Nationally Consistent Collection of Data on School Students with Disability (NCCD)

Quick Guide

Nationally Consistent Collection of Data
School Students with Disability

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Purpose of the Quick Guide

What is the purpose of the Quick Guide?

- Communicate the purpose of the Nationally Consistent Collection of Data on School Students with Disability (NCCD) from the school's perspective
- Promote knowledge and understanding of the fundamentals of the NCCD, *Disability Discrimination Act 1992* (DDA) and Disability Standards for Education 2005 (the Standards)
- Provide guidance to school teams on the application of the NCCD model
- Provide guidance on the scope of the four levels of adjustment
- Provide guidance to school teams on using their professional judgement to make decisions including providing reasonable adjustments, determining the category of disability, identifying evidence and collecting data
- Highlight key areas of reflection for supporting students with disability and completion of the NCCD
- Demonstrate application of the NCCD model through case study examples

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Preparation

Are you prepared?

Schools have different levels of experience in regards to the data collection. The following checklist can be used to establish a school's **state of preparedness** for the data collection. The timeframe for the activities is ideally between January – May (Term 1).

The checklist should be used in conjunction with the data collection model and resources available on the national website, and the 'Key activities & Timeframes'.

School completed	Activity
☐	School key contact and leadership team established
☐	School principal understands their leadership role in establishing and maintaining effective learning and support processes that respond to specific school context
☐	School team ensures that the four elements of personalised learning are understood by all staff
☐	School team consolidates understanding of the DDA and requirements under the Standards
☐	School staff members have engaged in training on the Standards
☐	Key staff members have reviewed National Support Materials, including the reflection tool
☐	School commences discussions and establishes processes for the data collection
☐	School team establishes processes for consultation with parents as required under the DDA, the Standards and personalised learning
☐	School commences identifying students who are currently receiving adjustments to address a disability, and the evidence as part of personalised learning to support their inclusion
☐	School team has mechanisms in place to ensure ongoing professional dialogue between colleagues to develop and maintain consistency of teacher judgement
☐	School team seeks assistance from its state or territory authority or sector representative as needed

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Role of the principal

What is the role of the principal in the data collection process?

- The school principal is the **facilitator of the data collection process** ensuring that all staff are aware of the process and their obligations under the DDA and the Standards. This may require making time available for staff to undertake professional learning
- The principal may **identify and nominate a team** which will be responsible for driving the data collection process
- The principal should ensure that **all staff are aware of and understand** the data collection process
- The **parents/carers** of each student to be included in the national data collection **should be informed** that data relating to the adjustments being provided for their child will be included in the data collection.
- School principals should **verify or confirm** that there is **evidence** at their school to support the inclusion of a student in the data collection

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1

Background

Background

What is the NCCD?

- The Nationally Consistent Collection of Data (NCCD) on school students with disability collects information about students with disability across Australia in a consistent, reliable and systematic way
- It counts the number of school students with disability receiving educational adjustments to allow them to participate in education on the same basis as students without disability
- The national data collection has been progressively implemented over the period 2013-2015. From 2015, all government and non-government schools participate annually in the national data collection.

What is the purpose of the NCCD?

- Build an evidence base that will provide teachers, schools and sectors with information on students with disability and the level of educational adjustment being provided
- To inform policy development and future planning to better equip schools and education authorities/sectors to support students with disability
- Enhance understanding of, and reinforce in schools, the requirements and responsibilities of school teams and the broader community under the DDA and the Standards
- Capture the work of schools under the obligations of the DDA and the Standards that allows students with disability to access and participate in education on the same basis as other students
- Provide an enhanced focus on the individual needs of each student by focusing on the level of educational support provided to them in the school context

Background

How will the data be used?

- The data collected by schools will:
  - Inform better targeting of resources to support students with disability
  - Inform future policy and programme planning in relation to students with disability
- From 2018, the student with disability loading for Commonwealth funding for schools will be based on the NCCD. The document *Fairer funding for students with disability* on the Australian Government Department of Education and Training website (https://docs.education.gov.au/node/43566) provides more information.

Where does the data go?

- The data goes to the national collection Agency, currently the Australian Government Department of Education and Training
- In some cases this will involve the school passing the data directly to the department and in other cases the school will provide the data to its state and territory government agency or other relevant body, depending on the school's particular arrangements
- The information will not identify individual students

Personalised learning and support and the NCCD

What is personalised learning and support?

- Personalised learning requires attention to the unique needs of students of all abilities, acknowledging the different learning needs of each student
- It aims to fulfil the diverse capabilities of each student
- There are **four** elements in personalised learning
  - Consultation and collaboration with the student and/or their parent or carer
  - Assessing and identifying the needs of the student
  - Providing reasonable adjustments to address the identified needs of the student
  - Monitoring and reviewing the impact of adjustments

To read more on personalised learning and support, please click here.

What is the connection between personalised learning and support and the NCCD?

- The NCCD **captures** the work of schools in the provision of personalised learning and support for students with disability

How does the NCCD assist schools?

Review learning & support systems

By capturing the work of schools in the provision of personalised learning and support, the NCCD helps schools better understand the level of need within their student population.

Greater understanding

The NCCD helps schools gain a greater understanding of their student population and identify areas of need for both students and staff

Develop professional judgement

The professional learning available to support the NCCD process helps build professional judgement of school teams in making educational adjustments for students with disability rather than relying on a medical or clinical diagnosis alone

Recognise support and adjustments provided

The NCCD helps to formally and consistently recognise the support and adjustments provided to students with disability

NCCD model

What is the model for the NCCD?

- The model for the NCCD relies on the **professional judgement** of teachers about their students.
- It requires teachers and schools to make evidence-based decisions about:
  - Students with disability who are receiving reasonable adjustments to access education, consistent with the definitions and obligations under the ***Disability Discrimination Act 1992*** (DDA) and **Disability Standards for Education 2005** (the Standards)
  - The **level of adjustment** being provided for each student with disability, in both classroom and whole of school contexts
  - The **broad category of disability** the student best falls within that is driving the need for the adjustments provided to the student

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Defining disability & understanding the Standards

The definition of disability in the NCCD

The national data collection is based on the **obligations** of all schools under the **DDA and the Standards** and **captures the work of schools** in responding to students in the context of those obligations

Which students are included in the NCCD?

- A student is counted in the NCCD if they meet two criteria:
  - The student meets the definition of a person with disability as defined in the DDA
  - The functional impact of the student's disability results in the school actively addressing their needs

What is an imputed disability?

- An imputed disability is a disability that someone believes another person has and the school team has reasonable grounds to make such a judgement
- There does not have to be a formal diagnosis but the school should assess the functional impact of the student's imputed disability in relation to education
- The student's parent and/or carer must have been consulted to better understand the student, their needs and identify reasonable adjustments

eLearning on the Standards is available here.

Practical guides about the Standards prepared by the University of Canberra for parents and the community can be accessed here.

The definition of disability in the NCCD

What is a disability as defined in the DDA?

The DDA defines disability as:

- Total or partial loss of the person's bodily or mental functions
- Total or partial loss of a part of the body
- The presence in the body of organisms causing disease or illness
- The presence in the body of organisms capable of causing disease or illness
- The malfunction, malformation or disfigurement of a part of the person's body
- A disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
- A disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour

And includes a disability that:

- Presently exists; or
- Previously existed but no longer exists; or
- May exist in the future (including because of a genetic predisposition to that disability); or
- Is imputed to a person

To avoid doubt, a disability that is otherwise covered by this definition includes behavior that is a symptom or manifestation of the disability.

To read more on the DDA, please click here. To read the factsheet on the DDA, please click here.

The definition of disability in the NCCD

Understanding the Standards

- The Standards clarify and elaborate the legal obligations of education providers towards students with disability under the DDA and set out how education is to be made accessible to students with disability

The Standards seek to ensure that students with disability

- Can access and participate in education on the same basis as other students
- Have opportunities and choices which are comparable with those offered to students without disability
- Are provided reasonable adjustments in consultation with the student and their parents/carers to enable access and participation

Schools must adhere to the Standards as part of normal practice e.g. consulting with parents and making adjustments

- The Standards cover enrolment, participation, curriculum development, accreditation and delivery, student support services and elimination of harassment and victimisation

To read more on the Standards, please click here. To read the factsheet on the Standards, please click here.

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Making it happen in your school

Steps for completing the data collection

STEP 1 → **STEP 2** → **STEP 3** → **STEP 4**

Is there an adjustment?

What is the level of adjustment

What is the category of disability?

How do you record and submit the data?

Step 1 – Is there an adjustment?

When is a student eligible to be included in the NCCD?

- If they are provided with a **reasonable adjustment** to access education because of disability, consistent with the definitions under DDA and the Standards
- The school has **evidence** that ongoing, long-term educational adjustment(s) have been provided for a minimum of one school term (or at least 10 weeks) in the 12 months preceding the data collection
- The school has evidence of personalised learning and support

Reasonable adjustments

- Actions taken by the school to assist a student with disability to participate in education **on the same basis** as a student without disability
- An adjustment is reasonable in relation to a student with disability if it balances the interests of all parties affected
- Reasonable adjustments are provided in consultation with the student and their parent and/or carer
- To provide a reasonable adjustment a school should assess the **functional impact** of the student's disability in relation to education, e.g. mobility, curriculum access, personal care, social participation, safety, emotional well-being, sensory needs and transitions
- Adjustments can be made at an individual student level, in the classroom and whole-school settings

Step 1 – Is there an adjustment?

Reasonable adjustments can be made across any or all of the following:

- Planning
- Teaching and learning
- Curriculum
- Assessment
- Reporting
- Extra-curricular activities
- Environment and infrastructure
- Resources

Reasonable adjustments include but are not limited to

- Addressing physical barriers, including modifications, to ensure access to buildings, facilities and services
- Modifying programmes and adapting curriculum delivery and assessment strategies
- Providing ongoing consultancy support or professional learning and training for staff
- Specialised technology or computer software or equipment
- Provision of information materials in different formats
- Services such as sign language interpreters, visiting school teams or specialist support staff
- Additional personnel such as tutors or aides for personal care or mobility assistance

Step 1 – Is there an adjustment?

Examples of adjustments include, but are not limited to,

- Giving a student with low vision all necessary enrolment information in enlarged text
- Providing extra sessions for teaching key vocabulary for a student with an intellectual disability
- Giving a speech-to-text device to a student with a broken arm to assist in preparing assignments (eligible only if provided for at least 10 weeks)
- Providing speech pathology services for students with communication difficulties
- Allowing a student with anxiety to present her project to a small group of peers rather than to a whole class
- Adjusting activities at swimming classes to enable participation by all students, including those with physical disabilities
- Adjusting seating arrangements so a student with a wheelchair has enough space to move independently around the classroom like other students
- Making multiple accommodations if necessary to meet a single learner's needs. For example, learners who require a sign-language interpreter may also need a note-taker because watching an interpreter prevents them from taking detailed notes

Step 1 – Is there an adjustment?

Which students?

- When determining whether there is an adjustment to address disability, each student needs to be considered **individually** and schools should assess each student's **individual** learning needs and barriers to learning
- It is not the intention of the NCCD to count every student who is protected from discrimination under the DDA or every student who has a health/other condition where there is no impact on the student's ability to participate in schooling on the same basis as his/her peers

Step 1 – Is there an adjustment?

Examples: who to include. This may include, but is not limited to students who

- Have been formally diagnosed with a disability by a health or allied health practitioner
- May not have a formal diagnosis of a disability but have an impairment that requires an adjustment or can be supported through quality differentiated teaching
- Live with cognitive, physical, sensory and social/emotional disability or difficulties in learning due to disability or difficulties in behaviour due to disability
- Are gifted and talented and who are impacted by disability

N.B. A student who has experienced domestic violence, abuse/neglect or is a refugee is not covered under the definition of disability under the DDA. However, if it is found that the student has a disability (e.g. as a result of trauma) the student can be included in the data collection if there is appropriate evidence to support the category of disability

Step 1 – Is there an adjustment?

Examples: who NOT to include. This may include, but is not limited to students who

- Have a health or other condition where there is no functional impact on the student's ability to participate in schooling on the same basis as his/her peers
- Wears glasses to correct mild vision impairment and needs no further educational adjustment, monitoring or support in relation to their eyesight
- Are experiencing difficulty with learning as a result of external factors such as limited school attendance or acquisition of English as a second language whilst learning in English
- Receive individualised support but do not have a disability as defined by the DDA
- Have a learning difficulty which through targeted support and strategies would result in improved performance and would not require ongoing long term targeted support and strategies e.g. a student who has been counted in the past but is not counted in the current year because their performance has improved and no longer requires targeted support
- Are receiving English as an Additional Language support if there is no evidence of a disability
- Are on an Individual Learning Plan (ILP) who do not have a disability under the DDA e.g. a student who is socio-economically disadvantaged and requires quality differentiated teaching
- Are on an Individual Learning Plan who do have a disability under the DDA but their disability does not have a functional impact on their learning or participation in schooling e.g. a high school student who is diagnosed with asthma but requires no ongoing adjustments because of their ability to self manage the condition
- Are on a behaviour management plan who do not have a disability under the DDA e.g. a student who is on a behaviour management plan due to disrupted parenting or divorce
- Are receiving support provided by quality differentiated teaching practice but do not have a disability. All students should expect at the very minimum a classroom where quality differentiated teaching is the standard
- Are accessing a specialised program where there is no evidence of a learning disability

Step 2 – What is the level of adjustment?

Determining the level of adjustment

- Teachers and school teams use their **professional judgement** based on evidence to determine the level of adjustment that each student is provided with
- Schools are asked to consider the following **four adjustment** categories:
  - Support provided within Quality Differentiated Teaching Practice (QDTP)
  - Supplementary adjustments
  - Substantial adjustments
  - Extensive adjustments

How do you decide between each of the levels of adjustment?

- Where schools are having difficulty deciding between the levels of adjustment, consider the frequency, intensity, range of adjustments and evidence for support being provided. For example,
  - Is the adjustment/support provided occasionally, periodically or every day?
  - Is the adjustment/support made only during parts of the day or continuously over the whole day?
  - Is the adjustment/support provided during some activities and key learning areas or across all activities and key learning areas?
  - What evidence is available to determine the level of adjustment?

Step 2 – What is the level of adjustment?

Support provided within Quality Differentiated Teaching Practice (QDTP)

- Some students with disability may not need adjustments beyond those that are reasonably expected as part of quality teaching/school practice which responds to different learning needs of all students
- Students in this category do not require the sorts of adjustments captured in the other three levels. However, teachers are conscious of the need for explicit, albeit minor adjustments to teaching and school practice that enable students with disability to access learning on the same basis as their peers
- Identified needs of the student will be subject to close monitoring and review
- Changes to student needs that require changes to the level of adjustment would be reflected in the next data collection period

Supplementary adjustments

- Provided when there is an assessed need at **specific times** to complement the strategies and resources already available at the school
- Designed to address the student's disability and any associated barriers to learning, physical, communication or participatory needs above and beyond QDTP

Step 2 – What is the level of adjustment?

Substantial adjustments

- Provided to address the specific nature and significant impact of the student's disability
- Designed to address the more significant barriers to their engagement, learning, participation and achievement
- Adjustments are generally considerable in extent

Extensive adjustments

- Provided when essential specific measures are required **at all times** to address individual nature and acute impact of student's disability

For further reading on levels of adjustment, please click here.

Step 3 – What is the category of disability?

Determine the category of disability

- Schools are asked to identify the broad category of disability for each student from one of four categories:
  - Physical
  - Cognitive
  - Sensory
  - Social/emotional

What if a student has multiple disabilities?

- Schools should select whichever disability category has the **greatest impact** on the student's learning or participation in education, based on teacher or school team's **professional judgement**
- To inform this judgement, the school should think about where the majority of adjustments are made
  - For example, a student with autism may fall into multiple categories, but if the majority of adjustments are being made in the cognitive category then the school should identify the student under cognitive
  - Typically higher functioning students with autism would be categorised under social/emotional and lower functioning students under cognitive
  - If students can be categorised under both, use **teacher judgement** to determine which disability category is the best fit

Step 3 – What is the category of disability?

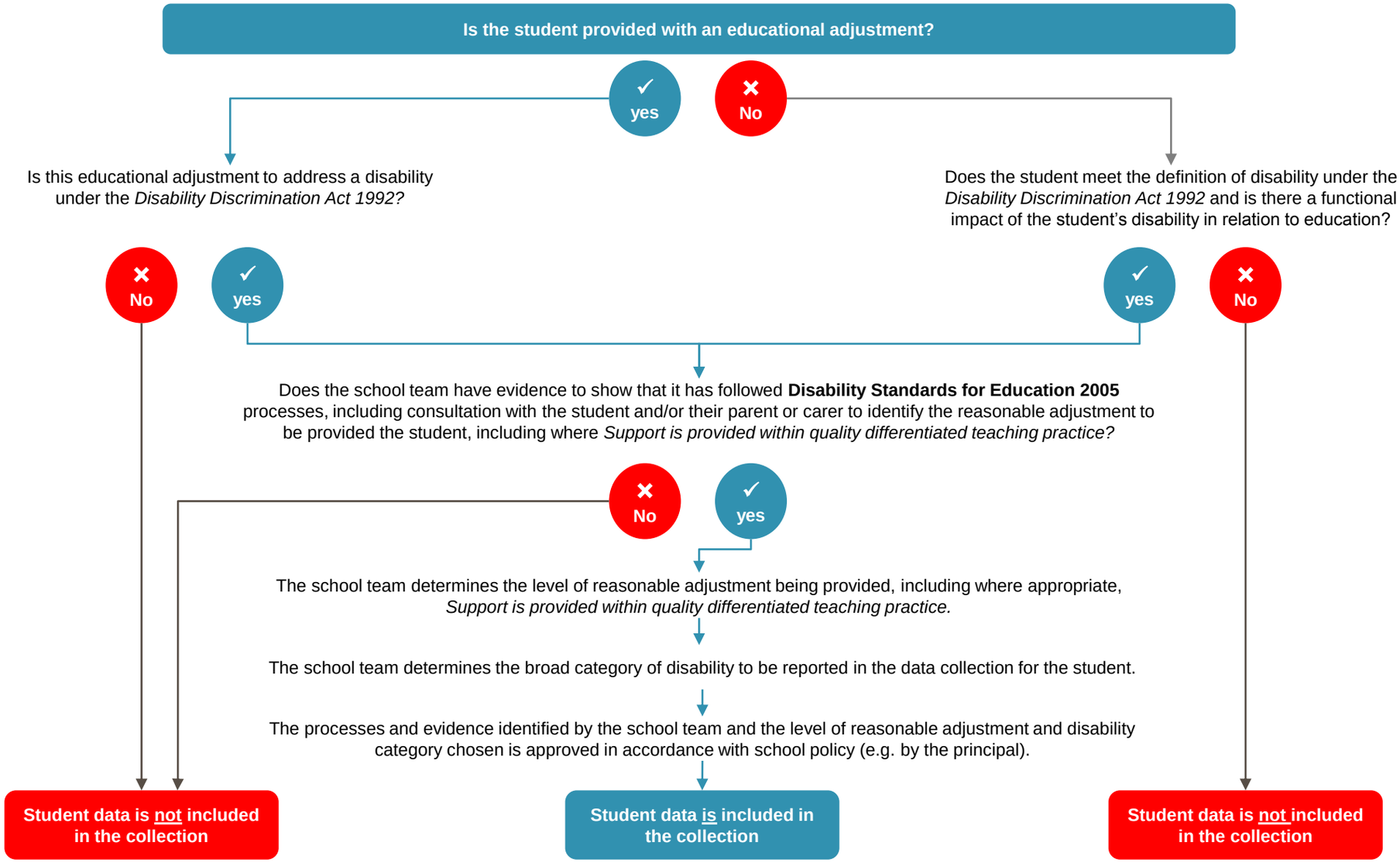
Guidance on determining the broad category of disability

Definitions from the DDA and the Standards	Australian Human Rights Commission interpretation of the DDA definition	Broad disability categories used in the national data collection on students with disability
b) total or partial loss of a part of the body	Neurological	Physical
e) the malfunction, malformation or disfigurement of a part of the person's body	Physical	
c) the presence in the body of organisms causing disease or illness	Physical disfigurement	
d) the presence in the body of organisms capable of causing disease or illness	The presence in the body of disease-causing organisms	
a) total or partial loss of the person's bodily or mental functions	Intellectual learning disabilities	Cognitive
f) a disorder or malfunction that result in the person learning differently from a person without the disorder or malfunction		
a) total or partial loss of the person's bodily or mental functions	Sensory	Sensory
e) the malfunction, malformation or disfigurement of a part of the person's body		
g) a disorder, illness or disease that affects the person's thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour	Psychiatric	Social/emotional

Step 4 – How do you record and submit data?

- The school principal is responsible for **verifying** that there is evidence to support the inclusion of students in the NCCD
- Schools may have had internal ‘moderation’ meetings whereby case studies were discussed to check consistency in judgement in terms of how various teachers have gone about determining level of adjustment/category of disability/include or not
- Consistency in judgement could also be achieved by referencing primary sources such as the level of adjustment table and the categories of disability table

The data collection model diagram



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Requirement of evidence

Do you have evidence?

Do you have evidence to support the student's inclusion in the data collection?

- There is a requirement of evidence to show that adjustments have been made to meet ongoing, long-term specific needs associated with disability
- Schools will draw on evidence from across four key areas when making their decisions:
  - Consultation and collaboration with the student and parent(s) and/or carer(s)
  - Assessed individual needs of the student
  - Adjustments being provided to the student to address the disability
  - Ongoing monitoring and review of the adjustments
- Evidence over the long term – minimum period of 10 weeks of ongoing adjustments at some point during the 12 months preceding the data collection. It does not have to be the exact 10 weeks before the census date. It can be over any period in the 12 months prior
- Principals are responsible for verifying that there is evidence to support the inclusion of a student in the NCCD

Newly enrolled students

- If a student is new to a school and has attended for less than 10 weeks, they can still be included if there is evidence between the old and new school that adjustments have been provided over 10 weeks
- Communication with parents and/or carers may also provide sources of contact that can assist to build evidence to support inclusion of the student (can be used in situations where contact with the previous school is difficult or impossible)

Do you have evidence?

Type of evidence

Each school's evidence will be **contextual** and reflect **individual student needs** and the school's learning and support processes and practices

1. Evidence of consultation and collaboration with the student and/or parents and carers or associates includes but is not limited to:

- Meeting minutes or notes
- Documented meetings
- Records of phone calls, conversations or meetings with parent/carer
- Documented student plans signed by parent and/or student
- Record of parent-teacher interviews
- Parent-teacher communication books
- Emails between student and/or parents and carers or associates

Do you have evidence?

2. Evidence of assessed individual needs of the student includes but is not limited to:

- Results of diagnostic or summative assessments over time documenting an ongoing learning or socio-emotional need arising from disability
- Documentation of ongoing learning needs that have a limited response to targeted intervention over time (external factors such as English as an additional language or dialect, socio-economic or other non-disability related causes do not count if they are not related to disability)
- Parental report of disability in conjunction with evidence of an assessed individual need
- Specialist diagnosis reports
- Profiles or assessment reports identifying the functional needs of a student with disability

Do you have evidence?

3. Evidence that adjustments are being provided to the student to address their individual needs includes but is not limited to:

- Adjustments to teaching noted on teacher unit, weekly or term planning
- Adjusted timetable/staff timetables
- Record of educational and/or social-emotional interventions provided
- Individualised/personalised learning planning e.g. individual education plan, individual learning plan, individual curriculum plan, communication plan, behaviour plans, transition plans/goals and strategies in program planning
- Therapy or disability-specific programs in place with an educational focus e.g. orientation and mobility program
- Records of meetings to plan for adjustments with specialist staff e.g. advisory visiting teachers, guidance officers/counsellors, psychologists, speech-language pathologists, physiotherapists
- Records of advice sought or conversations with the student or family/carer
- Adjustments or supports required in assessment settings
- Adjustments to learning materials e.g. alternate format, adjusted worksheets, reworded tasks
- Manual handling/personal care/health plans
- Specific resources developed to support individualised learning e.g. visual supports, augmentative and alternative communication supports e.g. accessible materials
- Personalised organisational devices e.g. diary use, pictorial sequences
- Documentation of environmental adjustments beyond those already in place in the school e.g. personalised learning spaces, sound field amplification systems
- Risk management plans for curriculum activities and for emergency situations e.g. fire drills

Do you have evidence?

4. Evidence that adjustments provided to the student have been monitored and reviewed includes but is not limited to:

- Records of meetings to review adjustments with families/carers and specialist staff, where appropriate
- Student progress data which may include both formative and summative assessments
- Progress or file notes by teacher, specialist staff or paraprofessionals
- Behaviour monitoring data
- Evidence of interventions provided over time, with monitoring of the effectiveness of the intervention and changes to intervention occurring as required
- Health plan provided by medical specialist that is reviewed regularly

Question to ask yourself:

"If we were challenged to explain our decision would we feel we had reasonable grounds and documentation to support our judgement?"

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What works?

What works?

Strategies contributing to quality learning and support practices supporting students, teachers and NCCD participation

- Strong leadership and involvement from the principal and executive team
- Planned, targeted professional learning promoting knowledge and understanding of the DDA and the Standards
- Ongoing collection and analysis of data to identify needs of individual students and groups of students – from the beginning of the year and year to year
- A whole school approach connecting all teachers and support staff to learning and support, and the NCCD and its processes
- Planned, rigorous and ongoing professional conversations about highly effective teaching and levels of adjustment
- Maintenance of an evidence base of learning and support within the school
- Ongoing professional dialogue and collaboration to support and moderate individual teacher judgement about adjustments

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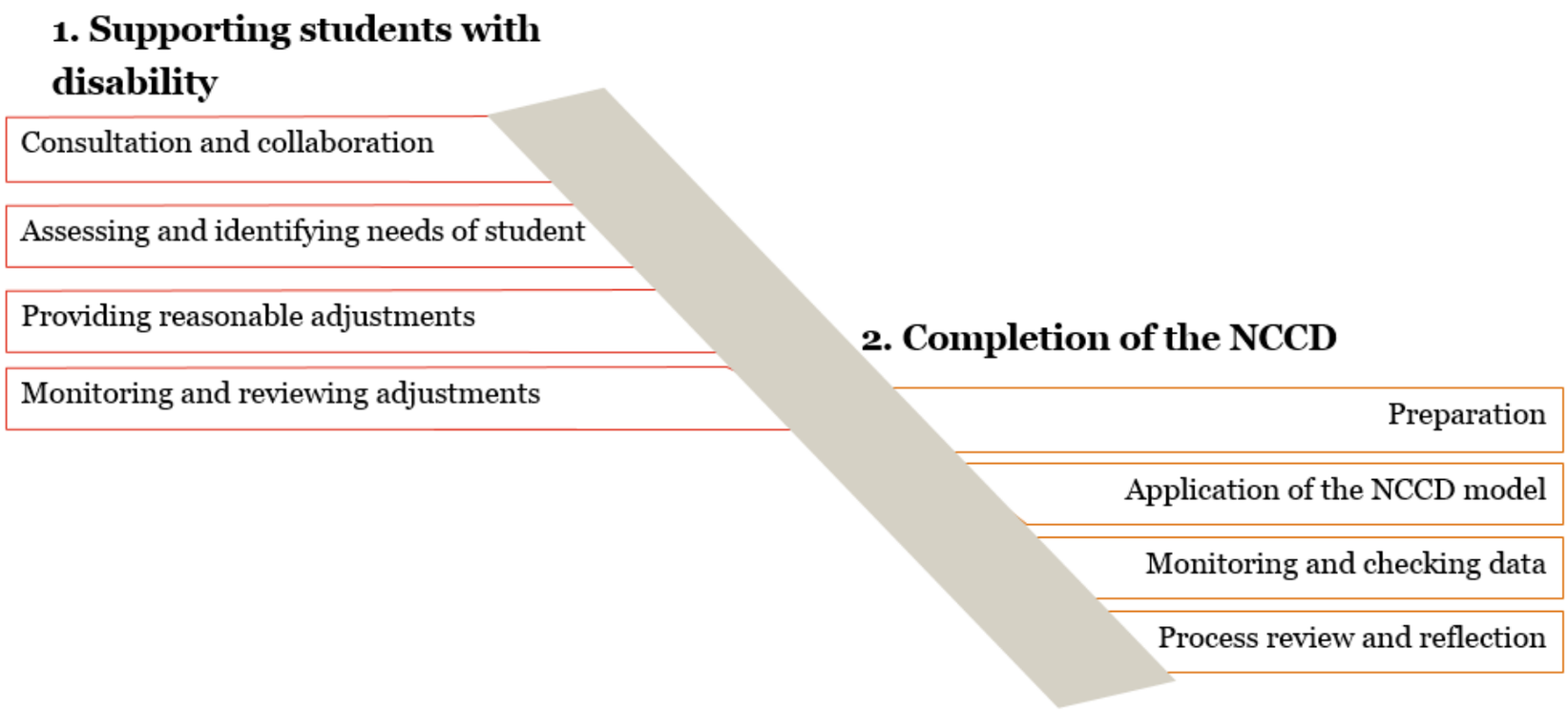
Reflection

Reflection tool

Key areas of reflection for the school team

1. How students with disability are currently being supported
2. How school teams have completed the NCCD and their understanding of the model



- To access the reflection tool on the national website, please click here.

Reflection tool

Key activities and timeframes

1. Supporting students with disability

Consultation and collaboration with the student and/or their parent or carer

- School team engages with the student, their family/carer to identify the student's aspirations, goals, strengths and needs.
- School team seeks expert advice where relevant.
- Ongoing consultation as student's needs change.

Assessing and identifying the needs of the student

- School team identifies areas in which the student requires further support.
- School team identifies options, interventions and other adjustments to address the identified learning or other needs, building on the student's strengths.

Providing reasonable adjustments to the student to address their identified needs

- School team implements adjustments to help the student participate on the same basis as other students.
- School team embeds differentiated classroom practice within teaching programmes.

Monitoring and reviewing the impact of the adjustments provided

- School team regularly reviews adjustments being provided to ensure they are still relevant and required for the student and whether further support needs to be incorporated.

2. Completion of the NCCD

Term 1

Preparation

- School team maintains or builds and understanding of the NCCD through professional learning and available resources.
- School team consolidates understanding of the Disability Discrimination Act and requirements under the Disability Standards for Education.

Application of the NCCD model

- School team refers to available evidence to support the application of NCCD model around determining level of adjustment and category of disability. School teams can refer to NCCD model here: http://www.schooldisabilitydatapl.edu.au
- Prior to the NCCD submission date, the school team collates and confirms NCCD information for students with disability.

Monitoring and checking data

- School team conducts moderation meetings to build confidence in NCCD information and to confirm that decision making has been applied consistently e.g. meetings with teachers at the school/with other schools.
- School team confirms appropriate consent requirements are met before submission of data (where applicable).
- School principal verifies and confirms NCCD data prior to submission.
- NCCD information is submitted as per education authority requirements.

Process review and reflection

- School team reflects on the application of the NCCD and how school practices could be improved to facilitate next year's NCCD.

Term 4

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Case studies

Hypothetical case study – Liam

Liam is a Year 9 student in a large metropolitan high school. Liam wears hearing aids as a result of his diagnosis with a mild sensorineural hearing loss. Liam's hearing loss is permanent and may deteriorate in the future. Liam undergoes annual re-assessment of his hearing thresholds to ensure his hearing aids continue to meet his needs.

When Liam initially enrolled in the school, his parents informed the Year 7 coordinator of his hearing impairment and the need for Liam to wear his hearing aids for all activities while at school. When wearing his hearing aids, the amplification enables Liam to hear people's voices clearly and to access the full range of sounds in his environment. The major difficulty for Liam occurs when there is a large amount of background noise, making speech sounds difficult for him to differentiate.

Each term the year level coordinator meets with Liam's parents and the visiting teacher to evaluate the effectiveness of recommended educational strategies to help Liam participate on the same basis as other students without disability in the classroom. In a classroom setting teachers are to ensure that Liam has optimal seating arrangements and that they face Liam when speaking with him.

Now in Year 9, Liam is consistently and independently able to wear and maintain his hearing aids. He is also able to alert teachers when increased background noise prevents him from being able to differentiate instructions. All of Liam's teachers now ensure that the class is quiet prior to providing important instruction or sharing information. This class behaviour is encouraged and reinforced throughout the school as an active listening skill. Though Liam is now managing his hearing impairment independently, and there is no current need for the school to provide additional adjustments, his condition needs to be monitored every year.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Liam is defined as having a disability by looking at the definition of disability under the DDA	• As defined by the DDA, Liam has a malfunction, malformation or disfigurement of a part of a person's body
STEP 2	• Determine the level of adjustment	QDTP adjustment: • Optimal seating arrangements • Annual monitoring of Liam's condition • Meetings with Liam and his parents/carers each term • Encouragement of active listening skills in all classrooms
STEP 3	• Determine the category of disability	• Liam has a sensory disability
STEP 4	• Determine which form of evidence is available to support that Liam has a disability under the DDA and needs QDTP adjustments	• Reports from medical/allied health professionals • Meeting notes with student, parents/carers • Observation/assessment notes • Meeting schedules • Reports from support staff

Hypothetical case study – Aleesha

Aleesha is in Year 4 at a small regional school. When in kindergarten, she was diagnosed with anaphylaxis in relation to all nut and dairy products.

When Aleesha initially enrolled at the school her parents completed a current anaphylaxis management plan with her GP and provided copies of any plans from the preschool setting to assist with developing supports at school.

At a meeting with teaching staff the principal outlined the school's obligations to implement a comprehensive anaphylaxis management plan for Aleesha, including communication strategies for staff, students and members of the school community (e.g. school newsletter) and the need to ensure staff are adequately trained in recognizing and responding to anaphylactic reactions.

The school has also purchased an adrenaline auto-injector.

Although no specific educational adjustments have been made for Aleesha, her needs remain subject to close monitoring and review.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Aleesha is defined as having a disability by looking at the definition of disability under the DDA	• As defined by the DDA, Aleesha has a presence in the body or organisms capable of causing disease or illness
STEP 2	• Determine the level of adjustment	QDTP adjustment: • Training for all staff responsible for the well-being of students with anaphylaxis and briefings every six months for all staff • Purchase of additional adrenaline auto-injection devices and made available for trained staff • Aleesha's needs are closely monitored and reviewed • Information provided to all students and parents, on the risk for students with anaphylaxis and food that can place students with anaphylaxis at risk, via school newsletter
STEP 3	• Determine the category of disability	• Aleesha has a physical disability
STEP 4	• Determine which form of evidence is available to support that Aleesha has a disability under the DDA and needs QDTP adjustments	• Current anaphylaxis management plan from her GP • Copies of any anaphylaxis management plan from her preschool • Meeting notes with student, parents or carers • Notes of conversations between teachers and parent(s) • Anaphylaxis risk management checklist • School newsletters • Staff training calendars

Hypothetical case study – Kyle

Kyle has generalised anxiety disorder. He was diagnosed three years ago at 13 years of age. He attends a large mainstream high school. When he was first diagnosed the school met with all the relevant internal and external agencies to develop a mental health plan to support him. Kyle had a private psychiatrist and psychologist team supporting himself and his family. He underwent cognitive behaviour therapy that helped him learn relaxation techniques, replace negative thought patterns with positive thoughts and developed his problem solving skills.

During this time, the school supported Kyle by: identifying step-by-step procedures to assist Kyle when he was feeling anxious; ensuring access to key staff members and areas he could remove himself to when overwhelmed; informing his teachers and staff of his needs, the strategies he was using and how to prompt Kyle to utilise the strategies in his plan; and pre-warning Kyle of any changes to routine and arranging a pre-visit or 'walk through' with a staff member when facing significant new events. At this time the school considered Kyle to be a child with a Social/Emotional Disability who required supplementary adjustments.

Kyle is now 16 years old and has numerous strategies to help him manage his thoughts and feelings and reduce his anxiety. He is displaying appropriate behaviours for his age within the school environment. He can self-monitor his thoughts and feelings, problem solve and has developed a range of relaxation techniques he can independently utilise.

At the beginning of the school year the student services team, including his homeroom teacher, school psychologist and deputy principal organised a meeting with Kyle and his parents where all of Kyle's self-management techniques were discussed. Kyle stated he felt confident in managing any challenges at school as long as the school continued to provide the timetable and gave him reasonable notice of upcoming assignments and new events, as per the usual school system. He was aware that as per the usual school processes, he could access the school psychologist and his homeroom teacher at any point and stated that he no longer needed any further intervention from the school outside of the usual supports offered to the students. The staff continue to actively monitor Kyle's progress.

It was agreed that a review meeting would be held at the beginning of the next semester.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Kyle is defined as having a disability by looking at the definition of disability under the DDA	• As defined by the DDA, Kyle has a disorder, illness or disease that affects the person's thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour
STEP 2	• Determine the level of adjustment	QDTP adjustment • Kyle is now able to self-monitor his thoughts and feelings and reduce his anxiety • Staff actively monitor Kyle's progress through quality differentiated teaching practice
STEP 3	• Determine the category of disability	• Kyle has a social/emotional disability
STEP 4	• Determine which form of evidence is available to support that Kyle has a disability under the DDA and needs QDTP adjustments	• Meeting notes from meeting with Kyle's parents to discuss Kyle's self-management techniques • Notes of meetings between Kyle and the counsellor • Timetable provided to Kyle

Hypothetical case study – Grace

Grace is a 9 year old girl in Year 3.

Grace's spelling ability is particularly low for her age group. Grace's reading is also at a low level and has not improved in 6 months. Further to this, Grace's mother recently contacted her teacher to express her concern that Grace was having trouble reading at home.

Grace takes a long time to begin to show any understanding of new concepts in maths, even at a level lower than expected. More broadly, Grace has difficulty acquiring new concepts and skills outside a highly structured environment where she is provided teaching support and includes predictable, consistent routines and structure throughout the day to engage in learning activities.

To assist Grace participate on the same level as other students without a disability, Grace's teacher provides modified or tailored programs in some learning areas mentioned above. Grace's teacher also provides Grace with extra time to complete assessment tasks. Additionally, Grace is provided with curriculum content at a different year level to her same age peers.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Grace is defined as having a disability by looking at the definition of disability under the DDA	• As defined by the DDA, Grace has a disorder or malfunction that results in her learning differently from a person without the disorder or malfunction
STEP 2	• Determine the level of adjustment	Supplementary adjustment: • Grace has modified or tailored programmes in some learning areas • Grace needs extra time to complete assessment tasks • Grace is provided with curriculum content at a different year level to her same age peers
STEP 3	• Determine the category of disability	• Grace has a cognitive disability
STEP 4	• Determine which form of evidence is available to support that Grace has a disability under the DDA and needs supplementary adjustments	• Classroom curriculum-based assessment • Meeting notes with student, parents/carers or associates • Notes of conversations between teacher and parent(s) • Staff timetables showing time allocated to Grace for modified or tailored programmes; leaning support plans

Hypothetical case study – Jayden & Connor

Jayden and Connor are both Year 2 students at a metropolitan primary school. They both have significant delays in their academic achievement in all areas of the curriculum. Jayden has been diagnosed with an intellectual disability while Connor's parents have chosen not to have him assessed. Jayden requires greater support than Connor to manage social situations and undertake activities of daily living.

Connor and Jayden are in the same class and often work in a small group on a differentiated program with and without direct support.

To support the boys to access the curriculum the teacher:

- has an IEP for each student targeting skills at each child's current literacy and numeracy level and implements a program targeting these skills;
- uses a task reward system with the boys combining both direct instruction and independent activities to consolidate skills;
- supports the boys to access content material on the same topic as other students by providing material at their reading level or providing alternate means of accessing content such as a screen reader for specific content.

Both boys take part in regular classes for specialist subjects such as music and library but an education assistant supports Jayden at this stage while he learns self-management skills in less structured environments.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Jayden and Connor are defined as having a disability by looking at the definition of disability under the DDA	• As defined by the DDA, Jayden has a disorder or malfunction that result in the person learning differently from a person without the disorder or malfunction • Connor has not been assessed but he has an imputed intellectual disability
STEP 2	• Determine the level of adjustment	Supplementary adjustment • Modified or tailored programs • Alternate means of accessing content • Support provided by the education assistant (Jayden)
STEP 3	• Determine the category of disability	• Jayden and Connor have a cognitive disability
STEP 4	• Determine which form of evidence is available to support that Jayden and Connor have a disability under the DDA and needs supplementary adjustments	Jayden • Reports from medical professionals • Notes from the education assistant • Notes from meeting with parents • Individual learning plans Connor • Observation and assessments • Individual learning plans

Hypothetical case study – Cindy

Cindy is a Year 10 student attending a secondary school. Cindy was diagnosed with Asperger's Syndrome in Year 3. Cindy's needs have changed over the years. At times she requires intensive support and management, at other times she functions with a high degree of independence.

Currently Cindy is participating in the full Year 10 curriculum. The Student Support Group noted that she requires minimal support in numeracy-based subject areas. However, in most other subject areas, Cindy requires a degree of educational adjustment to participate on the same basis as her peers, including:

- access to a laptop for extended writing tasks in literacy-based subject areas;
- additional time to complete literacy-based tasks, including assessment tasks;
- seating near the front of the classroom to reduce distraction;
- access to a locker in the school's 'learning hub', separate from the large busy locker area;
- permission (along with some other students) to listen to her iPod during quiet work time in class;
- provision of an individualised, simplified timetable of Cindy's subjects, along with a simple list of organisational requirements for each subject;
- weekly email communication between Cindy's parents and teachers to ensure homework tasks are properly documented and tracked;
- adjustments in the Physical Education curriculum normally by providing her with record keeping, scoring or organising duties;
- fortnightly 'checking in' with Cindy by the college's welfare officer to gauge her emotional wellbeing and to provide support or consider referral as necessary.

Despite these supports, Cindy still exhibits high anxiety due to the social and sensory demands placed on her in the school setting. The Student Support Group devised a strategy which means that Cindy can withdraw from class and into the student's 'learning hub', to help her cope with her anxiety. Here, Cindy can choose to rest on a bean bag listening to her iPod until she feels prepared to return to class. The additional needs coordinator checks in with her and provides assistance as necessary. Her needs are monitored with a view to enabling her to complete her senior secondary course.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Cindy is defined as having a disability by looking at the definition of disability under the DDA	• As defined by the DDA, Cindy has a disorder, illness or disease that affects the person's thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour
STEP 2	• Determine the level of adjustment	Supplementary adjustments • Cindy requires a degree of educational adjustment to participate in education on the same basis as her peers
STEP 3	• Determine the category of disability	• Cindy has a social/emotional disability
STEP 4	• Determine which form of evidence is available to support that Cindy has a disability under the DDA and needs supplementary adjustments	• Records from medical professionals • Individualised learning plan • Modification of physical education curriculum • Meeting notes by the welfare officer • Email communication with Cindy's parents

Hypothetical case study – Charlotte

Charlotte is a year 9 student at a large District High School. Charlotte was diagnosed as having Type 1 diabetes when she was 4 years old and has moved to a significant level of independent management of her medical condition. Charlotte is insulin dependent and has a health care plan in place that is reviewed by the school nurse, her year co-ordinator, Charlotte and her parents at the beginning of each year. Her plan is reviewed and signed by her medical practitioner and additional meetings take place if changes need to be made throughout the year.

However, in the last six months, Charlotte's insulin levels have been unstable. Her medical team is working with the school to stabilize her levels. This requires hourly testing of her blood sugar levels, which are monitored and recorded by her teacher. The teaching staff have noticed the impact of this on her ability to concentrate in class, which in turn impacts on her participation and completion of classroom activities.

Currently, the strategies in place to support Charlotte include:

- Professional Learning from the Diabetes Education Officer provided staff with education regarding diabetes in adolescents and training in the implementation of Charlotte's Emergency Response Plan
- Teachers ensure Charlotte attends to her hourly blood sugar testing
- Teachers use their PL training to observe and identify possible changes to her behaviour which might indicate hyperglycemia or hypoglycemia
- Teachers modify Charlotte's workload based on how she is feeling
- Classroom teachers report updates on Charlotte's progress via email on a weekly basis to the year coordinator
- In particular, the Physical Education teacher has a care plan to address Charlotte's needs when participating in physical activities, both on and off school site.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Charlotte is defined as having a disability by looking at the definition of disability under the DDA	• As defined by the DDA, Charlotte has a presence in the body of organisms causing disease or illness
STEP 2	• Determine the level of adjustment	Supplementary adjustments • Charlotte is provided adjustments at specific times to enable her to participate in education on the same basis as her peers
STEP 3	• Determine the category of disability	• Charlotte has a physical disability
STEP 4	• Determine which form of evidence is available to support that Charlotte has a disability under the DDA and needs supplementary adjustments	• Records from medical professionals • Staff training plans & calendars • Teacher observations • Update reports sent via email • Physical education care plan

Hypothetical case study – Jason

Jason is an 11 year old student in Year 6. Jason has been verified with Autism under the Department for Education and Child Development's Disability Support Program.

Jason sits in front of the class, near the teacher's desk. Jason uses the 5 point scale to indicate his level of arousal.

The strategies available to use when Jason is angry are negotiated with Jason by his teacher.

If Jason feels overwhelmed or angry, he is allowed to walk out of the class and into the school 'learning hub'. Jason is then required to return to the class when he has calmed down. Jason has a special orange card that explains to any teacher when he feels angry. Jason is allowed to be excused for a total of 10 minutes. Jason can only use this card a maximum of 3 times per day.

Jason is allowed to seek out the school counsellor to debrief after any incident.

If Jason feels distracted, he may use headphones for silence.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Jason is defined as having a disability by looking at the definition of disability under the DDA	• As defined by the DDA, Jason has a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgements or that results in disturbed behaviour
STEP 2	• Determine the level of adjustment	Substantial adjustment: • Jason has considerable support needs relating to personal care, safety, self regulation or social interaction which also impacts on his participation and learning • Jason requires regular direct support or close supervision in highly structured environments to be able to participate in school activities
STEP 3	• Determine the category of disability	• Jason has a social/emotional disability • N.B. students with autism could alternatively be categorised as having a cognitive disability • Typically higher functioning students with autism would be categorised under social/emotional and lower functioning students under cognitive • If students can be categorised under both, use **teacher judgement** to determine which disability category is the best fit
STEP 4	• Determine which form of evidence is available to support that Jason has a disability under the DDA and needs substantial adjustments	• Meeting notes between teacher and student counsellor • Documentation from a recognised medical professional • Documentation that shows the impact of the level of adjustment on Jason • Staff timetables for Jason • Learning support plans for Jason • Notes of meetings between Jason and counsellor

Hypothetical case study – Lara

Lara is a Year 10 girl with Duchenne Muscular Dystrophy. She has attended the same district high school since year 7. In 2013 Lara was in a wheelchair but was still able to toilet herself with minimal support to transfer to the toilet. While she would become fatigued when writing and typing she was able to keep up with the mainstream curriculum. In the 2013 NCCD the school rated Lara as having supplementary needs.

During 2014 Lara experienced a rapid deterioration in her physical condition. She now experiences significant weakness in her arms and can no longer transfer to the toilet as before and will require a hoist and change table. The school has recognised that Lara will now require further support with her self care as well as more significant changes to the way she accesses the curriculum.

The school has held case conferences each term with Lara, her parents, her occupational therapist, school psychologist, learning support coorindator and year coordinator for several years as well as using email to communicate between all parties when necessary. To ensure Lara's needs are being met given her recent deterioration the school discussed and implemented the following:

- contacted the consulting teacher from School of Special Education Need Disability (SSEND) and occupational therapist to access the required equipment such as hoists and change tables;
- accessed training for staff and implemented Lara's new toileting/manual handling plan provided by the therapists; accessed technology and training in the utilisation of software and hardware such as onscreen keyboards, adapted trackpads and electronic text books/books to enable Lara to access the curriculum;
- modified class notes, worksheets, timetables etc so Lara can access classroom resources on her laptop;
- teachers, where appropriate, allow alternate assignment or assessment formats such as oral assessments; and school psychologist liaises with school staff and parents to discuss what school-supports and strategies staff can put in place to assist in addressing Lara's social-emotional needs.

The school has updated Lara's IEP and Health Care Plans to reflect these changes and will continue termly case conference meetings to review Lara's progress as well as the usual communication through emails between key parties.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Lara is defined as having a disability by looking at the definition of disability under the DDA	• As defined by the DDA, Lara has the malfunction, malformation or disfigurement of a part of the person's body
STEP 2	• Determine the level of adjustment	Substantial adjustment: • Lara has considerable support needs related to her self care and education • Lara requires regular direct support and adjusted access to curriculum to be able to participate in education on the same basis as her peers
STEP 3	• Determine the category of disability	• Lara has a physical disability
STEP 4	• Determine which form of evidence is available to support that Lara has a disability under the DDA and needs substantial adjustments	• Medical reports from health professionals • Notes from meetings with school psychologist, school staff and Lara's parents, • Individual education plans • Health care plans • Staff training plans

Hypothetical case study – Sam

Sam is a six-year-old girl with a diagnosis of cerebral palsy and an intellectual disability. Sam also experiences epilepsy seizures, which are mostly controlled with medication. She has just commenced Reception at her local mainstream primary school. Sam is non-verbal and has not yet developed a consistent form of communication. She uses a wheelchair for mobility and requires an adult to push her, and to transfer her in and out of her chair when required. Sam is fully dependent on others for all of her self-care activities, including toileting, dressing, bathing and feeding.

After selecting a mainstream setting for Sam to commence her formal schooling, Sam's parents began transition planning with the school very early in her pre-school year. A wide range of medical and allied health professionals and agencies were able to support Sam's transition planning by providing the school with information to help understand Sam's ongoing medical, physical, cognitive, language and social/emotional needs. At the start of the school year, Sam's teacher developed a highly individualised educational plan taking into account the information provided by her family and supporting professionals. On commencing school, her teacher completed a range of observational and functional assessments.

Some current adjustments enabling Sam to access and participate in her educational program include:

- use of a universal access toilet fitted with a hoist and change table;
- intensive speech pathology, occupational therapy and physiotherapy, including direct support and consultation with teachers;
- monthly consultation from a visiting specialist education teacher to assist Sam's classroom teacher in designing and delivering a curriculum that best supports her need for frequent periods of teacher support throughout the school day;
- intensive adult supervision and assistance with personal safety and care throughout the school day; mealtime assistance and assistance with all feeding activities; assistance to mobilise and with all transfers;
- regular consultation between Sam's family and the school via monthly Student Support Groups, a daily communication book between school and the home, and informal discussion with the teacher and support staff at school drop off and pick up times.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Sam is defined as having a disability by looking at the definition of disability under the DDA	• As defined by the DDA, Sam has the malfunction, malformation or disfigurement of a part of a person's body, **and** • A total or partial loss of a person's bodily or mental functions
STEP 2	• Determine the level of adjustment	Extensive adjustment: • Frequent periods of teacher support • Intensive adult supervision and assistance with personal care • Monthly consultation with specialist support staff • Intensive support from allied health professionals
STEP 3	• Determine the category of disability	• Sam has a physical and an intellectual disability (more than one disability) • The disability with the greatest influence on Sam's learning is her intellectual disability • The category of disability therefore is **cognitive**
STEP 4	• Determine which form of evidence is available to support that Sam has a disability under the DDA and needs extensive adjustments	• Reports from medical and allied health professionals • Meeting notes with student, parents or carers • Observational and functional assessments • Individual education plan • Staff training calendars • Medical/allied health professionals reports and support schedules • Meeting notes

Hypothetical case study – Flynn

Flynn is a 16 year old boy with a diagnosis of autism and a severe intellectual disability. Flynn attends a mainstream secondary school in a large regional city but accesses some specialised programs at the onsite Education Support Centre.

Flynn is nonverbal and typically communicates his needs using gestures, some basic signing and visual–pictorial communication systems. He enjoys attending school but finds it difficult to manage his sensory integration and requires significant supervision and assistance to recognise when he needs to take a break from an activity, communicate his feelings or make a request for assistance. His current IEP and Behaviour Management Plan are focused on learning behaviours, functional skills in the community and transition to community based activities over the next three years. His functional program centres on self-care, hygiene, communication and personal safety. Flynn requires full time adult assistance for all aspects of his program.

Key learning outcomes for Flynn include:

- daily routines such as help to unpack his school bag upon arrival, and pack upon departure;
- tolerate touch/speech cues used in the routines for greeting, meal time, toileting and home time;
- relate concrete objects to a particular classroom activity such as nappy – toilet or bowl and spoon – cooking; and
- indicating his needs and responding to verbal interactions.

Flynn requires extensive support to manage his behavioural responses to sensory stimuli. He will not always act predictably to any given sensory input and therefore regular functional behaviour analysis is performed with all staff across both sites to re-evaluate his engagement with all aspects of his environment across all settings (school, community and home) to ensure that Flynn is provided with a consistent set of responses and strategies that support his changing behaviour needs. Flynn has as one of his goals to increase his engagement with the disability service provider in his community as chosen by his family. This requires cross training between disability service staff and school staff to ensure that there is consistent and detailed understanding of Flynn's individual program. Shared professional learning, planning and collaborative case meetings occur monthly to ensure a highly individualised transition program for Flynn.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Flynn is defined as having a disability by looking at the definition of disability under the DDA	• As defined by the DDA, a disorder or malfunction that result in the person learning differently from a person without the disorder
STEP 2	• Determine the level of adjustment	• Extensive adjustments • Flynn requires full adult assistance for all aspects of his programmes
STEP 3	• Determine the category of disability	• Flynn has a cognitive disability • Flynn's disability has cognitive, social/emotional and sensory aspects • If students can be categorised under all categories, use **teacher judgement** to determine which disability category is the best fit
STEP 4	• Determine which form of evidence is available to support that Flynn has a disability under the DDA and needs extensive adjustments	• Reports from medical professionals • Individual education plan • Behaviour management plan • Notes from the disability service provider • Staff training plans/timetables • Meeting notes with parents and staff

Hypothetical case study – Alistair

Alistair is a year 9 student who is profoundly deaf and attends a specialist Deaf Centre at a mainstream secondary college. Alistair uses sign language. He uses Auslan based signs with prompting. He does not understand facial expression, body language or other social cues nor can he lip read. He appears stressed when over stimulated and prefers not to watch and/or mix with others. Alistair initially required 1:1 support 100% of the time, but this has reduced slightly to 90–95% and he responds positively with that amount of support. He finds it difficult to work independently at any time. His intellectual functioning indicates good non-verbal skills which allow the school to build on this skill to give Alistair challenges at school. His literacy and numeracy skills are at a very low primary school level. However, with support, his photography skills are excellent.

The following adjustments are provided to Alistair:

- Access to support services of school based Teachers of the Deaf, SSEND school psychologists and audiologists, Educational Interpreters and Deaf mentors to implement and provide access to the curriculum.
- Regular meetings with these teachers, mainstream teachers and Alistair's family to ensure he is motivated and "comfortable". (NB "Comfort" for a deaf student means that they are not stressed by the environment and can therefore maintain eye contact). Communication between his Teacher of the Deaf and family occurs daily or weekly as deemed necessary
- Officers from SSEND provide monthly support with Alistair's mental health as he learns how to deal with each new context he faces and to deal with his sensory and socialisation issues
- Alistair receives a report from the Deaf Centre and his mainstream options classes and these reports are translated into sign language on disc so he can understand his own progress
- Alistair requires an Educational Interpreter at all times. He also requires a deaf mentor to relay the Educational Interpreter's message. Alistair requires support with the vocabulary of his mainstream classes. He is learning new words at the same time as new concepts which hearing students do not need to do.
- Alistair requires tuition in a small class of six students but must be accompanied by his Educational Interpreter and Deaf mentor. He will work quietly on task if he has the appropriate support.
- Alistair has access to a small withdrawal room if he requires a break and time away from other people. This is particularly useful if he cannot make it through the whole of the mainstream classes. The Deaf Centre rooms do not have the visual or auditory distractions found in the mainstream classes.
- The Deaf Centre provides staff on duty to encourage him to communicate with his peers.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Alistair is defined as having a disability by looking at the definition of disability under the DDA	• As defined by the DDA, Alistair has the malfunction, malformation or disfigurement of a part of the person's body
STEP 2	• Determine the level of adjustment	Extensive adjustments • Alistair is provided with essential specific measures at all times to address the nature and acute impact of his disability
STEP 3	• Determine the category of disability	• Alistair has a sensory disability
STEP 4	• Determine which form of evidence is available to support that Alistair has a disability under the DDA and needs extensive adjustments	• Medical reports from medical professionals • Notes from meetings between special school teachers, mainstream school teachers and Alistair's parents • SSEND school psychologists and audiologists reports • Notes from the education interpreter and deaf mentor • Monthly mental health reports • Reports from the Deaf Centre and mainstream options class and translations

Hypothetical case study – Aaron

Aaron is a Year 10 student at a District High School. His belongings are never organised and he often asks to leave the class to look for personal items. Aaron will often become defiant and raise his voice when told he can't do something. He has a small group of friends, who tend to encourage this behaviour. In the playground Aaron is often involved in bullying. He is verbally abusive towards other groups of students, provoking arguments, although they rarely escalate to any physical confrontations. Aaron will regularly return to class highly agitated and verbally defiant of teachers' instructions to calm down. He can often be heard muttering swear words under his breath within adult hearing.

Aaron has a very difficult home life and the school believes a lot of these behaviours are due to Aaron's parents' reactive parenting style based on physical discipline. Aaron's parents have not reported any previous mental health or medical issues that may explain his current behaviour.

To assist Aaron to manage his behaviour the school, in conjunction with the school psychologist, has developed a documented plan targeting a range of behaviours. Aaron's parents chose not to come to the meeting but have been sent a copy of Aaron's documented plan and invited to give feedback.

To assist Aaron in managing his behaviour the school:

- has implemented 'Stop, Think, Do' strategies;
- reinforces observed positive interactions with Aaron; and
- has assigned seating arrangements to reduce triggers

All teachers have been updated and advised on Aaron's behaviour goals and current strategies for the classroom and playground. Consequences and incident reporting is undertaken as per the usual school Behaviour Management Policy. A review meeting will be held in three months time unless there is a need for an earlier review.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Aaron is defined as having a disability by looking at the definition of disability under the DDA	• Aaron does not have a disability as defined by the DDA and should not be included in the NCCD
STEP 2	• Determine the level of adjustment	• Not applicable
STEP 3	• Determine the category of disability	• Not applicable
STEP 4	• Determine which form of evidence is available to support that Aaron has a disability under the DDA and needs adjustments	• Aaron does not have a disability but he is receiving non disability related adjustments through a behaviour management plan • Aaron may require an adjustment(s) to address disability in the future if it is found that he has a mental health or other medical issue • If so, evidence needs to be provided to support the category of disability

Hypothetical case study – Billy

Billy is a Year 3 child attending a primary school in a large country town. Billy is working approximately two years behind grade level in most areas. While Billy's teachers have not ruled out a Specific Learning Disability they believe his consistent non-attendance at school has had a significant impact on his literacy and numeracy development, this in turn impacts on his achievement in areas such as science and humanities. The school has discussed their concerns with regards to academic achievement and attendance with Billy's parents. Billy is on an IEP to address his attendance, literacy and numeracy issues. The IEP has been sent home to his parents.

The strategies in place to address Billy's attendance have had some success and he now attends approximately three days per week. The key strategies the school is using to support Billy include: a small group intervention program for literacy; a differentiated maths program to target the gaps identified in his maths concepts; and allowing Billy to demonstrate his content knowledge in a range of formats such as giving verbal answers to content based questions in Science.

The school is waiting to see the impact of their teaching and learning adjustments now that Billy is attending more frequently. They will make a judgment and possibly discuss testing with the school psychologist depending on Billy's progress over the next year, as at this stage his non-attendance could be a more reasonable explanation for his low achievement levels.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	• Is the student being provided an adjustment to access education because of disability? • Determine if Billy is defined as having a disability by looking at the definition of disability under the DDA	• As defined by the DDA, Billy does not have a disability and should not be included in the NCCD
STEP 2	• Determine the level of adjustment	• Not applicable
STEP 3	• Determine the category of disability	• Not applicable
STEP 4	• Determine which form of evidence is available to support that Billy has a disability under the DDA and needs adjustments	• Billy does not have a disability but he is receiving some non disability related adjustments (e.g. differentiated maths programme) • Billy may require an adjustment(s) to address disability in the future if it is found that low attendance is not the only cause for his low achievement levels • If so, evidence needs to be provided to support the category of disability

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Hypothetical case studies on Asthma

When not to include:

A number of students at a P-12 school have asthma. For some of these students, their health condition has no functional impact on their access to, or participation in schooling. No ongoing, long term adjustments need to be provided for these students to receive the same opportunities as other students.

While the school provides staff training on the management of asthma for teachers and relevant staff on an annual basis and requires parents to complete Asthma Plans for all students with asthma, these particular students do not require ongoing adjustments.

Parents of these students would have agreed that ongoing monitoring was not required but would notify the school should their children's health needs change. Some students, typically older students, are able to manage their condition themselves and are capable of self-monitoring and taking medication when required without the need for school involvement.

When to include:

For other students within the school however their asthma does impact on their schooling to varying degrees.

Some of these students may need to be reminded weekly to take their medication while others students may require teacher assistance with taking medication.

Teachers are conscious of the health needs of these students when planning for school camps or excursions, however regular support is not required for these students other than ongoing monitoring.

The health needs of these students are being provided through Quality Differentiated Teaching Practice.

Resources

National website: https://www.education.gov.au/what-nationally-consistent-collection-data-school-students-disability

ESA hosted website: http://www.schooldisabilitydatapl.edu.au/