Screening and Identification of Learning Needs

Module

4



A manual for teacher trainers

Prepared for:

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The Norwegian Association of Disabled

Developed by:

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NAD – The Norwegian Association of Disabled



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Introduction

The overall aim of this module is to support teachers to move away from a 'special needs' approach to identifying learners' learning needs, and towards an approach which focuses on identifying barriers impacting learning and development: i.e., moving from a 'medical' model methodology towards a 'social' model approach. It looks at the theoretical basis for this change in thinking, and provides trainees with opportunities to explore the practical ways in which a 'barriers to learning' approach can be implemented when identifying and addressing learning needs.

This module also emphasises the central role that teachers play in identifying these barriers and activating support. The support offered is not only meant to assist the learner in achieving their learning goals, but also to spur on the development of an inclusive education system – a system where all stakeholders involved collaborate constructively.

Teachers will have varied degrees of practical experience in relation to working with a diverse range of learners. While some will feel confident about discussing the topic of screening, identification, referral and assessment of learners' needs, many more will feel nervous or reluctant to actively screen children and identify their learning needs.

It is assumed that teachers will have already taken part in some inclusive education training and have a clear understanding of the theory and concepts of inclusive education (see **Module 1**), the roles of school inclusion teams (SITs – see **Module 2**) and how to locate and identify out-of-school children (OOSC – see **Module 3**). If teachers have not received this grounding, then they may not be ready to join in this training module.

Note that more detailed information is contained in the module on **Including Learners with Additional Needs**. This includes advice and guidance on identifying additional needs, how additional needs can exclude learners, and practical tips and ideas for teachers on removing barriers to learning for those with additional needs in the school and classroom environment. Some of this information is also included in this Module, **Resource 4.12**.

Duration of training

Trainers should adapt this training to suit the local context and the time available to them for training. Trainers may decide not to use all of the activities, or to shorten some activities if time is limited, or to expand activities if teachers need more support with understanding a particular topic. If all activities are used, without significant adaptation, shortening or lengthening, this module requires approximately 20 hours of training, requiring 3.5 to 4 days, depending on the preferred length of training days, number and length of breaks, and so on.

Session 4.1: Traditional versus inclusive approach to education

During the following sessions teachers will demonstrate an understanding of the rationale for moving away from the 'special needs' approach to screening, identifying and assessing learners' needs towards the use of a more holistic social model approach. This will enable them to uncover barriers to learning in the system, recognise their impact and appreciate the factors that promote learning, development and participation.

Main

Activity 4.1a: Reflecting on the past and present

 20 minutes

The trainer asks teachers to do the following activity in small groups, e.g., groups of four (4) or five (5):

- List which children are considered to have special educational needs (SEN).
- How were these children handled (dealt with) in the family, in your school and in the community?

The trainer then facilitates a brief plenary discussion around their answers. Teachers' feedback can be used by the trainer to emphasise the following:

Learners with 'special needs' were traditionally defined as learners with disabilities or with learning difficulties. At the Salamanca conference (1994), the definition was broadened to include **all** learners, who for a variety of reasons were not fully benefiting from being in school. The wider definition of 'special needs' is more in line with inclusive education and includes learners who are:

- currently in school but who are not achieving satisfactorily,
- excluded from the education system because the support available at the schools is deemed inappropriate,
- not being taught in their mother tongue,
- refugees, asylum-seekers or from migrant populations,
- victims of trauma, war or abuse,

- impaired either sensory, physically (motor impairment) or intellectually,
- gifted and talented children.

The teachers' responses on how learners with SEN are being handled might touch on issues such as: how they are side-lined and/or frowned upon by peers and the teacher; or the current process of accessing specialised support. The trainer should aim to convey the following points:

- There is a difference between the 'traditional' approach and the 'inclusive' approach to screening and identifying learners who require additional support. This can be seen in the traditional use of medical personnel to prescribe placements or interventions. This is gradually changing towards a process where such professionals with special educational knowledge and skills support teachers and other stakeholders to make these decisions, rather than dictating the decisions directly.
- Knowledge and expertise of medical specialists are of crucial importance. A change in the use of that knowledge and expertise is good for the medical specialists themselves, as well as for teachers, parents/guardians/care-givers and, most of all, children.
- In the past, children who were regarded as 'normal' went to mainstream, regular schools, while those who were considered to be 'special needs' children were sent to special schools or unit classes. Where a child would be placed depended on how they performed in an assessment. The assessment was usually carried out by a psychologist, doctor, therapist or a multi-disciplinary team. The child would be classified into different categories, such as 'mild, moderately to severely and profoundly intellectually impaired', 'hearing impaired', 'visually impaired', 'Attention Deficit Hyperactivity Disorder (ADHD)', etc. These labels would determine a child's placement into a special education facility deemed appropriate.

Notes

Activity 4.1b: Case study analysis

Main

30–45 minutes

Teachers should read the case study of Patrick in **Resource 4.1**, and in small groups discuss the questions that follow.

Resource 4.1 **Patrick's story**

Note: This case study is offered as a starting point for trainers. However, trainers are encouraged to adapt the case study to suit their specific context and teachers, or to use real-life case stories from their own experiences. For instance, trainers may wish to focus the story on learners from a specific ethnic group, if that is a particularly relevant issue for the teachers they are training.

A feedback session should be facilitated. The trainer can highlight (if teachers do not) that the rigid education system and procedures violated Patrick's human rights.

Notes

Activity 4.1c: Labelling

Main

20 minutes

Name-calling or labelling of children often happens in schools and the community. It is not always meant to be hurtful and sometimes it is done with good intentions. For instance, a teacher can decide that a group of children are slow learners and label the group as 'tortoises'. The tortoise name can stick to those children for years, even into adulthood.

There are many people who still recollect with anger and sadness the harm that a name or label caused them during their school years. So often children are labelled as 'naughty', 'untidy', 'trouble-maker', etc, and they carry that label throughout their school years and very often live up to it.

These names/labels are often given to children on the spur of the moment, without realising the consequences such a name may have on the child.

The trainer should stress the dangers of labelling and also refer to Patrick's story. She/he should ask the teachers in pairs to discuss the following questions:

- How useful is labelling?
- Does a label tell you how to change your teaching style or materials to support the child's learning?

After 5 minutes the pairs can share their thoughts with other members of their small group.

During the plenary session volunteers can offer their thoughts from their groups, which can be recorded on flipcharts, blackboards or whiteboards.

Notes

Activity 4.1d: Personal experiences of labelling

Extra

20 minutes

Teachers are asked to discuss in small groups:

- What are your personal experiences of ‘names’ or ‘labels’ that were used during your school days?
- How did this affect you or your friends?
- Do you think these labels led to discrimination against you or others in your class?
- Was the label a fair description of you and how did it make you feel?

They then need to brainstorm their immediate thoughts when they hear a person being described as ‘mentally retarded’ or ‘bi-polar’?

The trainer can invite volunteers to share their thoughts in plenary.

Notes

Session 4.2: The inclusive principles underpinning screening, identification and assessment

Activity 4.2a: Checking understanding of medical and social models

Main

15-20 minutes

The trainer gives every group a set of jumbled cards with statements of principles that describe either medical model or social model thinking. (The cards are cut from **Resource 4.2** and put into envelopes.) The groups need to sort the cards under the headings of medical model and social model. When the groups have completed the task, the trainer moves around the groups to check their answers and then facilitates a plenary discussion to check the accuracy of their answers and to challenge any misunderstandings.

Resource 4.2 **Medical model and social model card game**

Linking the discussion to how the medical and social models of disability influenced education will be a key part of this discussion/presentation. The details in **Resource 4.3** provides information for the trainer.

Resource 4.3 **Medical and social models; and labelling**

The trainer should further highlight how inclusive education will improve the quality of education and ensure Education for All. She/he should stress the important role that teachers and parents/guardians/care-givers play, particularly in settings where resources are limited.

Activity 4.2b: Identification practices – which are discriminatory?

Main

15-20 minutes or more

The trainer asks teachers to work on their own. They should review the table of five examples of identifying learning needs (**Resource 4.4**) and rate them as one of the following three practices:

1 – Discriminatory

2 – Could be discriminatory

3 – Not discriminatory

Resource 4.4 **Identification practices – are they discriminatory?**

They should then discuss their ideas in their groups and agree on a group answer.
Note to facilitator: the discussion may be lively. The table below provides the probable answers.

Identification practices	**1, 2, or 3?**
1. A teacher gives a task to the whole class, e.g., a mathematics test. All learners who score less than 50% are identified as weak at mathematics and must stay after school for extra lessons.	**2**
2. A mother takes her baby for his regular check-up and vaccinations. She is informed that he is a slow developer, but no information is given on how or where to find help.	**1**
3. Learners who have been diagnosed with special needs by a psychologist or a doctor are referred to a special school or a special care centre.	**1**
4. Psychologists use standardised tests to assess learners who cannot talk or whose mother tongue is not that of the tester. They score low, and only what they cannot do is noted.	**1**

5. Learners identified as having complicated support needs (e.g., needing Braille) are not accepted in ordinary schools because the schools cannot give the necessary support or learning material.	**1**

Teachers are then asked to share their ratings with the whole group, agree on the rating (this can take time), and discuss ways in which identification practices can be improved to be less discriminatory (i.e., more inclusive) and more useful for promoting learning and development in the child.

The trainer should now focus on example 2, relating to early identification and intervention during a baby's regular check-ups. The following key points need to be highlighted:

- The diagnoses are made by professionals, but parents/guardians/care-givers often suspect that something is not right. When a child is not developing according to expectations, it is important to look for reasons for the delay. Often professionals are needed to identify these. They are able to diagnose the causes (e.g. cerebral palsy, Down's syndrome, epilepsy) and give advice. These diagnoses can help parents/guardians/care-givers, teachers and other significant people to understand the child better.
- However, it is only helpful if the diagnosis is explained in an understandable manner and if advice on treatment and/or stimulation programmes are given. This information can support the child's progress and help to prevent the development of further problems. For example, learners with cerebral palsy have to do exercises every day to prevent further physical problems such as deteriorating muscle-function. A child with cerebral palsy assessed during a time when she/he exercised regularly may be classified as having a moderate problem with mobility, but may deteriorate to a severe problem after two months without any exercise
- Some diagnoses might lead to discriminatory practices. For instance, a teacher who learns that a particular child has Fragile X syndrome and is intellectually disabled may stop giving him extra lessons because "he cannot learn". How can we use diagnoses in a way that they serve the best interest of the child?
- All role players need a great deal of explanation and mentoring to fully understand diagnoses of disabilities or other conditions. A diagnosis can help us understand a child better and explain some of the difficulties parents/guardians/care-givers and teachers may possibly experience when working with the child. However, the child should always be seen as an

individual influenced by her/his context. No two children with the same diagnosis are alike.

- Every child, regardless of the disability, has their own strengths and challenges. More importantly, every child has the potential to learn and needs to be supported in order to develop to their fullest. No diagnosis should ever put a limit on the child's developmental potential. Within a group of children diagnosed with the same type of impairment, you will find children who are more seriously affected in their functioning, and others who are high functioning and able to overcome many of the barriers experienced as a result of their impairments.

The trainer should provide examples of people she/he knows to illustrate this point and invite teachers to share examples. Note that in the module on **Including Learners with Additional Needs** there is supplementary information on specific impairments, including advice and guidance on the different ways individuals may experience impairments and the effect this may have on learning.

The trainer should then direct the discussion towards inclusive principles and highlight the following:

In summary, inclusive education is about:

- acknowledging that all learners can learn and that all learners need support at one time or another,
- enabling education structures, systems and learning methodologies to the diverse needs of all learners,
- recognising and responding to differences in learners, whether due to age, gender, ethnicity, language, social class, disability or chronic disease,
- acknowledging that education does not just happen in school but also in non-formal and informal settings such as in the home, in the community or on the playground,
- changing attitudes, culture, teaching practice, curriculum and the physical environment to meet the unique needs of every learner, and
- optimising the participation of all learners by identifying and minimising barriers to learning.

Session 4.3: Learning and development needs

Activity 4.3a: Conditions for learning and development

Main

30 minutes

The trainer asks every group to brainstorm:

- What are the optimal conditions that promote learning and development?

Each group is invited to share their ideas. The trainer may also refer to the list below to supplement the suggestions offered:

Conditions that optimise learning and development:

- laws and policies that assure the human right and dignity of all learners,
- appropriate support provided for learners, families and professionals,
- flexible curriculum,
- reasonable socio-economic circumstances,
- an inclusive education system, and
- strong social support services.

The trainer should also make the teachers aware of the following research, which could help them with their discussion:

In a 20-year longitudinal study of individuals with learning disabilities at the Frostig Center, Pasadena, USA, the following were identified as predictors of success in people:[1]

[1] Goldberg, R. J., Higgins, E. L., Raskind, M. H. and Herman, K. L. (2003), Predictors of Success in Individuals with Learning Disabilities: A Qualitative Analysis of a 20-Year Longitudinal Study. Learning Disabilities Research & Practice, 18:222–236. doi/10.1111/1540-5826.00077/abstract

- self-awareness,
- pro-activity,
- perseverance,
- appropriate goal setting,
- effective use of support systems, and
- emotional stability/ emotional coping strategies.

Notes

Session 4.4: Learning styles and multiple intelligences

Activity 4.4a: Reminder of learning styles

Main

10-20 minutes

The trainer should provide a brief reminder to teachers about the main three learning styles – auditory, visual and tactile. The trainer can offer examples of how she/he learns best and ask the teachers to recap their preferred learning style to stimulate discussion. (This was originally undertaken in **Activity 1.2a, Module 1**.) Do their styles fall into the broad category of auditory, visual or tactile? Is there a predominant preferred style in the group, or is there a real mixture of preferred learning styles?

The trainer may find the notes in **Resource 4.5** useful during this discussion, particularly if teachers need more information about learning styles.

Resource 4.5 **Learning styles**

Notes

Activity 4.4b: Multiple intelligences

Main

30 minutes

The trainer should introduce teachers to Howard Gardner's theory of multiple intelligences by asking them to read **Resource 4.6**; highlight the link to inclusive education and respect for diversity. It is better to consider a child's multiple intelligences rather than a psychometric IQ score. IQ tests have a strong language and cultural bias – they do not suit everyone.

Resource 4.6 **Multiple intelligences**

If possible, the trainer should give examples of successful people who were considered to have a low IQ or who fared poorly in school – choosing examples the teachers will know. A well-known international figure who was 'written off' at school is Richard Branson, who set up the Virgin business empire.

A number of factors on the day that a person takes an IQ test could affect a child's performance, like in the case study of Patrick (**Resource 4.1**). The trainer may invite teachers to look again at Patrick's story to see what affected him on his assessment day.

Notes

Activity 4.4c: An example of assessing learning styles

Main

25-30 minutes

The trainer gives every teacher the Paragon Learning Style Inventory Questionnaire (**Resource 4.7**). They need to answer all 48 questions on their own by indicating whether statement 'a' or 'b' most accurately describes them/their view.

Resource 4.7 **Paragon Educational Consulting**

They should record their answers on the score sheet (**Resource 4.8**).

Resource 4.8 **Paragon score sheet**

The teachers can count up the scores as instructed in **Resource 4.8** and identify their combination. **Resource 4.9** is the results interpretation sheet – teachers can be given this to read once they have calculated their scores.

Resource 4.9 **Learning characteristics of each of the 16 learning styles**

Teachers can then be asked to volunteer to share their results in plenary.

Notes

Session 4.5: Barriers to learning

Activity 4.5a: Key information

Main

10 minutes

The trainer should introduce the concept of barriers to learning as factors that can get in the way of learning and development and which should be minimised (wherever possible). Previously, people thought mostly about factors within the child. This meant that their physical, mental, sensory, neurological or psychological impairments were the primary focus, and their contexts were ignored.

Notes

Activity 4.5b: Factors that affect learning and development

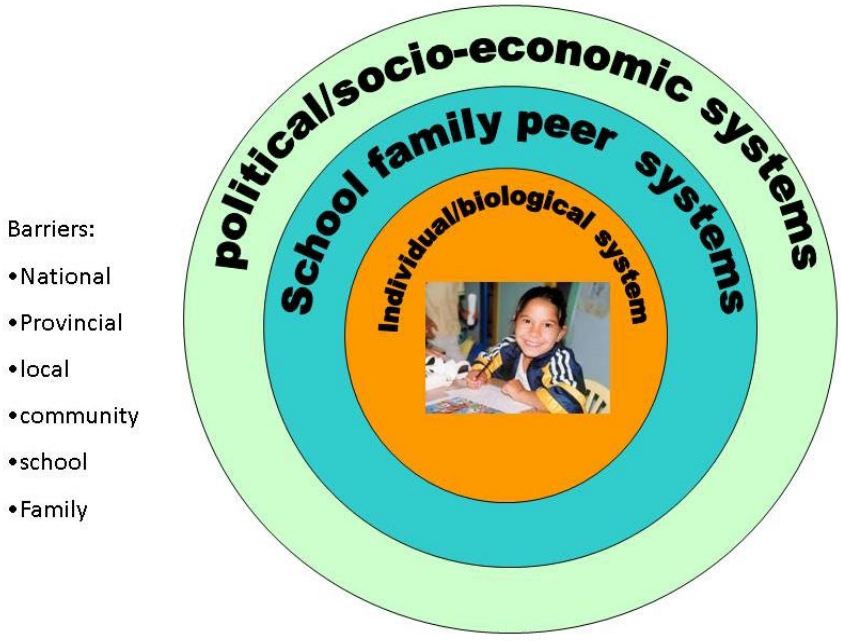
Main

20 minutes

In order to get a holistic account of what can affect development and learning, the home and community circumstances, conditions in the class and the school and political situation need to be considered.

The trainer can ask the teachers to think of factors in their own learning and development which caused barriers to learning (prevented them from achieving). Volunteers can share answers with the group.

The following diagram shows that barriers to learning can be at the individual/biological level, the school/family/peer level, and at the political/socio-economic level. We need to identify and address barriers at all these levels if we are going to support learners to participate and achieve in education. Traditionally, interventions only focused on the learner's physical, mental, sensory, neurological or psychological situation and ignored what was happening beyond this individual level.



[Image description: The diagram shows 3 circles inside one another. The smallest centre circle is labelled individual/biological system with a picture of a girl. The circle around this is labelled school-family-peers systems, and largest circle is the political/socio-economic systems.]

Activity 4.5c: Who is facing which barriers?

Main

30 minutes

The trainer should prepare **Resource 4.10** before the activity, cutting up the resource into case studies and the table (as illustrated in **Resource 4.10**). The trainer firstly gives each group the case studies and asks them to discuss each scenario. The groups have to identify the barriers to learning in each allocated scenario.



Group discussion in Zambia

[Image description: Three women are sitting around a table talking and looking at documents.]

Resource 4.10 **Barriers to learning scenarios**

The trainer should then give out the table from **Resource 4.10** and ask the groups to write each child's name next to the correct list of barriers in the table. (The table below provides the answers for the trainer.)

Note: The trainer is encouraged to change the names of the learners to suit their local context, if required.

Child's name	Possible barriers to learning and development
Evans	Physical impairment Teacher and head-teacher attitude Lack of inclusive education policy in school Inaccessible infrastructure
Dorcas	No early childhood development services Poor fine-motor skills Insufficient support from family on education Insufficient support and training to teacher Lack of human resources
David	Learning difficulties Language Different standards in rural and city school Poverty and addiction in family Poor socio-economic circumstances in the area Community prejudice
Thandi	Hearing problem Poor healthcare in the community Teacher attitude Parents lack information and skills Low muscle-tone School ethos and culture negative, discriminatory

The trainer should then check that the groups have the correct names next to the possible barriers.

She/he should draw the teachers' attention to how all the learners in the scenarios had challenges participating and hence faced barriers to learning. Remind them that assessment for learning always starts with participation.

Notes

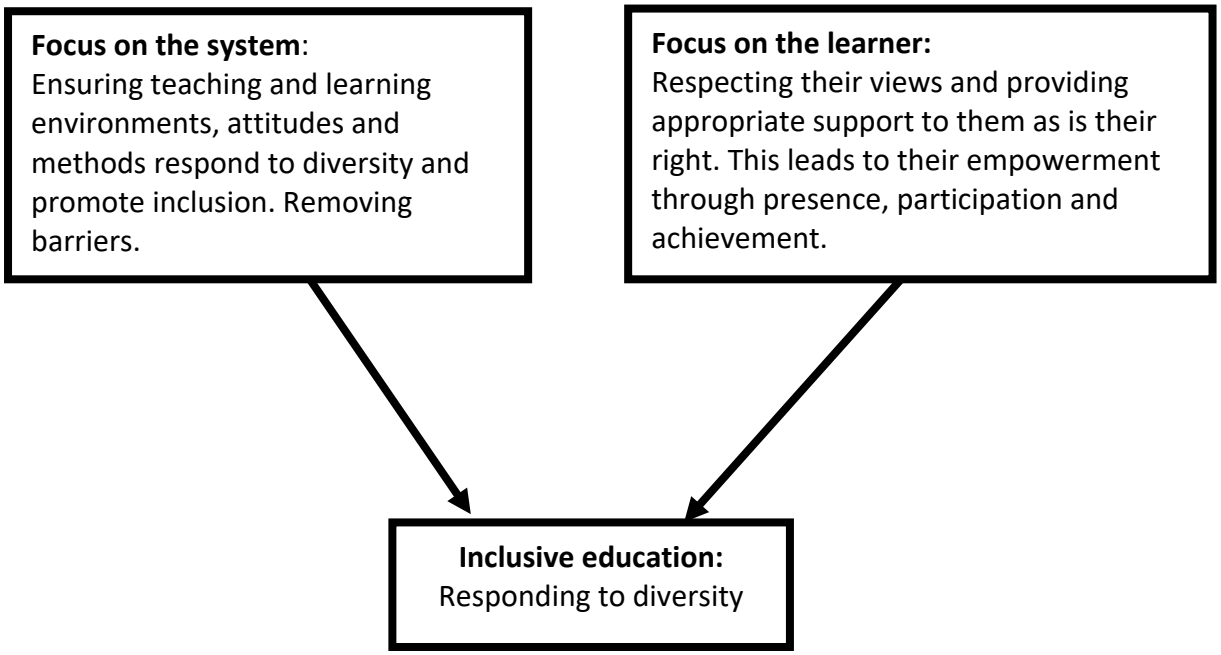
Main

Activity 4.5d: The twin-track approach

10 minutes

Inclusive education focuses on changing the system, not on changing the child. But a focus on system-level change does not mean we should ignore the **specific** learning needs of **individual** children. We need to tackle education exclusion from two sides – by promoting systemic change **and** by giving specific support to individual children's learning needs.

This is the **twin-track approach**:



The trainer gives out **Resource 4.11** and reminds the teachers that they should always consider both 'tracks' of inclusion – changing the system and society to make them more inclusive but also providing appropriate support to specific individual learners when needed. This is the twin-track approach to inclusion.

Resource 4.11 **The twin-track approach**

Session 4.6: Impairments and illnesses impacting on learning

Activity 4.6a: Causes of disability or impairment

Main

30 minutes

It is important that teachers understand the difference between impairment and disability.

- An **impairment** is a physical, sensory or intellectual limitation or loss of function. For instance, a person has a visual impairment if they cannot see very well.
- **Disability** means something different. When a person with an impairment faces physical barriers in the environment, or other barriers such as negative attitudes or policies, then they are disabled by those barriers. An impairment would not automatically disable a person if the world they lived in was fully accessible to them, and everyone had positive, supportive attitudes.

In this activity the causes of disabilities or impairments are explored. The trainer should ask each group to list the causes of disabilities or impairments that they know about, that can happen before birth, during birth or during the first few years of life. They should also brainstorm how these can be prevented.

The following table offers some ideas for the trainer:

Causes of impairment

Before birth	During birth	During first few years
• Mother's poor diet • Illness of mother, e.g., Rubella • Hereditary diseases, e.g., muscular dystrophy • Lack of pre-natal care • Alcoholism or drug abuse • Smoking	• Lack of oxygen • Intracranial bleeding • Sexually transmitted diseases	• Infectious diseases e.g., measles, meningitis • Accidents, e.g., burning • High temperatures • Non-stimulating environment

The trainer should point out that:

- many of the causes of impairment can be traced back to poor living conditions and lack of adequate services,
- the child's ecosystem can already have an impact on the child's development before birth and in the early years,
- the list justifies the need to identify and address barriers to learning and development at an early age before these barriers worsen, e.g. being undernourished can cause intellectual impairments, and
- co-operation between the Ministry of Health, the Ministry of Labour, the Ministry of Community Development and Social Services, and the Ministry of General Education is necessary to address these barriers.

Notes

Activity 4.6b: A closer look at impairments: Finding solutions

Main

30 minutes

Teachers should review the table of impairments (shown in **Resource 4.12**). They can then discuss if there are any learners in their classes that they recognise as having some of these challenges. Their suggestions are recorded on a flip chart, blackboard or whiteboard.

Resource 4.12 **Impairments and learning**

In their groups, the teachers should choose one of the learners identified. They should discuss what could easily be done to address the barrier, to help the learner participate more effectively and overcome the barrier he/she is experiencing.

Notes

Session 4.7: Roles and responsibilities

At the end of this session teachers will know the role they and others play in screening, identification, referral and assessment.

Main

Activity 4.7a: Roles and responsibilities; who is involved?

30-40 minutes

The trainer should invite teachers to brainstorm a list of the role players currently involved in screening (looking), identification, referral, and assessment processes (to the best of teachers' knowledge).

The trainer can then write each of the role players' titles on a separate sheet of flipchart paper. Each sheet should be put on a table or mounted on the wall.

In their groups, teachers should then write down the roles and responsibilities for each of these role players in the screening, identification, referral and assessment process. Each small group of teachers is given two (2) minutes to note their suggestions on one sheet of paper, before moving to the next sheet (or the sheets can be passed around the tables, if space is limited). No ideas should be repeated.

Possible role players might include:

- teacher,
- parent/guardian/care-giver,
- child,
- head teacher,
- parent-teacher association,
- school inclusion team,
- teacher support team,[2]

[2] This could include the School Education Support Team (SEST), the Zonal Education Support Team (ZEST), the School Education Management Committee (SEMC), the Zonal Education Management Committee (ZEMC), the School In-service Coordinator (SIC) and the Zonal In-service Coordinator (ZIC).

- district/local government representative,[3]
- special schools,
- health professionals, e.g., paediatrician, psychologist, speech therapist, etc.,
- community structures, social workers, Community Welfare Assistant Committees (CWAC), etc., and
- early childhood development (ECD) practitioners.

The following table offers ideas for the trainer if the teachers need any guidance or suggestions.

Role player	**Role and responsibility**
Teacher	Screen, observe child, be reflective, activate other role players, engage parents/guardians/care-givers and child, identify strengths and barriers to learning.
Parents/guardians/care-givers	Provide information on birth, medical and development history, home circumstances, child's strength, interests, abilities, fears and challenges. Advise on useful strategies to handle child.
Child	Explain their experiences and feelings, provide ideas for improvements.
Head teacher	Inform on school development plan, policies, ethos and culture, human resource needs. Link with school district and other key role players.
Parent-teacher association	Evaluate effect of school culture, ethos and policies. Inform on socio-economic status and other challenges of parents/guardians/care-givers within the school community.
School inclusion team	Evaluate effect of school culture, ethos and policies. Inform on socio-economic status and other challenges of school communities and problem-solve around barriers to presence, participation and achievement
Teacher support team	Problem-solve around barriers to learning, review current teaching and learning practices, advise

[3] This could include the District Education Support Team (DEST), the Provincial Education Support Team (PEST), the District Education Management Committee (DEMC), the Provincial Education Management Committee (PEMC), the District Resource Centre Coordinator (DRCC) and the Provincial Resource Centre Coordinator (PRCC).

Role player	Role and responsibility
	teachers.
District and province	Advise on next steps, coordinate support with different pillars within the district e.g., curriculum experts, school management and development, inclusive education/special education needs department and departments responsible for physical infrastructure and material resources. Link with community service providers.
Special schools	Provide advice, detailed assessments and support from speech-therapists, audiologists, physiotherapists, occupational therapists, psychologists, educational psychologists and other health professionals. Perhaps provide capacity-building on screening and identification of learners.
Health professionals	Do detailed assessments. Advise on screening and identification. Provide capacity-building and additional human resources.
Community structures	Inform about situation of family and greater community. Link with existing service providers such as social workers.
ECD practitioners	Assist with early identification and intervention. Give information on learning and development, successful strategies.

A plenary discussion can be used to sum up the answers that groups have given. The trainer should emphasise that:

- screening, identification, referral and assessment is a collaborative process,
- screening and identification must happen as early as possible,
- referral must happen closely afterwards,
- barriers in the school in terms of policy, culture and practices must be reviewed,
- self-reflection on one's own attitudes and practices is needed,
- continuous improvement of the quality of education must be foremost in the minds of role players,
- valuable information can be obtained from parents/guardians/care-givers and the children themselves, and

- co-opting support and consulting with knowledgeable people are crucial.

Notes

Activity 4.7b: Working together

Main

60 minutes

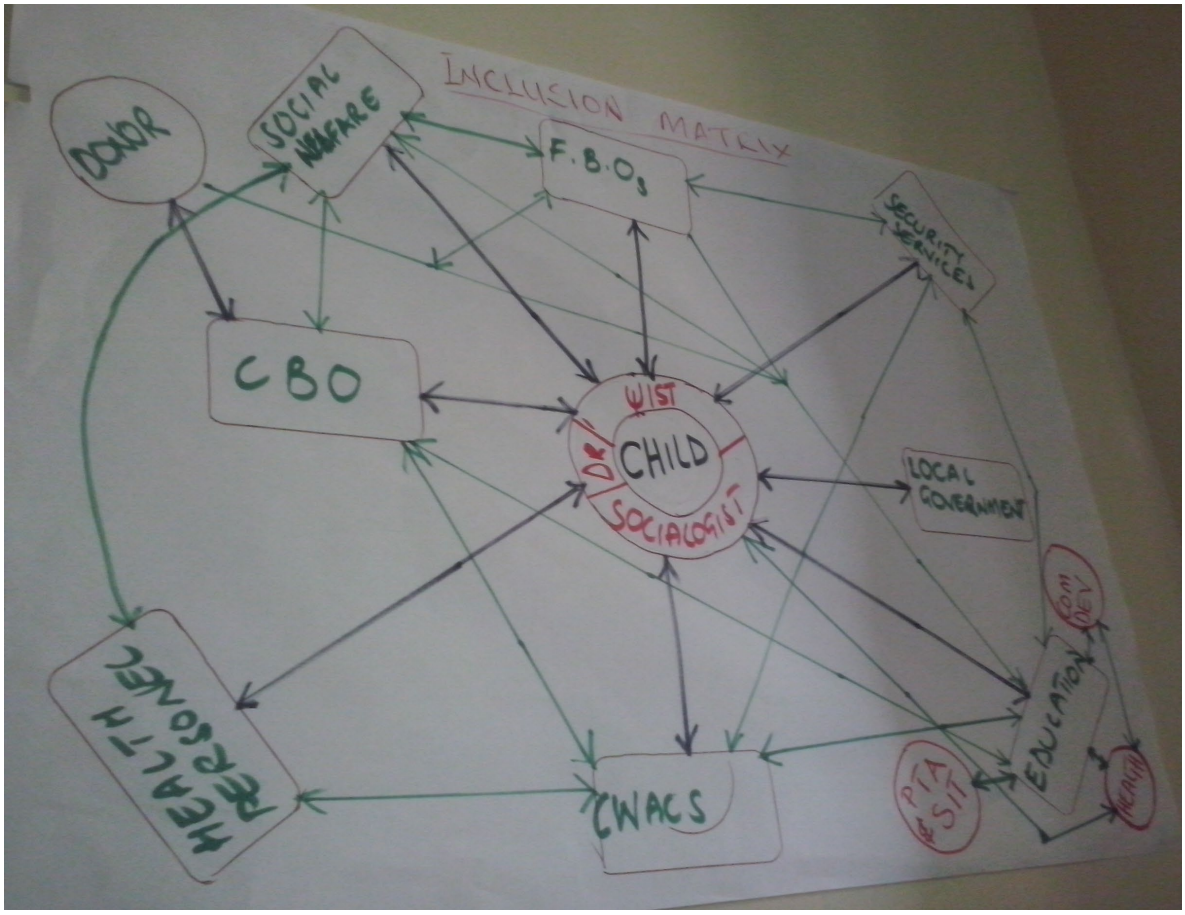
In small groups, teachers should develop a large diagram, e.g., using flipchart paper, illustrating how they think all the role players should work together to ensure that specific learners receive the support required and that the school's capacity is improved. They should use the twin-track approach to ensure they think both about the systemic barriers to inclusion and individual learner's needs.

Each diagram can then be presented in plenary. The trainer should guide the discussion so as to help unravel the strengths and weaknesses of the current system. She/he should keep detailed notes of the suggestions made.



A group in Zambia creating a role player diagram

[Image description: Three women and two men are around a table. One man is writing on a large piece of paper on the table. The paper contains a mind map diagram including the words 'child', 'referral' and 'assessment'. Other words are not clearly visible.]



Example of a role player diagram, Zambia

[Image description: A mind-map diagram with circles and squares connected by lines, showing the different people who have a role in supporting a child's inclusion, e.g. 'health personnel', 'social welfare'.]

Notes

Session 4.8: Collecting and organising information

At the end of this session teachers will know the role they and others play in screening, identification, referral and assessment.

Activity 4.8a: Collecting and organising information – an introduction

Main

30 minutes

The trainer should stress the importance of not making assumptions, and remind teachers of the scenarios they discussed earlier. Before deciding what is 'wrong' with the child, they need to gather more information since assumptions could lead to the wrong solutions being proposed, which will not help the child. For example, in **Resource 4.10** Thandi's teacher assumed that the girl was naughty and disobedient, but in fact she probably could not hear the instructions the teacher was giving.

The trainer should emphasise that besides careful observation and reflection, the learner and the parents/guardians/care-givers can be important sources of information. This session introduces a number of tools that can help to organise the information gathered through observation, interviews, self-assessments, tasks and consultation.

Three tools will be featured:

- Word Picture – teacher's observations of the child.
- Ecosystem analysis – e.g. the family situation, peers, friendship groups, neighbourhood/community, culture, etc.
- Learning styles and multiple intelligence self-assessment – the learners can also voice their own learning and support needs.

In their groups, the trainer asks the teachers to discuss how screening and identification is undertaken in Zambia and to name some methods of gathering information about a learner. The brainstorm is recorded on flipchart paper. The box below provides some ideas for the trainer, in case teachers struggle to find any suggestions.

Methods of collecting information

- detailed observations;
- on-going teacher reflection;
- parent/guardian/care-giver interview;
- child interviews;
- home visits.

Feedback in plenary session.

Notes

Session 4.9: Reflection on a child's performance using the 'Word Picture' tool

Activity 4.9a: Introducing the 'Word Picture' tool

Main

10 minutes

The trainer should introduce the 'Word Picture' [4] – a simple tool used to create a holistic picture of a specific child who is under-achieving. **Resource 4.13** contains details that the trainer will find useful.

Resource 4.13 **Word picture**

Notes

[4] Devised by Ekin Kench from Cape Mental Health, South Africa.

Activity 4.9b: Case study analysis

Main

40 minutes

The trainer asks teachers to read the case study in **Resource 4.14** and then work in small groups to do the tasks that follow. Trainers may wish to change the name of the child to suit their context.

Resource 4.14 **Word picture case study**

A plenary feedback session and discussion can be facilitated when the groups have completed their tasks.

Notes

Activity 4.9c: Conducting interviews

Main

20 minutes

The trainer should present some initial information about interviewing:

- Interviews are a useful tool for gathering information.
- How the interview is conducted will affect the formation of the relationship **and** the quality of the relationship later on.
- The objective is to create a constructive working relationship from the outset. This can be done by being;
  - respectful of the person's culture and language preference, regardless of their position in life,
  - positive, polite and relaxed,
  - genuinely empathetic to their challenges,
  - a good active listener and reflective,
  - prepared with questions for the interviewee(s) and with responses to difficult questions,
  - respectful of confidentiality rules.
- The interviewee must be assured that information will remain confidential and will only be shared with professionals on the intervention team.
- The general principle is to talk less and listen more.

In plenary, the trainer facilitates a brainstorm of **dos and don'ts** for interviewing. This will be used as a checklist when critiquing the role-play activity that follows.

Notes

Activity 4.9d: Interview role-plays

Main

120 minutes

Each group is asked to perform two role-plays: a poorly conducted interview and then a 'good' interview between a teacher and the relevant person(s) listed below. The role-plays of each group must be no longer than 5 minutes in total.

- Group 1: Parents/guardians/care-givers interview at a school;
- Group 2: Parents/guardians/care-givers interview at a home visit;
- Group 3: Interview with a child;
- Group 4: Consultation with a therapist, psychologist, social worker or other worker.

It is important that all teachers make notes of dos and don'ts after each role-play.



Teachers in Zambia role playing a good interview

[Image description: A female interviewer sits on a chair on the right of the image. Two women and two men (role playing a family) sit facing her; they seem to be referring to a document that they are holding. They all look relaxed and engaged.]



Teachers in Zambia role playing a bad interview

[Image description: A male interviewer is standing on the left of the image. He is using a mobile phone and has his back to three people (two women and a man) who are role playing a family. They are looking at him and appear bored.]

Once all the role-plays have been completed, each small group should use what they have witnessed, and their own previous experience of interviews, to develop lists of **dos and don'ts** when conducting:

- interviews with parents/guardians/care-givers,
- home visits,
- interviews with children,
- consultations with professionals/specialists.

The trainer should encourage teachers to be as practical as possible with their suggestions (e.g., be at eye level with the child by sitting on the floor or kneel down beside the child).

The lists can then be displayed on the wall and groups can move around to review them. Teachers should take notes of any **dos and don'ts** that they do not agree with. A plenary discussion can then be held to highlight any points that teachers or the trainer disagree with or want to add.

The trainer must ensure that the discussion stresses the importance of respectful and constructive communication.

Session 4.10: Ecosystem analysis

Ecosystem analysis is based on the Bronfenbrenner's Bio-ecological Systems theory. The ecosystem analysis requires that the positives and negatives within every system are discovered. In this way opportunities to build on existing good practices, as well as challenges that need to be addressed, will be revealed. The framework reviews the systems **closest** to the child that impact on learning and development, e.g., at school, in the classroom, in the family and in the community.

Activity 4.10a: Introducing ecosystem analysis

Main

10-15 minutes

The trainer introduces the ecosystem analysis – the notes in **Resource 4.15** will provide useful information for this presentation.

Resource 4.15 **Ecosystem analysis**

Notes

Activity 4.10b: Agree-disagree debate, using a case study

Main

40 minutes

Every teacher should receive a copy of David's case study (**Resource 4.16**). The trainer should ask them to think about the inclusivity of the school in relation to the support offered and received by learners, teachers and other professionals. They should then work in groups to discuss whether they agree or disagree with the statements at the end of the case study, **and why**, remembering to focus on both 'tracks' of the twin-track approach to inclusion.

Resource 4.16 **David's story**

The trainer may wish to change the names used in this case study to suit their own context. Trainers may also want to develop their own case studies to use during this activity.

Alternative activity

The agree-disagree game could be played as a way of debating the statements at the end of the case study, after everyone has had time to read the story. This may be particularly useful if the activity falls at a time when an energiser is needed (e.g., after a lunch break).

Teachers move to an open or more spacious area in the room and draw an imaginary line through half of the space. The right side of the room is marked as 'agree' and left side as 'disagree'. Teachers stand on the imaginary line while the trainer reads the statement, and then they move to either the 'agree' or 'disagree' side depending on their opinion. Teachers can be asked to explain their argument or state their reason for agreeing or disagreeing with the statement. After a teacher has made their argument, teachers on the opposing side can choose to defect to the other side if they are convinced or have changed their minds about the statement; or they can counter-argue.

The following table may help the trainer to facilitate the agree-disagree discussions:

Statements	Key points to highlight
The school is an inclusive school.	Inclusive education is not about having a lot of learners with different disabilities in one school or class, but rather about providing the appropriate support to ensure that learners develop to their optimal levels.
The learners at the school are receiving appropriate support.	There was unequal provision of support to learners in terms of assistive devices. Those with mobility challenges were favoured.
Diversity is accepted and celebrated at the school.	This is a strength of the school.
The teachers at the school are experts in inclusive education.	Question their ability to meet the diverse and intense support needs of the learners in the class.
The poor collaboration among staff is the doing of the head teacher.	Good, democratic leadership where every teachers' skills and opinions are valued is very important.
Ms. Gama is a bad teacher.	Support to teachers and the role of the municipal education office in this regard is very important.

The trainer can highlight that this case study activity has helped teachers to look at the positive and negative issues within the system that impact on David.

Notes

Activity 4.10c: Word picture and ecosystem analysis of a case study

Main

45 minutes

Active referral

The trainer should stress the importance of active referral. There is a common assumption that the responsibility for the child ends once they are referred to a specialist, but teachers are duty bearers and are responsible for teaching every child in their class. Ignoring a child or letting them carry on without any support is a violation of their rights. Following up on appointments or assessments with other professionals is also very important. Valuable information can be gained on how to promote the child's learning and development.

Every group receives a copy of Thandi's case study (**Resource 4.17**). The groups should read the case study carefully and then answer the questions that follow.

Resource 4.17 **Thandi's story**

The trainer may wish to change the names used in this case study to suit their own context. Trainers may also want to develop their own case studies to use during this activity.

One group should present their answers to question 1. Other teachers can then add their thoughts in relation to that question. When teachers have finished discussing this question another group presents their answer to the next question and so on, until all questions have been discussed.

Notes

Session 4.11: Recording information

Activity 4.11a: Experiences with recording information

Main

15-20 minutes

The trainer should highlight the **importance of recording information** about the learner, and then ask teachers to brainstorm:

- Why is the recording of information so crucial?

Teachers should then be asked:

- What do you dislike most about completing forms?

Common complaints include:

- It takes a long time.
- The same information is asked for several times in different ways.
- Forms are often bulky.

The trainer can stress the importance of streamlining forms, and discuss with teachers the pro's and con's of using multiple-choice forms, as opposed to forms that require information to be filled in.

A further question can then be asked:

- How could the form-filling process (for recording information about learners) be made less tedious?

The trainer should record ideas and then remind teachers that logging information on a regular basis is important, since learners progress and develop; and their circumstances may change.

Activity 4.11b: Education management information systems

Main

15 minutes

The trainer should present information about EMIS – Education Management Information Systems. **Resource 4.18** contains information on this topic, which teachers should be given to read. It is important that the trainer consults with the Ministry of General Education on the current state of and plans for EMIS in Zambia, and presents any information to the teachers.

Resource 4.18 **Data for Education Management Information Systems (EMIS**

Notes

Activity 4.11c: Creating information recording forms

Main

40 minutes

The trainer asks the teachers to work in small groups to list the information that needs to be noted on a form recording the support needs of every learner. They should:

- discuss and compare whether the existing form(s) they use reflect all the required information,
- develop a new form that incorporates their ideas for improvements (remembering to make the form as user-friendly as possible).

Note for the trainer
The trainer will need teachers to bring with them any existing forms that they use for recording information about learners.

Teachers will need to be notified of this request before the workshop starts. If teachers do not have any existing forms, the trainer may be able to bring one or more samples of existing forms from another school/area/country.

One group should be asked to present their form, and other groups can feed in, ask questions and make additions based on their own forms.

Notes

Session 4.12: Determining the nature of support

Activity 4.12a: Recap of important issues

Main

5-10 minutes

The trainer should remind teachers that the purpose of screening and identification is to determine the nature and depth of support needed from services providing support to learners, e.g., the Ministry of Health, the Ministry of Community Development and Social Services, and the Ministry of General Education. This entails finding out what interventions are needed in the classroom, in the family and in the community, and what additional resources/support are needed to ensure that learners participate meaningfully in the learning process and achieve to their potential.

States are obligated under the UN Convention on the Rights of Persons with Disabilities to create an inclusive education system. Every effort must therefore be made to improve the quality of education offered by the school. For this reason, the current capacity of the school (e.g. it has less than adequate support systems) should not be used to justify or excuse the exclusion of a learner; but should be seen as an issue to be addressed in the whole school improvement plan of that school.

Notes

Activity 4.12b: Key information

Main

10-15 minutes

Resource 4.19

Determining the nature of support

Give out **Resource 4.19.** Key points to be presented/discussed include:

- The factors that enable learners' active and meaningful participation in the learning process need to be thought through when deciding on the nature and intensity of support to be offered. These factors include;
  - ability of the learner in the various curriculum subjects,
  - appropriateness of the learning material,
  - degree of adjustment to the learning programme,
  - assistive devices required,
  - additional training needed by the teacher,
  - accessibility of the environment, and
  - family capacity, aspirations and motivation.
- By carefully considering these factors, organising the necessary support for the learner, parents/guardians/care-givers, teacher and school will be easier.
- It is important that we (as teachers and educators) consult with others, are positive, and think 'outside the box' when searching for viable solutions.
- Some ideas for tackling a problem might not show immediate results, but we should not give up too soon. For example, using a 'Brain Gym' or implementing physical exercise breaks throughout the school day will not show immediate results, but after a few weeks the class (particularly those learners with attention difficulties) will be more energised and focused.
- Through trial and error, interventions can be refined or adjusted to better address the problem.

Session 4.13: Organising support to the learner

Activity 4.13a: Key information

Main

15 minutes

Resource 4.20 **Organising support to the learner**

Give out **Resource 4.20**. The trainer should reiterate the critical role that teachers play throughout the investigation process. The teacher's assessments, far more than psychometric standardised tests, (e.g. numerical reasoning, verbal reasoning and diagrammatic reasoning tests) will be used to identify learning barriers, the potential of a learner to learn and direct interventions.

The interventions may vary. Some barriers can easily be addressed at school level. For example, the teacher can adjust his/her teaching approaches, differentiate the curriculum and make simple adjustments to the learning and teaching material. The teacher – through reflection, problem-solving and research – could do this on his/her own. If confident, the teacher could refer the learner for medical treatment, such as asking the parents/care-givers to have the learner's vision checked when suspecting that the learner is having difficulty seeing. **Careful recording and actively following up** would be sufficient to manage the case.

Alternatively, the teacher may call upon the help of a teacher support team or school inclusion team (SIT), or whatever may be available in the school/area. This team of people could make suggestions regarding referral and strategies to employ in the classroom, and follow-up on progress with the teacher.

The majority of learners achieve what is expected of them simply by the teacher using good teaching strategies. These teachers use a variety of teaching and assessment strategies and materials to teach learners who have different learning styles, different multiple intelligences and experience different barriers. Those learners who need additional support will benefit from an Individual Education Plan (IEP).

The District Education Board (DEB), or similar, is meant to provide guidance and support to schools. They can also be used to:

- make formal links with social services in the community,
- develop human resources,
- provide assistive devices, etc.

It will be important to identify the closest equivalent institution(s) in the Zambian system to provide the appropriate assistance.

Notes

Activity 4.13b: Teachers' case studies – organising support

Main

90 minutes

In this activity, teachers will practise some problem-solving in their groups. Each person **should think of one problem, concern or challenge** that they would like to address, regarding a learner they have in their school or know of in their community.

Each teacher should prioritise just one issue relating to this child (preferably the one that has the greatest impact on learning). They should think about the problem briefly and write it down in no more than two sentences. They then need to convert this issue into a **precise question**, which they will ask their team members for possible suggestions/advice. For example:

- "Thandi's hearing fluctuates because she has chronic ear infections and she also has a runny nose. The children tease her and she feels very isolated. What can I do to encourage others to play with her in an unforced way?"
- "Thandi's hearing fluctuates because she has chronic ear infections. She confuses similar sounding sounds like 'p' and 'b' and 't' and 'd'. What can I do to help her distinguish these sounds?"

The trainer may need to do a practice round to demonstrate this task with the whole group.

The consultancy circles then begin. The first person in the group shares their problem and question. The other group members can ask questions to probe more deeply into the problem, giving feedback on the challenge, suggesting solutions and useful contact people/organisations, and sharing their own experiences of dealing with similar situations. This should take about 10 minutes. Finally, the group identifies key lessons learned from this 'case study' and the advice given (5 minutes).

The next person in the group then shares her/his problem and the activity is repeated. Each person in the group should be given a chance to share their problem/question and seek advice.

This activity is known as appreciative enquiry or consultancy circles. The group members giving advice must be positive and solution-focused and not just offer sympathy.

When all groups have completed their consultancy circles, teachers can feed back in plenary their thoughts about the session, what they like/dislike about the activity, what they have learned, etc. Other teachers can then add their thoughts in relation to the issues raised.

Notes

Session 4.14: Organising support to schools

Activity 4.14a: Key information

Main

15-20 minutes

The trainer needs to present/discuss these key points:

- Strengthening existing support mechanisms is very important. Typical mechanisms of support include:
  - parent-teacher association,
  - school inclusion team (SIT),
  - School Education Management Committee (SEMC),
  - Zonal Education Management Committee (ZEMC),
  - School Education Support Team (SEST),
  - Zonal Education Support Team (ZEST),
  - School In-service Coordinator (SIC),
  - Zonal In-service Coordinator (ZIC),
  - District Education Support Team (DEST),
  - Provincial Education Support Team (PEST),
  - District Education Management Committee (DEMC),
  - Provincial Education Management Committee (PEMC),
  - District Resource Centre Coordinator (DRCC),
  - Provincial Resource Centre Coordinator (PRCC),
  - head teachers' forum for the district,
  - children's government,
  - former students' associations.

The trainer can facilitate a brainstorm with teachers to outline which of these (or other bodies) exist and are active within their context.

- All these mechanisms (where they exist) must take on the responsibility of promoting inclusive education. This can only happen if the individuals who make up these bodies:
  - are educated on laws and policies supporting inclusive education,
  - understand inclusive education in terms of whole-school improvement and promoting quality education,
  - recognise the benefits of inclusive education.
- Fortunately, much of what these bodies already do contributes to building an inclusive education system. However, they need to be urged to recognise this and see supporting learners with disabilities and/or SEN and learners from other marginalised groups as falling within their mandate. The tendency is to defer issues related to learners with disabilities to the department responsible for special education.
- Much capacity building needs to be done to ensure that inclusive education is taken on board by all stakeholders and seen as the principle underpinning all their work.

Notes

Activity 4.14b: The role played by support organisations/teams

Main

30 minutes

The trainer should refer to the list of organisations and teams that typically support a school (see **Activity 4.14a**) and ask the groups of teachers to choose two different organisations/teams/staff members which they will work on.

Each group should work out a convincing argument as to why each particular organisation/team/staff member needs to do certain task(s) to support schools with their inclusion challenges. Some of these are outlined in **Resource 4.21**. The trainer may wish to adapt this handout depending on the actual organisations/teams that are relevant to their context.

Resource 4.21 **The role of existing organisations / teams in supporting schools with inclusion challenges**

A plenary feedback session can be facilitated. Groups can share their arguments, and the other groups can comment on whether it is a convincing argument and/or how they could improve it.

Notes

Session 4.15: Consolidating screening and identification of learning needs

Activity 4.15a: Case study analysis

Main

30-45 minutes

Teachers should be given Evan's case study to read (**Resource 4.22**). In their groups they need to complete the tasks listed at the end of the case study.

Resource 4.22 **Evan's story**

After the groups have completed the task, the trainer should facilitate a plenary discussion to share and comment on each group's answers. Ideas should be captured on a flipchart/board. The trainer should highlight good responses and address any misunderstandings.

Notes

Action research tasks

The trainer should prepare teachers for the following action research tasks that they will need to complete with their SIT before returning for the next training of trainers' workshop.

Task 1

Teachers need to think carefully about the barriers that certain children in their school are experiencing.

With their SIT they should complete the table in **Resource 4.23** with this information for these learners before the next training session.

Resource 4.23 **Action research task**

The school staff, learners, parents/guardians/care-givers will know which children are experiencing barriers to their education in class. The parents/guardians/care-givers and other community members will also know about learners who have problems in the community or are out-of-school.

When they have completed this task they should reflect on the following question:

- What insights have you gained by doing this task?

Task 2

Teachers and the SIT should identify the learning needs of two of the learners from the list they compiled in Task 1. One should be a learner with intellectual disabilities.

During this task, teachers and the SIT will need to do the following, in relation to these selected learners:

- detailed observations,
- an analysis of the ecosystem that impacts on each learner's learning. This would entail doing further investigations including interviews with relevant people,

- determine the next steps,
- reflect on the usefulness of the process.

Task 3

In this task teachers and the SIT will map the resources available within and around their school community.

They need to identify individuals and organisations that serve the community or that have expertise related to education, health and other social services.

They should think of religious or community organisations that provide counselling or food to the needy; hospital departments (physiotherapy, occupational therapy, speech therapy, audiology); social-workers, etc.

It is important not to forget to include parents/guardians/care-givers, retired teachers and individuals within the education district office and the special schools in the vicinity.

Teachers and the SIT should draw up a directory of these useful contacts, stating:

- name of organisation/people,
- contact details (telephone, email, physical address), and
- support or expertise they can offer.

They should also find a way to categorise the information in a user-friendly way, and work out how they will share the information with their colleagues in their school (and neighbouring/zonal schools).

The completed table (**Resource 4.23**) and the case studies the teachers have created will be used during the next training: Module 5: 'Creating Individual Education Plans'.

Resources

Module

4

Resource 4.1: Patrick's story

Patrick is 20 years old and a twin. His twin sister, Sarah has always been a bright and lively girl. She excelled in academics and sports. She was very popular and enjoyed attention. Patrick was judged by many to be the complete opposite. He was timid and soft-spoken, and preferred his own company. He found it hard to adapt to new people and settings. He has no real difficulty with language, reasoning or doing physical activities.

The problems began in school. The noise and new people were extremely disturbing to Patrick. Children and teachers always remarked about him being a twin and compared him to his sister. Patrick rarely spoke in class and became unco-operative. This was his way of rebelling against the constant comment: "why can't you be like Sarah?"

In the second year of school he was well below the requirements for reading and mathematics. The teacher suggested to his parents that he be assessed by a psychologist.

Patrick was extremely anxious about going to the 'doctor' and barely slept the night before the assessment. The psychologist was a 'strange man' who asked silly questions. The 'pointing' game they played was boring and after five turns, Patrick refused to play.

Patrick was diagnosed as being 'mentally retarded' and was sent to school in another district. He felt sad and rejected by his parents.

Patrick found the school work uninteresting, but the teachers were nicer. The children at the school had some peculiar behaviours, so he preferred to play on his own. Patrick became more depressed and began eating excessively. He isolated himself from others. Watching football and motorcycle racing on TV was his only pleasure.

One day, Patrick found some magazines about motorcycling at a family friend's home. The man saw his interest and gave him a stack of old magazines. Patrick began reading them. It took him a while to get the hang of it, but the excitement about learning news about his heroes kept him motivated.

Patrick discovered that he could buy such motorbike magazines at a bookshop near his parents' grocers shop. He used all his pocket money to buy the latest

publications and even began teaching himself German and English, since the majority of motorcycling magazines came from abroad. His hunger to learn more about his favourite things improved his language, reading, writing and general knowledge among other skills.

At the age of 17, Patrick moved with his family to England. The English system required that he underwent another assessment before being placed in an appropriate school or protective workshop/care facility. The psychologist was a friendly woman who carefully explained the purpose and procedure of the test. Patrick scored in the average intelligence range. His parents were surprised by the results.

The psychologist, with Patrick's permission, explained to his parents how Patrick felt and what had happened. She added that if the teacher took the time to learn more about him, she would have discovered that he was a sensitive boy who had the ability to learn. He just needed more time to adapt to new people and situations; and plenty of time to practise a new skill. She added that if the teacher in the regular school had taught Patrick in a different way and used materials that captured his interests, he would have achieved and that he never belonged in a special school.

Unfortunately, things did not get much better for Patrick. All the colleges that taught motor mechanics would not admit him because he had not completed the required grades and his old school records stated that he was 'mentally retarded'. The many years of unhappiness had taken a toll on Patrick's physical and psychological health. At the age of 20 he is morbidly obese and has a lot of resentment.

This is based on a real-life story.

Questions

- What effect did being categorised and labelled have on Patrick's life?
- Identify some incidences and assumptions that contributed to Patrick's unfortunate experience?
- What could have been done differently to avoid this tragedy?

Resource 4.2: Medical model and social model card game

The principles of the medical model vs. the social model

[Note for trainer: cut out these cards, jumble them up and put into envelopes. Do not show teachers which category each card is in, until they have completed the activity!]

Medical model	Social model
Child is not normal	Child is valued
Diagnosis by specialists	Strengths and needs defined by child, teachers, parents/guardians/care-givers, medical professional and others
Labelling	Identify barriers in systems affecting development (e.g. socio-economic, school, within the child)
Impairment becomes focus of attention	Recognise child's abilities, strengths, weaknesses, interests and aspirations
Segregation and alternative services	Resources are made available as ordinary services

Professionals are territorial and superior	Parents/guardians/care-givers and professionals working together as equals in partnership and knowledge shared
Programmes or therapy imposed on child only	Develop solutions that ensure progress and success for all
Re-entry if normal enough or permanent exclusion from education	Diversity is welcomed; child is included and supported in regular class
Society remains unchanged	Society evolves

Resource 4.3: Medical and social models and labelling

1. Medical and social models influence on education

Historical perspectives

Beliefs, mainly negative, about disability have strongly influenced the education of learners with disabilities and/or SEN and still plague societies today. In many cultures, disability is associated with evil, witchcraft, demonic intervention or a curse from God for sinful behaviour. These medieval, tragic and dark portrayals of people with disabilities are reinforced by the media, biblical and cultural stories (Rieser, 2008).

The medical model of disability originated in the 18th century, when science and philosophy became prominent disciplines. The focus was on 'defectology', unravelling the scientific mysteries of disability, curing impairments and rehabilitating people. The ordinary human needs of the person to be loved and to form relationships with their families were put aside. The emphasis was put on their impairment or defect, so 'normalising' the 'defective' person became the key professional objective (Rieser, 2008).

Learners with disabilities and/or SEN would be removed from their families and placed in an institution where they would undergo treatment until they were assumed to be fit to function in society and released. Special education and special schools emerged, with medical professionals in authority and the views of the families and people with disabilities ignored. The medical model of disability was further popularised in the industrial era, when a person's worth was judged by their productivity.

The Eugenics Movement and Darwinism propagated that people with disabilities were a 'feeble-minded', lesser breed who should be weeded out to ensure racial purity; reinforcing negative beliefs (Malhotra, 2001, Rieser, 2008). The outward expression of this view in legislation was Nazism, which infuriated people with disabilities and gave rise to the disability movement (Malhotra, 2001, Rieser, 2008). The fact that no families of people with disabilities who were persecuted were compensated after the Nuremburg trials further demonstrates the general prejudice towards people with disabilities in that era (Malhotra, 2001).

Medical model of disability

The medical model of disability gave little weight to the strengths and abilities of people with disabilities, resulting in them being pitied and regarded as weak and in need of care and benevolence. Religious and charity organisations then undertook to care for and educate people with disabilities, giving rise to the charity model of disability (Malhotra, 2001, Rieser 2008). Those caring for people with disabilities were revered and admired for their good nature. However, the charity perspective of disability was equally disempowering and oppressive, regarding people with disabilities as second class and defective citizens, in need of care from especially virtuous people, not common folk.

The medical and charity models of disability deepened the social-emotional and physical chasms between people with disabilities and non-disabled people, further legitimised exclusion from mainstream education and exonerated governments from taking responsibility for the education of learners with disabilities and/or SEN.

Social model of disability

The social model of the disability rights movement offered a more authentic view of disability, supported by people with disabilities and/or SEN themselves.

Organisations of people with disabilities and their families have fought hard to reposition disability. The social model asserts that the impairment itself is not disabling, but that disability and its social consequences, namely poverty, unemployment and isolation, are the result of the environmental and attitudinal barriers of society. These barriers (lack of transport, inaccessible material and ineffective modes of communication) hinder the prosperity and productivity of people with disabilities (Malhotra, 2001; Rieser, 2008). For example, the medical model thinking would attribute a child's lack of progress in school to his impairment, and a lack of rehabilitation or remedial therapy, rather than looking at both intrinsic and extrinsic factors promoting and hindering the learner's development.

Social model thinking, on the other hand, values the learner, her or his family and culture, and looks at ways to engage and improve the capacity of parents/guardians/care-givers, professionals and regular institutions so that they can include the learner (Rieser, 2008). However, the social model has been criticised for implying that by changing society, any learner with an impairment can be included and thrive. It has been criticised for ignoring the

very real need of many persons with disabilities for medical treatment, therapy and assistive devices.

Today, scholars propose the use of a twin-track approach, which fuses the positives of both the medical and social model.[5]

The idea of barriers to learning, which is based on Bronfenbrenner's Bio-ecological Systems Theory, incorporates the twin-track approach. It acknowledges the role a child's biology plays in development, and the influence of his or her immediate and greater environment on performance and development. This will be explained in more detail during this training module.

References

Malhotra, R. (2001). The Politics of the Disability Rights Movements. *New Politics*, 31, 65-75.

Rieser, R. (2008*). Implementing Inclusive Education: A Commonwealth Guide to Implementing Article 24 of the UN Convention on the Rights of People with Disabilities*. London: Commonwealth Secretariat.

[5] Further details of the twin-track approach are available in the 'Inclusive education theory and concepts' training module.

Resource 4.4: Identification practices – are they discriminatory?

Rate each identification practice as follows:

1 – Discriminatory
2 – Could be discriminatory
3 – Not discriminatory

Identification practices	**1, 2, or 3?**
1. A teacher gives a task to the whole class, e.g., a mathematics test. All learners who score less than 50% are identified as weak at mathematics and must stay after school for extra lessons.	
2. A mother takes her baby for his regular check-up and vaccinations. She is informed that he is a slow developer, but no information is given on how or where to find help.	
3. Learners who have been diagnosed with special needs by a psychologist or a doctor are referred to a special school or a special care centre.	
4. Psychologists use standardised tests to assess learners who cannot talk or whose mother tongue is not that of the tester. They score low, and only what they cannot do is noted.	
5. Learners identified as having complicated support needs (e.g., needing Braille) are not accepted in ordinary schools because the schools cannot give the necessary support or learning material.	

Resource 4.5: Learning styles

Auditory learners prefer using audiobooks, podcasts, MP3 recorded text, lectures and discussions. These learners often recite or read aloud notes in order to remember facts. They enjoy studying with soft music in the background. They often sit in a position where they can hear the main speaker clearly. They may find using a Dictaphone to fill in gaps in written notes is helpful for learning.

Visual learners prefer using charts, graphs, maps, diagrams, flowcharts, filmstrips (YouTube, DVDs), PowerPoint, notes and flashcards. They often practise visualising or picturing words and concepts in their heads. They may write out everything for frequent and quick visual review, or draw charts while listening to information.

Tactile learners prefer manipulating an object, moving about, building or demonstrating what they have learned practically. They may trace names or words as they are being said or write out a fact several times in order to remember.

Although many learners have a learning preference, taking notes in whatever form to review later on is still useful for auditory, visual or tactile learners. Many individuals use a combination of techniques associated with different learning styles to optimise their learning.

Further resources

You can find online assessments of learning styles at these websites:

- Paragon Learning Style Inventory
  https://web.calstatela.edu/faculty/jshindl/plsi/taketest.htm
- VARK online learning style assessment for children
  http://vark-learn.com/the-vark-questionnaire/
- Introduction to different learning style assessments for children
  www.oklahomahomeschool.com/learnS.html

Resource 4.6: Multiple intelligences

The theory provides a holistic view of human cognition. According to Gardner, every individual has a unique blend of eight intelligences. The multiple intelligences are:

- linguistic;
- logical-mathematical;
- bodily-kinaesthetic;
- spatial;
- musical;
- interpersonal;
- intrapersonal;
- naturalistic.

These intelligences rarely operate in isolation. They are used at the same time and tend to complement each other as people develop skills or solve problems.

Gardner also stressed that a child who learns how to multiply easily is not necessarily more intelligent than a child who has more difficulty on this task. The child who takes more time to master simple multiplication may learn best how to multiply by using a different approach or may do extremely well in a field outside of mathematics, or may even be looking at and understand the multiplication process at a fundamentally deeper level, or perhaps as an entirely different process.

Because the process of achieving a deeper understanding takes longer, the child may wrongly be judged as slow, when in fact their mathematical intelligence is possibly higher than that of a child who quickly memorises the multiplication tables and only has a superficial understanding.

The big challenge is applying this theory in the classroom and celebrating the uniqueness of every child.

More details on the multiple intelligences

1. Individuals with a stronger **linguistic intelligence** are:

- sensitive to spoken and written language;
- able to learn languages easily;
- uses language affectively and creatively e.g. in poems, riddles and humour;
- uses language to remember information.

Associated professions: teachers, writers, journalists, lawyers and radio presenters.

2. Individuals with a stronger **logical-mathematical intelligence** are:

- able to analyse problems logically and think logically;
- able to perform mathematical calculations and have an affiliation to numbers;
- able to examine issues scientifically and methodically;
- able to detect patterns, reason deductively and see cause-effect relations.

Associated professions: Software developers, engineers, scientists, philosophers

3. Individuals with a strong **musical intelligence** are:

- skilled in performing, composing music;
- able to recognise, appreciate and compose rhythms/pattern, harmonies and tones in music.

Associated professions: musicians, DJs, composers, dancers, and conductors

4. Individuals with a strong **bodily-kinaesthetic intelligence** are:

- able to use their whole body or parts of the body to solve problems;
- able to use mental abilities to coordinate difficult body movements.

Associated professions: gymnasts, sports person, choreographer, wrestler.

5. Individuals with a strong **spatial intelligence** are:

- able to use wide and tight spaces effectively;
- able to orientate shapes to fit in a particular space;
- colour conscious;
- able to recognise patterns in space;
- able to draw and interpret diagrams and maps.

Associated professions: architects, clothing designers, decorators, graphic artists.

6. Individuals with a strong **interpersonal intelligence** are:

- concerned with understanding the intentions, motivations and desires of others;
- able to encourage people to work effectively with each other.

Associated professions: Educators, salespeople, public relations experts, religious and political leaders and counsellors

7. Individuals with a strong **intrapersonal intelligence** are

- good at understanding themselves;
- very self-aware and reflective;
- sensitive to their own feelings, fears and motivations;
- able to regulate emotions in order to achieve a particular goal.

Associated professions: philosophers, writers, theologians and psychologists

8. Individuals with a strong **naturalistic intelligence** are:

- able to easily recognise and classify aspects of nature e.g. plants, animals and rocks;
- able to apply knowledge about nature in agriculture and mining;
- sensitive to environmental issues.

Associated professions: farmers, horticulturalist, nature conservationist and geologists.

For additional reading on multiple intelligences see this website: http://infed.org/mobi/howard-gardner-multiple-intelligences-and-education/

Resource 4.7: Paragon Educational Consulting

Learners' Learning Style Inventory, version 48a

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Please answer the questions as carefully, honestly and quickly as possible, and remember there are no right answers, only your best answers. Place answers on score sheet. (**Resource 4.8**)

1. When you come to a new situation you usually

a. try it right away, and learn from doing
b. like to watch first and try it later

2. Do you think people should be more

a. sensible and practical
b. imaginative and inspired

3. When you come to an uncertain situation

a. you usually trust your feelings more
b. you usually trust your thinking more

4. Would you say you are

a. a little more serious
b. a little more easy-going

5. Do you spend most of your time

a. often in bigger groups and seldom alone
b. in smaller groups or alone

6. It is better to

a. be able to accept things
b. want to change things

7. Is it worse to

a. do mean things
b. do unfair things

8. Do you prefer when things are

a. planned and structured
b. spontaneous and unplanned

9. After a day spent with a lot of people do you

a. feel energized and stimulated
b. feel drained and like being alone

10. When you need to get something important done, you prefer to

a. do it the way that has worked before
b. do it in a new way that you just thought of

11. Which is a bigger compliment?

a. "he/she is really nice"
b. "he/she is really smart"

12. When it comes to time, are you more likely to

a. usually be on time
b. be pretty flexible

13. When you are in a group do you usually

a. do a lot of the talking
b. mostly listen and talk a little

14. Are you more interested in

a. what really is
b. what can be

15. When you look at two things, you mostly notice

a. how they are the same
b. how they are different

16. Do you tend to get along better with

a. people who are a lot like you
b. lots of different types of people

17. Most other people seem to see you as

a. kind of out-going
b. kind of shy and reserved

18. When it comes to work that is very exact and detailed

a. it comes pretty easily to you
b. you tend to lose interest in it quickly

19. When your friends disagree, it is more important to you

a. to help them agree and come together
b. to help them come to the right answer

20. When you get up in the morning

a. you know pretty much how your day will go
b. it seems every day is pretty different

21. When it comes to using the phone

a. you use it a lot and make most of the calls
b. you use it most when others call you

22. When you work on group projects, do you prefer

a. helping make sure the project gets done and works
b. helping come up with the ideas and plans

23. Others often describe you as a

a. warm-hearted person
b. cool-headed person

24. Which is more your way

a. to "do the right thing"
b. to "just do it"

25. When you talk to strangers you've just met you

a. talk pretty easily and at length
b. run out of things to say pretty quickly

26. When it comes to work you

a. prefer steady effort and a regular routine
b. work in spurts, really "on" then really "off"

27. Is it worse to be

a. too critical
b. too emotional

28. Would you rather have things

a. finished and decided
b. open to change

29. When it comes to news at school, you seem

a. to find it out quickly
b. to be one of the last to know

30. Are you more likely to trust

a. your experience
b. your hunches

31. I prefer teachers who are more

a. caring and supportive
b. knowledgeable and expect a lot

32. Is it more your way to

a. finish one project before you start a new one
b. have lots of projects going at once

33. Which is truer of you? do you

a. too often act and talk without thinking much first
b. spend too much time thinking and not enough doing

34. Games would be fairer if kids

a. would just follow the rules
b. would just use "good sportsmanship"

35. Is it usually easier for you to tell

a. how someone else is feeling
b. what someone else is thinking

36. Which is the more useful ability

a. to be able to organize and plan
b. to be able to adapt and make do

37. At a party or gathering

a. you do more of the introducing of others
b. others introduce you more

38. Do you think more about

a. what is going on right now
b. what will happen in the future

39. It is more your way to

a. usually show what you are feeling
b. usually not show your feelings

40. You are the kind of person who

a. needs to have things a certain way
b. does it any old way

41. When you get done with an assignment

a. you feel like showing it to someone
b. you like to keep it to yourself

42. Things would be better if people were

a. more realistic
b. more imaginative

43. Would you say you are more concerned with

a. being appreciated by others
b. achieving something important

44. It is better that people

a. know what they want
b. keep an open-mind

45. Friday night after a long week you usually

a. feel like going to a party or going out
b. feel like renting a movie or relaxing

46. When you do a job, it's usually your approach to

a. start from the beginning, and go step-by-step
b. start anywhere, and figure it out as you go

47. When you tell a story, you mostly talk about

a. how the people involved were effected
b. what went on in general

48. You feel most comfortable when things are more

a. planned and you know what to expect
b. unplanned and flexible

Resource 4.8: Paragon score sheet

Place your answer of either ‘a’ or ‘b’ from the Paragon questionnaire next to the same numbers on this sheet.

(Answer the questions as honestly and quickly as possible, and remember there are no right or better answers, only your best answer.)

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
21.	22.	23.	24.
25.	26.	27.	28.
29.	30.	31.	32.
33.	34.	35.	36.
37.	38.	39.	40.
41.	42.	43.	44.
45.	46.	47.	48
‘a’s _____ extrovert or **E** score	‘a’s_____ sensate or **S** score	‘a’s_____ feeler or **F** score	‘a’s _____ judger or **J** score
‘b’s_____ introvert or **I** score	‘b’s _____ intuitive or **N** score	‘b’s_____ thinker or **T** score	‘b’s_____ perceiver or **P** score

After you have finished answering the questions, add up the letters in each column (that is, count the total number of 'a's in a column, and the total number of 'b's in a column).

Place that number at the bottom of the column next to the same letter so it looks, for example, like this:

a's 9
b's 3

For each column, write the dimension with the highest score in the spaces below.

For instance, in the **I**ntrovert/**E**xtrovert column, if you got 9 a's and 3 b's, write **E** in the space below, because you scored higher in **E** than in **I**.

_____ **I**NTROVERT / **E**XTROVERT (first column)

_____ **S**ENSATE / I**N**TUITIVE (second column)

_____ **T**HINKER / **F**EELER (third column)

_____ **J**UDGER / **P**ERCEIVER (fourth column)

Now you should have a 4-letter learning style type (for example: ESTJ, INFP, ISFJ, or ENFP).

It is time to learn more about what your preference means (see **Resource 4.9**)

Resource 4.9: Learning characteristics of each of the 16 learning styles

	Sensing Types		Intuitive Types	
Introverts	**ISTJ** Serious, quiet, earn success by concentration and thoroughness. Practical, orderly, matter-of-fact, logical, realistic, dependable. See to it that everything is well organized. Take responsibility. Make up their minds as to what should be accomplished and work toward is steadily, regardless of protests or distractions.	**ISFJ** Quiet, friendly, responsible, and conscientious. Work devotedly to meet their obligations. Lend stability to any project or group. Thorough, painstaking, accurate. Their interests are usually not technical. Can be patient with necessary details. Loyal, considerate, perceptive, concerned with how other people feel	**INFJ** Succeed by perseverance, originality, and desire to do whatever is needed or wanted. Put their best efforts into their work. Quietly forceful, conscientious, concerned for others. Respected for their firm principles. Likely to be honoured and followed for their clear convictions as to how best to serve the common good.	**INTJ** Usually have original minds and great drive for their own ideas and purposes. In fields that appeal to them, they have a fine power to organize a job and carry it out with or without help. Sceptical, critical, independent determined, sometimes stubborn. Must learn to yield less important points in order to win the most important

Introverts	**ISTP** Cool onlookers. Quiet, reserved, observing and analysing life with detached curiosity and unexpected flashes of original humour. Usually interested in cause and effect-how and why mechanical things work, and in organizing facts use logical principles.	**ISFP** Retiring, quiet, sensitive, kind, and modest about their abilities. Shun disagreements; do not force their opinions or values on others. Usually do not care to lead but are often loyal followers. Often relaxed about getting things done, because they enjoy the moment and do not want to spoil it by undue haste or exertion.	**INFP** Full of enthusiasm and loyalties, but seldom talk of these until they know you well. Care about learning ideas, language, and independent projects of their own. Tend to undertake too much, then somehow get it done. Friendly, but often too absorbed in what they are doing to be sociable. Little concerned with possessions or physical surroundings.	**INTP** Quiet and reserved. Especially enjoy theoretical or scientific pursuits. Like solving problems with logic and analysis. Usually interested mainly ideas, with little liking for parties or small talk. Tend to have sharply defined interests. Need careers where some strong interests can be used and useful.

Extroverts	**ESTP** Good at on the spot problem solving. Do not worry-enjoy whatever comes along. Tend to like mechanical things and sports, with friends on the side. Adaptable, tolerant, generally conservative in values. Dislike long explanations. Are best with real things that can be worked, handled, taken apart, or put together.	**ESFP** Outgoing, easy-going, accepting, enjoy everything and make things more fun for others by their enjoyment. Like sports and making things happen. Know what is going on and join in eagerly. Find remembering facts easier than mastering theories. Are best in situations that need sound common sense and practical ability with people as well as with things.	**ENFP** Warmly enthusiastic, high spirited, ingenious, imaginative. Able to do almost anything that interests them. Quick with a solution for any difficulty and ready to help anyone with a problem. Often rely on their ability to improvise instead of preparing in advance. Can usually find compelling reasons for whatever they want.	**ENTP** Quick, ingenious, good at many things. Stimulating company alert and outspoken. May argue for fun on either side of question. Resourceful in solving new and challenging problems but may neglect some routine assignments. Apt to turn to one new interest after another. Skilful in finding logical reasons for what they want.

Extroverts	**ESTJ** Practical, realistic, matter of fact with a natural head for business and mechanics. Not interested in subjects they see no use for, but can apply themselves when necessary. Like to organize and run activities. May be good administrators, especially if they remember to consider others' feelings and points of view.	**ESFJ** Warm-hearted, talkative, popular, conscientious, born co-operators, active committee members. Need harmony and may be good at creating it. Always doing something nice for someone. Work best with encouragement and praise. Main interest is in things that directly and practically help people's lives.	**ENFJ** Responsive and responsible. Generally, feel real concern for what others think or want, and try to handle things with due regard for the other person's feelings. Can present a proposal or lead a group discussion with ease and tact. Sociable, popular, sympathetic. Responsive to praise and criticism.	**ENTJ** Hearty, frank, decisive leaders in activities. Usually good in anything that requires reasoning and intelligent talk, such as public speaking. Are usually well informed and enjoy adding to their fun of knowledge. May sometimes appear more positive and confident than their experience in the area warrants.

Resource 4.10: Barriers to learning scenarios

Scenario 1

Thandi is in Grade 3. Her teacher complains that she is very disruptive and disobedient. She never listens to instructions and disturbs the class during story and music time. She only pays attention to you when you stand right in front of her and talk in a stern, loud voice. She does not really talk to the other children and prefers playing on her own. The children are afraid of being associated with the teacher's obvious dislike for her. Thandi's balance is poor and she is not fond of outside sport activities. She often has colds and runny ears. Thandi's parents have taken her to the clinic several times but the doctors just prescribe more antibiotics. They avoid Thandi's teacher because is sometimes abrupt and makes them feel like bad parents.

Which barriers to learning is Thandi experiencing?

What do you think is the main barrier?

Scenario 2

David is 14 years old and has recently been placed in a special school. He has a learning disability. Both his parents are unemployed and his father developed a gambling problem. The family moved to the city three years ago in search of a better life. The neighbours have reported that David and his younger brothers and sisters are often out of school and play around the beach during the day. There have been complaints of stealing and hooliganism. The mother said the real problem was that David did not want to go to school because of bullying on the bus and in the class. The children teased David about his accent and his clothes.

What are the real barriers to David's learning and development?

Scenario 3

Evans is 11 years old and in Grade 5. He was permanently injured in a car accident and now uses a wheelchair. After the accident he came back to his old school and was welcomed by everybody. Academically he struggled after the accident because he had missed a lot of schoolwork. With the help of a dedicated teacher and his classmates he has nearly caught up and can progress to Grade 6.

Unfortunately, Grade 6 is upstairs and there are no ramps. The Grade 6 teacher was not willing to swop classrooms with another teacher downstairs because she had been in the upstairs class for over six years. The head teacher informed his parents that it would be better to refer Evans for special school placement. She really thinks Evans could benefit more from the therapies and all the special facilities available at the nearby special school.

Which barriers to learning and development need to be addressed?

Scenario 4

Dorcas is 7 years old and in Grade 2. She really struggles with Mathematics. Dorcas seldom finishes her tasks and dislikes the Mathematics period. Her literacy skills are far better and she takes pride in her reading abilities. Writing would not be a problem, if it were not for her 'clumsy fingers'. Her teacher complains about her untidy handwriting and encourages her to hold her pencil properly. Her teacher recognises that Dorcas has potential, but she doesn't know how to support her better. Dorcas never attended pre-school and started Grade 1 when she was six years old. She lives with her grandparents during the week because her parents work long shifts at the hospital.

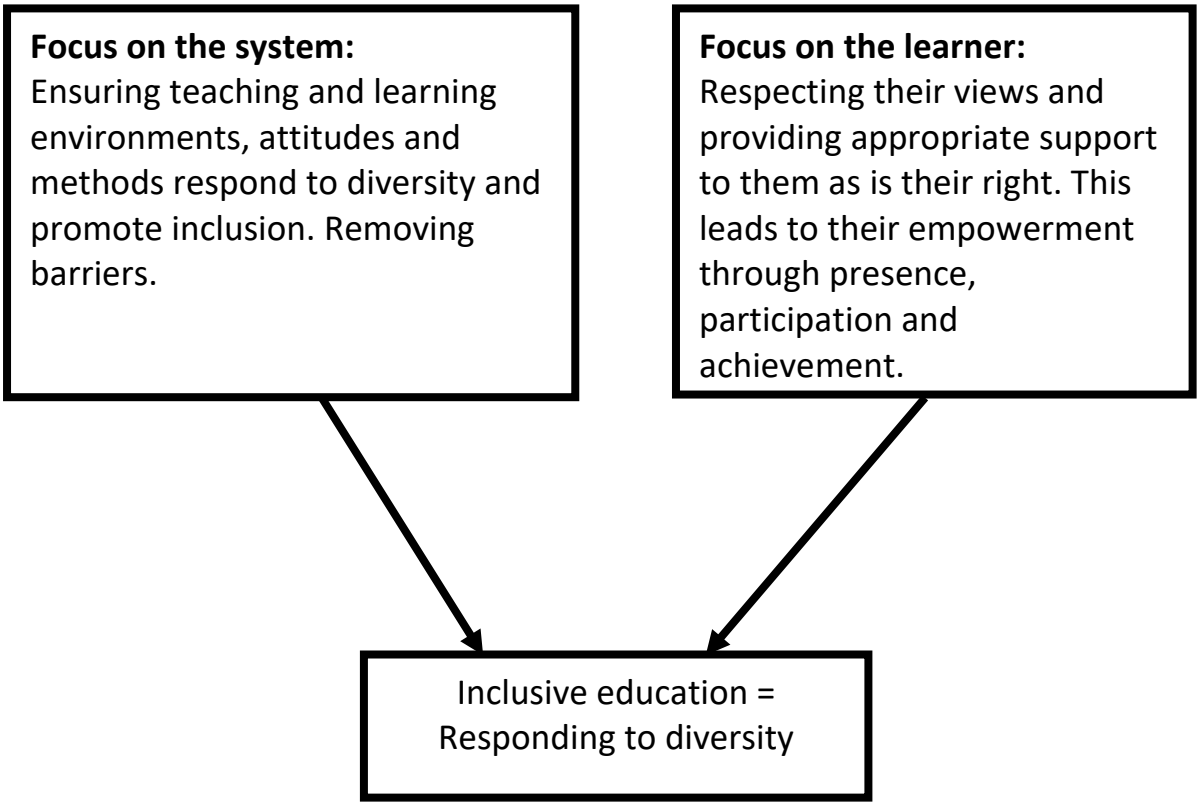
Which barriers to learning and development need to be addressed?

Write the child's name next to the relevant list of possible barriers

Child's name	Possible barriers to learning and development
	Physical impairment Teacher and head-teacher attitude Lack of inclusive education policy in school Inaccessible infrastructure
	No Early Childhood Development services Poor fine motor skills Insufficient support from family on education Insufficient support and training to teacher Lack of human resources
	Learning difficulties Language Different standards in rural and city school Poverty and addiction in family Poor socio-economic circumstances in the area Community prejudice
	Hearing problem Poor healthcare in the community Teacher attitude Parents lack information and skills Low muscle tone School ethos and culture negative, discriminatory

Resource 4.11: The twin-track approach

Inclusive education focuses on changing the system, not on changing the child. But a focus on system-level change does not mean we should ignore the **specific** learning needs of **individual** children. We need to tackle education exclusion from two sides – by promoting systemic change **and** by giving specific support to individual children's learning needs. This is the **twin-track approach**:



Resource 4.12: Impairments and learning

Area of development	Physiology and other requirements	Learning and development	Manifestation in class	Examples of associated disabilities
1. Gross motor	• Legs and or arms not functioning / paralysis. • Posture problems e.g. low muscle tone or muscles too tight. • Sitting and standing difficulties. • Balance problems. • Problems with muscle control; • head and body control	• Look around and see things. • Turn to see origin of noise. • Sit comfortably. • Grab and explore objects. • Move around to explore the surrounds. • Ride bicycle. • Move to keep fit and healthy. • Participating in sport and recreation.	• Struggle to sit down and concentrate for a long time. • Limited understanding of the world. • Interactions with peers might be restricted. • Struggle to turn head to follow or read information on the wall and board. • Knowledge of how things work might be limited, since opportunities to manipulate tools restricted. • Might have difficulty following direction. • Poor hand-writing. • Slow to complete tasks.	• Cerebral palsy • Polio • Muscular Dystrophy • Dwarfism • brittle bone disease, • spina bifida • spinal cord injury • common birth defects • juvenile arthritis
2. Fine motor control	• Small muscles e.g. hands, fingers, eyes, face muscles, mouth and throat.	• Focus on objects, • Make eye contact, Track objects with eyes. • Feed and talk.	• Poor ball skills/game a challenge. • Clumsy • Messy eater	• Cerebral palsy • muscular dystrophy • Down syndrome • Autism

Area of development	Physiology and other requirements	Learning and development	Manifestation in class	Examples of associated disabilities
	• Brain and nervous system planning and controlling small muscle movements.	• Move fingers and toes • Use two hands together • Manipulate tools	• Small movements uncontrolled. • Dressing and other activities of daily living are hard. • Slow or makes mistakes copying from the board. • Difficulties using hands and eyes together e.g. touch typing. • Struggle to learn to read and write. • Tracking text when reading might be hard e.g. misses a line when reading a paragraph. • Art activities might be hard e.g. beading, drawing, building models • Using tools like pens, spoons or scissors is hard. • Poor eye contact	• cleft palate • birth defects • low muscle tone • developmental delay
3.Sensory development/ vision	• Different parts of eye and eye muscles. • Brain and nervous	• Recognize light and dark, familiar objects. • See similarities and	• Can't see on board • Slow at copying information.	• Blindness • partial blindness or partial sight

Area of development	Physiology and other requirements	Learning and development	Manifestation in class	Examples of associated disabilities
	system that plan and coordinate muscle movement and make sense of visual input.	differences, • Identify shapes and colours. • Follow movements and focus on objects • Guide hands to reach out, grab and manipulated objects. • Guide hands to draw and write. • Steer gross motor movements. • Struggles to process visual input.	• Struggles to make distinctions between similar looking letters. • Struggles with matching games. • Difficulty seeing differences or slight contrasts in colours. • Disturbed by the lighting in the classroom. • Hold book close to face or can only see from a far. • Struggles with small print. • Gets lost reading text. • Uses finger to read. • Difficulty learning to read and write. • Slow at puzzles and word searches. • Difficulty moving around new settings and following directs,	• Far sighted • near sighted • tunnel vision or peripheral vision • cortical blindness e.g. cases of cerebral palsy • visual perception problems

Area of development	Physiology and other requirements	Learning and development	Manifestation in class	Examples of associated disabilities
4. Sensory development/ hearing	• Ears with all their working parts. • Nervous system and brain that make sense of auditory input.	• React to loud sounds • Turn head to sound • Listen and imitate • Hear distinctions in sounds. • Enjoy music and rhythm • Balance • Aware of danger • Social interaction	• Difficulty distinguishing between sounds for phonics, reading, spelling and writing. • Poor listening comprehension skills. • Only listens when close to the speaker. • Speech unclear. • Master phonics • Reluctant to do sports that require balancing • Social interaction limited • Struggles to concentrate or easily distracted by noise. • Struggles to hear message above the noise. • Over sensitive to sound.	• Deafness • partial hearing • cerebral palsy • autism • Down's syndrome
5. Development of Communication	• Ears that can hear • Small muscles in face, tongue, mouth, throat to produce sounds, vocal cords intact, hands and fingers (sign-language) • Part of brain that	• Produce sounds. • Listens and imitates speech. • Use pointing and gestures or words and sentences. • Express needs, opinion	• Doesn't interact with peers or participate in class. • Struggles to express thoughts, ideas etc. • Poor problem-solving skills.	• Cleft palate and tongue • Deafness or hearing impaired • cerebral palsy • muscular dystrophy • intellectual disabilities • autism

Area of development	Physiology and other requirements	Learning and development	Manifestation in class	Examples of associated disabilities
	processes auditory input and plans speech or other communication	and interests. • Learn to communicate through verbal speech, gestures, sign language, etc. • Form concepts • Gather information • Problem solving • Learn to live with other people	• Difficulty understanding message or answering comprehension questions. • Misinterprets information or questions. • Speech unclear.	
6.Mental development	• Brain and nervous system. • Sensory systems that can provide input • Healthy body. • Stimulating and nurturing environment	• Listening, talking, understanding, processing sensory input • Development of memory, gross and fine motor skills, sensory and motor perception, attention span, problem solving skills, language, self-help skills leading to independence, social and, academic skills	• Struggles to communicate. • Poor problem-solving skills. • Needs lots of repetition and reminding. • Struggles to recall information. • Limited vocabulary. • Struggles to interpret sensory input. • Poor communication skills. • Struggles with academics. • Immature	• Cerebral palsy • Epilepsy • Down's Syndrome, • microcephalus, • hydrocephalus
7.Develop-	• Brain and nervous	• Learning to do activities	• Immature and needs	• Cerebral palsy,

Area of development	Physiology and other requirements	Learning and development	Manifestation in class	Examples of associated disabilities
ment of self-care skills	system able to plan and co-ordinate movement. • Sensory systems that can provide input. • Healthy body - bone structure, large and small muscles.	of daily living independently (dressing, toileting, feeding) • Development of self-confidence and independence • Growing ability to make responsible choices	help doing age appropriate self-care activities. • Untidy or unclean.	• Muscular dystrophy
8.Social and emotional development	• Brain and nervous system that control impulses, pay attention, understand rules, remember instructions • Consistently safe, caring and loving environment.	• Sense of belonging, Feeling safe, • In control of environment and own behaviour. • Growth of self-confidence, mastery • Gets along with self and others and able to form relationships.	• Cannot sit still • Struggles to attend • Unable to make eye contact • Disrespects codes of conduct, defiant and picks fights. • Struggles to read the setting and behave in a socially acceptable manner. • Immature or extremely shy. • Struggles to understand cause and effect.	• Autism • Attention Deficit Hyperactive Disorder (ADHD)

Resource 4.13: Word Picture

The 'Word Picture' will help to determine the barriers that are in the way of the child's learning and development. It provides a template for sorting and reflecting on detailed observations.

It consists of four blocks that can easily be drawn on a scrap piece of paper. The information can later be transferred onto a neater document.

The four blocks represent the areas of critical development for every child:

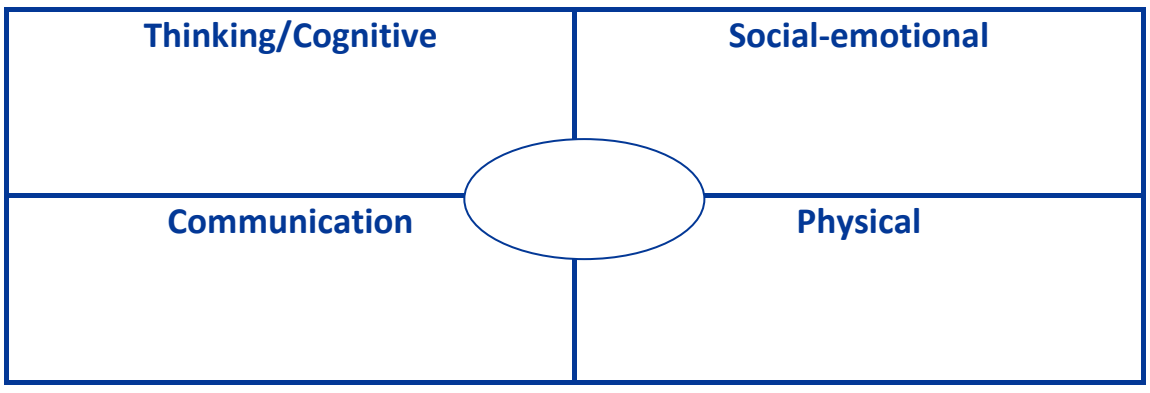
1. **Thinking/cognitive** – is about memory, attention, planning, problem-solving, reasoning, recognising patterns.
2. **Communication** – is about talking and listening, identifying items, body language, expressing thoughts and ideas.
3. **Physical** – is about movement and the functioning of the body including large and small muscles, sight and hearing.
4. **Social/emotional** – is about the interactions, maturity, feelings and behaviour.

On-going teacher self-reflection and acute observations are very important.

The steps to be taken when doing a 'Word Picture' are outlined below.

Step 1

Divide a square into 4 blocks with the headings physical, cognitive, communication, social/emotional in each block. Underneath write 'Remarks', where you can add other significant observations, e.g. family circumstances:



Remarks:

Step 2

Example

Make a list of information on a child who is of concern, for example, Joseph, e.g., observations, descriptions. For example:

- He is lively and always busy with something.
- He jumps from one activity to the next – seldom finishing something.
- He loves to smile and give hugs.
- He frequently gets angry and hits other children.
- He can kick a ball but struggles to catch a ball.
- He loves to scribble but cannot draw a circle.

Try to arrange the above observations you have made into the four blocks. Often it is difficult to decide, but remember one observation might be placed in one or more blocks. Sometimes it helps to 'park' a particular observation in the middle until you get more clarity.

In Joseph's case there were quite a few that could be placed in more than one block. It is, however, good to think carefully about what causes the behaviour, because this can help you decide and eventually indicate the type of intervention that is necessary.

Joseph – born 07/02/2004
Word picture created on 18/08/2011, by Mrs K.

Thinking/cognitive	**Social-emotional**
• He loves to scribble but cannot draw a circle. • He jumps from one activity to the next, seldom finishing something.	• He is lively and always busy with something. • He loves to smile and give hugs. • He frequently gets angry and hits other children.
Communication	**Physical**
• He loves to smile and give hugs. • He frequently gets angry and hits other children. • *Joseph can only say a few words and communicates through gestures.*	• He jumps from one activity to the next, seldom finishing something. • He loves to scribble but cannot draw a circle. • He can kick a ball but struggles to catch a ball.

Joseph

Remarks: Joseph is the eldest of 3. Father is a casual worker. Mother works in a restaurant. Parents are concerned about children's education but lack insight. Remember to add important information about the family or other changes in the child's circumstances.

Step 3

Check if there are empty or nearly empty blocks and fill these in, e.g. in the communication block, we added: *Joseph can* on*ly say a few words and communicates through gestures.*

Also check for strengths and weaknesses. Often one forgets to mention the child's strengths or we even have to go back to observe for strengths because we only looked for weaknesses first time.

Step 4

The 'Word Picture's' main aim is to help you think about a child and to organise your thoughts. However, it can also serve as a good record for his file. At a later stage you can do another one and check progress or regression. Make sure that you have added identifying particulars, e.g. name of child, date and author of Word Picture.[6]

Step 5

Consult the parents/guardians/care-givers, and any other important role players, e.g. therapists, previous teachers, doctor, community rehabilitation worker, head teacher, social worker, SIT, etc.

It is especially important to ask the parents/guardians/care-givers about the child's medical history, family circumstances, interests and strengths. Remember to ask what their expectation and goals are because if you agree on the most important goals, both can work together to achieve them.

Previous teachers can tell about methods and goals – what worked and what didn't work.

Therapists can give valuable guidelines on methods to achieve goals. Also, health professionals can assess the child's health, hearing and vision status and provide assistive devices.

[6] Notes adapted from Inclusive Education Western Cape, South Africa, handouts.

Resource 4.14: Word picture case study

Dorcas is 7 years old and in Grade 2. She really struggles with Mathematics. Dorcas seldom finishes her tasks and dislikes the Mathematics period. Her literacy skills are far better and she takes pride in her reading abilities. Writing would not be a problem, if it were not for her 'clumsy fingers'. Her teacher complains about her untidy handwriting and encourages her to hold her pencil properly.

Her teacher recognises that Dorcas has potential, but she doesn't know how to support her better. Dorcas never attended pre-school and started Grade 1 when she was six years old. She lives with his grandparents during the week because her parents work long shifts at the hospital.

The teacher did detailed observations and noted the following:

- Dorcas is very sociable and has many friends.
- She is extremely polite and thoughtful.
- She always offers to help the teacher or others.
- She likes to trade/barter with children on the playground and mainly traded in marbles and stickers.
- She is left-handed.
- She has a vast general knowledge.
- She breaks out in a sweat whenever they do a maths test.
- She is very disorganised and often forgets her pen or books (leaves them at home).
- Her homework is slightly neater than her day-to-day school work.
- She can count real objects up to 50.
- Addition and subtraction of numbers under 10 is not a problem because she uses her fingers.

In your groups do the following:

1. Create a Work Picture for Dorcas.
2. List some questions you would ask:
    - Dorcas;
    - care-givers;
    - previous teachers;
    - therapists or other experts.

Resource 4.15: Ecosystem analysis

Ecosystem analysis is based on the Bronfenbrenner's Bio-ecological Systems theory. The ecosystem analysis requires that the positives and negatives within every system are discovered. In this way opportunities to build on existing good practice, as well as challenges that need to be addressed, will be revealed. The framework reviews the systems **closest** to the child that impact on learning and development, e.g., at school, in the classroom, in the family and in the community.

System	Examples of issues to probe
School	• Are school policies in line with inclusive education? • Is the physical environment accessible? • Is the class size manageable? • Are there sufficient equipment and materials? • Are the water and sanitation facilities accessible? • Does the teacher have support? • Do teachers support each other? • Is their good communication with parents/guardians/care-givers? • Can the teacher get in-service training/coaching? • Are learners used as support e.g. peer teaching? • Is there bullying?
Classroom	• Do learners show respect and acceptance of diversity? • What is the teacher-learner ratio? • Does the teacher use techniques that accommodate different learning styles? • Is a system of acknowledging good behaviour and progress in place? • Does the teacher use active learning techniques that appeal to all learning styles? • Is the teacher differentiating the curriculum? • Is there enough, light, ventilation and space in the room? • Are there adapted materials and assistive devices for those requiring them?

Family	• Who are the siblings? • How are basic needs being met? • How many people in the household? • What is the level of education? • Who helps with school work and how much time is available? • What are the stresses, concerns and aspirations for the child and within the family? • What contributions do the child makes to the running of the household?

Because we are child-centred in the way we work, the issues that we need to explore will vary depending on each individual child.

Resource 4.16: David's story

David, who is 14 years old, was recently placed in a special school. He has a learning disability. Both his parents are unemployed and his father developed a gambling problem. The family moved to the city three years ago in search of a better life.

The neighbours have reported that David and his younger brothers and sisters are often out of school and play around the beach during the day. There have been complaints of stealing and hooliganism.

The mother said the real problem was that David did not want to go to school because of bullying on the bus and in the class. The children teased David about his accent and clothes. This he can handle, but now they also tease him for going to a school for 'crazy kids'. The special school is 10km away from David's home. The school has a learner-teacher ratio of 15-1.

David's teacher, Ms. Gama, noticed that David wasn't attending school, but she was more relieved than concerned. She is a newly qualified special education teacher. Her training had a small practical module, but the vast majority of the course was theoretical. Ms. Gama feels overwhelmed. Having 15 learners with a variety of disabilities is just too much for her.

The school is meant to serve as a resource to surrounding mainstream schools, but Ms. Gama feels uncomfortable with this new policy. She has been teaching at the special school for six months and no one up to now has offered her support.

The school has a policy of not turning away any child, especially since the international move towards inclusive education. The school was previously a remedial school, but now there are learners with behavioural problems, cerebral palsy, physical disability, visual impairments and intellectual impairments. The school prides itself for being what it calls an 'inclusive school' because of the diverse variety of learners with disabilities and/or SEN at the school. Ms. Gama feels uncomfortable with this term because she understands inclusive education to mean something different. For her, inclusive education is about providing appropriate support.

Most of the teachers at the special school are very empathetic to the learners and want to meet their needs. Unfortunately, the increased number of learners

with disabilities and/or SEN other than learning difficulties makes it difficult. The training the teachers received and the experience they gained through the years has not prepared them for this situation.

The learners with learning difficulties are distracted by the learners with cerebral palsy and behaviour problems. On the positive side, Ms. Gama has noticed that the learners help those learners with physical challenges. They push their wheelchairs and assist them with getting their work station setup.

Only about half the learners with disabilities have assistive devices. The majority of learners with devices have mobility aids, because there are several NGOs working in this field that support the school. Ms. Gama has made a lot of effort to arrange the classroom so that there is more space. She has also seated those learners who would benefit greatly from sitting near her, to the front of the class.

The parental support to the school is poor, mostly because the learners come from afar. Ms. Gama only sees parents/guardians/care-givers at the beginning and at the end of the year, if she is lucky. Fortunately, the admission form has some background information that gives her some information about the learners' circumstances.

She finds understanding the reports by doctors and therapists challenging because of the complicated terminology. Some of the reports she reads are over three years old. She is aware that children develop and situations change, but she is afraid to give her opinion or suggestion on this matter. The school head teacher is very stern and unapproachable and could see it as insubordination. He is the only person with a PhD on the staff and reminds everyone regularly.

Do you agree or disagree with the following statements? Give your reasons why:

1. The school is an inclusive school.
2. The learners at the school are receiving appropriate support.
3. Diversity is accepted and celebrated at the school.
4. The teachers at the school are experts in inclusive education.
5. The poor collaboration among staff is caused by the head teacher.
6. Ms. Gama is a bad teacher.

Resource 4.17: Thandi's story

Thandi is in Grade 3. Her teacher complains that she is very disruptive and disobedient. She never listens to instructions and disturbs the class during story and music time. She only pays attention to you when you stand right in front of her and talk in a stern, loud voice.

She does not really talk to the other children and prefers playing on her own. The children are afraid of being associated with her because the teacher seems to dislike her. Thandi's balance is poor and she is not fond of outside sport activities.

She often has colds and runny ears. Thandi's parents have taken her to the clinic several times but the doctors just prescribe more antibiotics. They avoid Thandi's teacher because she was sometimes abrupt and made them feel like bad parents.

The teacher carefully observed Thandi and noticed that she gets confused between the 's' and 'z', 'p' and 'b', 'k' and 'g'; and 'f' and 'v' sounds in spelling. She also noticed that Thandi has beautiful handwriting and draws exceptionally well. She realised that Thandi looks very uncomfortable in her chair and often shifts around.

In an interview with the parents, the teacher discovered that the family shares a home with an extended family and have several pets. The family were extremely hospitable, despite their modest means. The parents were both pursuing university degrees, while working full-time. The grandmother helped Thandi with homework most of the time. The grandmother was surprised that Thandi was having difficulties at school with spelling, because she always got things right when they worked together.

In the interview with Thandi the teacher realised how much Thandi feared her. Thandi shared with the teacher that she felt like no one at school liked her, so she played by herself. She mentioned that the children made fun of her runny nose. She also mentioned that she misses her cousin Cynthia who moved to Lusaka. They were best friends and used to play together. Thandi also complained about ear ache.

Thandi's teacher attended a workshop on inclusive education where she was introduced to the concepts of multiple intelligences and learning styles. She

asked Thandi some questions, which revealed that she was more of a visual learner and had a stronger visual spatial and interpersonal intelligence.

The teacher developed a Word Picture and reflected on her own practices. She realised that she rarely used art activities in reading or mathematic lessons. Because she was uncertain about how to approach the hearing issue, she consulted with the teacher support team. They suggested that she seat Thandi near the front of the class and recommended that she insists that the parents take Thandi to an ear-nose-and-throat specialist. One of the teachers on the team gave Thandi's teacher the contact details of her daughter who is an audiologist.

The audiologist gave more ideas on how to optimise Thandi's hearing. She explained the effects of chronic ear infections and the causes. The teacher felt more comfortable about having a conversation with Thandi's parents.

The teacher reflected a bit more on what is happening in the school in general. She realised much of the misunderstandings could have been avoided if the school had a procedure of screening all children at the beginning of the year.

Thandi's teacher also felt that the interview with parents at the beginning of the year was too shallow. She needs to ask more specific questions. She also remembered that a few years back she taught a boy who displayed the same characteristics as Thandi. He has repeated Grade 5. She concluded that many teachers lacked the knowledge and skills to uncovering the true barriers experienced by learners like Thandi.

In your groups, carry out the following:

1. Create a Word Picture and carry out an ecosystem analysis of challenges and opportunities.
2. List the current and potential people who could join a team that could support Thandi. What role could each person play?
3. Identify the areas that need development or intervention.
4. Remember the referral process.

Resource 4.18: Data for Education Management Information Systems (EMIS)

EMIS data plays an important role in developing an inclusive education system that is dynamic and responsive to the needs of the learner populations and school communities.

EMIS data is crucial on many levels. On a national level it provides important data on the quality of education and appropriate resource provisioning. With credible, up-to-date data, more appropriate policies, programmes and budgets can be developed.

Every child is provided with a unique learner number. This unique learner number serves as a barcode that contains critical information on the child. Examples of information include the child's date of birth, school status, home language, health status, socio-economic status (if receiving a social grant), and grade performance. The information logged can help track the movement of a learner from school to school and grade to grade, so that drop-out and grade repetition can be monitored.

At the school level, the information can direct learning programmes, school improvement planning and human resources. For instance, if the majority of the learner population is shown to have a home-language other than that of the language of instruction, the school may need to employ more teachers who speak the home-language of the learners or even change the language of instruction. Similarly, a school that notices that the majority of learners are receiving social grants might need to consider introducing a school feeding scheme.

Reliable EMIS requires effective recording forms, systems and information technology. In many countries, every child has a learner profile or portfolio that moves with them from grade to grade or school to school. Information needs to be logged at specific points in time. The internet and information technology have helped to ease the time taken for such reporting and collation of data.

Resource 4.19: Determining the nature of support

The factors that enable children's active and meaningful participation in the learning process need to be thought through when deciding on the nature and intensity of support to be offered. These factors include:

- the ability of the child in the various curriculum subjects,
- the appropriateness of the learning material,
- the degree of adjustment to the learning programme,
- assistive devices required,
- additional training needed by the teacher,
- accessibility of the environment,
- family capacity, aspirations and motivation.

By carefully considering these factors, organising the necessary support for the child, parents/guardians/care-givers, teacher and school will be easier.

It is important that we (as teachers and educators) consult with others, are positive and think 'outside the box' when searching for viable solutions.

Some ideas for tackling a problem might not show immediate results, but we should not give up too soon. For example, using a 'Brain Gym' or implementing physical exercise breaks throughout the school day will not show immediate results, but after a few weeks the class (particularly those children with attention difficulties) will be more energised and focused.

Through trial and error, interventions can be refined or adjusted to better address the problem.

Resource 4.20: Organising support to the learner

Teachers play a critical role during the investigation into a learner's needs. The teacher's assessments of the situation, far more than psychometric standardised tests (e.g., numerical reasoning, verbal reasoning and diagrammatic reasoning tests), will be used to identify learning barriers, the potential to learn and direct interventions.

The interventions may vary. Some barriers can easily be addressed at school level. For example, the teacher can adjust his/her teaching approaches, differentiate the curriculum and make simple adjustments to the learning and teaching materials. The teacher – through reflection, problem-solving and research, including action research – could do this on his/her own. If confident, the teacher could refer the child for medical treatment, such as asking the parents/guardians/care-givers to have the child's vision checked when suspecting that the child is having difficulty seeing. Careful recording and actively following up would be sufficient to manage the case.

Alternatively, the teacher may call upon the help of a teacher support team or school inclusion team (SIT), or whatever may be available in the school/area. This team of people could make suggestions regarding referral and strategies to employ in the classroom, and follow-up on progress with the teacher.

The majority of learners achieve what is expected of them simply by the teacher using good teaching strategies. These teachers use a variety of teaching and assessment strategies and materials to teach learners who have different learning styles, different multiple intelligences and experience different barriers. Those children who need additional support will benefit from an Individual Education Plan (IEP).

The District Education Board (DEB), or similar, is meant to provide guidance and support to schools. They can also be used to:

- make formal links with social services in the community,
- develop human resources,
- provide assistive devices, etc.

It will be important to identify the closest equivalent institution(s) in the Zambian system to provide the appropriate assistance.

Resource 4.21: The role of existing organisations/ teams in supporting schools with inclusion challenges

In your group, work out a convincing argument as to **what** the particular organisation(s)/team(s)/staff member(s) you have chosen could do in supporting schools with inclusion challenges. Some examples are outlined below. You may have selected other teams/people to discuss which are not in this list:

Parent-teacher association
Do awareness-raising to promote the inclusion of children with disabilities in regular classes, and raise funds for building an accessible toilet.

School Education Management Committee
Incorporate funds for assistive devices, accessibility renovations and adapting materials into the school budget.

Teacher support team/school inclusion team
Run a workshop on behaviour management for the school staff, and co-opt individuals from the community to serve as a resource or to meet regularly to problem-solve around specific learners.

District Education Board team linked to the school
Send a social worker to run group therapy sessions with children whose parents recently divorced.

Head teachers' forum for the district
Develop a school admissions policy and procedure in line with inclusive education.

Children's government
Implement a peer tutoring programme.

Resource 4.22: Evan's story

Evans is 11 years old and in Grade 5. He was permanently injured in a car accident and now uses a wheelchair. After the accident he returned to his old school and was welcomed back by everybody. Academically he struggled after the accident because he had missed a lot of school work. With the help of a dedicated teacher and his classmates he has nearly caught up and can progress to Grade 6. Unfortunately, Grade 6 is upstairs and there are no ramps or lifts. The Grade 6 teacher was not willing to swap classrooms with another teacher downstairs, because she had been in the upstairs class for over six years and wanted to stay there. The head teacher informed Evan's parents that it would be better to refer Evans for special school placement. She really thinks Evans could benefit more from the therapies and all the special facilities available at the nearby special school.

Evan's Grade 5 teacher, Mrs. Phiri, is appalled by the Grade 6 teacher's behaviour. She gave the matter more thought and decided to speak to the head teacher. In her presentation she explained Evan's situation, his strengths and challenges. She also illustrated how she used these strengths and challenges to problem-solve around ways to support his development and progress. She showed him a document that indicated the level of Evan's performance in every subject of the curriculum. The head teacher was impressed by her initiative and asked if she was willing to facilitate support for Evans by using the channels available. This meant discussing the matter with the teacher support team/school inclusion team and doing a support needs assessment of the school.

In your group do the following:

- Develop a checklist of aspects of the school that need to be considered in the support needs assessment of the school.
- Decide who should be involved in the school evaluation process.
- Anticipate the findings of a training needs assessment.
- Suggest who, other than the District Education Board office, could be engaged to give training to the teachers.

Resource 4.23: Action research task

List names of children in your school that you are concerned about. Indicate the type of barriers you think are being experienced by each child. **Add more rows to the table if you need to**.

School: **Location:** **District:**

Serial number	Name	Gender	Date of birth	Barriers to inclusion	Type of barrier	Initial help given	Parents / guardians names	Relationship to child	Occupation	Contact details (phone number, email)
1.										
2.										
3.										
4.										
5.										

Completed by: **Date:** **Contact details:**

If the child has a disability or special educational need please complete this additional information:

Serial number	Name	Date of birth	Poverty Hunger	Neglect	Abuse	Community	Communication	Movement	Hearing	Seeing	Thinking	Emotional	Behaviour	Attention	Illness	Disability	Class situation	Government Services provided
1.																		
2.																		
3.																		
4.																		
5.																		

Notes