking about girls a lot. He also was thinking about what was going to happen to him. He was not good at school, that was obvious, so what now? He did not want to disappoint his mother further. He felt that he should go out and work, but there were so many people older than him that could not find work and they had gone further at school than Grade 7. Quinton wished that he could learn something useful, something that would help him earn money to support himself and his mother. Then maybe his mother could be proud of him.

## **GLORIA**

Gloria's mother is a worker on a farm in the Western Cape. She had Gloria when she was sixteen years old and soon realized that Gloria was not developing like the children of her fellow workers. She decided to keep Gloria at home as she did not have an identity document and could not register her birth at the nearest town. Additionally the mother did not have a good experience at school herself and was scared to go to the school in the town in case she was humiliated by the principal and teachers again.

Gloria could not talk, did not respond to sounds and was slow and guarded in her interactions with others and in her movements. Gloria and her mother developed their own sign language to communicate and her mother taught Gloria to do simple chores in the house and care for a few chickens. One day she heard that there was a man who visited the area when he brought children back from the special school in the nearest town for the school holidays. The farm workers said that he was kind and cared for children who found learning difficult. She decided to approach this man when he next visited the area and ask him what he could do for Gloria as she was now sixteen years old.

The principal helped Gloria's mother with the documents she needed and after six months Gloria was accepted into this school. Initially Gloria struggled to adjust to being away from home and her mother and found it very difficult to express her feelings and needs. After a few months Gloria showed signs that she was beginning to trust the house mothers and become used to the school and boarding house routine. She loved mealtimes and the staff used the routines around the meals to help her with basic communication skills.

Gloria can now communicate with a small vocabulary of words and signs to accompany her gestures and body language. She expresses simple emotions such as happiness, sadness and anger and has a concept of herself as an individual. She is now able to sort objects into simple categories, understands early concepts of big and little, and experiments with cause and effect. Gloria does not easily apply what she learns from one situation to another. She can understand one-part instructions in familiar daily routines and imitates adult and peer actions without always understanding what the actions mean. Gloria is still learning how to keep safe in day-to-day situations at school, home and in public areas.

## DINEO



Dineo is a little girl who is 7 years old. She lives in rural Mpumalanga with Tebogo, her older brother, who attends the local primary school, her mother and father, and her grandmother. Her father works as a policeman, and her mother does not go out to work. She sometimes cooks for weddings in the community.

Dineo was born with a condition known as Down Syndrome and has a heart condition that could affect her general health, energy levels and physical abilities. She has regular chest and ear infections, especially during the winter months. Although there is a community clinic, it takes Dineo and her mother the whole day to get there and back for her to receive treatment. Dineo's parents have been taking her to the clinic regularly since she was born as the clinic sister originally identified her condition and insisted on visits to monitor her development, heart condition and ear problems. She also arranged for a community rehabilitation worker to help the parents with Dineo's physical and intellectual development.

Dineo's parents understand Down Syndrome, and know a great deal about her difficulties. They have tried to explain what they know about Down Syndrome to their neighbours but have found it difficult to explain the condition to the grandmother. The grandmother is embarrassed about Dineo and is reluctant to go on outings with the family as she does not want people to notice the fact that she is different.

Dineo is able to walk, run and climb with no difficulty. She can also feed and wash herself and her mother is teaching her some simple chores. Dineo is a sociable child. She loves other children, and plays happily with the young children around her home.

At the age of three the community rehabilitation worker suggested to Dineo's parents that she attend the local crèche. Even though the health care worker shared information with the crèche teacher, the teacher found it difficult to cope with Dineo in her class. She found it difficult when Dineo could not do the same things as the other children and especially when Dineo became stubborn and refused to do the work and ran outside to play. After three years at the crèche, the crèche teacher and certain members of the community felt that Dineo needed to go away to the special school 150 kilometres away. Dineo's parents did not

want to send her away and decided to approach the local primary school to accept Dineo into Grade 1.

Dineo was accepted into Grade One at the age of seven at the same school her brother attends. However her parents are anxious about this move as they know it will be a big change for Dineo and they are concerned that the new teacher may not know anything about Down Syndrome, let alone how to work with their daughter. The parents want to make the change as easy as possible for both Dineo and her teacher.

Dineo's teacher has spent some time looking at the recommendations that the crèche teacher has made and has noticed that Dineo cannot count. She has also noted that Dineo needs support in expressive and receptive communication and in some activities of daily living. She has spent a few weeks observing Dineo in the classroom and playground. She has filled in the Learner Profile and has requested a meeting with the ILST to assist her to plan support for Dineo.



## XOLISWA



Xoliswa used to live with both her parents in the Eastern Cape. Both her parents are living with HIV. However, when her parents separated, her mother moved to Cape Town. Xoliswa now lives there with her mother in a very poor and densely populated suburb. Xoliswa's father still lives in the Eastern Cape and rarely sees his daughter. Her mother has a sleep-in job as a domestic worker. She rents a small room in the back yard of relative strangers. Xoliswa stays alone in this room during the week. Her mother has arranged for her meals to be provided by the landlord. Her mother returns home at the weekends.

Xoliswa attends the school around the corner from her home. She is in Grade 4. At 11 years, she is a little old for her grade. This school has about 750 learners and 22 staff members. The teacher/learner ratio ranges from 30 . 50 learners per teacher. Staff are struggling to cope with the many learning and developmental needs of their learners, especially since they have so many learners in their classes. Many learners are poor and come from communities with high unemployment. Many of the teachers consider that certain children have disabilities of some kind, and do not consider it their job to help these particular children.

Xoliswa misses her friends and father, and finds it very hard to integrate and feel at home in this new school. She did not do very well at her last school either, but at least she had a few friends there. Her teachers think she has intellectual problems, and tend to not bother with her much in class, especially since she rarely does class work or homework. What little work she does seems to suggest that she does not read or write well. Her classmates pick up on the teachers' attitudes, and tend to ignore her, or even abuse her verbally. Xoliswa is demotivated and quiet. This behaviour also contributes to the way her teachers ignore her.

Xoliswa misses her father considerably. She was very close to him, and they did a lot of things together. Xoliswa's mother had been close to her before the move, but since the move, she has become extremely worried about their financial situation and

her responsibilities. Since she is away from Xoliswa during the week, she is often not emotionally available for Xoliswa.

Xoliswa goes straight to school and straight home, and often sits for hours doing nothing. Her mother promises to buy a TV but in reality, they are too poor. Xoliswa is distressed and lonely, and often does not do her homework.

At school things are not much better. Her teacher does not understand her. She considers her mentally retarded and not able to read or write very well. In fact, though her reading and writing skills are not grade appropriate, they are only about one year below her grade level, and she only needs more practice to become better. This lack of understanding and acceptance increases her anxiety at school, which means she is unable to concentrate much in the class.

Since she is alone, she does not bother too much with her appearance. Her hair is often unkempt and she neglects personal hygiene. Her appearance can put people off, so she has no friends yet. However, there is one girl in her class who seems to be as lonely and as unhappy as herself, and they are slowly drawn together. She does sometimes wander over to where the younger children are playing, and is starting to make friends with a couple of children.

# ACTIVITY SHEET 2

Department of Education

7 February 2008

Dear Sir/Madam

## The Application of the Inclusive Education Policy

My son, Matthew, was born on 23 November 1994. When he was four years old, he was diagnosed as having Mosaic Down Syndrome. As his progress/learning was behind that of his peers, we decided that he would repeat Grade 0 to better prepare him. He subsequently started Grade 1 at a Primary School in East London in 2002. He was fully accepted into all facets of the school, and although this was the first time the school was experiencing inclusive education for a Down Syndrome child, they fully supported him, gave him additional attention, and adapted tasks where necessary, for example, giving more time to complete tasks. They also took into account his speech problems when assessing him.

He repeated Grade 1 as he had not mastered the basics of literacy and numeracy, and from Grade 2 through Grade 4 he flourished with the support and assistance of the school.

We relocated to Cape Town at the end of 2006, and he began Grade 5 at a Primary School in 2007. Initially he coped reasonably well, but by the second term the workload was becoming too much for him. He especially has a problem with Afrikaans (our family is English speaking), and at this stage he still has a very limited vocabulary and cannot put together a sentence in Afrikaans. I approached the Headmaster in June of last year, and enquired as to whether Matthew could drop the subject of Afrikaans, or at least do it on a lower grade, as I had been led to believe that this was possible in terms of the inclusive education policy. After a discussion with the learning support teacher, it was recommended that we rather transfer Matthew to a nearby special school as they have better facilities to cater for children with problems. However, as the school is apparently very full, it is very difficult to get placement, and I was told to let Matthew fail so that there would be proof that he was not coping in mainstream and would therefore have a better chance of being accepted into this school. My husband and I rejected this option as we did not believe that asking Matthew to fail was fair to him as it would destroy his confidence in his abilities and remove the pride he takes in his work. The headmaster subsequently approached the district representative from the Department of Education who said that Matthew has to do the same work and be assessed in the same way as every other child at the school.

My husband and I subsequently discussed the situation with Matthew, and gave him the option of failing so that he could go to an easier school. However, Matthew takes great pride in his work and

is extremely conscientious and somewhat of a perfectionist and asked us not to let him fail. We made it clear that it would be hard work to keep up with the other children, but he wanted to do his best. More than that, he wanted to stay at the school where his brother and his best friend were.

To summarise: If you look at Matthew's report card, he appears to be coping extremely well. However, in reality, the pressure of trying to do the same as his classmates is far too much for him, given the barriers he has to learning.

I therefore ask the following questions in terms of the Inclusive Education Policy:

Can a school reject inclusive education as this school has done i.e. refuse to make any adaptations to tasks and assessments to make them child specific? (Please note that his school has fully accepted him on a social level . there is no discrimination)

Can Matthew, who has a proven genetic barrier to learning, be allowed to only do and be assessed on certain subjects? For example, could he drop Afrikaans altogether, and perhaps some other subjects such as Arts & Culture, too reduce his workload, and thereby enable him to focus on the subjects which we believe will stand him in better stead, such as English (his home language) and Mathematics.

# ACTIVITY SHEET 3

## LETTER FROM A TEACHER

About half the pupils in my class suffer in some way or another from the effects of alcohol abuse by their parents and people around them. The parents drink from Friday afternoon when they get off work, straight through to Sunday, a habit which leaves them with little time to pay attention to their kids or for any significant bonding to take place.

My pupils also suffer from physical abuse . like the boy who came into class the other day with a burnt hand. Turns out the mother put his little hand on the hot stove because he was naughty. They often get punished by their parents because they dared to touch ~~the~~ wine+ or interrupted mom while she was on a drinking spree with her buddies. They also don't get taken to the nearby clinic when they have medical problems, the parents simply are not interested in taking them.

These children did not go to kindergarten or Grade R, which means they come to school for the first time in Grade One. This means they take a long time to learn how to write their own names. The parents work . mostly as labourers on the wine farms . from six in the mornings to six in the evenings, which means they never attend parent-teacher meetings, but on Mondays you can see them walking along with crates of empty beer bottles. When you ask a pupil on Monday why his uniform is not clean, he'd say outright ~~%Ma~~ het net gesuipt+ (Mom was drinking).

In class they seek attention at all costs and have trouble sitting still. They also don't understand the things they're supposed to be learning and become bored easily.

About seven out of my class of 34 pupils suffer from Foetal Alcohol Syndrome. You can see it the moment they enter the classroom. They have slant-eyes and their noses are pulled upwards. They often have runny noses and they talk differently from the other kids; they can't communicate properly and don't react when asked questions.

Mostly kids with Foetal Alcohol Syndrome will make friends with others who also have the disease. All seven in my class are in line to go to a school for children with disabilities, but the school cannot accommodate them and, therefore, they have to continue in our school until they get allocated a space+

**Grade 1 teacher at Alexander Primary School, near Franschhoek, Western Cape.**

**MAIL AND GUARDIAN, MARCH 2008**

## ACTIVITY SHEET 4

# THE WORD PICTURE

Thinking Skills/Cognitive	Physical
Social/Emotional	Communication

# ACTIVITY SHEET 5

## SCHOOLS THAT CASE STUDY LEARNERS ATTEND

LEARNER/S	DINEO	TREVOR AND SHANE	RAVI	QUINTON	GLORIA	XOLISWA
<b>COMMUNITY</b>	Rural school, poor community, children mostly from rural settlements.	City suburban, middle class but also some learners from poorer homes and domestic workers in the area.	Small town/Rural coastal area, mixed socio-economic levels. Popular holiday destination during summer holidays.	City suburban located within light industrial area, working class community. Pockets of gang activity and no go areas.	Rural, poor, farming community with well established town 30 kilometres away.	Big township school with diverse languages but mostly Xhosa, 60% unemployment, many homes in informal settlements. Crime and lack of respect towards adults amongst the youth of great concern in community.
<b>SCHOOL</b>	Mixed gender: 60% siSwati; 40% Ndebele, telephone, running water, but poor ablution facilities for learners and staff. Teaching staff of 12. School has an ILST but it struggles to meet frequently and needs guidance.	Full service school; mixed gender; learners have English and Afrikaans and Zulu as home languages. School staff of 25. School building needs some maintenance. Fund raising in progress to upgrade building and build new	Small school with 50% English, 30% Xhosa speakers and 10% Afrikaans speakers. Mixed gender. Staff of 14. Teachers are being trained in setting up an ILST by members of the district service point.	Mixed gender: 55% Afrikaans, 25% English, 10% Xhosa, 10% combination of French and Portuguese speakers. School buildings need maintenance and school has many prefab classes which are hot in summer. School has tarmac areas	Mixed gender. 85% Afrikaans speakers and 15% Xhosa speakers. Main school buildings solid but with no ramps built yet. One prefab classroom. Small school hall which serves the immediate community. School staff of 16. Most staff do not	Urban, Township, Mixed Gender 90% Xhosa and 10% other African languages. School employs some parents as general workers through the Department of Public works. Functioning school feeding scheme. School very proud of its drum majorette troupe and band

	School feeding programme not yet established	multipurpose venue. School has a functioning ILST that meets frequently but operates mostly as a referral body.		which are used for sport. No school hall. Well functioning school feeding scheme run by teachers and parents. ILST has been set up in name only but is not functional.	have qualifications in special needs but have many years of experience with children with intellectual disability. 40% of learners stay at school hostel.	which is sponsored by local businesses. Staff resistant to being involved in ILST as feel have too many other portfolios to deal with. Staff all have basic teacher qualification . two staff members have B Ed Hons. Degrees.
<b>LOLT</b>	Ndebele and English	English	English	Afrikaans/ English	Afrikaans	Xhosa and English
<b>T:L RATIO</b>	1:45	1:45	1:35	1:45	1:18	1:50
<b>CLASSROOM/S</b>	Grade1:Old, spacious, adequate but battered furniture. Access to reading books, but many are in poor condition and are outdated in content.	Sufficient classroom space in Grade 1 & 2 rooms. Access on rotational basis to a variety of LTSMs. Well stocked foundation phase reading book room with well organized system of grading of books.	Grade 1 - Large, well equipped classroom with class library and variety of LTSMs.	Grade 7 class - Small classroom with desks crammed together and little space for the teachers to move around. Teachers do not want to put visual information on the walls as they say their hard work is often vandalized by the children.	Senior special class. Spacious classroom with a variety of LTSMs made by the teachers. Use town library. Well equipped computer room which is used by other schools in the area.	Grade 4 class . on first floor of building . adequate furniture but space limited and teachers reluctant to do group work because of disruptions.
<b>RESOURCES</b>	School library but not well stocked; some equipment e.g. occasional use of OHP and Photocopier when it is working	Library, computer room with enough computers for each learner. Itinerant learning support teacher.	Large shady school grounds, play equipment and tennis court and small field. Access to OHPs, computers and	School library with outdated books which is mostly used as an extra classroom. Well equipped computer room	One teacher with Post Graduate Diploma in Inclusive Education. Access to psychological	Recently equipped computer room where learners share access to computers. Staff still need training in computer skills. Good supply



			television sets and VCRs.	which has taken most of the school funds to make secure.	services from the EMDC. No school therapists.	of reading books but no system of grading them.
<b>LEARNERS</b>	20 boys, 25 girls Ages 6 to 9 years 10 learners are considered slow 1 learner has Down Syndrome 1 learner has vision barriers due to Albinism. 1 learner suspected of having AIDS. Many learners come to school hungry.	In grade 1 class: 20 boys and 25 girls; in Grade 2 class 24 boys and 21 girls Aged 6 . 8 years. In Grade 1 class 4 children with ADHD, three learners who struggle with the LOLT, 2 learners considered to be slow In Grade 2 class: 2 children with ADHD, 1 learner with repeated middle ear infections, one learner with diabetes Type A, one learner with Asperger's Syndrome. 5 learners who struggle with LOLT.	19 boys and 16 girls. . Ages 6 to 9 years. 10 learners find the LOLT difficult. 2 learners have vision impairment. 1 learner repeating Grade 1 as was in accident and now uses crutches to move around and has memory problems. 1 child has severe asthma attacks in winter.	23 boys and 22 girls. Ages 12 . 15 years. 12 learners who are considered poor candidates for an academic high school career. Severe behavioural problems with two learners having appeared in children's courts	10 boys and 8 girls. Age range 12 . 18 years. Most learners have been categorized as having moderate intellectual disability. All learners are involved in practical skills development such as basic food preparation, housekeeping and gardening. Some learners show aptitude for hair dressing and basic woodwork. Two learners have done very well in sporting activities. One learner has recently joined the school but there is concern that she should have been placed at a school for the Deaf.	29 boys and 21 girls aged 9 to 11 years. Most learners struggle to learn in English. Literacy and numeracy scores are low. Two boys with ADHD, 3 girls known to have been abused, three learners with repeated middle ear infections and intermittent hearing loss. Many learners come to school hungry and several are considered to be neglected.

<b>TEACHERS/S</b>	Teacher has 2 year teacher's diploma, has taught for 10 years at the school. She has had some OBE training.	Grade 1 teacher has 25 years experience with 2 year diploma which she upgraded but recently has had personal stresses at home; Grade 2 teacher is in her second year of teaching . has 4 year diploma from University of Technology.	Grade 1 teacher has university degree and experience of teaching in the UK where she taught at a school with a special needs unit. She has 15 years experience of teaching all grades in the Foundation Phase.	Teachers in the senior phase are all male. One teacher who is responsible for soccer coaching is interested in using sport to motivate his learners not to drop out of school after Grade 7. Most teachers find it difficult to deal with the slow learners and tend to ignore and make few demands on them.	Teacher of the senior class has over 30 years experience of teaching learners with intellectual disability. She is interested in upgrading her skills and attends workshops regularly. She finds it difficult to integrate the ACs of the Learning Areas of the NCS into the work she prepares for her class	Teacher has 2 year diploma. She has had OBE training and is being encouraged by the principal to enroll in an ACE course next year. She has had 12 years teaching experience at several township schools. She was recently mugged when leaving a taxi near her home and wants to move from the area.
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# ACTIVITY SHEET 6

**IDENTIFICATION OF BARRIERS TO LEARNING** (15 minutes Group Work Task)

List the barriers to teaching and learning that are present in each of the school scenarios. Also note the enabling factors in each environment.

School \_\_\_\_\_ (A/B/C/D):

**Contextual Barriers:** These are factors in the school environment that have the potential of preventing all learners from feeling welcome and reaching their full potential . the focus is on culture, dynamics and social context

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**Systemic Barriers:** These are factors in the school and learning situation that are systemic in nature, such as resources, physical, material and human resource factors.

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**Individual Barriers:** - These are factors that are intrinsic to individual learners.

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**Enabling Factors:** - These are factors which could improve opportunities for all learners to reach their full potential

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# **Activity Sheet 7**

## **Learner Profile**

## **Activity Sheet 8**

# **Exemplars of Diagnostic Profiles for Dineo and Ravi**

<b>DIAGNOSTIC PROFILE</b>
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Name of learner: DINEO PACHAKA	Date of birth: 05 January 2001
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Disability: INTELLECTUAL WITH ASSOCIATED MEDICAL CONDITIONS

Ensure relevant documents accompany this form. This form should be filled in by health professionals in the DBST, special schools, hospitals, primary health care clinics and/or private practice to provide a clearer understanding of the extent of the functional limitations experienced by children who are disabled or ill. It must be understood that in itself it provides no indication of the education support that will be needed by learners and may not serve as a recommendation for educational placement or indication of level of support needs. Note to ILST/ DBST: Learner with one or more moderate or severe impairments should be reviewed for Level 4 or Level 5 support needs

**A. HEALTH PROFESSIONAL REPORT** (To be completed by health professional)

<b>1. MEDICAL RECORDS</b>	Viewed		Attached	√
Is the impairment temporary or permanent?	Temp		Perm.	√

Summary of functional limitations experienced by learner (as outlined Department of Health Guidelines for Disabled People at hospital Level).

<b>2. AREAS OF IMPAIRMENT AND ACTIVITY LIMITATION</b>			
NA= not applicable,	Mild impairment/ activity limitation	Moderate impairment / activity limitation (Level 4 within SIAS framework)	Severe impairment/ activity limitation (level 5 within SIAS framework)
<b>2.1 Mobility</b>	½		
<b>2.2 Self-care</b>	½		
<b>2.3 Communication</b>		½	
<b>2.4 Vision</b>	N A		
<b>2.5 Hearing</b>	½		
<b>2.6 Mental- psychiatric diagnosis</b>	N A		
<b>2.7 Cognition</b>		½	
<b>2.8 Health care needs</b>	½		
<b>Further Comments</b>	Has heart condition and recurrent ear infections which need monitoring		

Date:	Name of Health Professional:
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## B. CRITERIA FOR SELECTION

- Score Activity Limitations by entering a rating for each sub-section of the Activity Domains according to severity. If a moderate or severe limitation is noted, move on to the next section
- Choose which Activity Domains need to be included for each Applicant; not all will apply.
- Capture the global score for each domain in the table on the first page of this form.
- The developmental age of the child is taken into account when scoring . generally assess in relation to the norm.

NB: All questions assume that the applicant is not using any assistive devices or does not have any help from another person (with some exceptions e.g. a wheelchair). Indicate under **Further comments** on the first page, whether the learner has an assistive device and whether it is in good operating order (this must be taken into account when filling in SNA Section 3a and b

Activity limitations: 1 = None or mild 2 = Moderate 3 = Severe
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See <http://www.who.int/classifications/icf/site/checklist/icf-checklist.pdf>

Use the above guidelines when scoring each section below:

ACTIVITY DOMAIN	NONE or MILD limitation	MODERATE impairment / activity limitation	SEVERE impairment/ activity limitation	SCORE
<b>MOBILITY</b>	Can the child move his/her body, arms and legs freely and move around inside and outside of the home?_			1
Transfer	No difficulty, or may need help occasionally	Can move, but must be assisted, is slow, or gets very tired	Unable to move alone	1
Moving from one body position to another	No difficulty, or may need help occasionally	Can move, but must be assisted, or slow	Unable to move alone	1
Getting in and out of bed and/or chair (moving from one surface to another)	Moves around without any difficulty; or slow, but manages without discomfort	Manages if holding onto something stable, or assisted	Unable to manage alone	1
Walking/wheel-chair	Moves around without any difficulty; & manages without discomfort	10 to 200 meters, with a stop for rest and some discomfort	Unable to move around alone, or very restricted e.g. < than 10 meters; very slow.	1



Stairs, or lift (if using wheelchair)	No difficulty, or manages given time	Manages, but is slow and must stop to rest or be helped.	Unable to climb steps or use a lift	1
<b>SELF CARE</b>	Can the child manage his/her own self care activities e.g. eating, getting dressed etc?+			
Dressing: Upper body	Manages most; may ask for help with buttons or zip fastenings. Can undress	Needs help with underwear, fastenings and tie; or tries but not always successful	Attempts to put on shirt or jersey but does not usually manage.	1
Lower Body	May need help with shoes and socks/stockings	Manages pull-on and loose clothing; needs help with fastenings, shoes and belt	Cannot put on underwear or other items properly. Kicks off shoes.	1
Washing	Manages in reasonable time; or occasional help	Manages partly but not hair or feet	Assist with washing face and upper body; or cannot do this alone	1
Feeding	Eats and drinks without help	Can eat and drink but needs help with cutting food and uses a special cup	Can eat only with hands or drink from a straw; or unable to manage	1
Use the toilet	Manages independently; needs occasional help	Requires help with handling paper and/or sanitary aids	Cannot do personal hygiene associated with toileting	1

Bowel and Bladder Control	No problem or might lapse occasionally	Loses control occasionally; bowel control; no bladder control or vice-versa; uses aids; social embarrassment	Needs to be reminded regularly; or incontinent	1
<b>COMMUNICATION –</b>	Can the child understand what people are saying to him/her) and is he/she able to express himself/herself in a way that others understand?			

<b>Understanding</b> “Can the child understand what other people are saying in his/her family or with friends and	Understands everything that is said or misses just a few meanings	Able to understand basic, simple sentences	Unable to understand any meaningful language- please see appendix for	2
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neighbours+?			detail	
<b>Producing language</b> %Can he/she make him/herself understood by others who know him/her as well as strangers+?	Person is generally intelligible at the level of articulation, grammar and meaning.	Able to produce basic, simple sentences	Difficulty due to severe disturbance or no voluntary control of speech muscles (dysarthria) or Has no voice due to structural impairment (e.g. laryngectomy, tracheotomy, tracheostoma)	2
<b>Initiating and maintaining a conversation</b> %Can you have a meaningful conversation with others who know you or with strangers+?	Can hold a meaningful conversation	Can initiate and maintain a conversation about familiar subjects with some assistance from listener; Frequent failure to convey idea	Fragmentary expression with great need for inference, questioning and guessing by listener; Can engage only with alternative, augmentative communication	2
<b>VISION</b>	This domain must be assessed through a vision asking of questions		test + observation +	
Classification of Visual impairment after maximum correction 6/24 . 6/36 = moderate 6/60 . 3/60 in the better eye =severe < 3/60 in the better eye, after maximum correction = blind				

<b>Visual acuity</b> e.g. ability to identify objects and shapes at close range and distance; thread a needle %Can you see well enough to recognise people and objects?+	Some difficulty that is resolved with use of Spectacles;	Recognises familiar person across a street; Can see to read and write (incl. learning these skills); Can manage to get around in a low lit area	Cannot recognise any object at arm's length; familiar person across the street; Unable to read or write; Cannot get around other than in familiar places	
<b>HEARING</b>	This domain must be assessed through an auditory test + observation + asking of questions. %How well can you hear when you are alone, with one person, and a group?+			
Decibel loss >31dB persons under the age of 15 = Moderate >41dB persons 15 years and older = Moderate >61 dB at 0,5; 1; 2 and 4KHz in the better ear = Severe				

<p><b>Sound recognition</b> e.g. words; nature; warning sounds %Can you hear any noise nearby? If so, what is it?+</p>	Hears sounds and can usually identify them correctly	Cannot always localise sounds or hear warnings e.g. alarm ringing; traffic	Severe difficulty or complete inability to hear warning sounds	1
<p><b>Following a conversation in noise</b> e.g. subject and general content of conversation with more than one person, and at varying distances %Are you able to hear and understand when people speak to you?+</p>	Follows conversation with one person and more than one if speech is clear even if there is some noise	Some difficulty in oral communication because of impairment especially if there is some noise and/or in a group; uses lip-reading	Conversation very limited or not possible except with one other person in a quiet room with good lighting; relies heavily on lip-reading	1
<b>MENTAL-PSYCHIATRIC STATUS</b>	This domain must be assessed by a psychologist or psychiatrist, considering Psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.			
Interpersonal interactions and relationships	Absent or minimal symptoms (e.g. mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially	Moderate difficulty in social, occupational, or schooling functioning (e.g. few friends, conflicts with peers or co-workers).	e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting OR any serious impairment in social, occupational, or schooling functioning, no friends, unable to pay attention to work	
Basic interpersonal interactions	Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g. occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.	Moderate symptoms (e.g. depressed mood and mild insomnia) OR moderate difficulty in social, occupational, or school functioning (e.g. regular truancy, or theft within the household), has some trouble to enter into meaningful interpersonal relationships.	Behaviour is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgement (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost	

Family relationships	Effective, generally satisfied with life, no more than everyday problems or concerns (e.g. an occasional argument with family members).	Has regular friction and conflict with family. Struggle to sort out problems in the family and becomes moody and withdrawn.	Some impairment in reality testing or communication (e.g. speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school family relations, judgement, thinking, or mood (e.g. depressed avoids friends, neglects family, and is unable to work, child frequently beats younger children, is defiant at home and is failing at school)	
Handling stress and other psychological demands	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family argument) no more than slight impairment in social, occupational, or school functioning (e.g. temporarily falling behind school work.)	Symptoms appear more often (e.g. withdrawn and/or anxious when faced with stressful situations), moderate impairment in social, occupational or school functioning (e.g. regularly falling behind with work)	Some danger of hurting self or others (e.g. suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g. smears faeces) OR gross impairment in communication (e.g. largely incoherent or mute).	
<b>COGNITION</b>	This domain is assessed with practical examples. Each provides a way of scoring to facilitate a decision about severity. DBST staff could assist with further verification.			
<b>Problem solving</b> e.g. simple task that needs solution or explanation Listen to this puzzle and see if you can think of a way to solve it+.	Able to solve the problem; or, had the right idea; score between 8 and 10	Didn't get the answer, even with one prompt, but went about solving the puzzle in a systematic way; score between 5 and 7.	Unable to solve the problem, even with two prompts; score between 0 and 4	2
<b>Memory</b> e.g. short and long-term recall of events and personal details. How many objects that you saw in the picture card can you remember?	Fairly good recall: 12/15	Moderate recall: 9/15 One prompt	Poor recall: Less than 7 Two prompts	2

<b>HEALTH CARE NEEDS</b>	This domain needs to be assessed by a medical practitioner			
Chronic illness	Does not affect school attendance and participation	Occasional absence from school, needs frequent rest periods	Frequent absence due to hospitalisation or illness	1
Medication needed	Can be administered by teacher	Should be administered by health practitioner	Requires medical practitioner or senior nurse	1

Surgery undergone	Teacher can support by reducing work load	Should be monitored by health practitioner	Should frequently be monitored by medical practitioner or senior nurse	
Surgery still to be undergone	Does not affect school attendance and participation	Occasional absence from school, needs frequent rest periods	Frequent absence due to hospitalisation or illness	2
Allergies	Can be monitored by ordinary teacher	Should be monitored by health practitioner	Intervention may be required from medical practitioner or senior nurse	
Other medical conditions	Heart condition Frequent ear infections			

## DIAGNOSTIC PROFILE

Name of learner: RAVI CHETTY

Date of birth: approx 22 June 2000

Disability: PHYSICAL

Ensure relevant documents accompany this form. This form should be filled in by health professionals in the DBST, special schools, hospitals, primary health care clinics and/or private practice to provide a clearer understanding of the extent of the functional limitations experienced by children who are disabled or ill. It must be understood that in itself it provides no indication of the education support that will be needed by learners and may not serve as a recommendation for educational placement or indication of level of support needs. Note to ILST/ DBST: Learner with one or more moderate or severe impairments should be reviewed for Level 4 or Level 5 support needs

### A. HEALTH PROFESSIONAL REPORT (To be completed by health professional)

<b>1. MEDICAL RECORDS</b>	Viewed		Attached	√
Is the impairment temporary or permanent?	Temp		Perm.	√

Summary of functional limitations experienced by learner (as outlined Department of Health Guidelines for Disabled People at hospital Level).

2. AREAS OF IMPAIRMENT AND ACTIVITY LIMITATION			
NA= not applicable	Mild impairment/ activity limitation	Moderate impairment / activity limitation (Level 4 within SIAS framework)	Severe impairment/ activity limitation (level 5 within SIAS framework)
<b>2.1 Mobility</b>			½
<b>2.2 Self-care</b>			½
<b>2.3 Communication</b>		½	
<b>2.4 Vision</b>	N A		
<b>2.5 Hearing</b>	N A		
<b>2.6 Mental- psychiatric diagnosis</b>	N A		
<b>2.7 Cognition</b>	NA		
<b>2.8 Health care needs</b>			½
<b>Further Comments</b>	Needs adult assistance to move from wheelchair to bed and standing frame		

Date:

Name of Health Professional:

## B. CRITERIA FOR SELECTION

- Score Activity Limitations by entering a rating for each sub-section of the Activity Domains according to severity. If a moderate or severe limitation is noted, move on to the next section
- Choose which Activity Domains need to be included for each Applicant; not all will apply.
- Capture the global score for each domain in the table on the first page of this form.
- The developmental age of the child is taken into account when scoring . generally assess in relation to the norm.

NB: All questions assume that the applicant is not using any assistive devices or does not have any help from another person (with some exceptions e.g. a wheelchair). Indicate under **Further comments** on the first page, whether the learner has an assistive device and whether it is in good operating order (this must be taken into account when filling in SNA Section 3a and b

Activity limitations: 1 = None or mild 2 = Moderate 3 = Severe
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See <http://www.who.int/classifications/icf/site/checklist/icf-checklist.pdf>

Use the above guidelines when scoring each section below:

ACTIVITY DOMAIN	NONE or MILD limitation	MODERATE impairment / activity limitation	SEVERE impairment/ activity limitation	SCORE
<b>MOBILITY</b>	Can the child move his/her body, arms and legs freely and move around inside and outside of the home?_			3
Transfer	No difficulty, or may need help occasionally	Can move, but must be assisted, is slow, or gets very tired	Unable to move alone	3
Moving from one body position to another	No difficulty, or may need help occasionally	Can move, but must be assisted, or slow	Unable to move alone	3
Getting in and out of bed and/or chair (moving from one surface to another)	Moves around without any difficulty; or slow, but manages without discomfort	Manages if holding onto something stable, or assisted	Unable to manage alone	3
Walking/wheel-chair	Moves around without any difficulty; & manages without discomfort	10 to 200 meters, with a stop for rest and some discomfort	Unable to move around alone, or very restricted e.g. < than 10 meters; very slow.	3

Stairs, or lift (if using wheelchair)	No difficulty, or manages given time	Manages, but is slow and must stop to rest or be helped.	Unable to climb steps or use a lift	3
<b>SELF CARE</b>	Can the child manage his/her own self care activities e.g. eating, getting dressed etc?+			
Dressing: Upper body	Manages most; may ask for help with buttons or zip fastenings. Can undress	Needs help with underwear, fastenings and tie; or tries but not always successful	Attempts to put on shirt or jersey but does not usually manage.	
Lower Body	May need help with shoes and socks/stockings	Manages pull-on and loose clothing; needs help with fastenings, shoes and belt	Cannot put on underwear or other items properly. Kicks off shoes.	3
Washing	Manages in reasonable time; or occasional help	Manages partly but not hair or feet	Assist with washing face and upper body; or cannot do this alone	3
Feeding	Eats and drinks without help	Can eat and drink but needs help with cutting food and uses a special cup	Can eat only with hands or drink from a straw; or unable to manage	3
Use the toilet	Manages independently; needs occasional help	Requires help with handling paper and/or sanitary aids	Cannot do personal hygiene associated with toileting	3
Bowel and Bladder Control	No problem or might lapse occasionally	Loses control occasionally; bowel control; no bladder control or vice-versa; uses aids; social embarrassment	Needs to be reminded regularly; or incontinent	3
<b>COMMUNICATION –</b>	Can the child understand what people are saying to him/her) and is he/she able to express himself/herself in a way that others understand?			

<b>Understanding</b> “Can the child understand what other people are saying in his/her family or with friends and neighbours?+”	Understands everything that is said or misses just a few meanings	Able to understand basic, simple sentences	Unable to understand any meaningful language- please see appendix for detail	1
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<b>Producing language</b> %Can he/she make him/herself understood by others who know him/her as well as strangers?+	Person is generally intelligible at the level of articulation, grammar and meaning.	Able to produce basic, simple sentences	Difficulty due to severe disturbance or no voluntary control of speech muscles (dysarthria) or Has no voice due to structural impairment (e.g. laryngectomy, tracheotomy, tracheostoma)	<b>3</b>
<b>Initiating and maintaining a conversation</b> %Can you have a meaningful conversation with others who know you or with strangers?+	Can hold a meaningful conversation	Can initiate and maintain a conversation about familiar subjects with some assistance from listener; Frequent failure to convey idea	Fragmentary expression with great need for inference, questioning and guessing by listener; Can engage only with alternative, augmentative communication	<b>2</b>
<b>VISION</b>	This domain must be assessed through a vision test + observation + asking of questions			
Classification of Visual impairment after maximum correction 6/24 . 6/36 = moderate 6/60 . 3/60 in the better eye =severe < 3/60 in the better eye, after maximum correction = blind				
<b>Visual acuity</b> e.g. ability to identify objects and shapes at close range and distance; thread a needle %Can you see well enough to recognise people and objects?+	Some difficulty that is resolved with use of Spectacles;	Recognises familiar person across a street; Can see to read and write (incl. learning these skills); Can manage to get around in a low lit area	Cannot recognise any object at arm's length; familiar person across the street; Unable to read or write; Cannot get around other than in familiar places	
<b>HEARING</b>	This domain must be assessed through an auditory test + observation + asking of questions. %How well can you hear when you are alone, with one person, and a group?+			
Decibel loss >31dB persons under the age of 15 = Moderate >41dB persons 15 years and older = Moderate >61 dB at 0,5; 1; 2 and 4KHz in the better ear = Severe				

<p><b>Sound recognition</b> e.g. words; nature; warning sounds %Can you hear any noise nearby? If so, what is it?+</p>	Hears sounds and can usually identify them correctly	Cannot always localise sounds or hear warnings e.g. alarm ringing; traffic	Severe difficulty or complete inability to hear warning sounds	
<p><b>Following a conversation in noise</b> e.g. subject and general content of conversation with more than one person, and at varying distances %Are you able to hear and understand when people speak to you?+</p>	Follows conversation with one person and more than one if speech is clear even if there is some noise	Some difficulty in oral communication because of impairment especially if there is some noise and/or in a group; uses lip-reading	Conversation very limited or not possible except with one other person in a quiet room with good lighting; relies heavily on lip-reading	
<b>MENTAL-PSYCHIATRIC STATUS</b>	This domain must be assessed by a psychologist or psychiatrist, considering Psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.			
Interpersonal interactions and relationships	Absent or minimal symptoms (e.g. mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially	Moderate difficulty in social, occupational, or schooling functioning (e.g. few friends, conflicts with peers or co-workers).	e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting OR any serious impairment in social, occupational, or schooling functioning, no friends, unable to pay attention to work	

<b>Basic interpersonal interactions</b>	Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g. occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.	Moderate symptoms (e.g. depressed mood and mild insomnia) OR moderate difficulty in social, occupational, or school functioning (e.g. regular truancy, or theft within the household), has some trouble to enter into meaningful interpersonal relationships.	Behaviour is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgement (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost	
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Family relationships	Effective, generally satisfied with life, no more than everyday problems or concerns (e.g. an occasional argument with family members).	Has regular friction and conflict with family. Struggle to sort out problems in the family and becomes moody and withdrawn.	Some impairment in reality testing or communication (e.g. speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school family relations, judgement, thinking, or mood (e.g. depressed avoids friends, neglects family, and is unable to work, child frequently beats younger children, is defiant at home and is failing at school)	
Handling stress and other psychological demands	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family argument) no more than slight impairment in social, occupational, or school functioning (e.g. temporarily falling behind school work.)	Symptoms appear more often (e.g. withdrawn and/or anxious when faced with stressful situations), moderate impairment in social, occupational or school functioning (e.g. regularly falling behind with work)	Some danger of hurting self or others (e.g. suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g. smears faeces) OR gross impairment in communication (e.g. largely incoherent or mute).	
<b>COGNITION</b>	This domain is assessed with practical examples. Each provides a way of scoring to facilitate a decision about severity. DBST staff could assist with further verification.			
<b>Problem solving</b> e.g. simple task that needs solution or explanation Listen to this puzzle and see if you can think of a way to solve it+.	Able to solve the problem; or, had the right idea; score between 8 and 10	Didn't get the answer, even with one prompt, but went about solving the puzzle in a systematic way; score between 5 and 7.	Unable to solve the problem, even with two prompts; score between 0 and 4	
<b>Memory</b> e.g. short and long-term recall of events and personal details. How many objects that you saw in the picture card can you remember?	Fairly good recall: 12/15	Moderate recall: 9/15 One prompt	Poor recall: Less than 7 Two prompts	

<b>HEALTH CARE NEEDS</b>	This domain needs to be assessed by a medical practitioner			
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<b>Chronic illness</b>	Does not affect school attendance and participation	Occasional absence from school, needs frequent rest periods	Frequent absence due to hospitalisation or illness	2
<b>Medication needed</b>	Can be administered by teacher	Should be administered by health practitioner	Requires medical practitioner or senior nurse	1
<b>Surgery undergone</b>	Teacher can support by reducing work load	Should be monitored by health practitioner	Should frequently be monitored by medical practitioner or senior nurse	
<b>Surgery still to be undergone</b>	Does not affect school attendance and participation	Occasional absence from school, needs frequent rest periods	Frequent absence due to hospitalisation or illness	
<b>Allergies</b>	Can be monitored by ordinary teacher	Should be monitored by health practitioner	Intervention may be required from medical practitioner or senior nurse	
<b>Other medical conditions</b>	Difficulty in maintaining airway. Swallows with some effort. Needs assistance to clear his throat			3

## FRAMEWORK AND FUNCTIONS OF THE DISTRICT-BASED SUPPORT TEAM

Programmes	Focus Area 1	Focus Area 2	Focus Area 3	Focus Area 4
	Classroom-based Support	Institutional Support	Administrative Support	Psycho-Social, Environmental and Health Support
←	↑	↑	↑	↑
<p><b>Programme 1:</b> Developing enabling environments through capacity building</p>	<p>Training/orientation of teachers</p> <p>Consultative and mentoring support to teachers</p> <p>Training and Monitoring of ILSTs</p> <p>Coordinating and monitoring of assessment of learner needs</p> <p>Planning and monitoring learning support programmes for identified learners/groups of learners</p>	<p>Development and monitoring of school policies that would enhance inclusivity and minimise exclusion</p> <p>Staff development</p> <p>Whole school and organisational development</p> <p>Establishment and management of school-based support structures</p> <p>Managing enrolment and admissions</p> <p>SGB and parent development</p>	<p>Training in financial management</p> <p>Information systems and technology support</p> <p>Admin training</p> <p>Personnel supply, management, training and support</p> <p>Transport management</p>	<p>Monitoring the development and implementation of prevention and intervention programmes to children who are vulnerable and in need of care</p> <p>Capacity building in management of challenging and anti-social behaviour</p> <p>Programmes for HIV and Aids</p> <p>Health promotion and safety, including child justice, support for street children, prevention of child labour</p> <p>Developing networks for social support and counselling</p> <p>The coordination at an inter-sectoral level of all support services and intervention programmes which address barriers to learning and development</p>
<p><b>Programme 2:</b> Developing and monitoring curriculum support programmes</p>	<p>Curriculum development</p> <p>Assessment of learner achievement and planning support programmes</p>	<p>Development of curriculum leadership</p> <p>Monitoring assessment and promotions</p>	<p>Administration of assessment</p>	<p>Development, implementation and monitoring of guidelines for Inclusive Learning Programmes</p> <p>Development, implementation and monitoring of dynamic and adaptive assessment</p>
<p><b>Programme 3:</b> Resource provisioning</p>	<p>Provisioning of LTSM</p> <p>Development of LTSM</p>	<p>Managing and monitoring LTSM budgets and supply</p> <p>Managing and monitoring development of LTSM</p>	<p>Management of physical facilities</p> <p>Provisioning of assistive devices</p>	<p>Selection, Procurement and Monitoring provisioning of LTSM</p> <p>Development of LTSM to address specific barriers</p>

