

# INCLUSIVITY AT MILLEN PRIMARY SCHOOL



Millen Primary School  
Learning Together

Millen Primary School is an Independent Public School



## INCLUSIVITY AT MILLEN

Our commitment is to ensure that every child at Millen Primary School has access to a high quality education, and that every parent and care giver is recognised as a valuable partner in their child's education.

### This commitment enables:

- Our students with disability to participate in programs aligned with their learning needs and not to be excluded from our educational programs on the basis of disability;
- Our teachers to hold high expectations for students with disability and teach in ways that enable all children to achieve their potential; and
- Our school community to be a positive environment where diversity and uniqueness are valued and embraced.

We want our Millen parents to know that we prioritise inclusion.

We want our Millen parents to feel that:

- their children are welcome and belong at the school
- their children are happy at the school
- their children are able to participate in a meaningful way
- they are involved in the decision-making about their children
- they have a good relationship with teachers and school administration
- school staff understand and want to learn about disability issues

We hope this document will provide you with some helpful information. Please feel free to get in touch at any time.

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## Disability Discrimination Act 1992 (DDA)

The Disability Discrimination Act 1992 (DDA) and the Disability Standards for Education 2005 (the Standards) establish the legal obligations of all Australian education providers to ensure the education of students with disability.

## SECTION 1: LEGISLATION

### What is Disability?

Under the DDA disability is defined as:

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

This definition 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.

The broad definition of disability in the DDA includes people who may not consider themselves as having a disability, for example, people who have broken limbs from an accident and are temporarily using crutches or a wheelchair. It also includes people who are colour blind or who use corrective devices such as reading glasses.

**Disability Standards for Education (2005)**

The Disability Standards for Education (the Standards) aim to ensure that students with disability can access and participate in education on the same basis as other students. The Standards are subordinate legislation made under the Act. The DDA and the Standards protect students from direct and indirect discrimination and require education providers to make reasonable adjustments to accommodate the needs of students with disability.

**‘On the Same Basis’**

When students with disability have access to education on the same basis as other students they are provided with the same or similar education choices and opportunities as students without a disability. This is enabled by Department staff making adjustments to their practice which may include changes to:

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

*On the Same Basis* does not mean all students have to be taught in exactly the same way.

Teachers may have to modify their teaching practice for students with disability to ensure they have access to learning programs or courses and to use or access school facilities and services. Some examples of supporting access to education on the same basis include providing:

- worksheets in large print for students with vision impairment;
- space for specialised equipment;
- modified and/or alternative learning environments; and
- sensory breaks.

**Reasonable Adjustments**

Reasonable adjustments reflect the assessed individual needs of the student and are defined as actions taken to assist a student with disability to participate in school based education programs on the same basis as other students.

- An adjustment is considered reasonable if it achieves this purpose whilst taking into account the learning needs and interests of all parties. These may include those with a disability, the Department, Department staff and other students.
- Adjustments can be made in the classroom and whole school settings as well as at the individual student level.
- When making decisions about the reasonable adjustment, Department staff will consult with the student with disability and/or their parent/carer to ensure the adjustment is appropriate and will meet the student’s specific needs.





Examples of reasonable adjustments include:

- wearing an FM microphone to enable access to speech within the classroom environment;
- providing printed copies of written activities in large print, tactile or audio formats;
- making time related changes by extending or otherwise altering timeframes for teaching and learning activities;
- modifying the presentation medium for example; visual, oral, print, demonstration and provision of practice opportunities;
- providing access to tablet applications to support the understanding of learning concepts;
- positioning of a student within the classroom to maximise their participation, engagement and access to instruction; and
- providing a visual daily timetable.

## SECTION 2: NATIONALLY CONSISTENT COLLECTION OF DATA (NCCD)

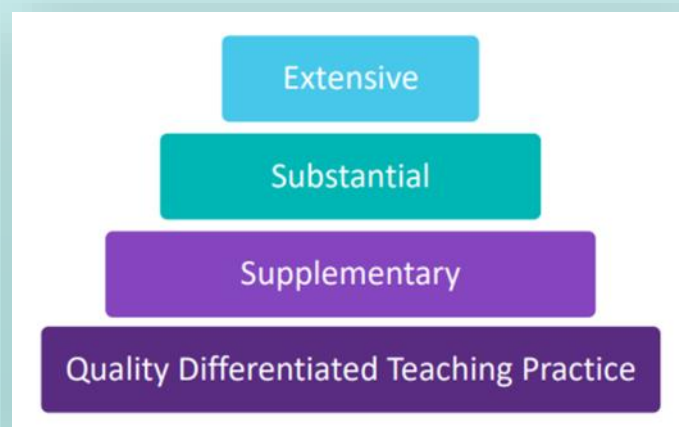
### NCCD on School Students with Disability (NCCD)

The Nationally Consistent Collection of Data on School Students with Disability (NCCD) is a joint initiative of all Australian governments and all state and territory government and non-government education authorities. National data is collected annually by schools to identify the number of school students with disability and the level of educational adjustment provided for them.

Decision making about the level of adjustment should be based on evidence through documented plans (e.g. individual education plans, behaviour support plans, risk management plans) or any other way the school decides to document teaching and learning adjustments.

Since 2018, Commonwealth funding for disability has been informed by the NCCD and based on a per student amount for the top 3 levels of adjustment (supplementary, substantial and extensive). While WA Public Schools do not receive the NCCD loading directly, it is provided to the WA Government and passed on to schools through the Student Centred Funding Model.

The levels of adjustment descriptors provide information across the four levels of adjustment:





## SECTION 3: STUDENT CENTRED FUNDING MODEL

### Student-Centred Funding Model - SCFM

The Department's student-centred funding model provides capacity for decisions to be made at the school level to better meet the needs of students and the expectations of communities.

#### Per Student Funding

The majority of the funding that each school receives is provided for each student enrolled in the school and is based on the year level of the student.

#### School Characteristic Funding

This is funding for eligible schools and includes the Enrolment Linked Base (ELB) and the Locality Allocation. The ELB allocation depends on the type of school (primary, secondary, combined, education support school or education support centre) and the number of enrolled students. The locality funding is linked to a school's Accessibility Remoteness Index of Australia (ARIA) score.

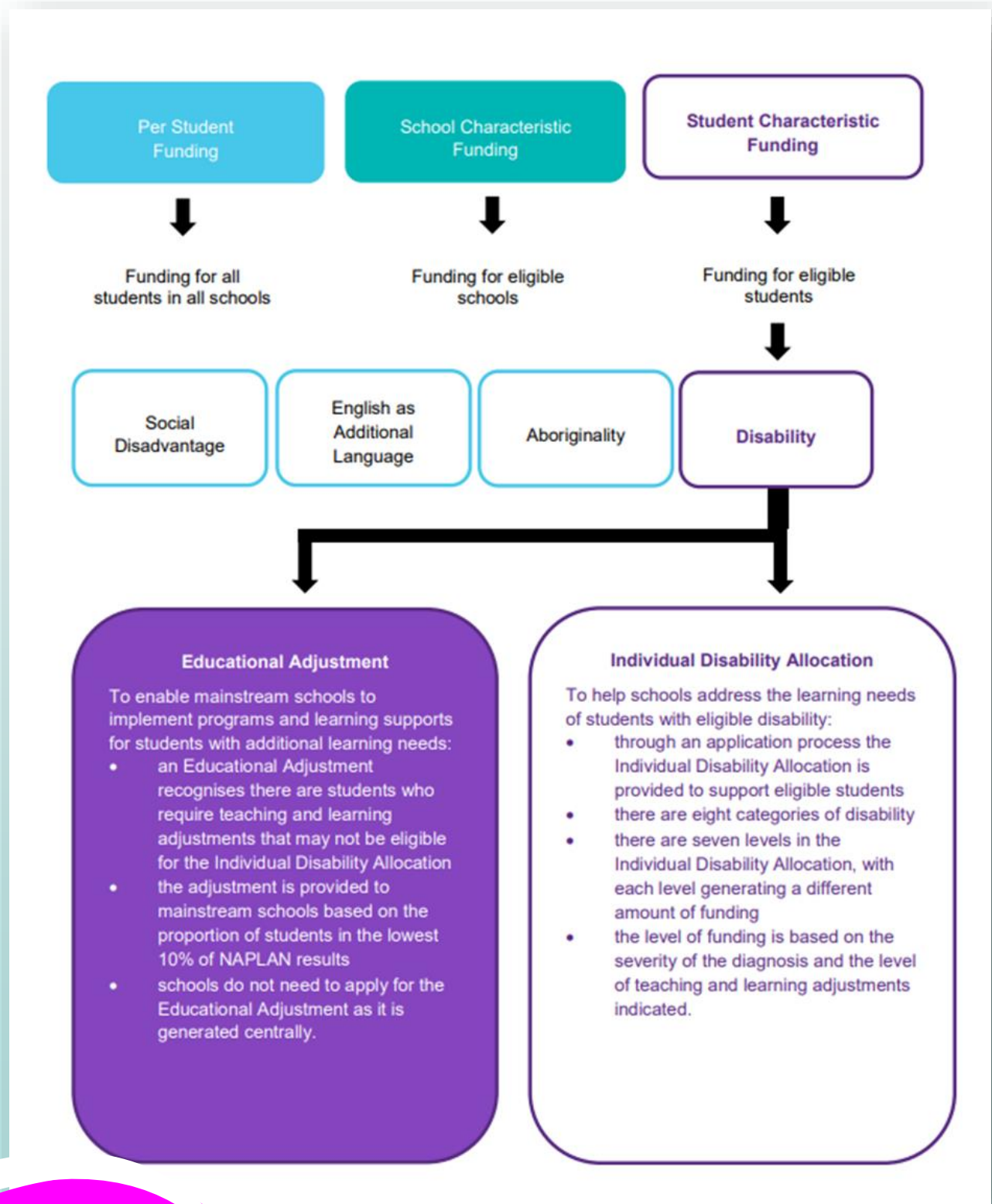
#### Student Characteristic Funding

Schools receive additional funding for:

- Aboriginal students
- Students with disability
- Students with English as an additional language
- Students facing social disadvantage.



Diagram showing disability funding within the Student Centred Funding Model





## SECTION 4: FUNDING FOR CHILDREN WITH DISABILITY

### Funding for children with disability

Schools receive a Disability Allocation comprising of two parts:

1. Educational adjustment allocation – for schools to implement programs and learning supports for students with additional learning needs.
2. Individual disability allocation – to support students with eligible disability based on application, approval and review.

#### 1. Educational Adjustment Allocation

This is provided directly to schools to flexibly implement programs and learning support for students with disability and additional learning support needs.

At Millen we combine the educational adjustment allocation *and* some of the funding received to support Aboriginal students, students from socially disadvantaged backgrounds and students with English as an additional language to:

- Implement the Literacy Support Program (salaries, training and resources)
- Release teachers to work with Consulting Teachers (Behaviour and Engagement, Disability, Autism, Sensory)
- Provide professional learning for teachers and education assistants
- Purchase resources and equipment

#### 2. Individual Disability Allocation

This is provided to support the learning needs of students with an eligible diagnosed disability (see next page). Specific assessments or diagnosis by relevant specialists is required to

apply for this funding. The level of funding is determined by the Department of Education based on the severity of the diagnosis and the level of teaching and learning adjustments required. There are seven levels in the IDA and each one generates a different level of funding. At Millen we use the individual disability allocation as follows:

- Equipment and resources
- Special needs education assistants
- Professional learning for teachers and education assistants
- Releasing teachers and education assistants for planning, professional learning and attending case conferences

At Millen we spend most, or all, of the funding allocated to a child with disability on providing special needs education assistants.

The eligible disability categories for the Individual Disability Allocation are:

- Autism Spectrum Disorder
- Deaf and Hard of Hearing
- Global Development Delay
- Intellectual Disability
- Physical Disability
- Severe Medical Health Condition
- Severe Mental Disorder
- Vision Impairment

(See Appendix 1 for further information about each eligible disability)



## SECTION 5: YOUR CHILD HAS BEEN DIAGNOSED WITH A DISABILITY



## SECTION 6: SUPPORT AT SCHOOL FOR YOUR CHILD

### Case conferences

This is a formal meeting between the parents, teacher and the deputy principal and is held when a child requires a tier 3 level response to intervention (see pages 13-14). Case conferences are held to share information, establish goals, identify any actions required to be taken and establish a collaborative partnership. What to expect:

- You will receive a meeting invitation explaining the purpose of the meeting and who will be attending (people who may also attend: school psychologist, outside agencies working with your child, the principal, the special needs education assistant)
- You can bring a support person (including a disability advocate) to the meeting
- The meeting will be held in the office
- You will be asked if you have any reports/assessments
- You will be asked for information about their child's progress, identified needs, interests
- At the end of the meeting a summary of agreed actions will be read
- Notes will be taken and you will be provided with a copy
- Within two weeks of a case conference being held you will usually be provided with a documented plan for your child or an updated version of an existing documented plan.

### Documented Plans

A documented plan is an umbrella term to describe a range of ways of catering for the needs of an individual in a school. It is primarily a teaching and learning planning





document, and it identifies short and long term goals. Documented plans for children requiring tier 3 responses to intervention (see pages 13-14) include:

- Individual Education Plan
- Behaviour Support Plan
- Risk Management Plan
- Attendance Plan
- Health Care Plan
- Social Competency Plan

Children requiring tier 2 interventions (see pages 13 -14) will be catered for with strategic instruction and targeted support. This will be documented via a Teaching and Learning Adjustments (TALAs) letter and TALAs Profile.

The parents' role in the planning process involves providing information about your child that will be useful for planning. It is also important to contribute your views on suitable goals for your child and strategies and resources that will assist your child to meet those goals.

The stages of developing a documented plan include:

- information gathering (at a parent-teacher meeting or a case conference)

- design (writing goals, identifying strategies and resources)
- implementing the plan
- evaluation of the plan.

### Special Educational Needs (SEN) Planning and Reporting

From 2022, Millen will be using SEN Planning to create all individual *education* plans. SEN Plans are linked to Reporting to Parents. The school will report on the child's progress against the modified curriculum the child has been learning rather than reporting on their progress against their year level curriculum. School reports will be generated from a child's SEN Plan and progress on their individual education program will be reported to parents.

### Therapists at school

We invite therapists to work with children at school. We ask all therapists to contact the principal prior to commencing to ensure school procedures relating to visitors on site are followed. The therapist will then need to liaise with the front office and child' teacher to schedule their sessions.

### Special Needs Education Assistants

If your child has been diagnosed with a disability attracting the Individual Disability Allocation the school will appoint a special needs education assistant (SNEA). The SNEA will support the teacher to implement your child's documented plan. This may include the SNEA working in the classroom with your child one-on-one or in small group settings, working with other children in the

class while the teacher supports your child or your child works independently, providing support during specialist classes, school events e.g. assemblies and in the playground.

### School of Special Education Needs (SSEN)

The Student Support Directorate in the Statewide Services Division of the Department of Education consists of four schools:

1. SSEN: Disability
2. SSEN: Behaviour and Engagement
3. SSEN: Sensory
4. SSEN: Medical and Mental Health

SSEN provide services to build the capacity within schools to support children with disability by supporting development of staff knowledge and skills, processes and systems. At Millen we access SSEN services for the following:

Provide assistive technology to meet the needs of a student

Consulting Teachers work with teachers, education assistants and the admin team to support the needs of individual children

Support the whole school by providing professional learning workshops to staff.

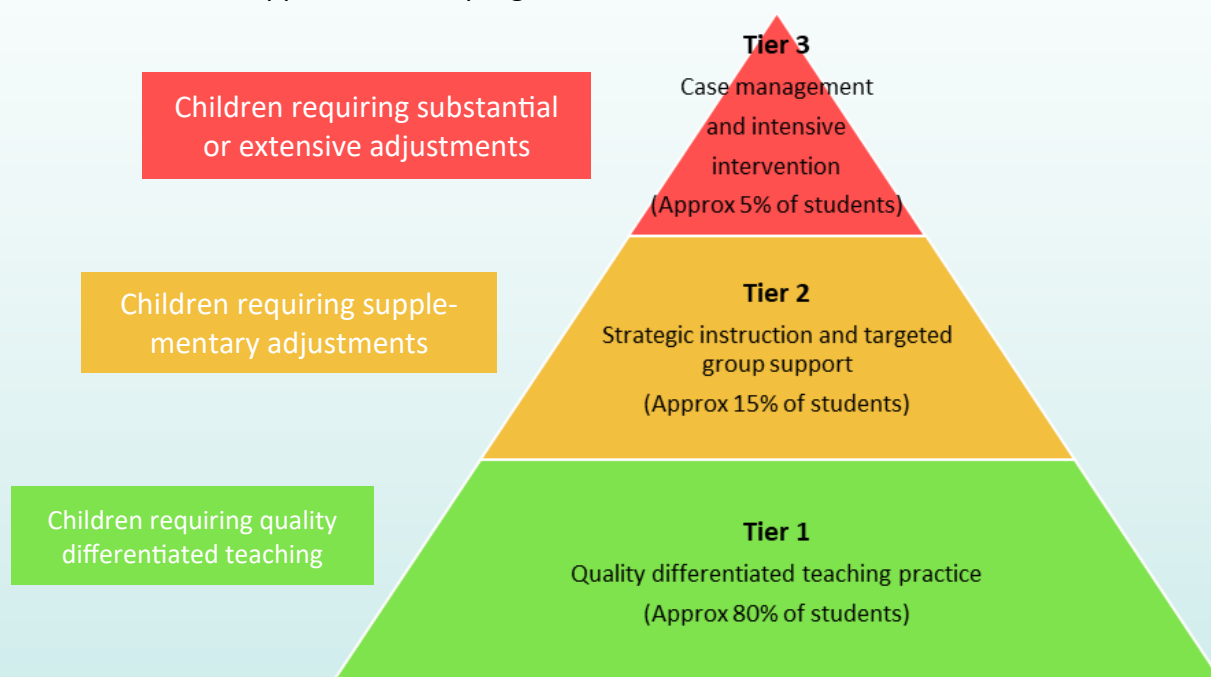
### Literacy Support Program

Children who are not eligible for IDA may be eligible for Millen's Literacy Support Program (a targeted, small group intervention program). This program is partially funded through the Education Adjustment Allocation. Children who are working at a D or E grade level in English and/or have a Language Background other than English and/or have low school attendance and/or are Aboriginal are assessed to determine their suitability.

## SECTION 7: HOW SUPPORT IS DETERMINED

### Response to Intervention Model

The Response to Intervention (RTI) model is a three tier approach to the identification and support of students at risk. Students are supported with interventions in increasing levels to aid their learning. The RTI model requires identifying and planning for students at educational risk. Quality differentiated teaching will support 80% of students in a classroom. The remaining 20% require intervention that may include evidence based approaches and programs.



#### Tier 1 Prevention: Quality Differentiated Teaching Practice

Includes whole-school evidenced based strategies that target all students in the school and/or classroom building student capacity. Universal screening to target and identify at risk students.

#### Tier 2 Intervention: Strategic Instruction and Targeted Group Support

Classroom Level: Adjustments to the teaching and learning programs are required to meet these student's needs. Interventions supplement classroom instruction but do not replace it.

#### Tier 3 Case Management (Intensive Intervention)

For students who require specific and intensive support. Strategies are designed to address limited progress in areas of targeted intervention (major modifications may be required). The implementation may be supported by the allocation of a special needs education assistant. Programs may replace and are additional to class instruction. These are delivered in small groups or individually. This requires the development of an Individual Plan and may require collaboration with other Department agencies or outside agencies.



**Table showing links between the Response to Intervention and the NCCD Levels of Adjustment**

Tier 1 support	Tier 2 support	Tier 3 support	Tier 3 support
<p><b>Support provided within quality differentiated teaching practice</b></p> <p>Students with disability are supported through active monitoring and adjustments that are not greater than those used to meet the needs of diverse learners. These adjustments are provided through usual school processes, without drawing on additional resources, and by meeting proficient-level Teaching Standards (AITSL).</p> <p><b>Adjustments are made infrequently as occasional action, or frequently as low level action. These adjustments may include:</b></p> <ol style="list-style-type: none"> <li>explicit, minor adjustments, including targeted or differentiated teaching, assessments or activities</li> <li>specific and relevant teaching strategies to support targeted areas of communication</li> <li>active monitoring and supervision, meeting health, personal care and safety requirements through usual school processes</li> <li>enabling access to learning through usual school processes (e.g. through a differentiated approach to teaching and learning) and existing facilities (e.g. existing modifications to buildings and learning environments).</li> </ol> <p>Students with a medical condition whose learning and support needs are met through usual processes (e.g. whole-school professional learning) and active monitoring by school staff are included in this category. These students may have a plan in place to support monitoring of their condition. Their identified needs would be subject to close monitoring and review.</p>	<p><b>Supplementary adjustments</b></p> <p>Students with disability are provided with adjustments that are supplementary to the strategies and resources already available for all students within the school.</p> <p><b>Adjustments occur for particular activities at specific times throughout the week and may include:</b></p> <ol style="list-style-type: none"> <li>adapted and additional instruction in some or many learning areas or specific activities</li> <li>personalised and explicit instruction to support one or more areas of communication</li> <li>planned health, personal care and/or safety support, in addition to active monitoring and supervision</li> <li>adjustments to enable access to learning may include:</li> </ol> <ul style="list-style-type: none"> <li>specialised technology</li> <li>support or close supervision to enable participation in activities or the playground.</li> <li>modifications or support to ensure full access to buildings and facilities.</li> </ul>	<p><b>Substantial adjustments</b></p> <p>Students with disability who have more substantial support needs are provided with essential adjustments and considerable adult assistance.</p> <p><b>Adjustments to the usual educational program occur at most times on most days and may include:</b></p> <ol style="list-style-type: none"> <li>additional support or individualised instruction in a highly structured manner, including adjustments to most courses, curriculum areas, activities and assessments</li> <li>personalised and explicit instruction to support one or more areas of communication</li> <li>planned health, personal care and/or safety support or intervention, in addition to active monitoring and supervision</li> <li>adjustments to enable access to learning may include:</li> </ol> <ul style="list-style-type: none"> <li>specialised equipment</li> <li>specific planning for access to activities or facilities</li> <li>closely monitored playground supervision</li> <li>modification to school environments, such as buildings and facilities</li> <li>environmental adjustments to support participation in learning</li> <li>provision of specialist advice on a regular basis</li> <li>support from specialist staff.</li> </ul>	<p><b>Extensive adjustments</b></p> <p>Students with disability and very high support needs are provided with extensive targeted measures and sustained levels of intensive support. These adjustments are highly individualised, comprehensive and ongoing.</p> <p><b>Adjustments to the regular educational program occur at all times and may include:</b></p> <ol style="list-style-type: none"> <li>intensive, individualised instruction or support in a highly structured or specialised manner for all courses and curricula, activities and assessments</li> <li>intensive, individualised instruction to support multiple areas of communication</li> <li>planned, highly specialised and/or intensive health, personal care and/or safety support or intervention</li> <li>enabling access to learning through:</li> </ol> <ul style="list-style-type: none"> <li>specialised equipment</li> <li>highly modified classroom and/or school environments</li> <li>extensive support from specialist staff.</li> </ul>



## SECTION 8: COMMUNICATION

### Parent communication with the school

There are different ways to communicate with the school. First consider the purpose of your communication.

#### Sharing day to day information

- You can pass quick messages to your child's teacher or the special needs education assistant before or after school.
- You can send an email to the teacher (be aware the teacher may not read the email that day).
- You can telephone or email the school office and ask for a message to be given to the teacher.

#### Seeking feedback on your child's progress

- This communication requires the class teacher to be given some notice.
- Email or speak to the teacher and ask for a meeting.
- Before the meeting, tell the teacher what you would like to know.

### Teacher-to-teacher communication

#### Class handover information

The school maintains a register of students at educational risk. This is managed by the Deputy Principal Student Services. Each of these students has a SAER folder on the school's shared drive. The folder contains documented plans, meeting minutes, contact details of any relevant outside agencies and any other relevant information.

At the end of every school year, each class teacher is required to complete/update an Individual SAER Profile for all children in their class on the SAER register. This profile is stored in the child's SAER folder. Teachers of children requiring substantial or extensive adjustments (tier 3 level responses to

intervention see pages 13-14) also complete an online questionnaire to provide up-to-date, detailed handover information for the incoming teachers. Class teachers are provided with time at the beginning of each school year to meet and share information about students at educational risk.

It is important for parents to understand that each classroom teacher may receive handover information on a large number of students in their class. Parents should expect it to take teachers a few weeks at the beginning of each school year to get to know their class.

## SECTION 9: RESOLVING ISSUES

### Sharing concerns

- Approach your child's teacher in-person or contact them via email and explain you would like to meet to discuss some concerns.
- Prior to the meeting make a list to clarify your concerns.
- If you already know some actions you would like the school to take, add these to your list.
- Try to keep an open mind before and during the meeting.

### If concerns are not addressed

- Contact the principal via email (Isobel.Comrie@education.wa.edu.au) or telephone the office to request a meeting with the principal.
- Prior to the meeting make a list to clarify your concerns.
- If you already know some actions you would like the school to take, add these to your list.

## SECTION 10: SCHOOL PSYCHOLOGIST

Our school psychologist is Tamar Cohen. She works 1.5 days per week.

School psychologists provide specialist psychological assessment, diagnosis, intervention and consultation services to school staff and students. Services are in the areas of:

- Behaviour and engagement
- Learning and motivation
- Mental health and wellbeing
- Emergency and critical incident management
- Change management and organisational development in schools.

School psychologists are a Department of Education resource to support schools to meet the educational outcomes for their students. The Principal and Deputy Principal Student Services, in consultation with the school psychologist, determine the priorities for school psychology services within the school. Requests for school





School psychologists are a Department of Education resource to support schools to meet the educational outcomes for their students.

psychology services should be made to the Deputy Principal Student Services and are considered in the light of the school's priorities and current caseload.

School psychologists support students with disability at a whole school, targeted and individual level, including:

- Contribute to school processes that support students with disabilities with their learning, behaviour and mental health.
- Identification and assessment of students at risk of disorders including ASD, intellectual disability, and mental health disorders.
- Support individual student needs through staff and parent collaboration, assessment (e.g. observations, psychological assessments) and evidence-based intervention.

## APPENDIX 1: ELIGIBILITY FOR INDIVIDUAL DISABILITY ALLOCATION

### Autism Spectrum Disorder (ASD) 2021

Eligibility for an Individual Disability Allocation (IDA) considers Autism Spectrum Disorder (ASD) as indicated in the Diagnostic and Statistical Manual of Mental Disorders - 5th edition (DSM-5, American Psychiatric Association, 2014) and A National Guideline for the Assessment and Diagnosis of Autism Spectrum Disorder in Australia (Guideline).

As of 9 August 2021, the requirements for IDA eligibility under the ASD category are outlined below.

#### Diagnosticians

- The choice of practitioner and the number of practitioners involved in the assessment of functioning is determined by the assessment team in accordance with the requirements from the Guideline. This is applied for students of all ages.
- As per the Guidelines, one of the following practitioners is required to conduct the ASD assessment as part of a consensus team or as a single clinician:
  - ◇ Paediatrician
  - ◇ Psychiatrist
  - ◇ Psychologist
- Any of the following practitioners may also be included as part of a consensus team:
  - ◇ Speech pathologist
  - ◇ Occupational therapist
- If a diagnosis is made by a single practitioner, an additional verification by a second practitioner is required.

Confirmation of the ASD diagnosis should be provided by a second practitioner as described in the Guideline.



### Eligibility Requirements

A signed letter or a statement embedded within the text of a full report:

- stating the diagnosis;
- stating current levels of severity (support, substantial support, or very substantial support) and specify if: - with or without intellectual impairment - with or without accompanying language impairment; and
- listing the names of the practitioner/s.

### Deaf and Hard of Hearing

A student who is deaf or hard of hearing will have hearing levels outside of the normal limits of hearing (e.g. a hearing loss of 20dB or greater in the better ear). Most students with a hearing loss will use some form of amplification (e.g. hearing aid, cochlear implant, FM system, etc.) and/or use sign language as their main mode of communication.

#### Diagnostician:

Typically, an audiologist

### Eligibility Requirements

A recent audiogram by a qualified audiologist that shows a hearing loss outside of the normal limits of hearing as specified below:

- bilateral, sensorineural hearing loss of 20dB or greater.
- bilateral, long term conductive hearing loss of 20dB or greater (evidence of long term hearing loss is required).

- mixed bilateral hearing loss (e.g. a mild, moderate, severe or profound combined sensorineural and conductive hearing loss) of 20dB or greater in the better ear.
- unilateral hearing loss indicating hearing within normal limits in one ear with a significant (greater than 60db) hearing loss in the other ear.

#### AND

A recent audiologist report outlining:

- a) the type and severity of the hearing loss;
- b) how the hearing loss impacts on the student's learning; and
- c) ability to communicate effectively in school.

### Global Developmental Delay

Eligibility for resourcing under the restricted diagnosis termed Global Developmental Delay (GDD), for young children who enter kindergarten already receiving comprehensive early intervention services from a paediatrician.

An Individual Disability Allocation (IDA) is provided to allow for the smooth transition to school for those students with pre-diagnosed delays in multiple areas of development.

Global Developmental Delay is a restricted diagnosis status where a child shows significant statistical delay in two or more of the following developmental domains on the same assessment tools:

- gross/fine motor
- speech/language
- cognition

- social/personal
- activities of daily living

Significant delay is defined as performance two standard deviations or more below the mean on an individual, age-appropriate, standardised, culturally relevant test of functioning.

**Diagnostician:**

The managing paediatrician. This category is applicable to students who are under the prior care of a paediatrician before entering kindergarten.

**Eligibility Requirements**

A signed medical report from a paediatrician providing:

- a) a statement of the diagnosis Global Developmental Delay (full title required).
- b) confirmation the diagnosis is based on a standardised assessment conducted within 12 months preceding the first day of kindergarten (assessment tools may include the Griffiths Mental Developmental Scales or the Bayley Scales of Infant Development).
- c) the standardised scores, including the Z scores and General Quotient from the recent assessment, if appropriate; and

- d) a statement that no other pre-diagnosed conditions could better account for the areas of significant delay upon which the diagnosis is based.

**Intellectual Disability**

Eligibility will be considered in line with the:

- Diagnostic and Statistical Manual of Mental Disorders – 5th edition (DSM-5, American Psychiatric Association, 2014) Intellectual Disability diagnostic criteria; and,
- Department of Education’s School Psychology Service Standards for the Assessment and Reporting of Intellectual and Adaptive Functioning

A diagnosis of Intellectual Disability (ID) in itself may not be sufficient to meet eligibility required for an individual disability allocation.

**Diagnosticians:**

Typically, a psychologist registered with the Psychology Board of Australia.

**Eligibility Requirements**

1. A diagnostic assessment report, not more than 6 months old, containing a diagnosis of Intellectual Disability, signed by a psychologist registered with the Psychology Board of Australia that includes:
  - a) An assessment of adaptive functioning using both clinical evaluation and standardised assessment that demonstrates significant impairment in the student’s present adaptive functioning (i.e. the person’s effectiveness in meeting



the standards expected for his or her age by his or her cultural group). Significant impairment is defined as two standard deviations below the mean on a standardised, culturally relevant assessment in at least one domain across multiple environments, such as home, school, community and work.

- b) Results and interpretations of standardised/norm referenced assessments that demonstrate a significant sub-average intellectual functioning-an IQ of 69 or below on an individually administered appropriate IQ test. A summary of individual scaled scores and composite and standard scores is required (percentile rank or ranges will not be accepted)

AND

- 2. A completed Verification of Eligibility for Individual Disability Allocation form signed by the school psychologist and the Lead School Psychologist.

### Physical Disability

Students with a physical disability will be affected in their ability to move, walk or coordinate and/or control movements when performing tasks. A physical disability may also affect the ability to use and feel certain parts of the body. Either or both the musculoskeletal or neurological systems may be involved. A physical disability may be present from birth or acquired later and be either progressive or non-progressive. Eligibility under physical disability may include but is not limited to cerebral palsy, muscular dystrophy, spina

bifida, congenital malformation of the limbs and acquired brain injury.

### Eligibility Requirements for Physical Disability

#### Diagnostician:

Typically, a paediatrician, neurologist or geneticist.

A signed letter from a medical specialist:

- a) stating the diagnosis; b
- b) level of severity of the physical disability; and
- c) how the condition impacts as a physical disability.

### Eligibility Requirements for Acquired Brain Injury (ABI)

#### Diagnostician:

Typically, a paediatric neurologist or paediatric rehabilitation physician.

A signed letter from a medical specialist:

- a) stating the diagnosis of acquired brain injury;
- b) report stating the extended impairment in functioning; and
- c) detailing how the condition impacts upon access to the curriculum.



## Severe Medical Health Condition

An Individual Disability Allocation (IDA) is provided to schools to assist staff with students who frequently require emergency life preserving intervention during school hours. The IDA is provided to implement programs designed to assist students to self-manage their condition. Eligibility for this indicated group is considered on a case by case basis and includes serious prolonged medical conditions such as severe epilepsy, refractory epilepsy or unstable diabetes.

### Diagnostician:

Medical practitioner

### Eligibility Requirements for Epilepsy

A recent diagnosis that is no greater than 6 months old is required stating the diagnosis of epilepsy (severe or refractory in nature), whether it is controlled or uncontrolled on medication and the type and frequency of seizures.

### AND

A current medical emergency response plan for the student that is signed by a medical professional and the parent/carer that:

- a) states the diagnosed medical condition (severe or refractory in nature);

- b) type and frequency of seizures; and
- c) specifies the symptoms indicating a medical emergency and the steps the school is to follow.

### Continued Eligibility for Epilepsy

Continued eligibility is dependent on evidence of the frequency, type and intensity of the seizures. The level of IDA is guided by how the seizures impact on the student's ability to access the curriculum.

### AND

Updated medical emergency response plan annually.

### Eligibility Requirements for Diabetes

A diagnosis of Type 1 diabetes.

### **Please note**

- The IDA for students with diabetes is up to the end of Year 2.
- An IDA may be provided for a limited period with evidence of extenuating exceptional circumstances beyond Year 2. This would only be provided if the student has been newly diagnosed and cannot self-manage, or if it can be demonstrated that changes have occurred in the student's condition (e.g. they move onto an insulin pump) that have necessitated renewed programs for developing independence or the student has significant learning difficulties and unable to participate in the management of their condition.



## Eligibility Requirements for Other Severe Medical Health Conditions

A recent diagnosis that is no greater than 6 months old is required.

### AND

A current medical emergency response plan for the student that is signed by a medical professional and parent/carer that:

- a) states the diagnosed medical condition;
- b) significant co-morbidity with other conditions is a relevant aspect and should be listed (and eligibility evidence provided), if applicable; and;
- c) specifies the symptoms indicating a medical emergency and the steps the school is to follow.

## Severe Mental Disorder

Eligibility is restricted to a specific set of disorders that have clear and rigorous diagnostic protocols and treatment guidelines. Within this restricted group, eligibility is further confined to those students whose disorder is presenting with sufficient severity that ongoing treatment by a mental health practitioner is required.

### **Diagnostician:**

A child and adolescent psychiatrist.

### **Treatment Providers:**

Mental health care professionals which includes, but is not limited to, psychologists and counsellors.

## Eligibility Requirements

Current letter of diagnosis, from a child and adolescent psychiatrist, of one or more of the severe mental disorders, equivalent to the following ICD10-Mental & Behavioural Disorders:

- Schizophrenia, schizotypal and delusional disorders (F20-29)
- Mood (affective) disorder (F30-39)
- Neurotic, stress-related and somatoform disorders (F40-48)

### AND

Statement from the child and adolescent mental health practitioner who is providing active ongoing treatment. This statement must include the:

- a) specific condition that is being treated;
- b) type, frequency and duration of the treatment being provided;
- c) provider's signature and the date (if emailed, the document should clearly identify the professional involved).

## Vision Impairment

Difficulties with vision take many forms, with a wide range of implications for a student's education. These span relatively minor and remediable conditions to total blindness. Whatever the cause of the student's vision impairment, the major indicators in identifying and assessing the required teaching and learning adjustments will relate to the student's degree and nature of functional vision and ability to adapt socially and psychologically.

### **Diagnosticians:**

Typically, an ophthalmologist or optometrist.

**Eligibility Requirements**

A diagnosis indicating the severity and nature of the vision impairment of:

- visual acuity that is 6/18 or weaker in the better eye after correction and/or a visual field of 20 degrees or less.

**AND**

Documentation on the educational implications, including evidence of one or more of the following, resulting from the vision loss:

- the student uses/will use braille.
- the student needs modified print in all areas of the curriculum.

- the student requires support to gain safe and effective access to the curriculum.
- mobility training is required.
- the student experiences significant emotional or behavioural difficulties.
- impaired ability to participate in learning activities and/or participate in aspects of school life.
- a marked discrepancy between the student’s attainment in the learning areas and the attainment of the majority of learners of the same age.

**APPENDIX 2: GLOSSARY OF TERMS**

ARIA	Accessibility Remoteness Index of Australia	NCCD	Nationally Consistent Collection of Data
ASD	Autism Spectrum Disorder	RTI	Response to Intervention
BSP	Behaviour Support Plan	SAER	Students at Educational Risk
DDA	Disability Discrimination Act	SCFM	Student Centred Funding Model
ELB	Enrolment Linked Base	SEN	Special Educational Needs
IDA	Individual Disability Allocation	SNEA	Special Needs Education Assistant
IEP	Individual Education Plan	SSEN	School of Special Educational Needs
		TALA	Teaching and Learning Adjustment



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Millen Primary School is an Independent Public School