

Intervention class versus LSEN class

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DIE VERANDERING IN ONDERWYS
THE CHANGE IN EDUCATION

Main difference between an intervention class and LSEN class

Learners who qualify for an **intervention class** are learners who have a **specific leaning barrier with** an **average or above average** cognitive ability. They can be successfully **transitioned** back **into mainstream classes** after managing or solving their developmental gaps, learning gaps or problems. An intervention class is a multi-grade as well as a multi-level class (Foundation Phase learners).

Intervention/Remedial/Aidclass

- Where does it come from?
- In the 1980's the **mitigation programme** was to assist learners in Foundation Phase with an **average or high cognitive ability** in terms of specific learning gaps (Mathematics and or HL/FAL).
- Individual **S**upport **P**lan (ISP) for each learner.
- Inclusive education: White paper 6 (2001; 2006) building an Inclusive Education and Training System.
- Guidelines for Inclusive Teaching and Learning (2010).

LSEN Classes

- LSEN classes are for learners with specific learning disabilities who need specialized instruction to make effective progress with an adapted curriculum.
- Those learners can not be transitioned due to low cognitive abilities.
- LSEN number through assessment.



Who needs intervention?

- All learners who have a **combination** of barriers for successful learning.
- It involves **impairments** in visual or auditory perception, conceptualization, language and memory and difficulty controlling attention impulses and motor function.
- SIAS policy should **guide** teachers with learners who need intervention.
- Follows an **ISP** (individual support plan) lesson plan (Recorded webinar on the msmonline of Hanlie Swanepoel 23 Feb 2022 LSEN Curriculum Management).
- Assessment: **Informal** and **formal** assessment.

Learning gaps and learning problems

- Is a term often used either in **connection or interchangeably** with hypo/hyperactivity and /or attention deficit disorder.
- Be aware **not to label** a child without enough evidence and medical support (neurologist, etc)
- Keep in mind the **developmental stages** of each child and their **school readiness**.



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Factors determining school readiness.

- **Physical factors:** Age and maturity of the child. Physical well-being and motor development.
- **Social and emotional** development.
- **Approaches** to learning.
- **Language** development.
- **Cognition and general** knowledge.



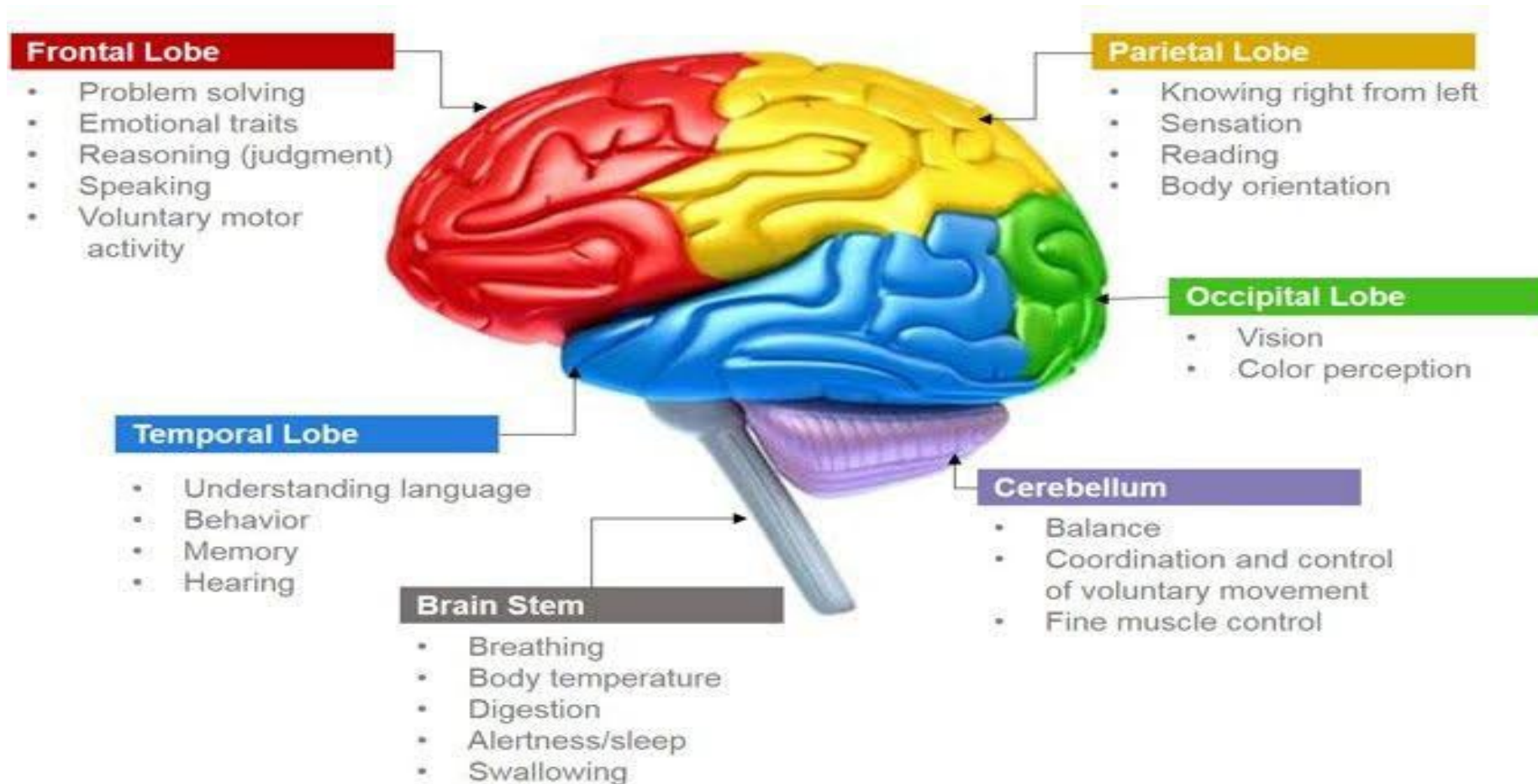
What causes specific learning barriers?

- Learning barriers can be associated with **minor damage** to the **brain stem**, the part of the brain that controls activation. A likely cause of this type of damage is **oxygen deprivation** during childbirth.
- While such damage does not affect intelligence, it does have an affect on **motor activity** and **attention span**.
- Learning problems usually do not become clear until a child reaches **school age** because learners of that age are in a developmental stage.
- It can also be linked to **poor nutrition**, exposure to **toxic substances** and illness in **utero**.

Important to keep in mind:

- Other **symptoms** that may be **associated** with learning barriers **include** poor or inaccurate body image, immaturity (school readiness), difficulties with coordination, both hypoactive or hyperactive, difficulty with writing or calculating, speech and communication problems, and cognitive difficulties.
- Curriculum differentiation needs **solid preparation (ISP)** and **intervention** to successfully manage/solve the learning problem/gaps of the learner according to his/her own pace and own ability.
- **IMPORTANT:** Always remember.... Keeps the **background** of the learner in mind. Make sure to page through his/her **learner's portfolio** before start remediate the learner.
- **Remember:** By **understanding** the **brain functions** the teacher will be able to analyses all medical reports (neurologist, psychologist, etc.) and therefore will be able to **explain** it to parents.

Which brain lobe has to do with which problem?



Where do I start?

Phase 1:

- Teachers in mainstream need **guidance/training** to know which learner should benefit from an intervention class. Not a dumping place!
- SIAS policy as well as SBSTs (SMTs) should guide teachers to take informed decisions.
- SIAS: assumes four stages: **screening, identification, assessment, support and monitoring.**
- Reinforce pre learning skills.



Need to look at the...

- **Learners profile**: to gain knowledge of birth history, information of parents, medical history etc. **Read all medical reports**.
- **Diagnostic assessment**: to provide information about learner's prior knowledge to determine levels and areas of needs
- **Assessment for learning**: (formative assessment) gives **feedback** to improve learner's performance. Learners become more **involved** in the intervention process and from this **gain confidence** in what is expected from him/her and to what standard before transitioning to mainstream again.
- **Be trustworthy**: Be the **role model** you ought to be and keep on with **research** to be up to standard in the field of intervention/remediation

Phase 2

- Teach in plenary and divide into **small groups and/or individually** (therapeutical) due to learning gaps.
- Point of departure will always be to **go back** to meet the **level of knowledgeable functioning** of each learner regarding his/her learning gaps.
- Sometimes need to start on **kinesthetic level**, 3 Dim and from there 2 Dim level (workbooks).
- Keep up with CAPS because.....**transitioning**.



Phase 3

- Now the learner work **learner centered** (individual) but **curriculum driven** by repackaging of content.
- Focus on **Mathematics** and **Languages** (HL & FAL). Be well prepared!
- Follow **same curriculum** as mainstream just in a slower pace till all the learning gaps are mitigated.



Phase 4

- Do not **limit** a learner by keeping him/her unnecessary out of mainstream. As soon as the learnings gaps are mitigated let him/her go back.
- Stay in **touch** with the appropriate grade where learner will be transitioned to. Make sure the **learner's pace of work** before transitioning is according to the **average pace** of his/her class in the mainstream class.
- At stage 4 **all** the learning gaps are **mitigated** and the learner is ready/capable to start the **process of transitioning** to mainstream classes.
- Learner **starts** to attend the mainstream class in their **best performing** subject either Mathematics or Language only for the specific period but still returns back for mitigation in his/her **weakest** subject till the learner overcome all the learning gaps in that particular subject as well.
- Follow the same **timetable** than mainstream.

Phase 5

- Learner **stays** in the mainstream class with enough **confidence** and **content knowledge**.
- Important: the intervention teacher frequently reinforces the learner **emotionally** with follow ups to reassure that they will be fine.
- Mitigate any **relapses** if necessary.



The way forward

- **Learners** and **parents** must be informed in time when entering phase 4 before transitioning takes place (emotional dependency).
- Keep in touch with **class teacher** about transitioning to determine learner's well-being.
- Make sure all **details** include problematic areas, intervention period, medical reports, concession etc. are covered in the learner's profile.

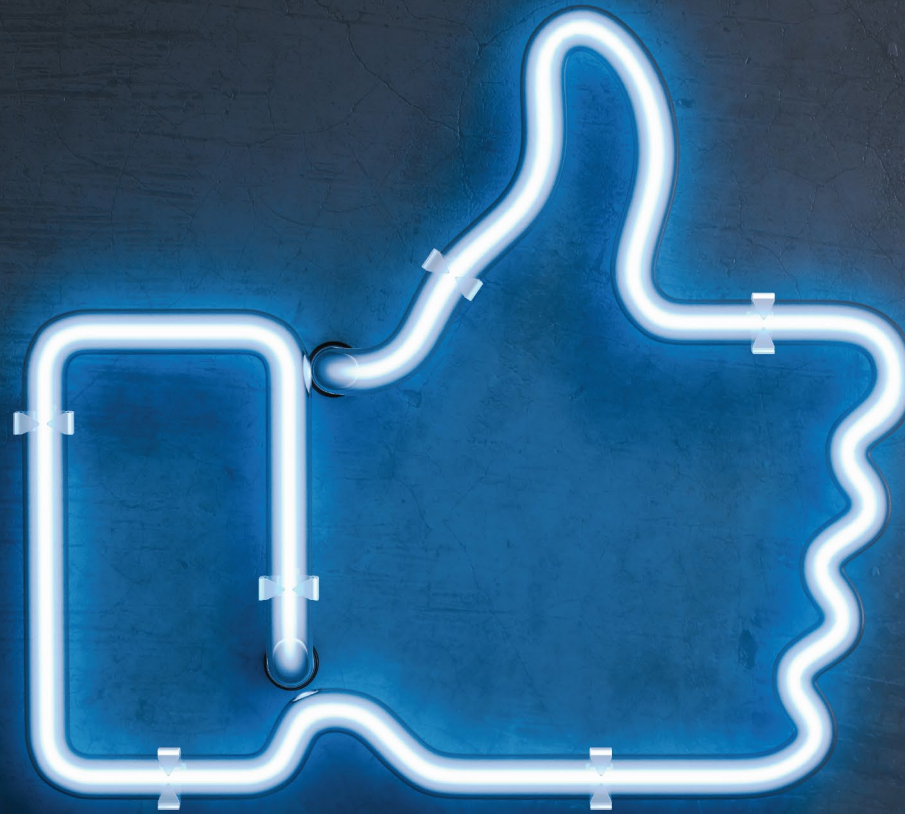




Thank you! 

"What a teacher writes
on the blackboard of life
can never be erased."

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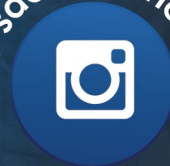
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