ACCOMMODATING BARRIERS TO LEARNING IN AN INCLUSIVE EDUCATION SYSTEM

PROFESSIONAL DEVELOPMENT SERVICE
# OUTLINE OF THE WORKSHOP

## Unit 1:
*Background on the needs in the system, the current IE system and related policies to support the system (½ hour)*

## Unit 2:
*Dealing with common barriers to learning (2½ hours)*
- Differentiation and straddling
- Concessions
- Dealing with medication in the classroom

## Unit 3:
*Unlocking support structures to get everyone involved (2 hours)*
- SIAS policy
- Support teams and professional communities of learning
- Getting parents on your side
UNIT 1
Quick test, p 3
Warm up discussion
The Principle of Inclusivity

Special Needs Model

Medical model

Inclusive Model

Social model

It is not about learners with disabilities, it is about the needs of all learners.
THE PARADIGM SHIFT

Dual Systems

Special and Ordinary

Medical Model

Deficits

Placement (exclusion)

Inclusion

Social Model

Barriers

Inter-disciplinary approach
THE CURRENT REALITY

WHO – Average norm of 3% disabilities in any system
WHO – ± 20% learners will experience some sort of a barrier throughout the schooling career.

2012: 231 459 (1.16%) learners with barriers/disabilities in special and mainstream schools (Total number of learners in the system: 12 513 638)

The implication is that there is about 400 000 learners in the system without any support.
PERCENTAGE DISTRIBUTION OF LEARNERS IN THE EDUCATION SYSTEM IN 2012

Source: Education Statistics in South Africa 2012; Jan 2014
Throughput rate: 2013 National Senior Certificate
POLICIES GUIDING INCLUSIVITY:

• Constitution of the Republic of South-Africa No 108 of 1996 (Bill of Rights, Chapter 2)
• National Education Policy Act, 1996
• South African Schools Act, no. 84 of 1996
• Revised SIAS Policy (2014)
LEGISLATIVE FRAMEWORK SHAPING INCLUSION

- Guidelines for Inclusive Teaching and Learning (2010)
- Guidelines for responding to learner diversity in the classroom through curriculum and Assessment Policy statements (2012)
- Guidelines for Full-Service/Inclusive Schools
- Guidelines to ensure quality education and support in Special Schools and Special School Resource Centres
- Integrated School Health Policy (ISHP)
- Care and Support for Teaching and Learning (CSTL)
- Children’s Act No 38 of 2005, and Children’s Amendment Act No 41 of 2007
ACCOMMODATING BARRIERS TO LEARNING IN THE SYSTEM

Level 1 – Low needs
Level 2 – Medium needs
Level 3 – High needs

1. Mainstream schools
2. Full Service schools
3. Special schools

• Academic
• Focus schools
Level 3 – High needs
Level 2 – Medium needs
Level 1 – Low needs

5% high intensity, long duration
15% high risk learners, short term intervention
80% learners, basic intervention, preventative
DEVELOPMENTAL DELAYS

• 5-15% of children suffer from low intensity handicaps
• This leads to poor
  – Academic performance
  – Poor social adjustment
  – Behavioral problems

Nelson Textbook of Pediatrics
UNIT 2
COMMON BARRIERS TO LEARNING, CURRICULUM DIFFERENTIATION, CONCESSIONS, DEALING WITH MEDICATION
SAOU
UNIT 1
Group activity, p 3
Feedback
CAUSES OF BARRIERS TO LEARNING

INTERNAL/CHILD
- Neurological
- Physiological
- Genetic

ENVIRONMENT
- Socio-economic

SCHOOL

Specific barriers to learning
“Barriers to learning refer to difficulties that arise within the education system as a whole, the learning site and/or within the learner him/herself, which prevent access to learning and development.”

Screening, Identification, Assessment & Support Policy 2014
# BARRIERS WITHIN THE CHILD

## NEUROLOGICAL
- ADHD
- Epilepsy
- Tics
- Tourette
- Autism
- Obsessive Compulsive
- Depression and anxiety disorders
- **Specific learning disorders**

## PHYSIOLOGICAL
- Deaf/hard of hearing
- Blind/low vision
- Physical disabled
- Multiple disabled
- Developmental delays

## BEHAVIOUR
- “Conduct Disorder”
- Anti-social behaviour
- Psychopath
- Emotional problems

## GENETIC
- Down Syndrome

## LOW COGNITION
- IQ
- Brain injuries
- FAS
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- Hereditary (genetic) in 60-80% of cases
- Imbalance of neuro-transmitters
  - Mainly
    - Dopamine
    - Noradrenalin
- Limbic system and prefrontal areas
• FOCUS
  - Distractible

• PLANNING
  – Start/Finish
  – Rush through

• IMPULSE CONTROL
  – Impulsive
  – Low frustration tolerance
  – Never get into the mode
  – Frustration tolerance
  – Poor delayed gratification
  – Ability to learn from previous experience (Internalize behavior)
  – Meta cognition (mode)
PREVALENCE

• Affects 8–10% school-aged children\textsuperscript{1,2}
  – Diagnosed in boys 3 to 4 times more than in girls\textsuperscript{3}
• Accounts for 30–50% of mental health referrals for children\textsuperscript{4}
• Persists in some patients into adolescence and adulthood\textsuperscript{5}
  – 40–70% of adolescents\textsuperscript{6,7}
  – Up to 50% of adults\textsuperscript{5,7}

\textsuperscript{4} MTA Cooperative Group. \textit{Arch Gen Psychiatry} 1999;56:1073–1086.
\textsuperscript{5} Mannuzza S, et al. \textit{Arch Gen Psychiatry} 1991;48:77-83.
CAUSES OF ADHD

The genes hold the gun

The environment pulls the trigger
DIAGNOSIS

DIAGNOSTIC CRITERIA

• THE DSM-V
• ICD 10

Checklists – Conner's, Copeland
Based on types of symptoms

- Three kinds of ADHD:
  - ADHD Combined Presentation
  - ADHD Predominantly Inattentive Presentation
  - ADHD Predominantly Hyperactive – Impulsive Presentation

- Because symptoms can change over time, the presentation may change over time.
A. Either (1) or (2)

• (1). Six or more of the symptoms of inattention for children up to age 16, or five or more for adolescents 17 and older and adults; been present for at least 6 months and they are inappropriate for developmental level:
DSM-V CRITERIA
INATTENTION

a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work or with other activities.
b. Often has trouble holding attention in tasks or play activities.
c. Often does not seem to listen when spoken to directly.
d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g. loses focus, side-tracked)
e. Often has trouble organizing tasks and activities.

f. Often avoids, dislikes or is reluctant to do tasks that required mental effort over a long period of time (such as schoolwork or homework).

g. Often loses things necessary for tasks or activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile phones).

h. Is often easily distracted.

i. Is often forgetful in daily activities
(2). Six (or more) of the symptoms of hyperactivity-impulsivity for children up to age 16, or five or more for adolescents 17 and older and adults; been present for at least 6 months to an extent that is disruptive and inappropriate for developmental level:
a. Often fidgets with or taps hands or feet, or squirms in seat.
b. Often leaves seat in situations when remaining seated is expected.
c. Often runs about or climbs in situations where it is inappropriate (in adolescents or adults may be limited to feeling restless).
d. Often unable to play or take part in leisure activities quietly.
e. Is often “on the go” acting as if “driven by a motor”.
f. Often tasks excessively
g. Often blurts out an answer before a question has been completed.

h. Often has trouble waiting his/her turn.

i. Often interrupts or intrudes on others (e.g., butts into conversations or games)
DSM V

• Several symptoms were present before age 12 years
• Several symptoms are present in two or more settings (e.g. at home, school or work; with friends or relatives; in other activities).
• There is clear evidence that the symptoms interfere with, or reduce the quality of social, school or work functioning.
HrQoL: Functional outcomes:

Developmental impact of ADHD

Behavioural disturbance

Pre-school

School-age

Academic problems
Difficulty with social interactions
Self-esteem issues
Legal issues, smoking and injury

Adolescent

Occupational failure
Self-esteem issues
Relationship problems
Injury/accidents
Substance abuse

College-age

Adult

Behavioural disturbance
Academic problems
Difficulty with social interactions
Self-esteem issues

Academic failure
Occupational difficulties
Self-esteem issues
Substance abuse
Injury/accidents

David Coghill 2006
Differential diagnosis
(Other conditions causing children not to concentrate)

1. Neurological abnormalities
   - Brain damage
   - Neurodegenerative diseases
   - Post encephalitic disorder
   - Seizure disorder

2. Medical conditions
   - Allergies - asthma, rhinitis
   - Obstructive sleep apnea
   - Syndromes
   - Sensory defects - hearing and vision

3. Medication

4. Psychosocial factors
   - Malnutrition/poverty
   - Response to physical or sexual abuse
   - Response to inappropriate parenting practices
   - Response to inappropriate classroom setting

Reiff MI et al. 2003
Differential diagnosis

(Other conditions causing children not to concentrate)

5. Personality traits and disorders
6. Intellectual impairment
7. Emotional problems, anxiety and depression
8. Educational problems
   - multiple schools
   - poor language skills
9. Dimensional factors
   - Behaviors that are within the spectrum of normal
   - Behaviors are problematic but fall short of meeting the full criteria for diagnosis

Reiff MI et al. 2003
ADHD: Comorbid Conditions

SPECIFIC LEARNING DISORDER

DSM V:

• Difficulties learning and using academic skills, as indicated by the presence of at least one of the following symptoms that have persisted for at least 6 months, despite provision of interventions that target those difficulties:
SPECIFIC LEARNING DISORDER

1. Inaccurate or slow and effortful word reading
2. Difficulty understanding the meaning of what is read
3. Difficulty with spelling
4. Difficulties with written expression
5. Difficulties mastering number sense, number facts, or calculation
6. Difficulties with mathematical reasoning
Specify:

- **SLD with impairment in reading**
  - Word reading accuracy
  - Reading rate and fluency
  - Reading comprehension
    - Alternative term: Dyslexia

- **SLD with impairment in written expression**
  - Spelling accuracy
  - Grammar and punctuation accuracy
  - Clarity or organization of written expression
SPECIFIC LEARNING DISORDER

Specify:

• **SLD with impairment in mathematics**
  – Number sense
  – Memorizing of arithmetic facts
  – Accurate or fluent calculation
  – Accurate math reasoning
    • Alternative term: Dyscalculia
A tick is a sudden, rapid, non-rhythmic, stereotype motor movement or vocalization

**Transient tic disorder**
- Simple or multiple motor or vocal tics
- No longer than 12 consecutive months
- Occurs in 11-13% of all children

**Chronic motor or vocal tic disorder**
- Single or multiple motor or vocal tics but not both

**Tourette Syndrome**
- Both multiple motor and one or more vocal tics.
TIC DISORDERS

- Genetic condition - dominantly inherited
- 20-50% have co-morbid OCD - girls
- 20-40% have co-morbid ADHD – boys
- Tends to wax and wane
- Medication can suppress but not cure
- Tends to diminish after adolescence
OBSESSIVE COMPULSIVE DISORDER

Obsessions
• Recurrent and persistent thoughts, impulses or images that are inappropriate and causes anxiety

Compulsions
• Repetitive behavior e.g. hand washing, checking or mental acts that a person feels driven to perform in response to an obsession

Treatment
• Behavior modification
• Medication
ANXIETY AND DEPRESSION

• Common in especially ADHD - Inattentive
• Children may have the best intentions yet simple do not manage to produce consistent good work or to behave well
• Treatment: Psychotherapy. Medication

➢ Up to 50% of children with depression has a parent with depression
ANXIETY

- Nervousness
- Shyness
- Clinging behavior
- Sleeping problems
- Nightmares
- Distractibility
- Poor concentration
- Mind going blank
- Irritability
- Poor appetite
- Nausea
- Tummy-aches
- Diarrhea
- Head-aches
- Sweaty palms
- Restlessness
DEPRESSION

- Tearfulness
- Sadness
- Irritability
- Sleeping problems
- Poor appetite
- Weight loss
- Head-aches, tummy aches, back ache
- Beware child with sudden change in mood or behavior

- Social withdrawal
- Inability to have fun
- Loss of interest in school
- Poor concentration
- Poor memory
- Feelings of worthlessness and guilt
- Suicidal thoughts
EARLY ONSET BIPOLAR DISEASE

• A persistent pattern of extreme changing mood, in children sometimes within the course of one day, but usually days or weeks
• Ranging from distinct periods of high energy elated mood and in between episodes of normality or depression
• Unpredictable, nasty and uncontrollable
• Uncommon. Mostly present late adolescence.
• Strong family history
• Treatment: Medication and intensive therapy
BEHAVIOR DISORDERS

OPPOSITIONAL DEFIANT DISORDER

• Seem to say NO on principle
• Deliberately do things to annoy others
• Often loses temper
• Blames others for his/her mistakes or misbehavior
• Often touchy and easily annoyed
• Often spiteful and vindictive

– Do however show remorse
– Includes passive aggressive behavior
CONDUCT DISORDER

- A repetitive and persistent pattern of behavior in which the basic rights of others and major age appropriate societal norms and rules are violated
- Includes aggression to people and animals, destruction of property, deceitfulness or theft and serious violations of rules
- Show no remorse
- Often leads to anti-social personality disorder
Autistic Spectrum Disorders

- Autism
- HFA (Asperger)

Social Pragmatic disorder
Atypical Autism

1. Language
2. Socializing
3. Repetitive play

Theory of Mind

Level
1: Functioning with support
2: Reasonable functioning with intensive support
3: Poor functioning with intensive support

With or without Intellectual impairment
With or without language impairment
INTERVENTION STRATEGIES

Background of Experience
What does the learner know?
Where does she come from?

Barriers to learning
"in" the learner
"around" the learner

Interests
Strengths
Expertise
Aspirations

Profile
Multiple intelligences
Learning modalities
Learning styles
Differentiated teaching is a key strategy for responding to the needs of the learners with diverse learning styles and needs. It involves processes of modifying, changing, adapting, extending, and varying teaching methodologies, teaching strategies, assessment strategies and the content of the curriculum.

Curriculum differentiation (differentiated teaching) is a key approach to realize one of the key principles of the NCS, namely inclusivity.
Three types of alternate assessments are as follows:

- Based on **alternate** attainment of knowledge (reduced depth, breadth and complexity of content, concepts, and skills). Target learners can include learners with intellectual disabilities some of who are enrolled in special schools or schools of skill.

- Based on **modified** attainment of knowledge (require more time to master the content, concepts, and skills or a reduced work load for learners who have a moderate intellectual disability and are working on grade-level)

- Based on **Grade-level** attainment of knowledge for learners with disabilities or learning difficulties who need testing formats or procedures that provide them with equal opportunities at the same grade-level as the general assessment (target learners can include learners who are blind, have communication, physical disabilities, dyslexia or hearing loss)
CURRICULUM DIFFERENTIATION

• One-size-fits-all curriculum does not work!!!
• Provided for differentiation in the policies
• Differentiation w.r.t:
  📖 Content
  ✏️ Teaching strategies
  ✒️ Assessment (and concessions)

SIAS 2014: Curriculum Differentiation seen as a type of concession!! (Straddling)
CURRICULUM DELIVERY
A simplified model

Input
Content
What and how new information is presented to learners

Processing
Method of presentation, materials, learning environment
What methods and activities learners use in order to understand the context on their own terms

Outcome
Method of assessment
How learners show understanding of what they are learning or have learned
TEACHING STRATEGIES

Content:
- Abstractness
- Complexity
- Variety

Teaching methods/strategies:
- Learning material
- Methods of presentation
- Learning activities
- Lesson organisations

Assessment
COMPLEXITY: BLOOM’S TAXONOMY

Synthesis: create, invent, plan, predict, design, propose, formulate

Evaluation: judge, decide, justify, debate, recommend, prioritise, argue

Analysis: analyse, compare, investigate, categorise, identify, explain

Application: solve, show, use, illustrate, classify, construct, examine

Comprehension: explain, interpret, discuss, distinguish, outline

Knowledge: tell, list, write, find, describe, name, locate
UNIT 2

Group activity -
Teaching strategies, p?
CONCESSIONS

IMMIGRANT LEARNERS

LEARNERS EXPERIENCING BARRIERS TO LEARNING
CONCESSIONS: IMMIGRANTS

An immigrant learner is:

- A child or dependant of a diplomatic representative of a foreign government accredited in SA, or

- A person who:
  - first enrolled at and entered a SA school in Gr 7 or thereafter
  - began schooling in SA, has attended school outside SA for two or more consecutive years after Gr 3 and has subsequently returned to SA
Gr 4 – 9:

An Immigrant learner must:

• Offer the two official languages as required, and comply with the School-based assessment requirements.

• Pass one of the required two official languages as on at least First Additional Language level and obtain a rating of Moderate Achievement (Level 3) in that language;

Gr 10-12:

An immigrant may offer only one (1) official language on at least First Additional Language Level, provided it is the language of learning and teaching, and obtain a rating of 30% level in that language.
“Barriers might in one way or another prevent the learner from giving a true account of his/her knowledge and skills when assessed and might require adaptive methods of assessment.”

To maximise the academic development of these learners on an equal basis with others (Convention on the Rights of Persons with Disabilities, Article 24)

To equalise opportunities for all learners by addressing barriers learners may experience

To provide support for learners that will enable them to give a true account of their knowledge and skills

Why Concessions?

There should be high expectations of learners, and the standard of assessment must not be compromised, nor should the learner be given an unfair advantage over his/her peers.
NOT INTENDED FOR...

- Learners with low cognitive functioning
- Learners with poor language competency because the language of assessment is not the home language of the learner (immigrants excluded)
PRINCIPLES

• **Fairness** (Comply with assessment criteria)
• Do not **compromise** the **standard** of assessment
• No **unfair advantage** over fellow learners
• Apply same **academic requirements** for all learners
• **Equalise opportunities** to give true account of knowledge and skills
• Granted to learners with **potential to benefit**
• Based on **support needed**, not on categories of disability or learning difficulty
• **Address** the barrier, **do not compensate** for it
• Provide support as **early** as possible
The selection of learners and the implementation of alternative and/or adapted methods of examination put a high premium on the integrity of the school.

Disciplines involved in the identification of learners
Trans-professional team
Composition of team depend on the specific disability
Recommended by SBST – not parent etc.
Determination of learners who are eligible for differentiated assessment and accommodations in Grades 10 to 12 should have been done as early as the Foundation Phase or at least by October of their Grade 10 year, except in a situation where need arises at a later stage.
Deaf learners and learners with communication and language impairments:

- Must offer the two required official languages (SASL is considered an official language)
- May obtain an Elementary achievement (level 2) in the second official language, and
- Comply with the other promotion requirements
Concessions: Deaf Learners

New regulation changes propose:

- Two official languages, of which SASL may be offered at Home Language Level in lieu of the language at FAL level,
- Pass SASL on at least level 4 (50%)
- Deaf learners not offering SASL, may pass one of the two official languages on level 2 (30%)
Dyscalculia

- In FET phase learners may be exempted from the offering of Mathematical Literacy or Mathematics, provided that another subject from Group B is offered in lieu of these subjects
- Must further comply with the promotion requirements
THE REVISED SIAS POLICY

Screening, Identification, Assessment and Support

• Government Gazette No. 38356 of 19 December 2014

The main focus is to manage and support teaching and learning processes for learners experiencing barriers to learning.

It outlines the role functions of staff appointed in district as well as school structures responsible for planning and provision of support.
National Policy on the Conduct, Administration and Management of the National Senior Certificate Examination (Annexure C1)
ADAPTED AND ALTERNATIVE ASSESSMENT

• Adaptation of questions
• Additional time
• Digital player/recorder
• Braille
• Computer/voice to text/text to voice
• Enlarged print
• Handwriting
• Medication/food intake
• Oral examination
• Personal assistant
• Prompter
ADAPTED AND ALTERNATIVE ASSESSMENT

- Reader
- Rest breaks
- Scribe/Amanuensis
- Separate venue
- Sign language Interpreter
- Spelling
- Transcription of Braille
- Video/DVD/recorder/webcam
- Endorsed NSC
- Exemption from a language
- Curriculum Differentiation (Straddling)
AD HOC CONCESSIONS

- Injury/illness sustained before or during assessment/examination (especially Gr 12 – submit to Province without delay)
- Severe trauma
- Imprisonment
- Pregnant learners
- Emergency/crisis situation
Learners who experience one or more of a range of barriers to learning may not fit comfortably within a particular phase or grade. In such cases straddling must be implemented. Straddling is when a learner or group of learners at a specific grade or level work towards attaining assessment standards from more than one grade within learning areas or learning programmes.

In terms of curriculum differentiation where learner accessed the knowledge, concepts and skills on a lower level (straddling) the report card has to reflect on the levels on which knowledge has been gained and skills mastered.
Do take note that in cases where no curriculum modifications take place but only concessions in terms of assessment procedures (e.g. amanuensis), **NO ALTERATION TO EXISTING REPORT CARDS** should be undertaken and **CONCESSIONS IMPLEMENTED** should **NOT** be reflected. However, all documentation on history and reasons why concessions had been granted, have to be recorded in the **LEARNER PROFILE**.
ANNEXURE C
FORM DBE 125: CURRICULUM DIFFERENTIATION SCHEDULE

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

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

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

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<th>F: Code awarded on this level</th>
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Signatures:
Principal
SADT Coordinator
Parent/Legal Caregiver
DDGT Co-ordinator
ENDORSED NSC

- National Policy Pertaining to the Programme and Promotion Requirements (2012, bl 24)
- Regulations Pertaining to the conduct, administration and management of the National Senior Certificate Examination (2014)

Gr 10-12 learners either in:
- Special Schools who experience extensive barriers to learning, or
- Who are in ordinary schools and experience barriers to learning, or
- Learners who experience barriers to learning who were unsuccessful in obtaining a NSC, or who cannot meet the programme and/or promotion requirements
ENDORSED NSC

ANNEXURE B
FORM DBE 124

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

SCHOOL: ____________________________
LEARNER: ___________________________
GRADE: _____________________________

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

LIST OF ACCOMMODATION(S)/EXEMPTION(S) YOU ARE APPLYING FOR:
(Mark your choice with an X)

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<th>TYPE OF ACCOMMODATION REQUESTED</th>
<th>SUBJECTS</th>
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<tbody>
<tr>
<td>Adaptation of questions</td>
<td></td>
</tr>
<tr>
<td>Additional Time</td>
<td></td>
</tr>
<tr>
<td>Digital Reader/Recorder</td>
<td></td>
</tr>
<tr>
<td>Breaks</td>
<td></td>
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<tr>
<td>Computer to text to voice</td>
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<tr>
<td>Enlarged print</td>
<td></td>
</tr>
<tr>
<td>Handwriting</td>
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<tr>
<td>Medication/Food Intake</td>
<td></td>
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<tr>
<td>On examination</td>
<td></td>
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<tr>
<td>Personal assistant</td>
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<tr>
<td>Prompter</td>
<td></td>
</tr>
<tr>
<td>Reader</td>
<td></td>
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<tr>
<td>Rest breaks</td>
<td></td>
</tr>
<tr>
<td>Scribe</td>
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<tr>
<td>Separate venue</td>
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<tr>
<td>Sign language interpreter</td>
<td></td>
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<tr>
<td>Spelling</td>
<td></td>
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</tbody>
</table>
**ENDORSED NSC**

<table>
<thead>
<tr>
<th>Transcription of Braille</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Video/DVD recorder/Webcam</td>
<td></td>
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<tr>
<td>Other e.g.:</td>
<td></td>
</tr>
<tr>
<td>Endorsed NSC</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Exemption from a language</th>
<th>Language: ..........................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>(immigrant/refugee learner with a study permit)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Verified and Supported</th>
<th>Surname, Initials (Print)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Legal Caregiver</td>
<td>20___ / ___ / ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learner (if applicable)</td>
<td>20___ / ___ / ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SBST coordinator</td>
<td>20___ / ___ / ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal</td>
<td>20___ / ___ / ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DBST coordinator</td>
<td>20___ / ___ / ___</td>
<td></td>
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</tr>
</tbody>
</table>

**APPROVAL:**

| District Office Official | 20___ / ___ / ___ |  |
| Provincal Official | 20___ / ___ / ___ |  |
IDENTIFICATION OF CANDIDATES FOR ALTERNATIVE AND/OR ADAPTIVE ASSESSMENT

Medical Conditions
Applications concerning medical conditions e.g. epilepsy, diabetes etc. must be accompanied by a medical report from a medical doctor

Determination of minimum age
Premature implementation vs early identification
Applicable from Gr R...
MEDICATION

• “Best interests of the child” principle.
• No direct mention of administration of medicine.
• Parents have to supply:
  ✓ The medication (enough)
  ✓ Certified copies of prescriptions
  ✓ Report medical condition of child in writing (to Supervising educator)
The Children's Act

- Section 129: Introduces ‘consent’ @ age 12.
- "A child may consent to his or her own medical treatment.... IF:
  (a) the child is over the age of 12 years; and
  (b) the child is of sufficient maturity and has the mental capacity to understand the benefits, risks, social and other implications of the treatment."

- **Children >12**
  - Entitled to request or give permission for their own medication or treatment in certain circumstances.

- **Children < 12** cannot consent.
  - Parents or other authorities must consent on their behalf!
CONSENT FOR MEDICAL ATTENTION

- Generally: Minor = Under 18 = Consent of parent(s) needed.

- Note: Children’s Act introduces 12 years as age that minor can consent to his own medical treatment. (Discussion below)

- Plan A = Contact parents to get consent (Take reasonable steps!)

- Plan B = Supervising educator can consent if parents cannot be found (pre-consent on Consent Form)
EMERGENCY / INJURIES

• Should receive immediate medical attention.

• **Failure** on the part of an educator to respond immediately may lead to the **educator being held liable** if the damage is **worsened** as a result of the delay.

• Regardless of who is liable for the **costs** involved.

• School is only liable for paying the medical costs of a learner if this is determined by a court of law (school’s governing body should make provision for these payments in the school budget IF POSSIBLE.)
ADMINISTRATION OF MEDICINE

Schedule 0 medication ("over the counter medication")
• Yes, can administer;
• BUT also after getting consent from the parent. Why....?

• Allergic reactions to aspirin or wound disinfectants (iodine) are not unheard of and could even be fatal!

Stronger Medication
• Diabetics or chronic prescribed medicines.
• Help ensure correct dosage taken at right time.
• With the CONDITION that you have a WRITTEN INSTRUCTION.
• Usually from parent or detailed prescription from doctor.
PRACTICALLY

• FIRST AID! At least one person on your staff must be trained.

• Recognise obvious DANGERS around ANY medication.

• Only ‘topical’ preparation—onto the skin, not into the mouth:
• Clean, disinfect, plaster or bandage a grazed knee or small cut.

• Ask your chemist to AVOID supplying disinfectants and schedule 0 medication which may contain allergens for your first aid boxes.

• Receipt (labelled container)
• Storage (lock-up per requirements)
• Dispensing (written instructions)
SCHOOLS SHOULD....

- **Re-write** offending sections of their policies.
- **Inform** parents around the new requirements:
  - “No administration of medicine except in real danger or after request/instruction from the parent or a doctor in writing.”
- You may still **DISPENSE** medication if specifically prescribed AND;
- **REMIND** children to take medication at the prescribed times or intervals.
- Forgetting to ..... **(Report!)**
- Have a ‘medicines disbursed’ **record** in the office.
LOGISTICS OF DISPENSING

- **Require disclosure** of any known allergies (acceptance form).
- Parents sign undertaking to report any new allergic reactions.
- **Spreadsheet** listing learners with allergies + which allergies.
- Spreadsheet must be **accessible** to those who may dispense medicines.
- **Repeat the data-gathering** at least on annual basis + contact numbers and home address.
UNIT 3
UNLOCKING SUPPORT STRUCTURES, SIAS POLICY, SUPPORT TEAMS AND PROFESSIONAL COMMUNITIES OF LEARNING, WORKING WITH PARENTS
WHERE TO START?

Initial screening guided by the learner profile
- Admission form
- Road to health card
- Integrated School Health Programme reports
- Year-end school reports
- Parent and/or stakeholder reports
- The report/s of the teacher/s currently involved with the learner

BUILD UP A PORTFOLIO OF EVIDENCE
WHERE TO START?

HEALTH AND DISABILITY ASSESSMENT FORM

For learners for whom additional support must be put in place from the outset, e.g learners with disabilities or health conditions.
ROLE AND RESPONSIBILITIES OF THE TEACHER

(i) To gather information and identify learners at risk of learning breakdown and/or school drop-out.
(ii) To provide teacher-developed classroom-based interventions to address the support needs of identified learners.

The teacher and all who are directly involved with the learner on a daily basis are expected to apply the SIAS process.

Once the teacher has exhausted all strategies, he/she will consult with the SBST. *(SNA 1)*
INDIVIDUAL SUPPORT PLAN

A plan designed for learners who need additional support or expanded opportunities, developed by teachers in consultation with the parents and the SBST. (SNA 1)
## 3. INDIVIDUAL SUPPORT PLAN (COMPLETED BY CLASS TEACHER AND SBST)

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

<table>
<thead>
<tr>
<th>Area(s) in which support is needed</th>
<th>Target to be achieved</th>
<th>Strategy of intervention</th>
<th>Responsible person</th>
<th>Time frame</th>
<th>Review date (to assess achievement of the target)</th>
<th>Comment on progress made in achieving target(s)</th>
</tr>
</thead>
</table>
| E.g. Behaviour and social competence | Stop bullying behaviour | - Assign a mentor teacher to support learner  
- Raise awareness during assembly  
- Review school conduct policy  
- Call in the parent/legal caregivers | Principal | Within a week | 15 April 2023 | |
|                                  |                       |                          |                    |            |                                               |                                               |
THE ROLE AND RESPONSIBILITIES OF THE SBST

• To respond to teachers’ requests for assistance with support plans for learners experiencing barriers to learning.
• To review teacher-developed support plans, gather any additional information required, and provide direction and support in respect of additional strategies, programmes, services and resources to strengthen the Individual Support Plan (ISP).
• Where necessary, to request assistance from the DBST to enhance ISPs (SNA 2), or support their recommendation for the placement of a learner in a specialised setting.
SBST FUNCTIONS

- Study report provided by educator on barriers identified and support provided/implemented and the impact of the support
- Assess support needed and develop a programme for educator and parents
- Provide training/support to be implemented in classroom if necessary
- Evaluate/monitor
- Identify further SBST assets and mobilise help
- Encourage collegial/peer support
- Determine the level of support needed
FUNCTIONS SBST

- Determine which learner require alternative access to tests/exams
- Discuss recommendations with learner and parents
- Determine what materials/equipment/staff will be needed to implement special concessions
- Determine what practical arrangements must be made for the implementation of the concessions
- Compile a list of the learners with the exact concession(s) needed by each learner
- Monitor and report the process
FUNCTIONS SBST

• Complete and submit the necessary application forms to the DECC with all the relevant supporting documents
• All decisions made by the SBST must be included in the Learner Profiles which accompany learners throughout their school career
• Identify and obtain members of the community to assist in the implementation of special concessions
SBST COMPOSITION

- Teachers who are involved directly in the management of the school. (Principal/deputy principal/other member of SMT)
- Teachers involved with the teaching of the particular learner(s) who experience barriers to learning.
- Teachers with **specialised skills** and knowledge in areas such as learning support, life skills or counselling
- Teachers who volunteer because of their interest, or
  - Who represent various levels of the programme e.g. Foundation Phase or
  - Represent various learning areas e.g. language
- Teachers on the staff with **particular expertise** to offer around a specific need or challenge
- **Non-educators:** admin or care taking staff
- Teachers who volunteer because of their interest
NONE-CORE MEMBERS OF SBST

- Parents/care givers – interested and specifically skilled parents
- Learner representatives at senior, FET or higher levels.
- Specific members of the district-based support team (DBST)
- Members of the community who have a particular contribution to make.
- Teachers from other schools, particularly from full-service schools or resource centres

Screening, Identification, Assessment & Support Policy 2014
ROLES AND RESPONSIBILITIES: DISTRICTS

- To respond to requests for assistance from SBSTs.
- To assess eligibility of requests made by SBST by gathering any additional information and/or administering relevant assessments, conducting interviews and/or site visits *(SNA 3)*.
- To provide direction in respect of any concessions, accommodations, additional strategies, programmes, services and resources that will enhance the school-based support plan.
- To identify learners for outplacement into specialised settings, e.g. special schools, to access specialised support services attached to ordinary or Full Service schools or to access high-level outreach support.
THE ROLE OF SGBs

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

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

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

- Parent/caregiver participation in the SIAS process is not a matter of choice, but is compulsory.
- The parent/caregiver and the learner (from the age of 12 as far as possible) must be involved throughout in the decision-making process of the SIAS.
- Parents/caregivers need to take responsibility for the support of their children in the most inclusive setting possible.
ROLES AND RESPONSIBILITIES: PARENTS

• Parents/caregivers should be empowered to understand how the potential of their child can be optimally developed.
• They need access to information on the kinds of support needed by their child.
• They must know their rights in terms of accessing available support.
• Parents/caregivers must make every effort to ensure that their child has access to an appropriate early-intervention programme which is available in their area.
Behaviour patterns of parents:

• The well articulated, self-assertive educated parents
• The angry but knowledgeable parents
• The submissive parents
• The uninvolved and ignorant parents
• The angry but uninformed parents
• The quarrelsome parents
• Parents with special needs
TIPS FOR PARENT INTERVIEWS

• Create a welcoming environment
• Two-way conversations!
• The best interest of the child
• Discuss progress and growth
• Highlighted areas of support needed
• Share ideas for supporting learning
• Seek solutions collaboratively
• Work out an action plan
• Establish lines of communication
• Communicate regularly and follow up!
• Wherever possible, learners themselves should be involved in assessing their progression. Learners’ own perceptions of themselves and their learning are crucial when identifying the need for support.
• Consent should always be obtained from older learners who are being assessed and confidentiality should be adhered to.
• Where possible, obtain explicit consent if the information held is sensitive. Explicit consent can be oral or written. Written consent is preferable, e.g. through a signature on the SNA Forms. If there is on-going contact, the consent should be reviewed regularly.
PROFESSIONAL LEARNING COMMUNITIES

PLCs are:
Communities that provide the setting and necessary support for groups of classroom teachers, school managers and subject advisors to participate collectively in determining their own development trajectories, and to set up activities that will drive their development.
PROFESSIONAL LEARNING COMMUNITIES

Role of PLCs are:

• Joint planning, teaching and observation of lessons – collaboration on teaching and learning;
• Reflection of classroom practice/pedagogy;
• Exposing teachers to on-line resources;
• Organize conferences, workshops and other events; and
• Analysis of reports on learner performance and carrying out error analysis of classroom tasks from learners.
Portfolio assessment:

- Identify one learner who experience a barrier/barriers to learning.
- Provide a detailed description of the nature of the barrier, and explained how the learner has been supported until now.
- Provide a copy of the completed SNA 1.
- Explain how you have varied your teaching strategies to accommodate the learner.
- Provide one formal assessment task structured to meet the needs of the learner.
- Give a short evaluation of the learners progress over the past two to three months.
Format: electronic – babettelr@saou.co.za
Due date for submission: 30 May 2015
A reference number will be provided. Follow up!
Certification – only upon receival and marking of assignment.
“Everyone is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid.”

Albert Einstein.