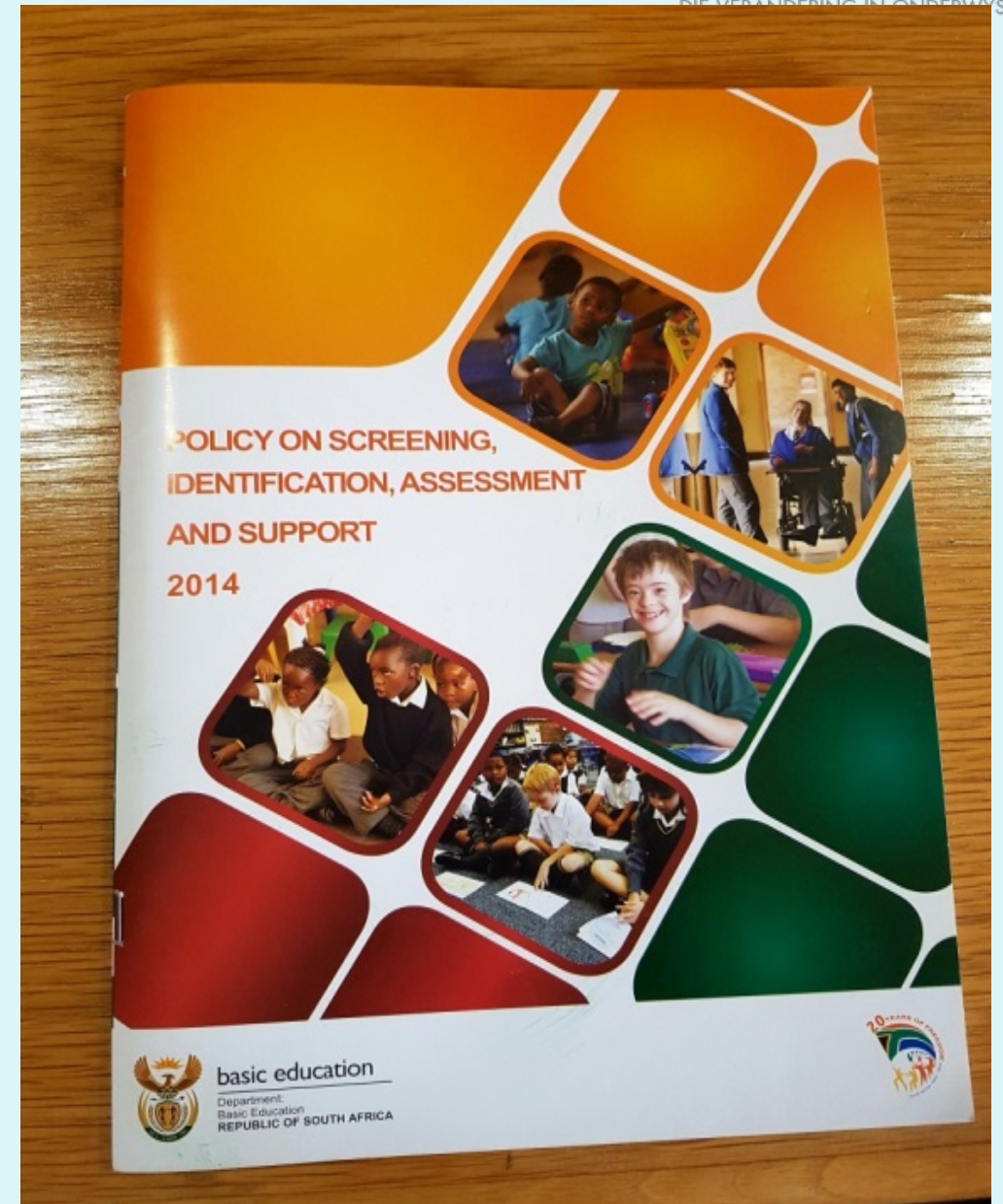


WEBINAR INCLUSIVE EDUCATION

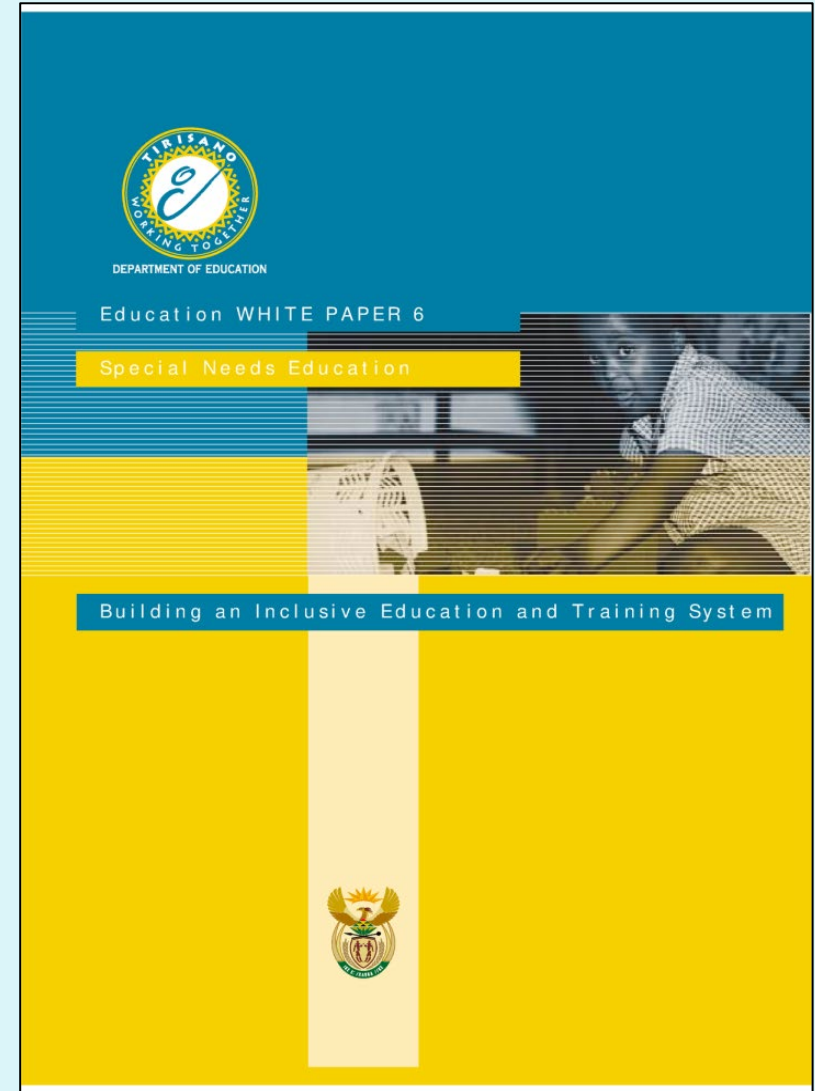
**CPUT
Education Students
October 2021**

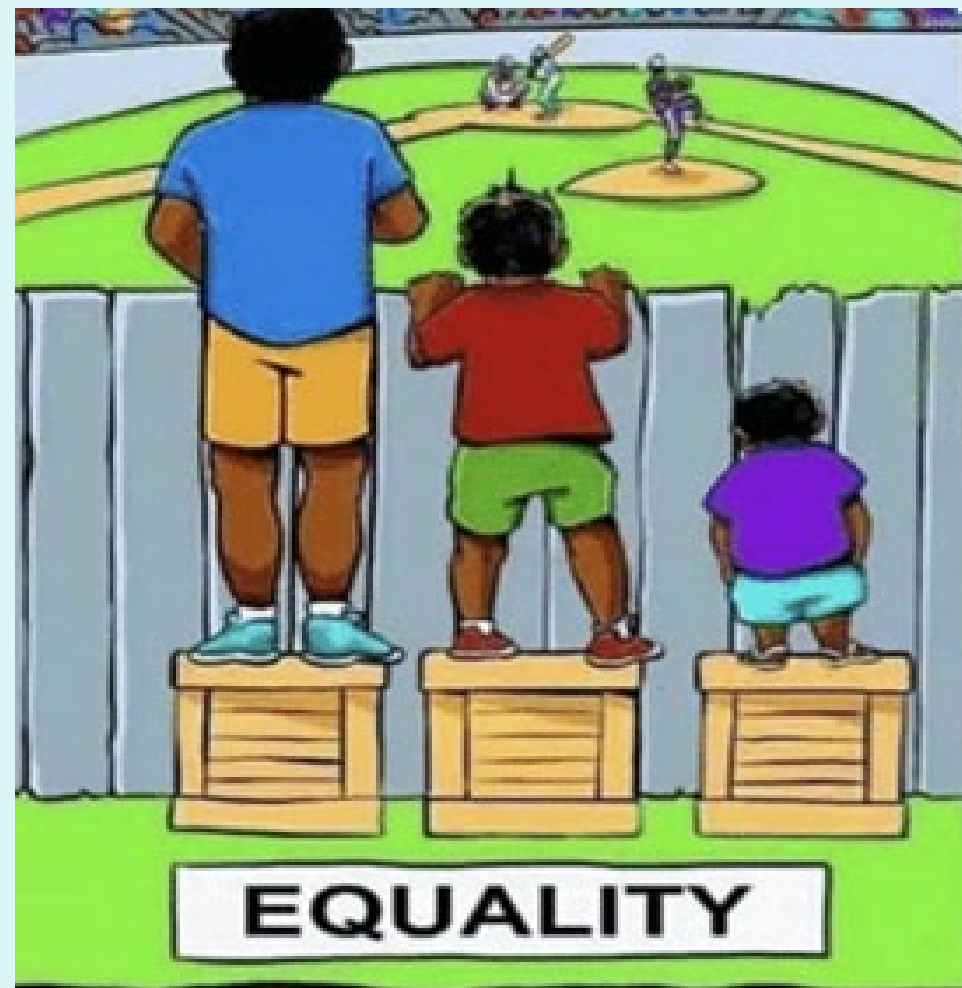
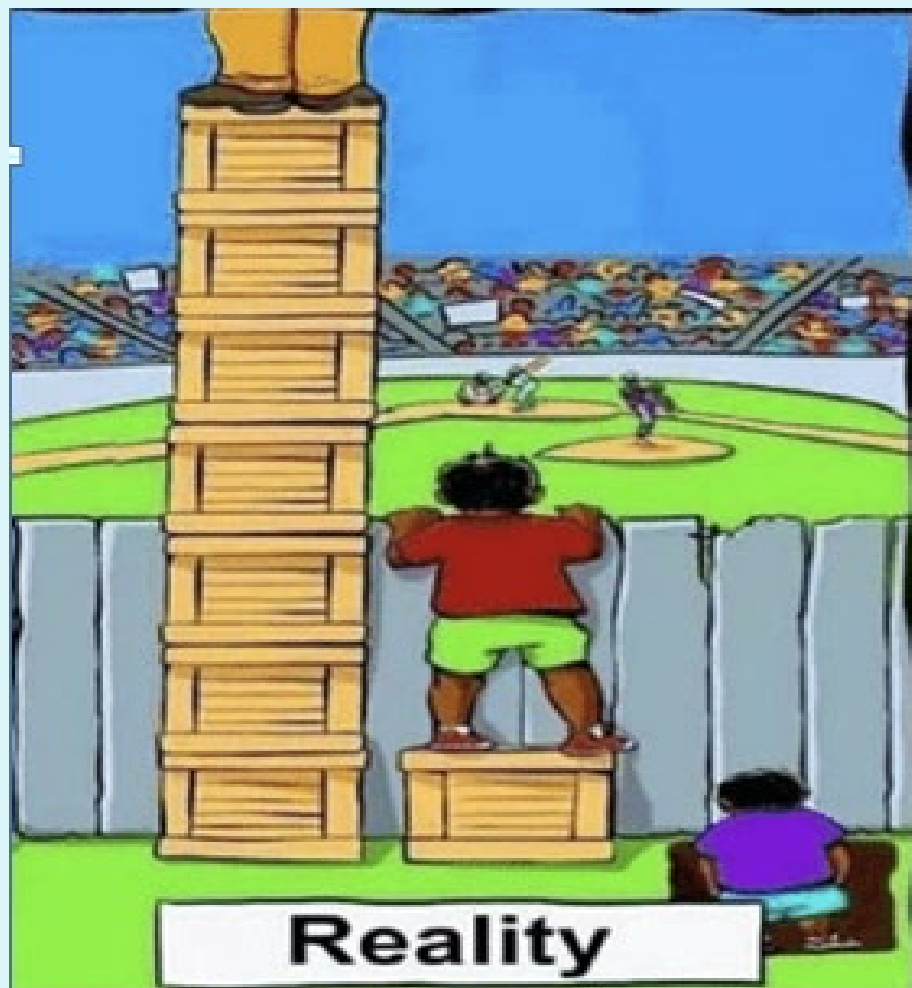
**The practical
implementation of
SIAS in the classroom**

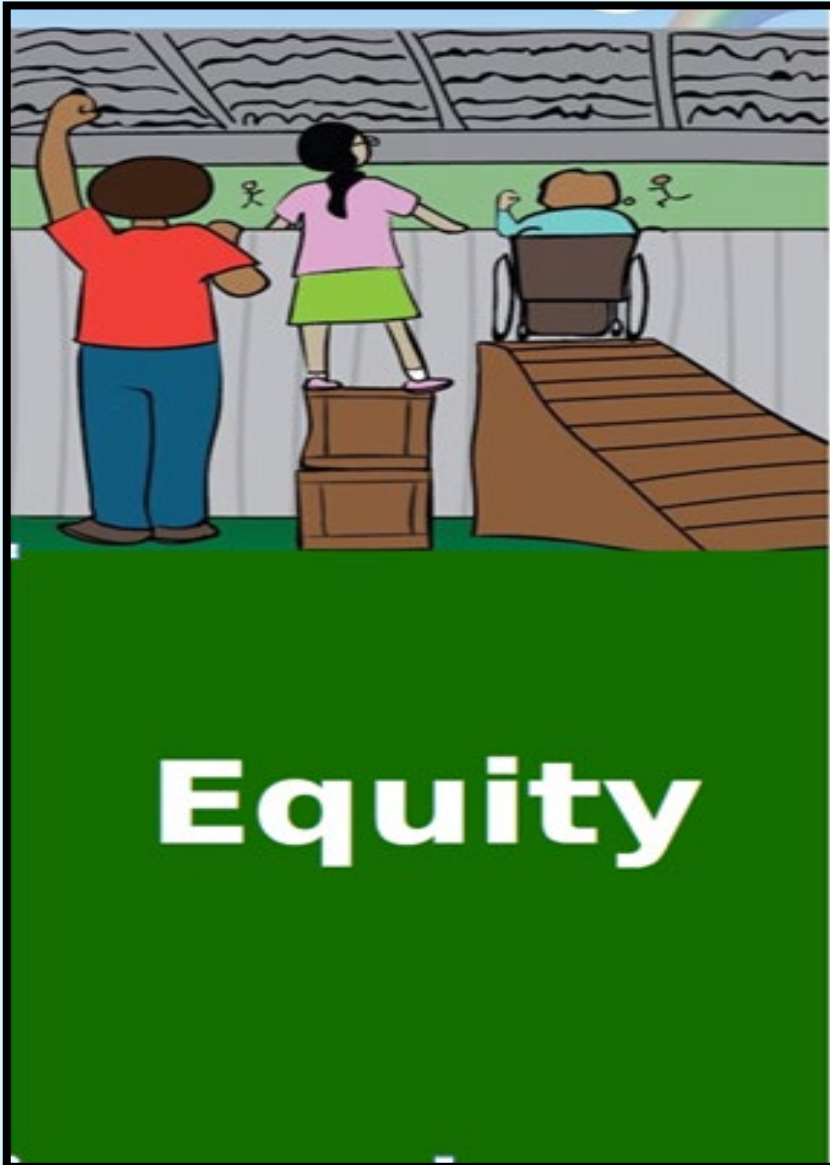


What is Inclusive Education?

- White paper 6
- Building an inclusive education and training system
- Inclusive education is educating **ALL students** in **age-appropriate** general education classes in their **neighbourhood** schools.
- There should be a respectful school culture where everybody feels **welcome**
- Diversity needs to be accommodated through **EQUITY**.



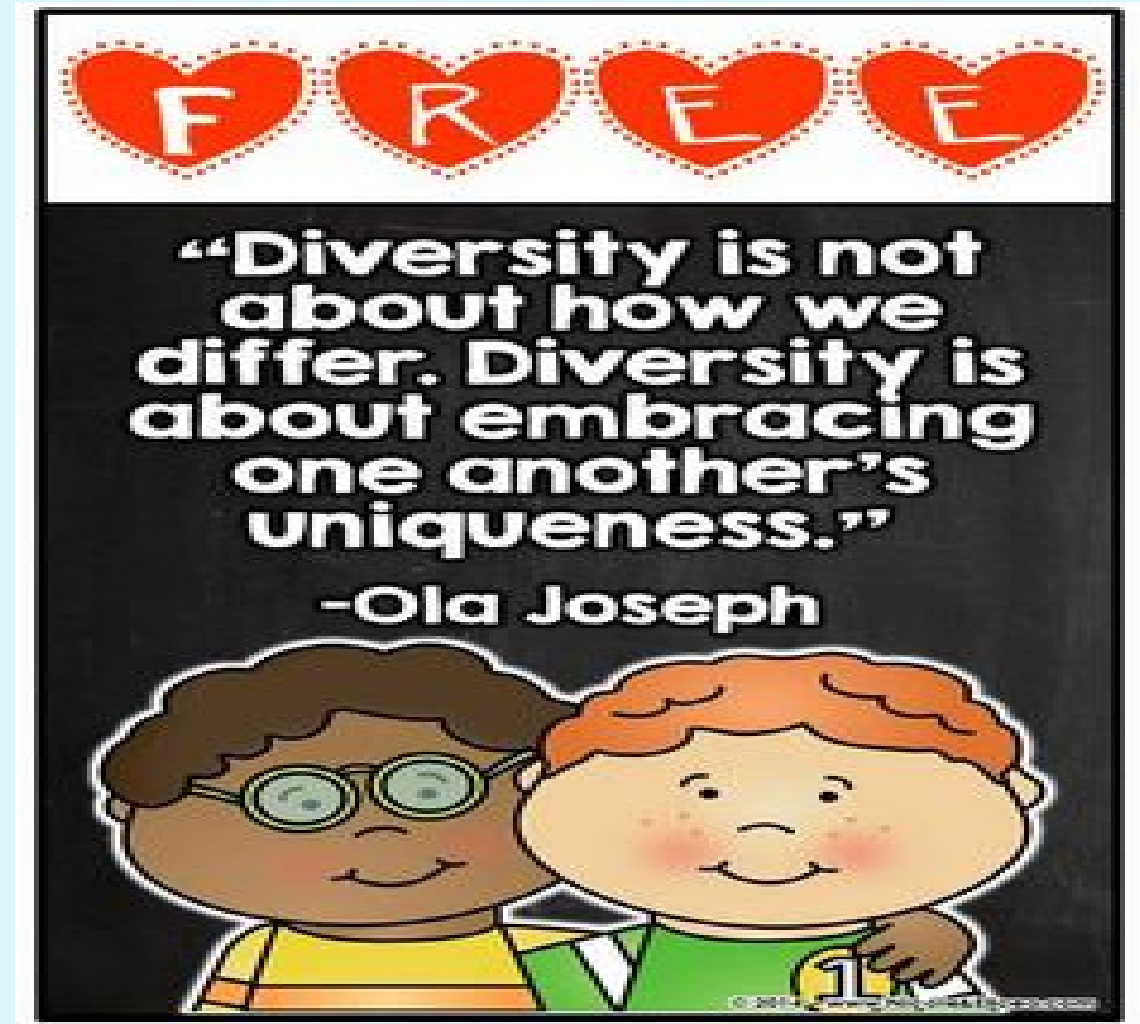


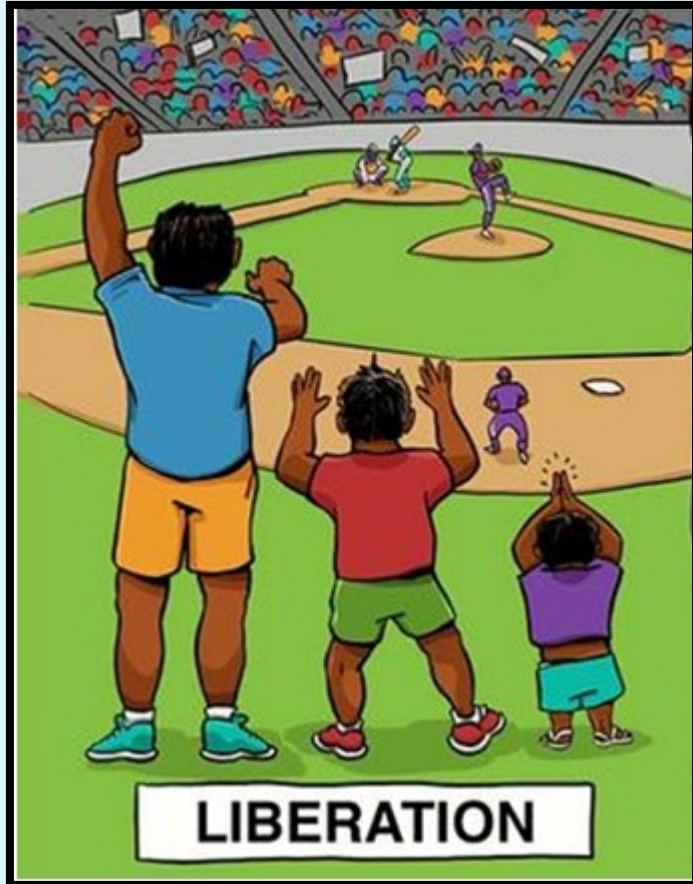


Different types of supports are provided to make it possible for all learners to have equal access to education. They are being treated equitably, according to their individual needs.

Principles of Inclusive Education?

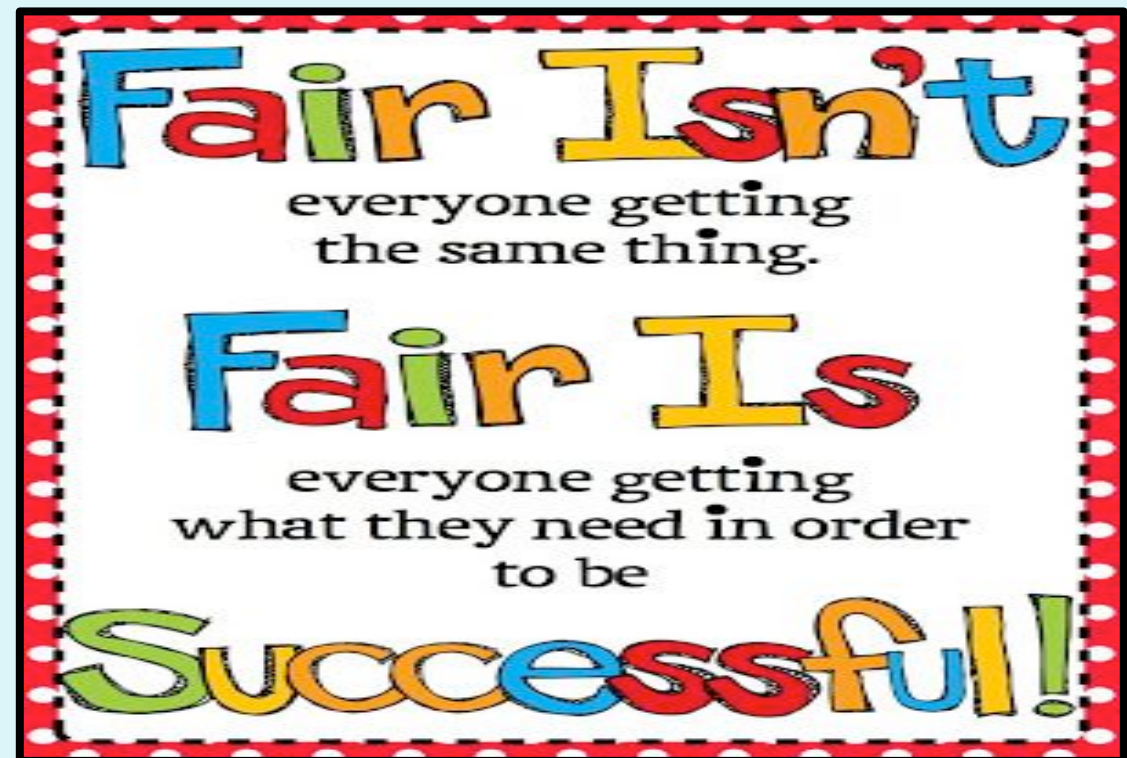
- Celebrates diversity: Cultures, races, religions, customs, beliefs, languages, sexual orientation, minority groups, physical attributes, interests
- Recognizes potential
- Increases participation
- Reducing and overcoming barriers
- Removing stigmatization and labelling
- High quality instruction, interventions and supports and reasonable accommodation





GOAL:

**The inequality / systemic barrier
has been dealt with/removed.**



SIAS

SIAS is the vehicle to address the following barriers which prevent access to learning and development

- **Systemic barriers** (overcrowded classrooms, lack of LTSM, exclusionary policies, inflexible curriculum practices, learning styles and multiple intelligences)
- **Societal barriers** (Socio-economic circumstances, safety and security, domestic violence, HIV/AIDS, substance abuse)
- **Pedagogical barriers** (LOLT, intolerant attitudes, inappropriate teaching methodologies and assessment procedures)
- **Intrinsic barriers** (behavioural problems, psychosocial and emotional problems, cognitive and sensory abilities, barriers to learning and physical disabilities)



LEARNER PROFILE

LEARNER PROFILE GRADES R – 12 CONFIDENTIAL

- 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			

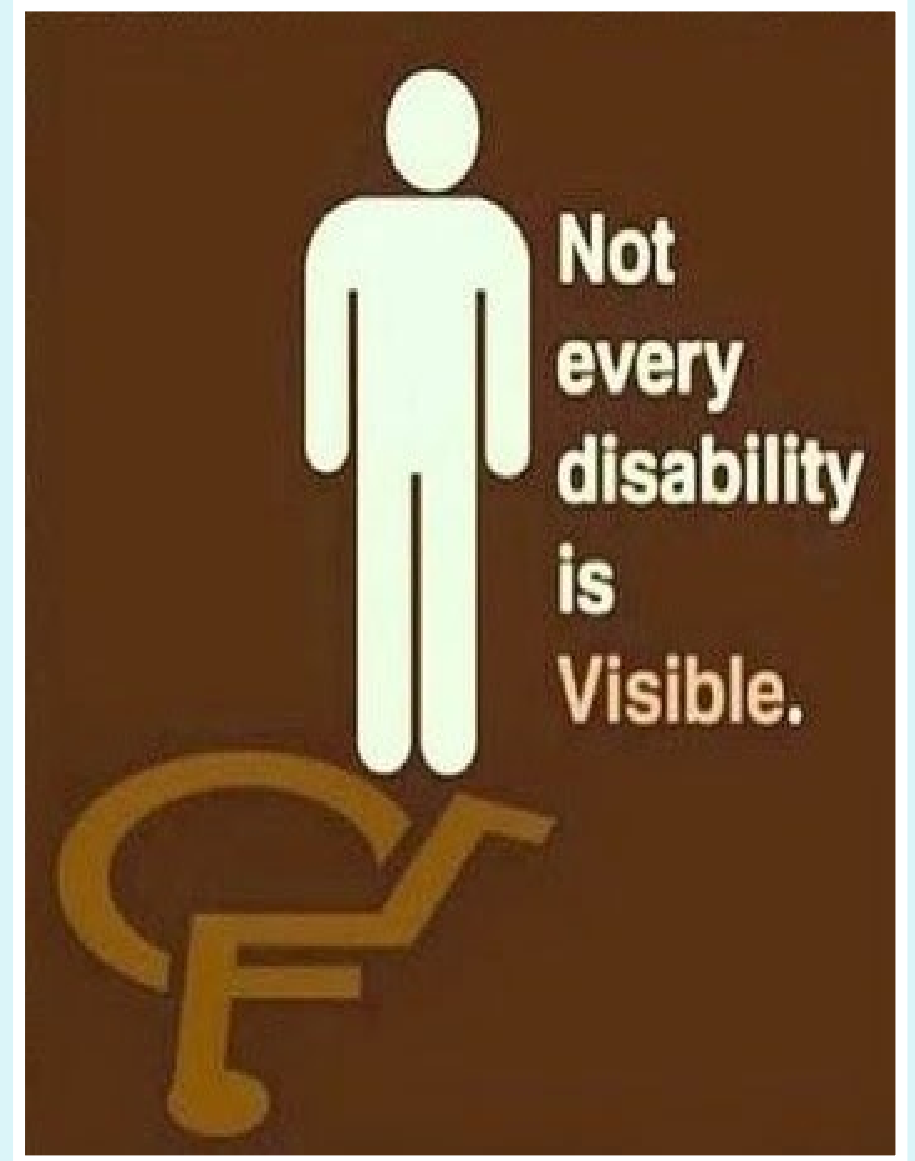
What must be included in the Learner Profile?

- Admissions form
- Copy: Birth certificate
- Copy: Road to health card
- Transfer documents
- Indemnity forms
- Communication from parents (Letters, emails, SMS's, WhatsApps)
- Absenteeism letters
- Medical reports
- Evidence of support services
- Intervention reports
- Report cards
- Supports needs (SIAS Docs)

SIAS

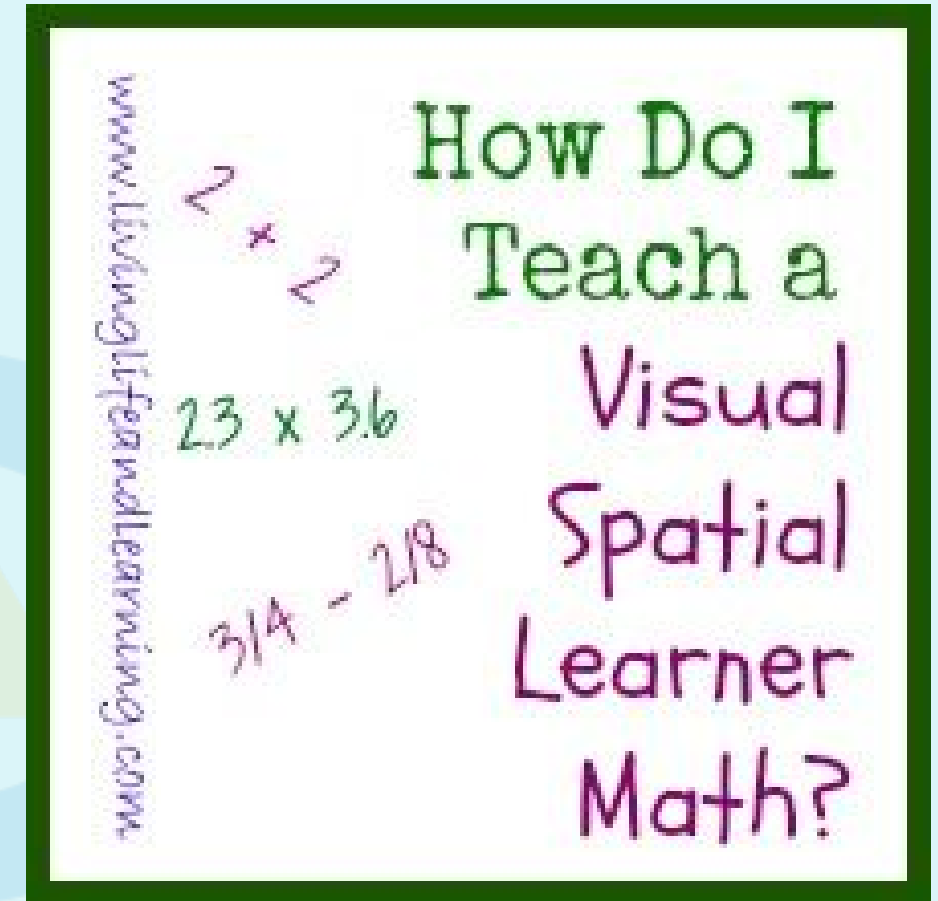
Screen: learners for vulnerability to learning and developmental barriers and possible school drop out
Use baseline assessment, **learner profiles, road to health card,** interviews with parents and former teachers, **report cards**

Identify barriers to learning and development. Complete **SNA 1 form.** Record observations and challenges



Assess the support needs: **What, who, how often?**

Support to meet these needs by planned interventions, differentiation, changing teaching styles and classroom layout, varying pace of teaching, adapting the curriculum, differentiated assessment and behaviour management strategies, accommodations. Complete **ISP** (plan of action) and refer to SBST who will complete the **SNA2 in consultation with teacher** if it becomes necessary



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 INTERVENTION BY TEACHER

- 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								
------	--	--	--	--	--	--	--	--

1. Areas of concern
2. Strengths and needs of learner
(Communication, Learning, Behaviour and social competence, Classroom and school, Family/Home/ Community)
3. Teacher interventions (Curriculum, , learning environment, physical environment, support needed from SBST)
4. Consultations with parents and views expressed by parents

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	<input type="checkbox"/>	NO	<input type="checkbox"/>	Comments:
<hr/>				
<hr/>				
<hr/>				
<hr/>				
<hr/>				
<hr/>				
<hr/>				

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	<input type="checkbox"/>	NO	<input type="checkbox"/>	Comments:
<hr/>				
<hr/>				
<hr/>				
<hr/>				
<hr/>				
<hr/>				
<hr/>				
<hr/>				

1. Review
2. Summary of identified barriers
1. Completion of ISP

FOLLOWING THE SIAS PROCESS

MEET: VIJAY



Vijay changes schools in the middle of the year. He is from a middle income stable family with 2 working parents. He appears to be secure with a good self-esteem and social skills. His Gr 1 report cards indicate average academic performance.

Is Vijay at risk?

During the first term at his new school the maths teacher discovers that he struggles with maths, specifically reversing 6/9 and working at a slightly lower level than his peers.

Are there any concerns? Does he have additional support needs?

After a discussion with Vijay and his parents, the teacher puts in place a programme in class, as well as suggestions of how his parents can support him at home. Within two weeks he has caught up with his peers. **Was the support successful or not?**

Level of support: Low

SNA 1 – NB to also complete sections on the strengths, behaviour and social competence, family and home situation as these might change in the future (loss of parent, divorce, negative peer influences) and the references would help to get full picture if the learner's behaviour or academic performance changes

INDIVIDUAL SUPPORT PLAN: VIJAY

Area(s) in which support is needed	Target to be achieved	Strategy of intervention (If the learner needs concessions, or is an immigrant who needs exemptions, use Annexure B If a medical condition must be investigated by a medical or other specialist, use Annexure D)	Responsible person	Time frame	Review date (to assess achievement of the target)	Comment on progress made in achieving target(s)
Reversals 6 / 9	Write numbers correctly	Highlight 6/9 in different colours and put them on wall Use flash cards to show difference Use VAKT (Visual, auditory, Kineasthetic and Touch). Learner must see, hear, touch the number John can trace numbers in the sand Parents commit: Vijay will use play dough/shaving cream at home to make/trace numbers	Teacher and parents	Within 2 weeks	30 April 2020	After 2 weeks of practice John Can differentiate between 6/9

FOLLOWING THE SIAS PROCESS

MEET: JEAN



The paper trail/forms are NB – if Jean’s eyes deteriorate this will be the documents to support an application for a possible accommodation at a later stage in her school career

Jean has been at school for 5 years and has never needed support. Her new English **teacher** notices at the beginning of the new year that she often copies words incorrectly from the board but her close up reading is fine. (SNA 1) She **moves Jean to the front** of the class and suggests that she visits the clinic for an **eye test. Are there any concerns?**

The matter is discussed with the Jean and her parents. A month goes by and Jean’s parents have not taken her to the Clinic for an eye test. She still struggles to see on the board. Was the support suggested successful? **The teacher implements additional interventions** and completes an **ISP**. In addition she requests the help of the **SBST** who makes an appointment at the local clinic and accompanies Jean there. Jean is diagnosed as needing **glasses.**

Health and disability assessment form (Section on VISION to be completed by health professional). Jean no longer has difficulties with her long distance vision.

Support successful.

If deterioration of the eyes continues and special support is necessary- placement at school for visually impaired (Form DBE 123a to be completed by parents)

Level of support: Low to moderate

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:	

To be completed by the health professional when child is referred for a medical or professional assessment:

Sections on:

Chronic health, Mobility, Mental disorders, Learning disabilities, Intellectual disabilities, Vision, Hearing, Communication, Neurological disorders and behaviour

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... / ... / ...	

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	<i>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.</i>	The SBST coordinator
PARENT/LEGAL CAREGIVER AGREES WITH THE DBST ACTION PLAN			<div>Yes</div> <div>No</div>

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, the Parent/Legal Caregiver/Guardian of
(initials and surname)

..... who is at present attending the
(name and surname of learner)

.....
(school),

request the Department of Education to transfer my child to

.....
(resource centre/special school/programme)

for the purpose of

.....
=====

I agree that the said child may remain in the identified school/programme for as long as this level of support is needed. I realise that filling in this form does not guarantee placement in a Special School/Resource Centre.

.....
Signature of Parent/Legal Caregiver

20 / /
Date

Witnesses 1. 2.

FOLLOWING THE SIAS PROCESS

MEET DENNIS



When Dennis was admitted to his new school, his **SNA 1** indicated that he was very **aggressive, unable to control his temper** and often endangered himself and others with his impulsive **anti-social behaviour**. There were no interventions except punitive measures. He was presented with a choice: Leave school of your own accord, or face a disciplinary hearing and run the risk of being expelled. **Are there any concerns?**

The new school decided to monitor his behaviour and keep his parents informed.

Within 2 weeks however he had pushed another learner down a flight of stairs and threatened to stab himself with a pair of scissors if he was forced to do maths. The teacher urgently requested the help of the SBST. The SBST recommended that **a counsellor** be involved to help the teacher to deal with the aggressive behaviour and a **school psychologist to assess Dennis** to determine the cause of his aggression and ways to handle it. **An ISP was completed for Dennis**

FOLLOWING THE SIAS PROCESS

MEET DENNIS



Despite teacher support on strategies of how to handle Dennis, and repeated close interactions with Dennis, **his behaviour did not improve.** He hit a child with a cricket bat and then climbed onto the roof and threatened to **commit suicide.** **Red lights should now flicker!** Refer to DBST. What are their options?

(Professional medical assessment/Admission to a hospital for observation /Drop in centres Department of Mental health / Referral: School for learners with behaviour disorders) Note the DBST plan of action in relation to the learners: Form DBE 121 **Level of support: High**

All of this should happen with the parents' consent

FOLLOWING THE SIAS PROCESS

MEET IVOR



Already referred to the SBST

Ivor is on the **Autism spectrum** and despite intervention from the LSE teacher and a counsellor **the teacher is not coping**. This impacts negatively on the child who in turn becomes very **aggressive**. The teacher has become an **additional barrier** to the child. The parents are upset with the school for failing and not supporting the child and the teacher is upset with the school for failing her.

What are the options for the SBST? Autism SA or other specialists should have been involved when the teacher noticed that there was a child on the autism spectrum in her class, equipping her with strategies to cope with the child. Close co-operation with parents is also necessary. ISP extremely important! Is a specialized school for learners on the spectrum an option? Level of functioning should determine this.

FOLLOWING THE SIAS PROCESS

MEET GANESH



Ganesh always seems dirty, dishevelled, wears torn clothes, looks underfed. He struggles to concentrate, seems tired and lies on his arms. His homework is seldom done. He is often late for school or absent. He struggles to communicate.

Who should get involved?

What interventions could be considered?

Fact finding mission, Social Services, Social grants for child headed household, foster-care, feeding scheme, clothing bank etc. Without the necessary intervention and support Ganesh is a candidate to drop out of school: Level of support: Low

His teacher enforces the school rules diligently and consistently. She gives him demerits for being late, for being absent without good reason and for being untidy. She shouts at him for not doing his homework and for his poor performance

REMEMBER: EVERYONE
IN THE CLASSROOM HAS
A STORY THAT LEADS TO
MISBEHAVIOR OR DEFIANCE.
NINE TIMES OUT OF TEN,
THE STORY BEHIND THE
MISBEHAVIOR WON'T
MAKE YOU ANGRY.
IT WILL BREAK YOUR HEART.

- *Annette Breaux*

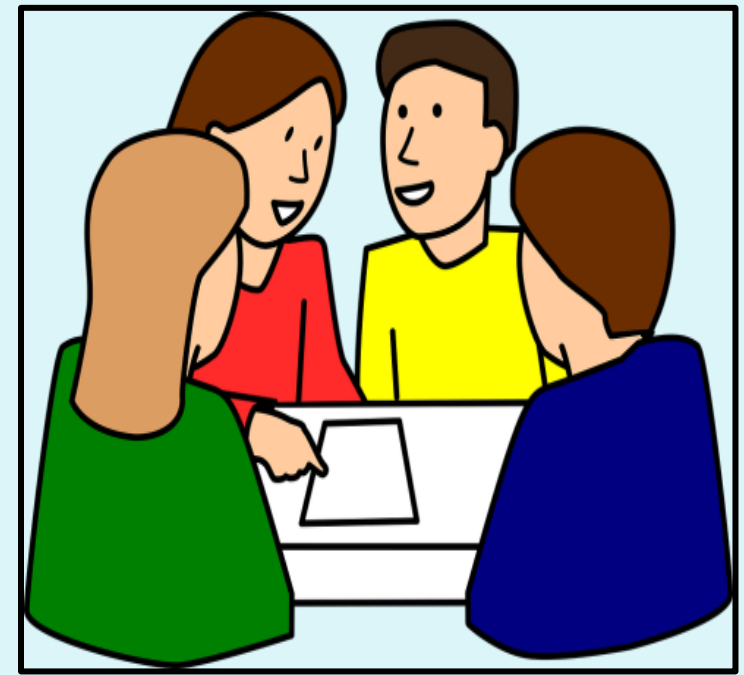
Composition of the SBST

- Class teachers
- Subject teachers
- Teachers involved in Management
- Professionals: Therapists, Psychologists, Remedial teachers, Counsellors, Social workers, Nurses
- Persons with specialized skills: Behaviour Analyst, Autism spectrum disorder specialist, Learning specialist
- Volunteers: Social workers, health workers
- Skilled Parents
- Learners: Peer support
- Community role players



School Based Support Team: SBST Responsibilities

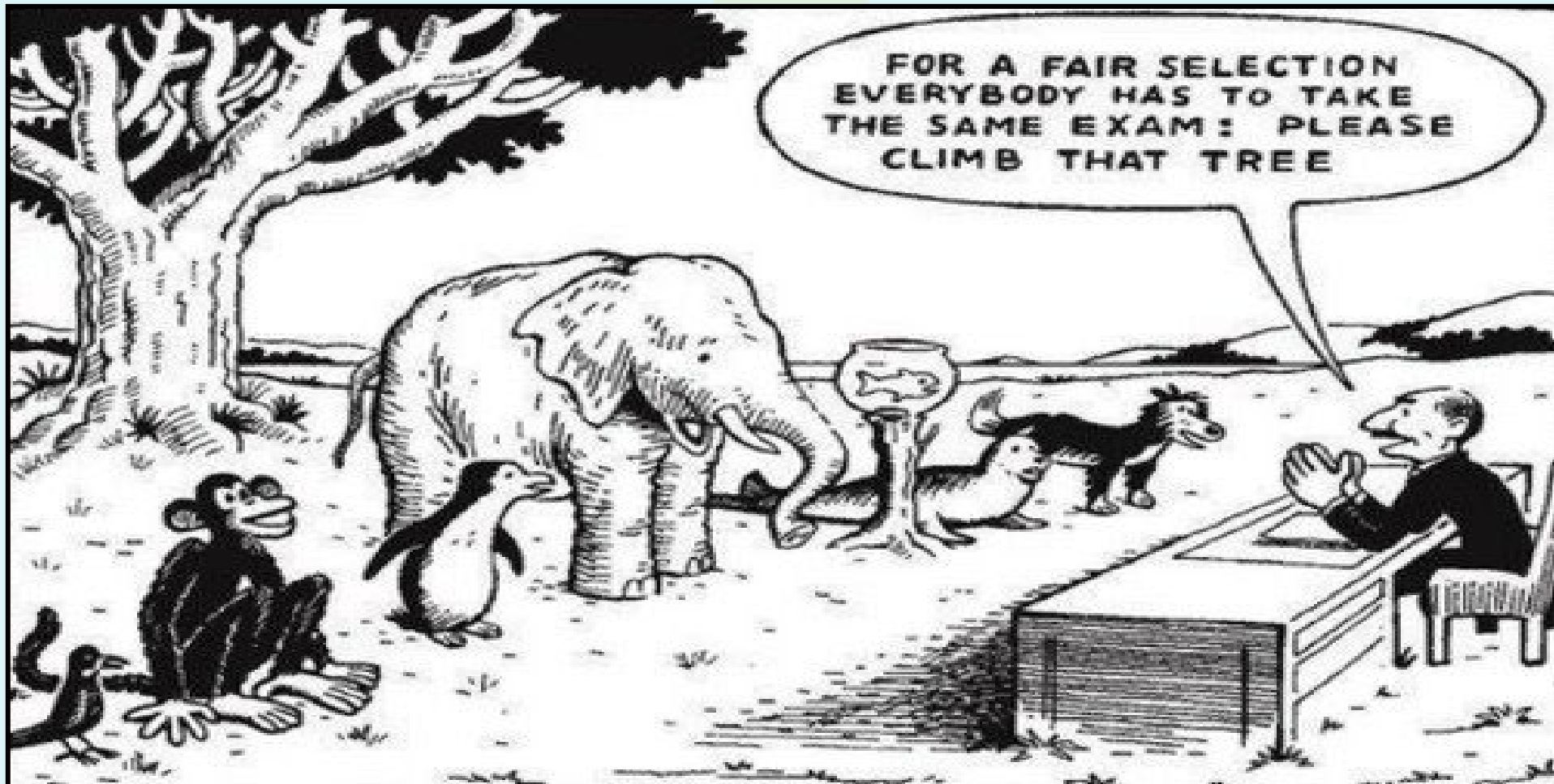
- **Respond** to teachers' requests for assistance
- **Investigate**, gather additional information
- **Inform** and involve parents
- Strategies, programmes, services, resources, practical cost effective support to strengthen the ISP. ISP should be reviewed once a term.
- **Identify role players** in the local community as sources of support
- Determining eligibility of a learner for an **accommodation/concession**. Panel discussion.
Form DBE 124



Requests assistance from and refers to the District Based Support Team (DBST) to enhance ISPs and support for placement of learners in a specialized setting

SIAS: ACCOMMODATIONS AND ALTERNATIVE ASSESSMENT

“Everybody is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid.” Albert Einstein



WHAT ARE BARRIERS TO ASSESSMENT ?

Any **condition, disability or specific circumstance** which **prevents** the learner from demonstrating his/her knowledge effectively in normal tests or examination conditions and which prevents him/her from giving a **true reflection of his/her abilities** and **reaching his/her potential**,



WHAT ARE ASSESSMENT ACCOMMODATIONS?

Any **alterations** to the standard form of assessment, test, examination or conditions relating to the assessment process, which are put in place to enable learners to reflect the knowledge and skills they have gained **without being disadvantaged** by the process of examining



CATEGORIES OF ACCOMMODATIONS

- **Presentation:** font, recordings, adaptation of questions
- **Response:** allows for completion of task in different ways
- **Setting:** allows for a change in location in which test is given
- **Time/scheduling:** allows for changes in length of time or organization of time during a test.



SIAS: ACCOMMODATIONS AND ALTERNATIVE ASSESSMENT

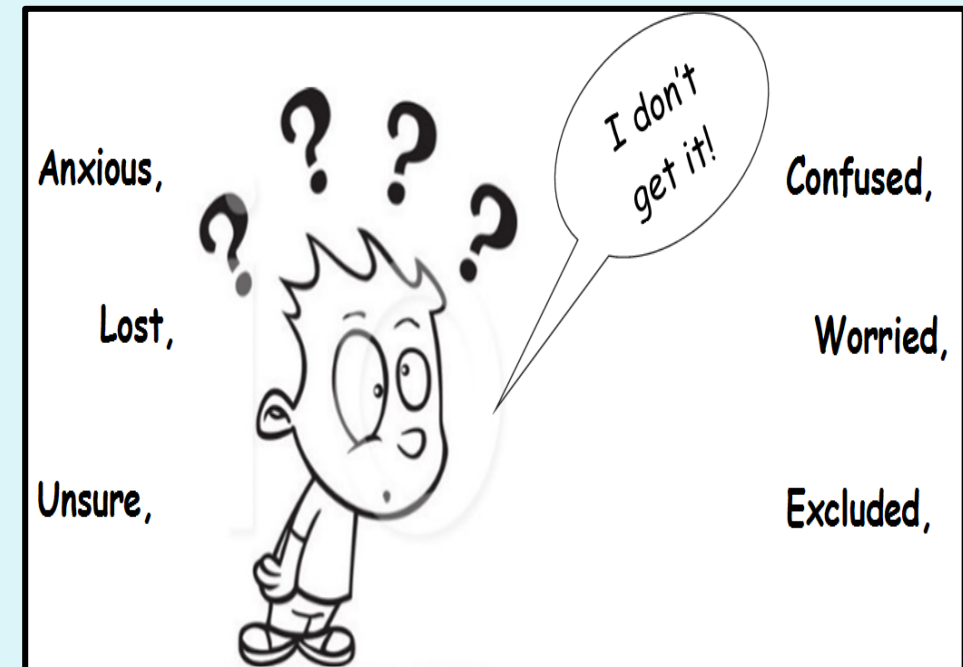
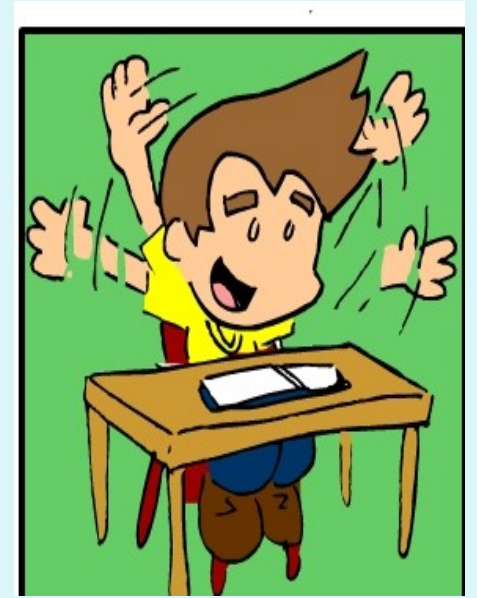
PRINCIPLES

- Do not assume a learner with a disability needs an accommodation YET do not assume learners with the same disabilities/barriers need similar accommodations
- Accommodations in assessments should parallel accommodations in instruction
- Applications for accommodations do not halt remediation /intervention. 2 processes should work concurrently
- Learners and parents must be comfortable and give consent



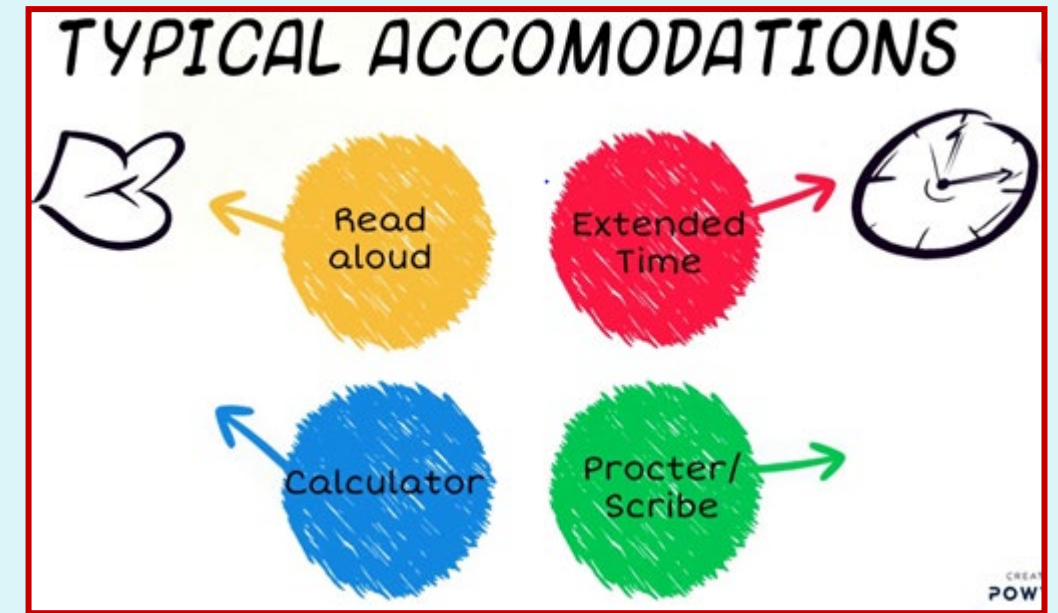
MOST COMMON BARRIERS TO ASSESSMENT

- Reading/writing difficulties (dyslexia, dysgraphia, dyspraxia)
- Slow reading/working tempo
- Difficulties with mathematics (dyscalculia)
- Visual / hearing impairments
- Physical disabilities affecting reading/writing
- Severe anxiety
- ADHD
- Developmental disorders eg learners on the Autism spectrum and FASD



ACCOMMODATIONS AND CONCESSIONS

- Additional time
- Reader
- Voice activated computer)
- Scribe
- Computer
- Oral examination
- Separate venue
- Prompter
- Personal assistant
- Rest breaks
- Enlarged print
- Handwriting
- Spelling



SIAS

ACCOMMODATIONS AND CONCESSION (Continued)

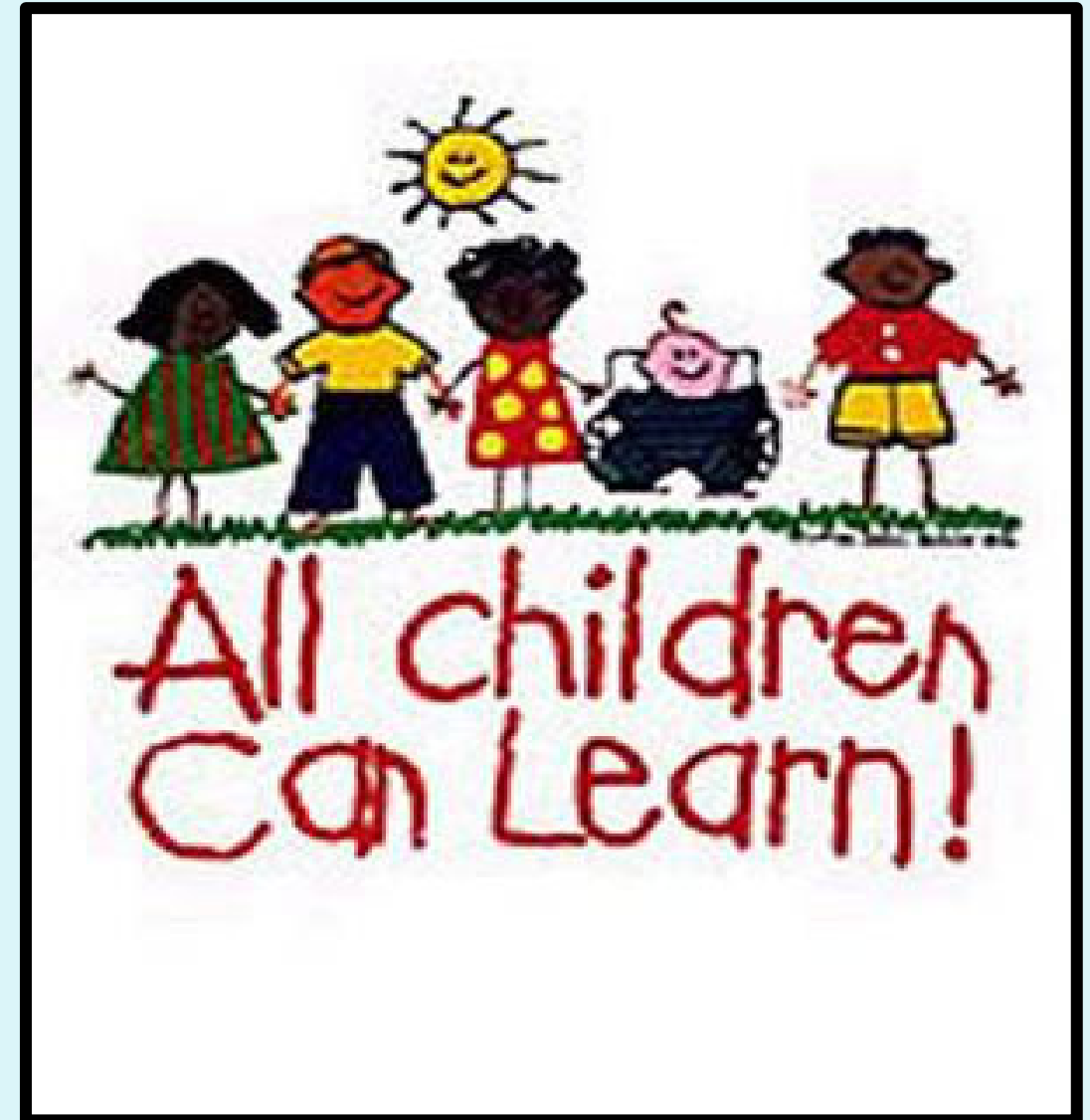
- Digital player/recorder
- Medication and food intakes
- Adaptation of questions (Differentiation)
- Transcription of Braille
- Sign Language Interpreter
- Computer/voice to text/text to voice
- Video/DVD/recorder/webcam
- Endorsed NSC
- Exemption from a language/maths
- Ad Hoc Support



Identification of learners for alternative or adaptive assessment: Accommodations and Concessions

Learners who are eligible for accommodations and alternative assessment in Grades 10 to 12 should have been identified as early as the **foundation phase or at least by October of their Grade 10 year**, except where a need arises at a later stage

SIAS process MUST be followed
Consent from learners and parents



SIAS: ACCOMMODATIONS AND ALTERNATIVE ASSESSMENT

ACCOMMODATIONS APPLICATIONS

- ✓ Responsibility of the SBST
- ✓ Teacher's responsibility:
Supporting documents
 - SIAS forms (SNA 1-2, learner profile, ISP)
 - Supporting history
 - School reports
 - Samples of written work
 - Medical reports/Health and disability assessment form



IMPORTANT DOCUMENTS

- CAPS Gr R-12
- Guidelines for Inclusive Teaching and learning 2010
- Guidelines for responding to Learner Diversity in the classroom 2012
- Special Schools as Resource Centres 2005
- Guidelines for full service schools 2009
- National Protocol for Assessment
Gr R – 12 2011 Chap 9
- **National education Policy Act 27 of 1996 amended in 2014. Assessment for learners who experience barriers to learning and assessment**
- **Procedural Manual for the assessment of learners who experience barriers to assessment from Grade R – 12: 2016**
- **SIAS**



SIAS TIPS : Meet the parents

- Establish **trust** between you and parents/ caregiver
- **Show interest** in family, their work, health
- Do not concentrate on weak points – **focus on something good.**
- **Do not make a diagnosis** – can tell them you are concerned and you think intervention is necessary. Provide evidence/be prepared
- **Do not judge parents** for the condition of their child (make them upset, angry, scared to open up)
- Let them **talk and share** concerns.
- When parents become aggressive or defensive, you must realize it not a personal attack. **Anticipate conflict/questions**



- Repeat concerns on different occasions. **Sometimes they don't hear when they are upset.**
- Be positive and practical and **professional.**
- Note your **body Language**
- **Naturally / Work at the social skills**

SIAS TIPS : Teacher alert

Do not ignore / take action immediately

- Who holds objects far or close to see
- Has problems with fine motor skills (writing legible, holding pencil, cutting with scissors, gluing)
- Clever child who loses interest
- Attention seeker
- Avoids activities
- Naughty, moody, clumsy
- Over-impulsive
- Who cries most of the time or who seem unhappy
- Who is always unsatisfied with his work (perfectionist or low self-esteem)
- Struggles to concentrate
- Speech difficulties
- Struggles to relate to adults or other children



SAOU
DIE VERANDERING IN ONDERWYS
THE CHANGE IN EDUCATION

DIE VERANDERING IN ONDERWYS THE CHANGE IN EDUCATION

-



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