

FORMS

CONTENTS

SNA 1: ASSESSMENT AND INTERVENTION BY

AREAS OF CONCERN

STRENGTHS AND NEEDS OF THE LEARNER

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

TEACHER INTERVENTIONS/SUPPORT

Curriculum Intervention:

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

Other interventions:

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

SNA 2: ASSESSMENT AND INTERVENTION BY

Review the teacher's:

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

SBST: Individual Support Plan (ISP)

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

SNA 3: ASSESSMENT AND INTERVENTION BY

Review the SBST's:

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

DBST: Guidelines for Support

DBST: Table to rate level of support

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

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

ANNEXURES

- ANNEXURE A1: Request by parent/legal caregiver for placement/transfer of learner to a resource centre/special school to access a high-level specialist support programme – **Form DBE 123a**
- ANNEXURE A2: Application by the District-Based Support Team for placement of learner - **Form DBE 123b**
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- ANNEXURE C: Curriculum Differentiation Schedule - **Form DBE 125**
- ANNEXURE D: Health and Disability Assessment Form - **Form DBE 126**

CHECKLIST OF FORMS COMPLETED

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

LEARNER PROFILE

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

| | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|--|--|--|
| Learner No | | | | | | | | | | | | |
| FOUNDATION PHASE <i>Photo must be attached at the beginning of phase</i> | | INTERMEDIATE PHASE <i>Photo must be attached at the beginning of phase</i> | | SENIOR PHASE <i>Photo must be attached at the beginning of phase</i> | | FET PHASE <i>Photo must be attached at the beginning of phase</i> | | | | | | |

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

| | | | | | | | | | | | | | | | |
|---|--|---------|-------|------------|-----------|-------------|-------|---------------|--------|-------------|--|--------------|--|--------------|--|
| Surname | | | | | | | | | | | | | | | |
| Names | | | | | | | | | | | | | | | |
| Name by which learner is called | | | | | | | | Home language | | | | | | | |
| ID number (birth certificate) | | | | | | | | Sex (M/F) | | | | | | | |
| Number of children in household or family | | | | | | | | | | | | | | | |
| Position in family (Indicate with X) | | | | Only child | | First child | | Second child | | Third child | | Fourth child | | Fifth / more | |
| Religion | | African | Bahai | Buddist | Christian | Hindu | Islam | Jewish | Other: | | | | | | |
| * Disability (if any) | | | | | | | | | | | | | | | |
| * Type of social grant (e.g. foster care, care dependency grant, child-support grant, etc.) | | | | | | | | | | | | | | | |

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

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

| | | | | |
|--|-----|----|----------------------------|--|
| Road to Health Card shown? | Yes | No | Number | |
| *Any indication of <u>problems</u> with regard to | | | *Remark(s) if "YES" | |
| Child's growth progress | Yes | No | | |
| Prenatal/postnatal information | Yes | No | | |
| Immunisation record (birth to 5 years) | Yes | No | | |
| Visual/hearing/height/weight/speech/physical/locomotor screening results | Yes | No | | |
| Hospital admissions | Yes | No | | |
| Any developmental problems in the "In need of special care" section? | Yes | No | | |
| Any chronic condition? | Yes | No | | |

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

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

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

| | | | |
|--------------------|--|--------------|--|
| Surname & initials | | ID Number | |
| Contact details | | Relationship | |

PERSONS AUTHORISED TO COLLECT THE LEARNER FROM SCHOOL

| | | | |
|--------------------|--|--------------|--|
| Surname & initials | | ID Number | |
| Contact details | | Relationship | |

*** EARLY INTERVENTION SERVICES RENDERED**

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

| | | |
|------------|--------------|-------------------------------------|
| 0 – 5 year | Area of need | Services and interventions received |
| | | |
| | | |

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

| Name of school | EMIS no | LOLT | Admission | | Departure | |
|----------------|---------|------|-----------|----|-----------|----|
| | | | Date | Gr | Date | Gr |
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*** AREAS NEEDING ONGOING SUPPORT**

(e.g. academic, emotional, behaviour, social, learning, vision, mobility, communication – detailed reports may be included in the profile) *Please use a BLACK PEN*

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

| MM/YY | Gr | Area of need | Nature of support | Review Date |
|-------|----|--------------|-------------------|-------------|
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PARTICIPATION IN EXTRA (CO)-CURRICULAR ACTIVITIES

(School, as well as non-school related – include certificates required for Life Orientation in FET)

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

| Year | Gr | Activity |
|------|----|----------|
| | | |
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CUMULATIVE RECORD CARD

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

[illegible][illegible]

| SENIOR PHASE | | | | | | Use a BLACK PEN Indicate performance levels | | | Circle results if condoned in Grade 9 | | | | | | |
|------------------|-------|---------------|---------------------------|--------------|------------------|--|-------------|--------------|---------------------------------------|--------------|--|-----------------------|------------------|--------------|--|
| Level indicators | | Outstanding | | Meritorious | | Substantial | | Adequate | | Moderate | | Elementary | | Not achieved | |
| Code | | 7 (80 – 100%) | | 6 (70 – 79%) | | 5 (60 – 69%) | | 4 (50 – 59%) | | 3 (40 – 49%) | | 2 (30 – 39%) | | 1 (0 – 29%) | |
| Year | Grade | Progress | | | | | | | | | | Number of days absent | PROMOTION Y/N | | |
| | | Home Language | First Additional Language | Mathematics | Natural Sciences | Social Sciences | Life Skills | COMMENTS | | | | | | | |
| | | | | | | | | | | | | | | | |
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| FET PHASE | | | | | | Use a BLACK PEN Record % achieved per subject | | | | Circle results if condoned | | | | | |
|------------------|-------|---------------|---------------------------|-------------------------------|-------------|--|--|--------------|--|----------------------------|--|-----------------------|---------------|--------------|--|
| Level indicators | | Outstanding | | Meritorious | | Substantial | | Adequate | | Moderate | | Elementary | | Not achieved | |
| Code | | 7 (80 – 100%) | | 6 (70 – 79%) | | 5 (60 – 69%) | | 4 (50 – 59%) | | 3 (40 – 49%) | | 2 (30 –39%) | | 1 (0 – 29%) | |
| Year | Grade | Progress | | | | | | | | | | Number of days absent | PROMOTION Y/N | | |
| | | Home Language | First Additional Language | - Mathematics/ Maths Literacy | Life Skills | | | | | COMMENTS | | | | | |
| | | | | | | | | | | | | | | | |
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| PLACE THE FOLLOWING INFORMATION IN THIS PROFILE DOCUMENT | | |
|--|---------------------------------|---|
| Date | Document | √ |
| | Admission form | |
| | Copy of birth certificate | |
| | Copy of Road to Health card | |
| | Transfer certificate/document | |
| | Indemnity forms | |
| | Letters from/to parents | |
| | Absenteeism letters | |
| | Medical reports | |
| | Support services | |
| | Intervention reports | |
| | * Current report card | |
| | Support Needs Assessment (SIAS) | |
| | | |
| | | |
| | | |
| Annually | End of year report/report card | |

[illegible]

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



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

SUPPORT NEEDS ASSESSMENT FORM (SNA)

SNA 1 & 2: SCHOOL LEVEL

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

CONFIDENTIAL

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

SUPPORT NEEDS ASSESSMENT (SNA 1 & 2)

(School-Level Intervention)

Both SNA 1 and 2 must be completed at school level

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

SNA 1: ASSESSMENT AND

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

1. AREAS OF CONCERN

Describe your concern about the learner.

When did you become aware of this? _____

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

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

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

| YEAR | | | | | | | | |
|------|--|--|--|--|--|--|--|--|
|------|--|--|--|--|--|--|--|--|

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

Has any disability been diagnosed by a healthcare professional?
(as captured in *the Medical and Health Assessment Form [Annexure D]*)

If Yes, complete the following and attach reports.

| Health-care Professional | Date of assessment | Summary of results |
|--------------------------|--------------------|--------------------|
| | | |

2. STRENGTHS AND NEEDS OF THE LEARNER

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

2.1 Communication:

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

| Strength | Needs/At | Support |
|----------|----------|---------|
| | | |
| | | |
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2.2 Learning:

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

| Strength | Needs/At | Support |
|----------|----------|---------|
|----------|----------|---------|

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|--|--|--|
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2.3 Behaviour and social competence:

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

| Strs | Needs/Δt | Support |
|------|----------|---------|
| | | |
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2.4 Health, wellness and personal care:

- The learner's physical appearance (looking healthy, clean, well-fed), emotional well-being and health status (consult School Health Screening Report/Road to Health Card)

| Strs | Needs/Δt | Support |
|------|----------|---------|
| | | |
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2.5 Classroom and school:

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

| Strs | Needs/Δt | Support |
|------|----------|---------|
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2.6 Family, home and community situation:

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

| Stress | Needs/At | Support |
|--------|----------|---------|
| | | |
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3 TEACHER INTERVENTIONS/SUPPORT

3.1 Curriculum Intervention:

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

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

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

presentation has been modified (e.g. by using pictures/pictures with descriptions/explanations, etc.)

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

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

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

| Succ | Chall |
|------|-------|
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3.3 *Comment on how the **physical environment** has been modified/adapted*

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

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

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

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

| D | Desc | Date |
|---|------|------|
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3.7 Views expressed by Parent/Legal Guardian/Caregiver/Learner during the consultation(s):

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

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

- ☐ To be completed by the SBST in consultation with the teacher
- ☐ To be completed when requesting support from the DBST by the school

1. REVIEW

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

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

| | | | | |
|-----|--|----|--|-----------|
| YES | | NO | | Comments: |
|-----|--|----|--|-----------|

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

| | | | | |
|-----|--|----|--|-----------|
| YES | | NO | | Comments: |
|-----|--|----|--|-----------|

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

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

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

[illegible]

FORM DBE 120

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

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

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

State what support is needed from the DBST:

| | | |
|--|-----------|-------------------|
| Initials and surname of SBST Coordinator (print) | Signature | Date: |
| | | 20... / ... / ... |

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

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

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



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

SUPPORT NEEDS ASSESSMENT FORM

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

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

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

REVIEW:

- Review the information and supporting documents given in SNA 1 & 2 and discuss it with the SBST. Does the DBST agree with the SBST's **identification of the barrier(s)** experienced by the learner?

| | | | | |
|-----|--|----|--|----------|
| YES | | NO | | Comment: |
|-----|--|----|--|----------|

- ☐ Review the **interventions** provided by the SBST to address the identified barrier(s) experienced by the learner. Have **appropriate interventions** been implemented?

| | | | | |
|-----|--|----|--|----------|
| YES | | NO | | Comment: |
|-----|--|----|--|----------|

DBST: GUIDELINES FOR SUPPORT

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

- The learner has a right to be supported in his/her current school or the school closest to his/her home.

DBST: TABLE TO RATE LEVEL OF SUPPORT

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

| | |
|------------------------|---|
| <p>LOW</p> | <p>Specialist Support:</p> <ul style="list-style-type: none"> Provision of any specialist intervention either from other teachers/specialists from within the school or surrounding schools, SBST or DBST, or from the school's network of stakeholders. Such interventions can be accommodated within the school's budget and regular organisation of the school/classroom. The minimum frequency of this intervention should be at least once or twice a term, e.g. consultation with SBST or with specialists within the DBST or assistance from the Learning Support Teachers. <p>Curriculum and Assessment:</p> <ul style="list-style-type: none"> Curriculum and assessment adjustments required to allow learners at multiple levels of functioning to access the curriculum and assessment tasks best suited to their individual needs (In terms of Chapter 9 of the National Assessment Protocol and Annexure C1 of the National Policy on the Conduct of the National Senior Certificate). Such accommodations can be managed at school or classroom level. The frequency of intervention by DBST to monitor implementation at school level should be at least quarterly. <p>Specialised Learning and Teaching Support Material (LTSM) and other resources to ensure access:</p> <ul style="list-style-type: none"> Adapted LTSM or portable assistive devices which can be accommodated in the LTSM budget of the school. Once-off physical adjustments or upgrades to the school buildings to broaden access. Such adjustments must be accommodated using the school's budget. <p>Training/Orientation of staff:</p> <ul style="list-style-type: none"> Once-off or short-term programme (fewer than 10 sessions) for management and staff on issues of support (nature and strategies), awareness programmes and policy implementation. These training/orientation sessions can be provided either by other teachers/specialists from within the school or surrounding schools; SBST or DBST; or from the school's network of stakeholders. These training programmes can be accommodated within the school's budget and regular organisation of the school/classroom. |
| <p>MODERATE</p> | <p>Specialist support:</p> <ul style="list-style-type: none"> Provision of transversal teams (specialist support) at Circuit and District level. Such support is required at least once a month for a short-term period (1 year), and thereafter for a minimum of one consultation per quarter. To accommodate the services that are not available to the school or within the District that are sourced outside the Department or outside the school's network of stakeholders: These services are required at least once a month for a short-term period (1 year), and thereafter for a minimum of one consultation per quarter and are provided as part of the school's in-house and outreach support programme. These programmes can be accommodated at school level but would require funding as part of the school's Inclusive Education allocation. <p>Curriculum and Assessment:</p> <ul style="list-style-type: none"> Adjustments needed to the curriculum, assessment tasks and LTSM that involve additional planning time by the teacher, inputs from curriculum and assessment advisors, resources and monitoring by SBST and DBST: Monitoring by DBST should be at least twice a year. Such adjustments can be processed/facilitated through departmental policy, processes and practices but resourcing is required to accommodate extra staff provisioning for planning and supporting such adjustments. <p>Specialised LTSM and other resources to ensure access:</p> <ul style="list-style-type: none"> Specialised LTSM or devices (portable) that can be accessed through Full-Service Schools, Special School Resource Centres, or the Department of Health: Access to such devices is required daily by the learner. Such resources must also be made available as part of the school's loan system and outreach programme. Resourcing within the school's inclusive education allocation needs to cover the cost of purchasing, maintaining and repairing such resources. <p>Training/Orientation of staff:</p> <ul style="list-style-type: none"> Short (fewer than 10 sessions) to long-term (more than 10 sessions) training and outreach programmes for management and teachers on issues of support (nature and strategies), awareness programmes and policy implementation provided by the school's network of stakeholders or specialists outside the Department. These training programmes can be accommodated within the schools but require resourcing in the inclusive education allocation. |

| | |
|------------|---|
| HIG | Specialist Support: |
| | <ul style="list-style-type: none"> • Access to a range of support specialists (specialist teachers, Occupational Therapist, Speech Therapist, Physiotherapist, mobility and orientation therapists, Psychologist, Nurse, Class assistants, etc.) required daily or weekly and to be available full-time on site. • Daily individual or small-group support and/or supervision by an adult. • Small class size (teacher : learner ratio). • Access to such high specialist support needs to be planned, budgeted and programmed for as part of the Post- Provisioning Model. |
| | Curriculum and Assessment: |
| | <ul style="list-style-type: none"> • Standard provision of complex and on-going adjustments of the regular curriculum programme. • Standard provision for the implementation of a differentiated curriculum. • Standard provision for the implementation of assessment concessions. |
| | Specialised LTSM and other Resourcing to ensure access: |
| | <ul style="list-style-type: none"> • Specialised and individualised assistive devices that are fixed or can only be accessed through an FSS and/or SSRC and need on-going monitoring, maintenance and adjustment. • On-going use of the devices requires technical support. • Permanent specialised facilities and programmes to be in place. |
| | Training/Orientation of staff: |

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

| Support needed from/by: | Support to be provided | Frequency of Provision | Source |
|--|---|--|--|
| | <i>(Tick all relevant areas)</i> | | |
| Psychological, Social, Therapeutic and Learning Support Services | <input type="checkbox"/> Psychologist <input type="checkbox"/> Occupational therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Speech language therapist <input type="checkbox"/> Speech therapist and audiologist <input type="checkbox"/> Audiologist <input type="checkbox"/> Learning support teacher <input type="checkbox"/> Counsellor <input type="checkbox"/> Social worker <input type="checkbox"/> Nurse <input type="checkbox"/> Other: | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Once per month <input type="checkbox"/> Once per term <input type="checkbox"/> Twice per annum <input type="checkbox"/> Once a year | <input type="checkbox"/> School budget <input type="checkbox"/> Full-service School outreach <input type="checkbox"/> Special School Resource Centre outreach <input type="checkbox"/> District Advisory Service <input type="checkbox"/> Outside source <input type="checkbox"/> Outplacement |
| Curriculum and Assessment Support | <input type="checkbox"/> Inputs from curriculum advisors <input type="checkbox"/> Inputs from learning support service <input type="checkbox"/> Inputs from exams <input type="checkbox"/> Granting of accommodations/adapted assessment (See Annexure B) <input type="checkbox"/> Sign Language instruction <input type="checkbox"/> Orientation and mobility instruction <input type="checkbox"/> Braille instruction and books <input type="checkbox"/> Sign Language instruction <input type="checkbox"/> Sign Language interpretation <input type="checkbox"/> Differentiated curriculum (straddling) (See Annexure C) <input type="checkbox"/> Other: | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Once per month <input type="checkbox"/> Once per term <input type="checkbox"/> Twice per annum <input type="checkbox"/> Once a year | <input type="checkbox"/> School budget, <input type="checkbox"/> Full-service School outreach <input type="checkbox"/> Special School Resource Centre outreach <input type="checkbox"/> District Advisory Service <input type="checkbox"/> Outside source <input type="checkbox"/> Outplacement |

| | | | |
|--------------------------------------|---|---|--|
| Specialised LTSM and Devices | <input type="checkbox"/> Braille textbooks and materials <input type="checkbox"/> Large print <input type="checkbox"/> Individual assistive device <input type="checkbox"/> Adapted activity sheets <input type="checkbox"/> Physical access at site level <input type="checkbox"/> Other: | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Once per month <input type="checkbox"/> Once per term <input type="checkbox"/> Twice per annum <input type="checkbox"/> Once a year | <input type="checkbox"/> School budget, <input type="checkbox"/> Loan from Full-service School <input type="checkbox"/> Loan from Special School Resource centre <input type="checkbox"/> District Advisory Service <input type="checkbox"/> Outside source <input type="checkbox"/> Outplacement |
| Training/Orientation of school staff | <input type="checkbox"/> School Management Team <input type="checkbox"/> School Governing Body <input type="checkbox"/> Teacher <input type="checkbox"/> School Support Team <input type="checkbox"/> Other: | <input type="checkbox"/> Once-off <input type="checkbox"/> Periodically <input type="checkbox"/> Monthly mentoring and consultation <input type="checkbox"/> Mentoring once per term <input type="checkbox"/> Mentoring twice per annum <input type="checkbox"/> Mentoring once a year | <input type="checkbox"/> School budget, <input type="checkbox"/> Full-service School outreach <input type="checkbox"/> Special School Resource Centre outreach <input type="checkbox"/> District Advisory Service <input type="checkbox"/> Outside source |

FORM DBE 121 DBST: PLAN OF ACTION IN RELATION TO THE LEARNER:

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

| | | | |
|--|--|-----------|-------------------|
| Comment: | | | |
| Initials and surname of Parent/Legal Caregiver (print) | | Signature | Date: |
| | | | 20... / ... / ... |

FORM DBE 122

DBST: PLAN OF ACTION IN RELATION TO THE SCHOOL

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

DISTRICT/CIRCUIT MANAGER ENDORSES DBST'S RECOMMENDATIONS

| | | |
|--|-----------|-------|
| YES/NO | | |
| Comment: | | |
| Initials and surname of District/Circuit Manager (print) | Signature | Date: |

| SUMMARY OF SCHOOL NEEDS | WHAT SCHOOL HAS | WHAT SCHOOL NEEDS |
|----------------------------|-----------------|-------------------|
| | | 20... / ... / ... |

ANNEXURES

ANNEXURE A1

FORM DBE 123a:

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

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

I,

.....

.....

request the Department of

.....

for the

.....

.....

.....

20 ... /

Witnesses 1

2

ANNEXURE A2

FORM DBE 123b

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

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

| | | | | | |
|--|---|---|-----------|---|-------------------|
| DISTRICT/CIRCUIT | 1. Initials and surname of learner | | | | |
| | 2. Reason for referral and support programme to be accessed | | | | |
| | 3. Name of current school or institution | | | | |
| | 4. Name of District/Circuit that refers learner | | | | |
| | 5. Name of the District/Circuit where the learner must be placed | | | | |
| | 6. Name of Full-Service School/Special School/Resource Centre where learner should be placed | | | | |
| | 7. Motivate the choice of this specific school/programme if the learner will not be attending the facility closest to the learner's residential address | | | | |
| | 8. Does the learner require hostel accommodation? (Circle your choice) | | Yes | No | |
| DBST RECOMMENDATION | | | | | |
| DBST COORDINATOR | Indicate why the recommended support action plan cannot be implemented within an ordinary public school | | | | |
| | | | | | |
| <div> <div>.....</div> <div>Signature of DBST Coordinator</div> </div> <div> <div>.....</div> <div>Initials and surname (print)</div> </div> <div> <div>20.... / ... /</div> <div>Date</div> </div> | | | | | |
| DISTRICT RECOMMENDATION | | | | | |
| DISTRICT DIRECTOR | Recommended | Y | N | If no, provide alternative recommendation: | |
| | | | | | |
| | Initials and surname (print) | | Signature | | Date: |
| | | | | | 20... / ... / ... |
| PROVINCIAL ADMISSIONS COMMITTEE | | | | | |
| PROVINCIAL DIRECTOR | Approved | Y | N | If not, provide alternative recommendation: | |
| | | | | | |
| | Initials and surname (print) | | Signature | | Date: |
| | | | | | 20... / ... / ... |

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)

| TYPE OF ACCOMMODATION REQUESTED | SUBJECTS | | | | | | | | | |
|--------------------------------------|----------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| Adaptation of questions | | | | | | | | | | |
| Additional Time | | | | | | | | | | |
| Digital Player/Recorder | | | | | | | | | | |
| Braille | | | | | | | | | | |
| Computer/voice to text/text to voice | | | | | | | | | | |
| Enlarged print | | | | | | | | | | |
| Handwriting | | | | | | | | | | |
| Medication/food intake | | | | | | | | | | |
| Oral examination | | | | | | | | | | |
| Personal assistant | | | | | | | | | | |
| Prompter | | | | | | | | | | |
| Reader | | | | | | | | | | |
| Rest breaks | | | | | | | | | | |
| Scribe | | | | | | | | | | |
| Separate venue | | | | | | | | | | |
| Sign language interpreter | | | | | | | | | | |

| | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|
| Spelling | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|--|--|--|--|--|-----------------|--|--|--|--|
| Transcription of Braille | | | | | | | | | |
| Video/DVD recorder/Webcam | | | | | | | | | |
| Other e.g. : Endorsed NSC | | | | | | | | | |
| Exemption from a language (immigrant/refugee learner with a study permit) | | | | | Language: | | | | |

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

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..../.... /

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

ANNEXURE D

FORM DBE 126: HEALTH AND DISABILITY ASSESSMENT FORM

A. INSTRUCTIONS TO HEALTH-CARE PROFESSIONAL WHO IS ASSESSING THE LEARNER

- ☐ This form is to be completed by the **Health Professional** for learners who experience medical/physical/neurological/sensory/cognitive/psychological and emotional barriers to learning.
- ☐ The learner is referred to a health professional by the School-based Support Team (SBST) and/or the District-based Support Team (DBST) for further assessment to determine the nature of the disability/health condition.

PART A: PROCEDURE

- ☐ Assess the learner in terms of the specific barrier(s) that the learner has been referred for
- ☐ Make recommendations for further interventions required
- ☐ Provide advice on support and adjustments required to assist the school to support and make reasonable accommodation for the learner.

PART B: LEARNER AND PRACTITIONER INFORMATION

Complete Part B which contains personal information about the child, and contact details of the health professional.

PART C: DIAGNOSTIC SECTION

Complete all sections of **Part C** relevant to the child in accordance with the diagnostic criteria provided.

PART D: DECLARATIONS AND RECOMMENDATIONS FOR INTERVENTIONS AND SUPPORT

Sign the declarations in **Part D** and make recommendations regarding the support to be provided.

NB. Please note that this form may not be completed by the teacher

Please write legibly

B. LEARNER INFORMATION AND CONTACT DETAILS OF HEALTH-CARE PROFESSIONAL

| | |
|---|--|
| NAME OF LEARNER: | DATE OF BIRTH: / / |
| PRESENT SCHOOL: | ASSESSMENT DATE: / / |
| PATIENT NUMBER: | MALE/FEMALE M/F |
| ASSESSED BY: | PROFESSION: |
| FACILITY/PRACTICE: | TELEPHONE NUMBER/S: |
| MEDICAL HISTORY OR BACKGROUND OF LEARNER/PATIENT: | |

C. DIAGNOSTIC CRITERIA

| Notes for the health-care professional/practitioner completing the form | | |
|--|--|---|
| <ul style="list-style-type: none"> * Learners who have been screened through the health system, their parents, the School-based Support Team (SBST) or the District-based Support Team (DBST), and suspected of having a disability and/or health condition, need to be referred for further assessment by a health-care professional. * The purpose of such an assessment is to obtain information on the impact of the disability and/or medical condition on the learner's ability to participate meaningfully and productively in the learning process. * Recommendations should be made on the medical/health interventions and support required by the learner. * In accordance with the definition of the Convention on the Rights of Persons with Disabilities (CRPD), persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. * "Moderate to severe limitation", in the context of disability, means a significant restriction on a person's ability to function or perform one or more basic daily activities after maximum correction, except where indicated. Maximum correction in this context means appropriate therapy, medication, educational and personal support and use of devices. * The diagnostic criteria seek to assess the functional impact of the impairment on a learner's ability to perform daily activities and participate in learning. * Please complete the section(s) that apply to your patient/client and fall(s) within your scope of practice. | Disability/ Medical Condition | Duly registered health professional specially trained to deal with condition |
| | Vision (including eye conditions, visual processing) | Professional trained in the assessment of vision function in children using specialised assessment tests which include at least LogMAR charts, contrast sensitivity charts and near-vision charts (e.g. an optometrist or primary health-care nurse practitioner) |
| | Hearing (including ear conditions, auditory processing) | Professional trained to perform or conduct a battery of diagnostic audiometry tests (i.e. Audiologist) or auditory processing (speech-language therapist OR audiologist) |
| | Physical | Physiotherapist or occupational therapist, medical practitioner and relevant specialists |
| | Communication | Speech-language therapist, audiologist |
| | Intellectual | Clinical psychologist, educational psychologist, counselling psychologist, psychiatrist, paediatrician |
| | Mental Health | Psychiatrist, clinical psychologist, educational psychologist, counselling psychologist, medical practitioner, paediatrician, occupational therapist. |
| | Chronic health condition | Medical practitioner, professional nurse, paediatrician, physiotherapist. |
| | Neuro- Developmental disorder | Physiotherapist or occupational therapist, medical practitioner, educational psychologist and relevant specialists |
| PLEASE COMPLETE THE PARENTAL CONSENT FORM AT SECTIONS F AND G | | |

Chronic Health Condition

Condition diagnosed by Health Professional*: _____

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

| Tick when applicable | Area of functional limitation |
|--------------------------|---|
| <input type="checkbox"/> | School attendance |
| <input type="checkbox"/> | Administration of medication and access to medical supplies |
| <input type="checkbox"/> | Learning and concentration |

Notes:

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

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

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

Mobility

Condition Diagnosed*: _____

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

| Tick when applicable | Area of functional limitation | Recommendations of support that could be provided at school |
|--------------------------|--|---|
| <input type="checkbox"/> | Is unable to walk, e.g., wheelchair user | |
| <input type="checkbox"/> | Is only able to walk with the use of assistive devices, e.g., callipers, crutches, walking frames and other such devices | |
| <input type="checkbox"/> | Is able to walk without the use of assistive devices but with a degree of difficulty, e.g., | |

| | | |
|--------------------------|---|--|
| | learners with cerebral palsy | |
| <input type="checkbox"/> | Is functionally limited in the use of their upper limbs | |
| <input type="checkbox"/> | Has a fine mobility restriction | |
| <input type="checkbox"/> | Has a communication restriction | |
| <input type="checkbox"/> | Needs assistance with personal care | |

Notes:

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

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

Other Mental Disorders

Condition Diagnosed by Health Professional*: _____

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

| Tick when applicable | Area of functional limitation |
|--------------------------|--|
| <input type="checkbox"/> | A mental impairment that disrupts daily function |
| <input type="checkbox"/> | An impairment that moderately or severely interferes with or limits the performance of major life activities such as learning, thinking, communicating |
| <input type="checkbox"/> | Impairment that interferes with sleeping |

Notes:

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

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

Developmental Functioning/Learning Disability/Intellectual Disability

Condition Diagnosed*: _____

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

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

| Tick when applicable | Area of functional limitation |
|--------------------------|---|
| <input type="checkbox"/> | Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning, and learning from experience |
| <input type="checkbox"/> | Self-care |

Notes:

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

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

Vision

Condition Diagnosed*: _____

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

| Tick when applicable | Area of functional limitation | Recommendations of support that could be provided at school |
|--------------------------|--|---|
| <input type="checkbox"/> | Visual acuity in the better eye with best possible correction, less than 6/12 (0.3). <3/60 Snellen in the better eye, after maximum correction, constitutes blind | |

| | | |
|--------------------------|--|--|
| | 6/60 to 3/60 Snellen in the better eye = severe visual loss (partially-sighted learner, sometimes considered blind, depending on complicating specific eye conditions) | |
| <input type="checkbox"/> | Visual Field 10 degrees or less around central fixation. 6/6 – 6/18 = normal vision 6/18 to 6/60 Snellen = moderate visual loss (partially-sighted learner); | |

Notes:

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

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

Communication

Condition Diagnosed*: _____

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

| Tick when applicable | Area of functional limitation |
|--------------------------|--|
| <input type="checkbox"/> | Inability to make him/herself understood to familiar communication partners using speech in a setting |
| <input type="checkbox"/> | Inability to make him/herself understood, to familiar and/or non-familiar communication partners and/or to meet communication needs as appropriate for his/her age by using speech, in less than 30 intelligible words |

Notes

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

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

Hearing

Condition Diagnosed*: _____

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

| Tick when applicable | Area of functional limitation Degree of hearing loss (PTA) |
|--------------------------|---|
| <input type="checkbox"/> | -10 to +15 dB HL (hearing level): Normal hearing |
| <input type="checkbox"/> | 16 to 25 dB HL: Minimal loss |
| <input type="checkbox"/> | 26 to 40 dB HL: Mild loss |
| <input type="checkbox"/> | 41 to 55 dB HL: Moderate loss |

Notes:

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

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

Neurodevelopmental and Neurological Disorders

Condition Diagnosed by Health Professional*: _____

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

| Tick when applicable | Area of functional limitation | Recommendations of support that could be provided at school |
|--------------------------|--|---|
| <input type="checkbox"/> | Communication (ability to effectively communicate using speech/language) | |
| <input type="checkbox"/> | Self-care (ability to effectively perform activities of daily living. e.g. feeding, dressing, washing, etc.) | |
| <input type="checkbox"/> | Social/interpersonal skills (ability to interact appropriately with peers and adults) | |
| <input type="checkbox"/> | Mobility (ability to ambulate or use assistive devices to move) | |
| <input type="checkbox"/> | Functional cognitive skills (ability to pay attention, | |

| | | |
|--------------------------|--|--|
| | concentrate, learn, etc.) | |
| <input type="checkbox"/> | Vocational/Scholastic (ability to execute academic tasks) | |
| <input type="checkbox"/> | Leisure/Play/Sports (ability to actively participate in leisure tasks) | |
| <input type="checkbox"/> | Sensory (seeing, hearing and related functions) | |

Notes:

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

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

D. RECOMMENDATIONS BY HEALTH-CARE PROFESSIONAL

Summary of conditions diagnosed:

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

| | | | | | |
|--------------------------|--|--------------------------|-----------------------------------|--------------------------|--|
| <input type="checkbox"/> | Medication/ medical examination | <input type="checkbox"/> | Assistive devices and consumables | <input type="checkbox"/> | Psycho-social support and counselling |
| <input type="checkbox"/> | Physiotherapy | <input type="checkbox"/> | Occupational therapy | <input type="checkbox"/> | Family/caregiver support and counselling |
| <input type="checkbox"/> | Speech language therapy and/or audiology | <input type="checkbox"/> | Psychotherapy | <input type="checkbox"/> | Other |

FURTHER REFERRAL NEEDED:

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

Describe/Explain

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| |

EFFECT OF MEDICAL CONDITION OR DISABILITY ON PATIENT'S ABILITY TO LEARN IN A SCHOOL ((Tick when applicable):

| None/minimal | | Moderate | | High | |
|--------------------------|---|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | <i>Learner ought to cope in an unmodified school environment with recommended assistive devices</i> | <input type="checkbox"/> | <i>Will be able to cope in a slightly modified school environment and may need assistive devices</i> | <input type="checkbox"/> | <i>Will only be able to cope in a modified school environment (modified toilets/ramps/ground-level classrooms, etc.)</i> |
| <input type="checkbox"/> | <i>Learner needs a low level of support in school environment</i> | <input type="checkbox"/> | <i>Needs occasional therapy/ treatment/support</i> | <input type="checkbox"/> | <i>Needs frequent, high level of treatment/therapy/support by a medical professional</i> |

| | |
|-----|--|
| Exp | |
| | |
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| | |

E. DECLARATION BY HEALTH-CARE PROFESSIONAL

PLEASE ATTACH DETAILED REPORTS WHERE APPLICABLE

Signature: Date: 20 / /

Initials and surname (print): Tel no.:

F. HEALTH CARE PROFESSIONAL WHO

PLEASE ATTACH DETAILED REPORTS WHERE APPLICABLE

Signature: Date: 20 / /

Initials and surname (print): Tel no.:

G. PARENT/LEGAL CAREGIVER'S PERMISSION

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

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

Print name: Tel. no.

COMMENT: