



Bright Learners Private School Inclusion Policy

Policy Details		
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Bright Learners Private School Inclusion Department is inspired by:

“Disability is in fact the inability to make progress and achievements. The achievements that people of determination have made in various spheres over the past years are proof that determination and strong will can do the impossible and encourage people to counter challenges and difficult circumstances while firmly achieving their goals”

His Highness Sheikh Mohammed bin Rashid Al Maktoum

Vice President and Prime Minister of UAE and Ruler of Dubai

“Inclusive education is the process through which schools develop systems, classrooms, programs and activities so that all students are able to learn, develop and participate together. In an inclusive school, the curriculum, physical surroundings and school community should reflect the views and characteristics of its students. An inclusive school honours diversity and respects all individuals. Inclusion does not mean treating people the same without regard for individual differences” (KHDA, 2015)

Table of Content

No.	Component	Page
Section-1	Introduction	5
1.1	Inclusion Department Mission and Vision	6
1.2	Inclusion Team members:	6
1.3	Inclusion Model	7
1.4	Special Education Definition:	7
1.5	Inclusion Definition:	7
1.6	Rationale	7
1.7	Principles	8
Section -2	Team Members Responsibilities	8
Section -3	Admission, Participation and Equity	10
Section -4	Categories of SEND areas of need.	11
Section -5	Identification and referral procedures	37
5.1	Indirect referral	37
5.2	Direct referral	37
5.3	Gifted and Talented	38
5.4	Partnership with Special centers as a resource for inclusive education	38
5.5	Medical / Psychological Reports:	38
Section-6	Individualized Education Program (IEP)	38

6.1	Parents Involvement	39
6.2	Measuring and Monitoring Progress of SOD Students	40
Section-7	Parents	42
7.1	Parents Revocation of SE services	42
7.2	Parents Communications	42
7.3	Partnership with parents.	42

Section (1) Introduction:

Bright Learners Private School Inclusion department adheres to all provisions, guidelines, and expectations found in the “National Policy for Empowering People of Determination”, UAE Federal Law No. (29) 2006, Law No. (2) 2014, and United Nation Convention for Rights of persons with disabilities. In addition, our admissions policy for students of determination has been developed in accordance with the Dubai Inclusive Education Policy Framework, the UN Convention on the Rights of the Child, and with international best practice such as IDEA guidelines and regulations.

We believe we must accommodate all learners, by removing barriers that restrict the achievement and educational experience of students with Special Needs. Our policy is inclusive, and we adhere to the ‘Right based model’ of disability found in the Dubai School Inspection supplement. Bright Learners Private School is committed to implementing systematic procedures that will remove any obstacle that may impose educational and social exclusion for any student. We will focus our efforts on enhancing student achievement, ensuring the acquisition of 21st century skills, and improving postsecondary outcomes so students will be prepared to contribute to a global society.

Targeted areas for services and support include supplementary instructional materials, curriculum access and common core alignment, family engagement, least restrictive environment, positive behavior supports, and transition. Additional services include ensuring compliance with the UAE Special Education provisions, collecting and analyzing data on educational services and outcomes, providing guidance and oversight of the budgets for the Inclusion department and initiating collaborative efforts between all staff, parents, and stakeholders.



1.1- Inclusion Department Mission and Vision

Inclusion Department Mission	Inclusion Department Vision
With a caring culture of trust and collaboration, the Inclusion department will remove all barriers that restrict students from academic achievement and a high-quality individualized education, while ensuring inclusion, collaboration, communication, creativity, and critical thinking skills for all 21 st century learners.	A high performing inclusive academic environment where all learners, regardless of their differences and/or individual needs, are supported, accommodated, challenged, and developed into contributors of a global society.

1.2- Inclusion Team members:

No.	Name	Job Title
1.	Mr. Esref	Governor for Inclusion
2.	Sulaiman Akbar	Principal/Inclusion Champion
3.	Ms. Melody Madoro	Inclusion Teacher

1.3-Inclusion Model

Inclusive education means that all students have the right to be educated to the extent possible with their age-appropriate peers who do not necessarily have disabilities in the general education setting of their neighborhood school with support provided. Inclusive education is not intended to limit the participation of students with special needs to regular education programs and services. Rather, inclusive education means that students with special needs have the opportunity to participate in educational programs and services in the least restrictive environment that is commensurate with their individual strengths and needs.

“General Rules for the Provision”

1.4-Special Education Definition:

Special Education (UAE): Educational programs and supports designed for students with disabilities or Gifted and Talented students, whose mental ability, physical ability or emotional functioning requires special teaching approaches, equipment, or instruction within or outside of a regular classroom.

1.5-Inclusion Definition:

Inclusive education means that all students have the right to be educated to the extent possible with their age-appropriate peers who do not necessarily have disabilities in the general education setting of their neighborhood school with support provided. Inclusive education is not intended to limit the participation of students with special needs to regular education programs and services. Rather, inclusive education means that students with special needs have the opportunity to participate in educational programs and services in the least restrictive environment that is commensurate with their individual strengths and needs.

1.6- Rationale

Special educational programs and services enable students with special needs to have equitable access to learning and opportunities to pursue and achieve the goals of their educational programs.

1.7-Principles

Bright Learners Private School believes that every child has the capacity to learn. At Bright Learners we follow the national and international educational philosophy of inclusion, which means that students with special educational needs will have the opportunity to receive a quality education in the least restrictive environment with peers in their age range, in their neighborhood schools with necessary support. This belief system, when implemented, is the optimal environment to meet the educational, social, emotional and vocational needs of individuals with special needs.

Section (2)-Team Members Responsibilities

- 2.1- Principal:** The principal is responsible for monitoring the functionality of all departments and school systems, including provisions for SOD students. The Principal works closely with the Inclusion Department, Governor for Inclusion, Teachers, students, and staff.
- 2.2- Governor for Inclusion:** The Governor for Inclusion is part of the Inclusion provision and collaborates with the Inclusion department to ensure that all SOD students reach their full potential and are fully included within the school community.
- 2.3- Inclusion Champion:** The Inclusion Champion oversee all systems, procedures, policies, and safeguards of the Inclusion department. He/she will facilitate on-going professional developments and workshops to equip all staff members with the proper training in order to accommodate students with special needs.
- 2.4- Inclusion Teacher:** The Inclusion teacher will be the direct link between Administration, Principal, teachers, parents, and the Inclusion team. The Inclusion teacher takes day-to-day responsibility for the operation of the Inclusion policies and co-ordination of the provisions made for individual students of determination, working closely with staff, parents and other agencies.

The Inclusion teacher will ensure IEP compliance, implementation of appropriate accommodations and modifications, monitor teacher effectiveness, and student academic progress. The Inclusion teacher, with support of the Inclusion Champion and teachers, will develop ways of overcoming any barriers that may impose educational and social exclusion for any student. He/she will monitor the quality of teaching and standard of student achievements, fostering an inclusive environment that is conducive to learning.

The Inclusion department must build a strong and meaningful bond between the family and the school for all students by supporting and assisting the development and implementation of the Individual Education Plan (IEP) and Inclusion policies. He/she will work in collaboration with the Inclusion Champion to determine the strategic

implementation of the Inclusion policy and provisions in the school in order to improve the academic achievement of children with special needs.

Additional responsibilities of the Head of Inclusion include:

- Liaising with and advising fellow teachers.
- Liaising with parents of students of determination.

2.5-General Education Teacher: As mentioned in the 2017-18 DSIB School Inspection supplement, the classroom teacher is responsible for the modification, implementation and outcomes of the students' educational programs. General education teachers will collaborate with LST/SOD teachers in the execution of the inclusion provision and making all necessary steps to assure inclusion in the school. The General education teacher is required to provide high quality teaching and learning experiences for all students including differentiated lessons and removing any barriers that may prevent students from accessing the curriculum. When any SOD student is making inadequate progress, additional support will be provided under the guidance of the Inclusion department. Class teachers must comply with the Individual Education Plan provided by the Inclusion team and they are contributors of the Individual Education Plan.

2.6-Learning Support Teacher: All LST teachers will be responsible for co-planning, co-assessing, and co-instructing with General education teachers for all students of determination. They will support General education teachers in the adaptation and modification of instruction. They must monitor student development & progress through on-going assessment. LST teachers will collaborate with General education teachers and staff in order to create and implement the accommodations and modifications enumerated in the IEP. According to the 2017-18 DSIB School Inspection supplement, the classroom teacher is responsible for the modification, implementation and outcomes of the students' educational programs. LST teachers will be assigned a caseload of SOD students and manage their IEPs and ensure that the supports entailed in the educational plan are appropriate. LST teachers will be involved in the execution of the Inclusion policies and aware of the necessary procedures to stay within compliance of the IEP. LST teachers will open lines of communication with parents and share meaningful feedback, in a professional manner, keeping parents abreast of their child's academic progress. LST teachers will adhere to the

Inclusion's department's policy and procedures for identifying, assessing, and making the appropriate provisions for students of determination. All teachers should work alongside the Inclusion Champion and Inclusion teacher

to implement the accommodations within the Individual Educational Plan (IEP). LST teachers, in collaboration with Gen. Ed teachers, will establish SMART goals, co-plan, co-instruct, and co-assess; in order to monitor SOD student academic progress. All staff should plan and teach a differentiated curriculum with the assistance of the SENDCO to ensure all SOD students have equitable access to the full range of the curriculum.

2.7-Learning Support Assistant: LSAs will work in partnership with classroom teachers to ensure that students of determination are successfully included in the classroom environment alongside their peers. The classroom teacher is responsible for the modification, implementation and outcomes of the students' educational programs. The role of the LSA is to facilitate this process.

Section (3)- Admission, Participation and Equity

Based on the Federal Law no:29/ 2006, article 12 of the second chapter on education, states that " Special needs do not constitute in themselves an impediment in seeking affiliation or enrolment or to any educational institution, whether public or private"

Admission into Bright Learners private school, including early years, **is not conditional upon the submission of a medical diagnosis.** Applicants with special educational needs are assessed by the school's Inclusion teacher. An assessment of educational need is carried out and the outcome is used to appropriately identify the category and level of disability experienced by the student. Sometimes the student is invited to attend as a guest of the school for a day or two, in order to decide what provisions need to be made.

The school entrance examination provides an educational diagnostic pre-assessment and allows a teacher to determine a students' profile of strength, weakness, knowledge, and skills and provides important information to help guide lesson planning and curriculum modification. This information is then used to determine the type and level of support that is appropriate for each student. The school will then develop an Individualized Education plan for the student which

contains targeted interventions.

Bright Learners Private School believes that students who experience SEND have the same rights as all other students. This includes the right to be admitted to their preferred school where they can engage and participate in quality learning experiences alongside their same-aged peers. The priority of admission is provided for a student of determination with a sibling already on roll in the school.

Non-Admission notification:

Bright Learners Private School does not refuse to admit students of determination because of their experience of disability, rather, the school is committed to taking all required actions and procedures to accelerate and facilitate SOD admission. However, in exceptional circumstances, when the school denies a student of determination admission, the criteria and the rationale of the decision will be clearly described through the completion of KHDA's non-admission procedure for students of determination and this will take place whether the student is identified as a student of determination prior to the application or is identified as a result of the entry assessment procedure.

Section (4)- Categories of SEND areas of need as indicated by the KHDA, 2019

Cognition and Learning

General barriers to learning (Intellectual disability)

Intellectual disability is a disability characterized by significant limitations in both intellectual functioning (reasoning, learning, problem-solving) and in adaptive behavior, which covers a range of everyday social and practical skills. When a person over the age of five is unable to participate in an appropriate assessment that might otherwise identify a diagnosis of an intellectual disability, a diagnosis of unspecified intellectual disability may be provided.

Based on the severity of the intellectual disability, mild, moderate, or severe barriers to learning may be present.

Mild intellectual disability (Mild barriers to learning)

Students who experience mild barriers to learning will have below-average cognitive functioning and are likely to make slower than expected progress over time. This will cause these students to attain below expected levels (two to three years below) in most areas of the curriculum. Some students may be diagnosed with a mild intellectual disability.

Particular barriers to learning may include:

- Delayed academic, behavioural, social, and emotional development
- Difficulty expressing ideas and feelings
- Limited ability to abstract and generalise knowledge and skills
- A limited attention span and poor retention ability
- Slow speech and language development
- Difficulties adapting to change and an underdeveloped sense of spatial awareness
- Low self-esteem and emotional resilience.

These students are likely to require more concrete (hands-on/practical) approaches when compared to their peers. It is expected that most students identified with mild barriers to learning will usually have their needs met within the context of an appropriately differentiated classroom shared with same-age peers.

Moderate intellectual disability (Moderate barriers to learning)

Students who experience moderate barriers to learning will have significantly below-average cognitive functioning and are likely to make very slow progress over time. This will cause them to attain significantly below expected levels in most areas of the curriculum (three to five years below), despite appropriate interventions. Many are likely to be diagnosed with a moderate intellectual disability.

Particular barriers to learning may include:

- Significantly delayed academic, behavioural, social, and emotional development
- Delayed speech and language
- Low levels of concentration

- Difficulty generalising and transferring knowledge across situations
- Challenges processing input from more than one sensory source at a time.

These students will require interventions that are ‘additional to’ or ‘different from’ the provision required for most students within the general classroom setting. It is expected that high quality, inclusive schools will develop the knowledge, understanding and skills required to improve provision to meet the needs of students identified with moderate barriers to learning.

Severe intellectual disability (Severe barriers to learning)

Students who experience severe learning barriers will have very low cognitive functioning and are likely to make very small, incremental steps of progress over time. This will cause them to attain significantly below expected levels in most areas of the curriculum and possibly at an early years/primary level, despite appropriate interventions. Almost all will be diagnosed with a severe intellectual disability.

Students with severe learning disabilities exhibit a wide and diverse range of characteristics, but particular barriers to learning may include:

- extremely delayed academic, behavioural, social, and emotional development
- lack of independence and reliance on others to satisfy basic needs such as feeding and toileting
- difficulties in mobility
- problems with generalising skills (and knowledge/understanding) from one situation to another
- Significant speech and/or communication difficulties
- behavioural problems
- Limited communication skills that may present challenges with speech, body language, facial expression and the ability to interpret and/or produce images and text.

Students identified with severe barriers to learning will require significant levels of provision and intervention that are ‘additional to’ or ‘different from’ the provision required to meet the needs of almost all other students within the school. Recognising that difficulty with self-expression

does not diminish the student's communicative intent, schools must maximise opportunities to enable the student to communicate. This approach should underpin the design and delivery of teaching and learning experiences. Modified curricular frameworks should enable students to become increasingly independent in using skills for life. This is likely to require further specialist provision, for example from speech and language or occupational therapy services.

Multiple disabilities (Multiple barriers to learning)

A student who experiences a number of severe barriers to learning, such as a sensory disability and a physical disability, may be identified as having multiple disabilities. Students are identified with a multiple disability when severe barriers caused by more than one type of disability, disorder or condition are present. The particular combination of challenges experienced by a student who experiences multiple barriers to learning will vary but will always have a very significant impact on their personal and educational functioning. This may mean that they make tiny steps of progress over time.

Particular barriers to learning may include:

- restricted mobility, often requiring the use of a wheelchair
- limited verbal communication, and may result in the student relying on signs, symbols or gestures to communicate their needs
- behaviour that is underdeveloped and inconsistent with chronological age
- impulsive behaviour and high frustration levels
- difficulty forming interpersonal relationships
- limited self-care and independent living skills
- A variety of medical problems; examples may include seizures, sensory loss, hydrocephalus, and scoliosis.
- significant difficulties with physical coordination and activities that require fine and gross motor skills
- generalisation of knowledge and skills
- Retaining basic number and literacy skills.

Students who experience multiple learning barriers greatly benefit from interaction with others

within inclusive school communities. The classroom and the wider school environment should enable the student's full, safe and accessible engagement in learning activities and in the life of the school. The student may require personal support to assist mobility or access to assistive devices. Specialist interventions such as occupational therapy or physiotherapy are likely to be particularly important. The impact of related health conditions may lead to higher than typical school absence rates. The school should work closely with the parents to develop additional home/school learning options.

Developmental delay (Barriers with typical development)

There are many different types of developmental delays in infants and young students. These include problems with language or speech, vision, movement/motor skills, social and emotional skills and thinking/cognitive skills. Global developmental delay (Global developmental barriers)

Young students who experience global developmental barriers have difficulties progressing in most developmental domains. Some students eventually catch up and no longer experience any developmental difficulties. As time passes, many will be diagnosed with a global developmental delay and, as they get older and are able to participate in standardised assessment procedures, may be diagnosed with intellectual disabilities.

Particular barriers to learning may include:

- delays in motor skills; a delay in gross motor skills may affect a student's ability to crawl, walk, run and move around safely, whereas a delay in fine motor skills may impact upon the student's ability to use a crayon or paintbrush, manipulate scissors, construct puzzles or fasten buttons
- Delays in speech and language which may impact a student's ability to understand. It may also restrict student's abilities to communicate their needs and feelings and limit the development of their negotiation, cooperation and interaction skills
- delays in cognition may make it difficult for a student to pay attention, even for short periods, create an inability to sit still for any length of time, and be reflected in poor memory, for example when recalling learned facts or multi-step instructions.
- delays in social/emotional development may present as the student is unable to answer questions or have difficulty engaging in short conversational interchanges;

they may use language solely to get needs met.

- Difficulties in managing their emotional responses may limit their abilities to regulate their behaviour.
- Delays in their ability to fulfil daily living (adaptive functioning) activities which may affect the student's ability to fulfil personal hygiene needs, clothing routines and feeding.

Early and targeted intervention is important to minimise any potential delay in development. It is expected that most students who experience developmental barriers will have many of their development needs met within the context of an appropriately differentiated early education setting. This provision may be supplemented by targeted support or therapeutic interventions such as speech and language or physio/occupational therapy.

Specific developmental delay (Specific developmental barriers)

Students who are delayed in one specific area in development (whilst other areas develop at the expected rate), experience specific developmental barriers. As these students get older and are able to participate in standardised assessment procedures, they may be diagnosed with specific learning disorders.

It is expected that most students who experience specific developmental delay will have their needs met within the context of an inclusive early year's education setting. Early and targeted intervention is important to minimise any potential delay in development.

Specific learning disorder (Specific barriers to learning)

A specific learning disorder is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. The disorder may manifest itself in an impaired ability to listen, think, speak, read, write, spell or understand mathematical calculations.

Dyslexia (Specific barriers with reading)

Some students who experience specific barriers with reading, despite expected or above expected levels of cognitive ability, may be diagnosed with dyslexia.

Particular barriers to learning include difficulties with:

- remembering what is seen or heard
- identifying sounds in words and putting things in sequence (e.g. information, letters, stories, numbers, the days of the week, the months of the year)
- reading speed, understanding what is being read
- following directions
- personal organisation
- spelling, copying words and numbers from a book or board
- recalling the names of words or objects.
- specific barriers with reading range from mild to severe.

It is expected that almost all of these students will have their needs met within an appropriately differentiated classroom. Students who experience significant barriers with reading greatly benefit from access to specific and targeted evidence-based interventions.

Dysgraphia (Specific barriers with writing)

Some students who experience specific barriers with writing, despite expected or above expected levels of cognitive ability, may be diagnosed with dysgraphia.

Particular barriers to learning may include:

- written presentation with a mixture of upper/lower case letters, irregular letter sizes and shapes, and unfinished letters
- difficulties with using writing as a communication tool
- reduced quality in the content of their written work due to the high levels of effort needed to complete the writing process
- unusual writing grips, odd wrist, body and paper positions, which may result in discomfort while writing
- repeated mistakes; excessive erasing may be evident as may a misuse of lines and margins.
- poorly organised writing on a page; a student may struggle with organising their ideas, sentence and/or paragraph structure and have limited expression of their ideas.

- reluctance to complete writing tasks or a refusal to do so.
- specific barriers with writing ranging from mild to severe

It is expected that almost all of these students will have their needs met within an appropriately differentiated classroom. Students who experience this level of need will benefit from access to specific and targeted evidence-based interventions.

Dyscalculia (Specific barriers with mathematical concepts)

Some students who experience specific barriers with mathematical concepts, despite expected or above expected levels of cognitive ability, may be diagnosed with dyscalculia.

Particular barriers to learning may include:

- an inability to conceptualise number, number relationships and outcomes of numerical operations (estimating)
- difficulties with computation, direction, mental mathematics, money, reading and writing numbers,
- remembering sequences such as rote counting, rules and formulae
- understanding the concept of time, the ability to apply time management strategies and time management
- weaker ability to comprehend mechanical processes as they often lack ‘big picture’ thinking
- poor sense of direction
- personal organisation.

Specific barriers to mathematical concepts range from mild to severe. It is expected that almost all of these students will have their needs met within an appropriately differentiated classroom. Students who experience more significant barriers greatly benefit from access to specific and targeted evidence-based interventions.

Dyspraxia (Specific barriers with coordination)

Some students who experience specific barriers with physical coordination, despite expected or above expected levels of cognitive ability, may be diagnosed with dyspraxia. This may be a general dyspraxia or specifically Speech Dyspraxia

Particular barriers to learning may include:

- difficulty coordinating their movements, perceptions and thoughts
- difficulty running, jumping, hopping and catching a ball in physical activity
- physically managing themselves in the classroom; the student may bump into and drop things and tend to find drawing and writing difficult
- difficulty maintaining an erect posture, either when sitting or standing
- experiencing high levels of fatigue due to the effort needed for physical control and movement
- difficulties with writing, due to posture and position challenges.
- mild to severe difficulties with physical coordination and left/ right awareness

It is expected that almost all students with dyspraxia will get their needs met within an appropriately differentiated classroom. Students who experience significant barriers greatly benefit from therapeutic support through physio/occupational therapy.

Communication and interaction

Communication disorders (Communication barriers)

A communication disorder is impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems. A communication disorder may be evident in the processes of interpretation, hearing, language, and/or speech.

Expressive language disorder (Specific barriers with verbal expression)

Some students who experience significant barriers expressing themselves using verbal language may be diagnosed with an expressive language disorder. Students' understanding of language is

likely to be at a significantly higher level than their ability to communicate with the spoken word.

Particular barriers to learning may include:

- a reluctance to talk; they may resort to pointing or gesturing to get their message across
- a lack of variation in their verbal intonation or volume
- limited imaginative play and social use of language
- difficulties describing, defining, explaining and in retelling stories/events
- limited vocabulary may result in the students using empty phrases and non-specific words
- related difficulties with writing, spelling, composing sentences/compositions and answering questions
- omission of function words such as 'the' and 'is', and grammatical markers such as tense endings
- difficulties in formulating full sentences and in the understanding of multiple word meanings
- difficulties establishing and maintaining peer relationships.

It is expected that most students who experience barriers with verbal expression will have most of their needs met within an appropriately differentiated classroom. The student will require the school to monitor and support their emotional and social wellbeing, and embed key support strategies within their approaches to teaching. Affected students may also benefit from access to specific and targeted evidence-based interventions within the school and/or from speech and language therapy.

Receptive language disorder (Specific barriers with understanding verbal language)

Some students who experience significant barriers to understanding verbal language may be diagnosed with a receptive language disorder. This may also be a language processing difficulty.

Particular barriers to learning may include:

- problems processing and retaining auditory information and following instructions and directions
- challenges with understanding what is said in group discussions

- difficulty answering open questions
- difficulty filtering out background noise
- limited verbal reasoning and difficulties remembering strings of words
- difficulty taking turns in conversation as a result of limited comprehension
- poor understanding, poor use of tone, facial gesture and body language, and/or poor eye contact
- difficulty establishing and maintaining peer relationships.
- a tendency to repeat the last thing heard (echolalia)
- attention problems - poor attention or distractible - and behaviour difficulties.

It is expected that most students who experience barriers to understanding verbal language will have most of their needs met within an appropriately differentiated classroom. These students will require schools to monitor and support their emotional and social wellbeing, and embed key support strategies within their approaches to teaching. Students may also benefit from access to specific and targeted evidence-based interventions within the school and/or from speech and language therapy.

Global language delay (General barriers with language)

Students who experience significant barriers to using and understanding verbal language may be diagnosed with a global language delay. These students may experience a combination of barriers to learning as described in the sections above (expressive and receptive language disorders).

It is expected that most students with global language delay will have most of their needs met within an appropriately differentiated classroom. Many students are likely to require access to specific and targeted support in school and to therapeutic interventions such as speech and language therapy.

Speech fluency disorder (Specific barriers with speech fluency)

Students who experience persistent barriers with speech fluency (stuttering) may be diagnosed with a speech fluency disorder. Many young students go through a stage between the ages of two and five when they 'stutter', repeating certain syllables, words or phrases, prolonging them, or stopping, making no sound. In many cases, stuttering goes away on its own by age five.

Sometimes it continues as the student gets older.

Particular barriers to learning may include:

- increased prolongations of words and speech may start to be especially difficult or strained
- rising pitch or loudness due to vocal tension
- avoidance of situations that require talking or change a word for fear of stuttering
- problems with the development of peer relationships
- Reluctance to contribute actively within the classroom, and to articulate their thoughts, feelings, ideas and concerns.

It is expected that most students who experience speech fluency difficulties will have most of their needs met within an appropriately differentiated classroom. Early intervention, including access to speech and language therapy, is important. The student will require the school to monitor and support their emotional and social wellbeing, and embed key support strategies within their approaches to teaching.

Speech sound disorder (Specific barriers with speech sounds)

Most typically developing students will be able to say all expected speech sounds by eight years of age. Students who do not say sounds by the expected age should have their hearing checked to ensure that they are hearing the sounds/words correctly. Students with persistent barriers to making speech sounds may be diagnosed with a speech sound disorder. This may be a physical difficulty with making the sounds, (motor speech difficulty) or a difficulty with processing and coordinating speech (Dyspraxia of Speech) or a phonological system difficulty where speech sound development is delayed.

Particular barriers to learning may include:

- substituting one sound for another, leaving sounds out, adding sounds, or changing sounds.
- having difficulty making themselves understood.
- additional challenges with reading.
- difficulties forming peer relationships and solving social problems.

It is expected that most students who experience specific barriers to saying speech sounds will have most of their educational needs met within an appropriately differentiated classroom. Early intervention, including access to speech and language therapy, is important. The student will require the school to monitor and support their emotional and social wellbeing, and embed key support strategies within their approaches to teaching.

Social communication disorder (Barriers with social communication)

Students who experience significant barriers with social communication may be diagnosed with a social communication disorder. These students experience difficulty using language in social situations but are not impaired in their understanding of word structure, grammar, or in general cognitive ability.

Particular barriers to learning may include:

- difficulty holding conversations and working in collaboration with others
- limited negotiation skills and challenges with solving social problems
- difficulty understanding social cues and reading body language/facial expressions
- difficulty sharing information with others verbally
- difficulty changing speech, and adapting behaviour to suit different social contexts
- limited understanding when meaning is figurative or implied but not explicitly stated, and needs to be understood through using inference and deduction.

It is expected that students with social communication difficulties will have most of their educational needs met within an appropriately differentiated classroom. They will benefit from access to social skills support programmes and may require support from school counsellors to manage anxiety levels and solve social problems.

Autism spectrum disorder (Barriers with social interaction, communication and flexibility)

Autism spectrum disorder (ASD) is a complex developmental condition that involves persistent challenges in the areas of social interaction, communication, and restricted or repetitive behaviour/s.

Autism spectrum disorder – level 1 (Mild barriers with social interaction, communication and flexibility)

Students who consistently struggle to initiate appropriate social interactions and find it difficult

to respond to others in an expected or successful manner may be diagnosed with an autism spectrum disorder (level 1).

Particular barriers with learning include:

- difficulty engaging with and contributing to the conversation
- inflexible and rigid thinking and behaviour causing problems with organisation and planning
- difficulties in understanding abstract ideas and concepts
- limited ability to infer meaning from social cues, hints or hidden meaning in texts
- decreased interest in social interactions or activities which may impact on the ability to form relationships with peers
- limited ability to identify and solve social problems.
- high levels of anxiety, which can affect behaviour, learning, and emotional wellbeing.

It is expected that most students who experience mild barriers with social interaction, communication and flexibility will have most of their educational needs met within an appropriately differentiated classroom. These students will benefit from an 'autism-friendly' learning environment and may require support from school counsellors to manage anxiety levels and solve social problems. They may also benefit from access to programmes to develop their social skills or behaviour related to therapeutic support.

Autism spectrum disorder – level 2 (Moderate barriers with social interaction, communication and flexibility)

Students who experience significant and persistent difficulties initiating appropriate social interactions and find it difficult to respond to others in an expected or successful manner may be diagnosed with an autism spectrum disorder (level 2).

Particular barriers to learning include:

- rarely initiating or responding to social interactions voluntarily
- speaking only in simple sentences and limiting interactions to narrow personal interests
- unusual non-verbal communication
- significant difficulty in coping with change
- restricted and/or repetitive behaviours which affect functioning in a variety of contexts.

Students who experience moderate barriers with social interaction, communication and flexibility are likely to require significant support to reduce (but not eliminate) the impact of their considerable challenges with verbal and non-verbal social communication skills. It is very likely that these students will require access to interventions that are 'additional to' or 'different from' the provision required by the majority of students' needs within the typical classroom setting. This may involve a multi-modal approach to educational provision, including: inclusive learning opportunities; a modified curriculum; specialist support services such as applied behaviour analysis and speech and language therapy ; the use of evidence-based approaches or augmented communication strategies such as Makaton sign language; the TEACCH approach, or picture exchange communication systems (PECS).

It is expected that high quality, inclusive schools will develop the knowledge, understanding and skills required to develop provision that meets the needs of students who experience moderate barriers with social interaction, communication and flexibility

Autism spectrum disorder – level 3 (Extremely complex barriers with social interaction, communication and flexibility)

Students who experience extremely complex barriers with verbal and non-verbal social communication skills may be diagnosed with autism spectrum disorder (level 3).

Particular barriers to learning may include:

- very limited range of recognisable speech or a complete absence of speech
- a dependence upon key visual symbols or sign language gestures to communicate
- limited interactions that are usually only made to get their personal needs met
- very inflexible behaviour and extreme difficulty and distress coping with change.

The challenges experienced by students who experience severe barriers to communication and interaction mean that they require access to very substantial and specialist support.

Social, Emotional and Mental Health:

Psycho-emotional disorders (Emotional and psychological barriers)

Depression (Significant barriers to feeling positive and motivated)

Students who experience persistent feelings of hopelessness and inadequacy, typically accompanied by a lack of energy and interest in life, maybe diagnosed with depression.

Particular barriers to learning may include:

- noticeable changes in their involvement and engagement in social activities
- loss of interest in school
- reduced/poor academic performance
- frequently feeling sad, tearful or crying
- persistent boredom and/or low energy
- social isolation
- poor communication
- extreme sensitivity to rejection or failure
- Anger, hostility or self-destructive behaviour.
- difficulty forming and/or maintaining relationships.

It is expected that most students who experience persistent and significant barriers with feeling positive and motivated will have most of their needs met within an appropriately differentiated classroom. Teachers should incorporate specific accommodations and support strategies within their teaching approaches. Students who experience persistent and significant barriers with feeling positive and motivated may make frequent complaints of physical illnesses such as headaches and stomach pains and may have frequent absences from school.

Students who are disruptive at school may also be suffering from depression. However, because they may not always seem 'sad', parents and teachers may not realise that troublesome behaviour is a sign of depression. Consequently, it is important that schools carefully consider their monitoring of behaviour records and ensure that these students have access to school behaviour support and counselling services. These students may also be further supported through access to therapy and/or medical advice or treatment.

Bipolar disorder (Signification and persistent barriers regulating mood)

Students who experience significant shifts in mood, energy, thinking, and behaviour; moving

from experiencing highs of 'mania' on one extreme, to the lows of depression on the other, maybe diagnosed with bipolar disorder. More than just a fleeting good or bad mood, the cycles of bipolar disorder last for days, weeks, or months. Unlike ordinary mood swings, the mood changes of bipolar disorder are so intense that they interfere with the student's ability to function.

Particular barriers may include:

- daily and seasonal fluctuations in mood and energy (being more attentive to classwork at certain times and less attentive at others)
- being a perfectionist and having difficulty in transition times during the school day
- appearing grumpy and very sleepy during the first half of the day due to disaffected sleeping patterns
- having difficulty interacting with peers because of poor social skills (being bossy and misperceiving the behaviours and intentions of others).

It is expected that most students who experience persistent and significant barriers with the regulation of mood will have most of their needs met within an appropriately differentiated classroom. Teachers should incorporate specific accommodations and support strategies within their classroom practice. These students are likely to benefit from access to school counselling services and may require access to additional therapy and/or medical advice treatment.

Oppositional Defiance Disorder (Significant Barriers with being cooperative and staying calm)

Students who experience frequent and significant barriers to being cooperative and calm may be diagnosed with Oppositional Defiant Disorder (ODD).

Particular barriers to learning may include:

- uncooperative, defiant, and hostile patterns of behaviour, particularly toward authority figures
- frequent temper tantrums
- excessive arguing, especially with adults
- frequent questioning of rules/defiant behaviour

- blaming others for their mistakes or negative behaviour
- low levels of self-esteem and emotional resilience
- difficulty forming and sustaining positive relationships with both peers and adults; this may impact negatively upon their ability to reach their academic potential and puts them at risk of developing additional emotional health difficulties.

It is expected that most students who experience barriers with being cooperative and calm will have most of their needs met within an appropriately differentiated classroom. Teachers should incorporate specific accommodations and support strategies within their teaching approaches. These students are likely to benefit from access to school counselling and behaviour support services and may be further supported through access to therapy and/or medical treatment.

Obsessive/Compulsive disorder (Barriers with managing thoughts and compulsions)

Students who experience barriers managing obsessions and compulsions may be diagnosed with obsessive/compulsive disorder. These students constantly experience unwanted thoughts, images or impulses that are difficult to suppress. This causes them great stress and worry (obsessions) and as a result, they display repetitive, ritualised actions in an effort to manage the anxiety they experience (compulsions).

Particular barriers to learning may include:

- sustaining attention and focus due to intrusive thoughts and difficulties focusing upon the task in hand
- struggling with the perfectionism of needing to do things the 'correct' way
- avoiding situations that they feel are 'unhygienic' to avoid 'contamination'; they may not want to sit on the floor, or pick things up that touched the floor, or get their hands dirty
- unusual tapping and touching patterns which arise due to compulsions to repeatedly and persistently engage in unusual behaviour or in an effort to manage anxieties and cope with obsessive thoughts
- High levels of fatigue due to the effort of managing thoughts, feelings and anxiety.

It is expected that most students who experience significant barriers with the management of

unwanted thoughts and compulsions will have most of their needs met within an appropriately differentiated classroom. They are likely to require additional support from school counselling services and may require further supported through access to therapy and/or medical treatment.

Post-traumatic stress disorder (PTSD) (Barriers dealing with trauma and arousal)

Students who experience, witness or hear about a traumatic event may be severely and intensely affected emotionally, socially and/or physically. These students may experience barriers in dealing with trauma and arousal and may be diagnosed with post-traumatic stress disorder.

Particular barriers to learning may include:

- repeatedly displaying themes of the trauma in play, writing or drawing
- avoiding situations or things that remind them of the trauma
- decreased interest in activities and difficulties concentrating
- fearfulness, sadness, irritability, anger or aggression
- 'shutting down', with 'emotional numbing' or detachment from others
- decline in academic performance and impairments in social functioning
- becoming withdrawn from teachers and friends and/or increased school absences
- physical symptoms such as headaches and stomach-aches
- being easily startled, for example when hearing sudden, loud noises
- being frequently 'on alert', hyper-vigilant or 'wound up'
- telling stories of nightmares or vivid memories related to the trauma
- difficulty sleeping resulting in irritability at school.

It is expected that most students who experience significant barriers in dealing with trauma and arousal will have most of their needs met within an appropriately differentiated classroom. Teachers should incorporate specific accommodations and support strategies within their teaching approaches. These students are likely to benefit from access to school counselling and behaviour support services and may be further supported through access to therapy and/or medical treatment.

Attention Deficit and Hyperactivity Disorder (Barriers with attention and self-regulation)

ADHD – inattentive type (Barriers with maintaining focus and attention)

Some students who experience significant barriers with maintaining attention and focus may be identified with the inattentive type of ADHD. Students with this type of ADHD are likely to be less disruptive and active in the classroom than those who have the hyperactive-impulsive type.

Particular barriers to learning may include:

- difficulties following routine tasks – has to be constantly reminded about routines because they appear to have forgotten
- difficulties with completing tasks even when motivated and engaged
- difficulties in paying attention during teacher-talk, resulting in mistakes when completing tasks
- difficulty sustaining concentration
- actively avoiding tasks which require sustained concentration and thought
- difficulties with organising their thoughts and following a sequenced plan for action
- a dislike for and actively avoiding tasks which require sustained concentration and thought
- difficulty in following instructions and may appear as if they are daydreaming.

It is expected that most students who experience significant barriers in maintaining focus and attention will have most of their needs met within an appropriately differentiated classroom. Teachers should incorporate specific accommodations and support strategies within their teaching approaches. These students are likely to benefit from access to school counselling and behaviour support services and require support through access to therapy and/or medical treatment.

ADHD – hyperactive type (Barriers with managing hyperactivity and impulsivity)

Some students who experience significant barriers with managing hyperactivity and impulsivity may be identified with the hyperactive type of ADHD.

Particular barriers to learning may include:

- frequently fidget and find it difficult to sit still; constantly leaving their seat

- difficult to complete quiet tasks (such as reading)
- talk at a rapid pace, blurting out comments at inappropriate times or interrupting conversations or speaking out of turn
- extreme amounts of energy
- difficulty waiting for a turn or standing inline
- difficulty with self-management and organisation.

It is expected that most students who experience significant barriers when managing hyperactivity and impulsivity will have most of their needs met within an appropriately differentiated classroom. Teachers should incorporate specific accommodations and support strategies within their teaching approaches. These students are likely to benefit from access to school counselling and behaviour support services and may require further support through access to therapy and/or medical treatment.

ADHD - combined type (Barriers with focusing attention and managing hyperactivity)

Students who experience considerable barriers with attention and managing hyperactivity may be identified with the combined type of ADHD. They will display a combination of behaviours described for both the inattentive and hyperactive types of ADHD (above).

Selective Mutism

Some students experience anxiety disorders related to social phobias which mean that they cannot speak in school and in specific situations, though they are able communicators at home and with people with whom they are comfortable.

Barriers to learning include:

- inability to speak in school or to allow their voice to be heard
- inability to read aloud or answer questions, which limits verbal assessment of their progress
- social barriers and difficulty in making friends

These students' needs can be met through a coordinated approach between family and school. These students benefit from a therapy approach through Speech Therapist and Counsellor, coordinating with the teachers to incorporate specific accommodations and support strategies within their teaching approaches to allow for non-verbal responses, helping the child to gradually

overcome the phobia.

Physical, Sensory and Medical:

Sensory impairments (Barriers with using the senses)

A sensory impairment refers to a loss of vision or hearing that cannot be corrected by using lenses or through devices such as hearing aids.

Visual impairment (Barriers with vision)

Students who experience barriers with vision that is not corrected by using lenses may be diagnosed with a visual impairment. Particular barriers to learning include:

- difficulty accessing or reading printed or written words, diagrams or images
- poor writing skills
- clumsy movement and challenges moving around safely in the classroom and around the school
- underdeveloped social skills as a result of not being able to respond to visual cues
- Disordered motor skill development as a result of limited motivation to move toward that which cannot be seen or inhibition to move for fear of the unknown.
- poor hand-eye coordination
- underdeveloped conceptual understanding as a result of limited developmental opportunities for exploration with the environment, resources and materials
- restricted language development as a result of restricted opportunities for active interaction with others
- limited independence in life skills as a result of restricted incidental learning through observation
- reduced ability to engage in typically expected activities alongside typically developing peers may also restrict a student's self-esteem and emotional resilience
- Under-developed organisational skills.
- Barriers with vision will occur across the range of intellectual abilities and associated difficulties are in a continuum that ranges from mild to severe. It is expected that many students who experience significant barriers with vision will have most of their needs met within an appropriately differentiated classroom. They will also require monitoring and support from counselling services. Teachers should ensure that the classroom is designed

and managed in a way that ensures the student's health and safety. This may include the provision of personal assistance and providing access to assistive devices and/or technological support. Schools who provide placements for students with more significant barriers with vision are likely to require support from specialist teachers and/or advisory services.

Hearing impairment (Barriers with hearing)

Hearing impairment, whether permanent or fluctuating may be identified when it adversely affects a student's educational performance. Typically, hearing loss is categorised as slight, mild, moderate, severe or profound, depending on how well an individual can hear the frequencies that are commonly associated with speech. The effects are also different depending upon whether it is a conductive hearing loss which affects the structure of the actual hearing mechanism, or a Sensor neural loss, which affects the Auditory nerve and is usually more severe.

Commonly, in a mainstream school, a child is likely to have or had had a conductive hearing loss due to ear infections that cause damage to the middle ear. This affects his hearing specific ranges of sounds.

Particular barriers to learning include:

- delay in the development of receptive and expressive communication skills (speech and language)
- learning problems that result in reduced academic achievement
- limited vocabulary which in turn may affect their reading ability
- difficulty understanding verbal and written mathematical problems, due to a need to simplify these by converting them into understandable linguistic forms
- restricted ability to focus partial hearing when exposed to background noise or poor acoustics
- Difficulty hearing their own voices when they speak. They may speak too loudly or not loud

enough and may sound like they are mumbling because of poor tone, inflection, or rate of speaking

- difficulty hearing word endings such as -s or ed, leading to misunderstandings and misuse of verb tense and pluralisation
- understanding and writing complex sentences resulting in weaker comprehension and production of shorter and simpler sentences
- Difficulties understanding words with multiple meanings. For example, the word 'bank' can mean the edge of a stream or a place where we put money
- Experiencing feelings of isolation.
- Poor listening and attention especially when verbal information is given.
- dependence upon visual cues and information, following other children's activities

Barriers with hearing will occur across the range of intellectual abilities and associated difficulties are in a continuum that ranges from mild to severe. It is expected that many students who experience significant barriers with hearing will have most of their needs met within an appropriately differentiated classroom. They will also require monitoring and support from counselling services. Teachers should incorporate specific accommodations and support strategies within their approaches to teaching and management of the classroom to ensure beneficial acoustics and the optimal positioning of the teacher. Schools who provide placements for students with more significant barriers with hearing are likely to require support from specialist teachers and/or advisory services and embed assistive systems of communication.

Deaf-blind (Barriers with seeing and hearing)

Deaf/blindness is a combination of sight and hearing loss and is sometimes called dual-sensory impairment. Usually, affected students will not experience a complete absence of hearing or vision, but both senses will be reduced enough to cause difficulties with everyday activities. An individual who is deaf-blind is likely to require significant and substantial specialist support, need support to ensure mobility, use alternative and augmentative communication system and require access to adaptive technology and equipment.

Physical disability (Barriers with physical movement)

The key issue to be considered when identifying a physical disability is mobility; the ability of a person to move around in their environment. Physical disability ranges from mild to severe and for some students mobility is significantly impaired. Some specific examples include muscular dystrophy, cerebral palsy or spina bifida. Muscular dystrophy (Barriers with muscle size and strength) Students who experience barriers relating to serious muscle wasting or weakness may be diagnosed with muscular dystrophy.

Particular barriers to learning may include:

- muscle weakness in the hips, pelvis, and legs may cause the student to have difficulty standing, sitting and walking
- difficulties moving around safely as a result of an unsteady gait; they may appear clumsy and be prone to falling over
- difficulty expressing complex feelings related to their condition and may behave in an angry, frustrated, stubborn or withdrawn manner
- muscle weakness and fatigue can make it difficult for students to keep up with the physical demands of handwriting, completing assignments and organising materials
- depression and anxiety, as a result of their deteriorating conditions, may become apparent in a few ways: lethargy, withdrawal, irritability, lack of interest and poor academic performance
- Quiet voices due to the weakness of their respiratory and upper airway muscles.

It is expected that many students who experience barriers relating to muscle wasting and weakness will have many of their needs met within an appropriately differentiated classroom. The classroom and wider school environment should enable the student's full, safe and accessible engagement in learning activities and in the life of the school. The student may require personal support to assist mobility or enable access to assistive devices. Specialist interventions such as occupational or physiotherapy are likely to be particularly important. The impact of related health conditions may lead to higher than typical school absence rates; school should work closely with the parents to development additional home/school learning options.

Cerebral Palsy (Barriers with posture, movement and coordination)

Students who experience serious barriers with their posture, balance and ability to move, communicate, eat, sleep and learn may be diagnosed with cerebral palsy. Those affected may experience uncontrolled or unpredictable movements, muscles can be stiff, weak or tight and in some cases, have shaky movements or tremors.

Particular barriers to learning may include:

- difficulty standing, sitting and walking due to variations in muscle tone, such as being either too stiff or too floppy
- communication difficulties as a result of limited coordination of the muscles around the mouth, tongue and those required for breathing
- motor planning difficulties (organisation and sequencing movement)
- perceptual and language difficulties; which can impact on literacy, numeracy and other classroom skills and activities
- difficulties in fine motor and gross motor coordination and communication
- short attention span and fatigue
- fatigue as a result of sustained concentration for movement and the sequencing of actions
- epilepsy - seizures can affect speech, intellectual and physical functioning
- general barriers with learning (intellectual disability).

It is expected that many students who experience barriers with posture, movement and coordination will have many of their needs met within an appropriately differentiated classroom. The classroom and the wider school environment should enable the student's full, safe and accessible engagement in learning activities and in the life of the school. The student may require personal support to assist mobility or access to assistive devices. Specialist interventions such as speech, occupational or physiotherapy are likely to be particularly important. Medical interventions, such as corrective surgery, may lead to higher than typical school absence rates; the school should work closely with the parents to develop additional home/school learning options.

Spina Bifida (Barriers with leg movement)

Students with spina bifida may experience a range of difficulties in their use of their legs and spine because of weak muscles and associated nerve damage. These problems may include a curved spine (scoliosis), abnormal growth or dislocation of the hip, bone and joint deformities, muscle contractures and other orthopaedic concerns.

Particular barriers to learning may include:

- motor problems: the ability to move, use tools, read and write
- difficulty with concentration and as a result may struggle to keep pace in class
- appearing fidgety and impulsive and struggling to organise themselves
- difficulty making decisions
- fluid build-up in the brain causing seizures
- problems with vision
- general learning difficulties.

It is expected that many students who experience significant barriers with walking and mobility will have many of their needs met within an appropriately differentiated classroom. The classroom and wider school environment should enable the student's full, safe and accessible engagement in learning activities and in the life of the school. The student may require personal support to assist mobility or access to assistive devices. Specialist interventions such as occupational or physiotherapy are likely to be particularly important.

Chronic or acute medical conditions (medical barriers)

Students with chronic or acute medical needs will experience significant barriers to learning because of reduced strength, alertness, stamina or concentration and they are identified as having a special educational need. Examples of chronic or acute health problems include heart defects, epilepsy, and cancer or brain tumour. Barriers to learning may include:

- short attention span
- high levels of fatigue,
- slowness in response,
- reduced motor coordination and control
- slowed speech

- reduced comprehension
- reduced stamina and ability to persevere.

It is expected that most students with acute medical conditions will have most of their needs met within an appropriately differentiated classroom. Some students will experience chronic pain because of their condition and/or will take high doses of medications that may have additional side effects such as nausea or drowsiness. It is likely that the student's learning experiences will be interrupted due to the necessary frequent absences from school due to hospitalisation/medical needs.

Section (5)- Identification and referral procedures:

5.1-Indirect referral:

At risk students: Response to Intervention teams are established in each section and they are active in the identification and referral process. RTI teams meet regularly as they discuss the academic progress of at-risk students. After three tiers interventions, students who did not make progress **will be referred to the Inclusion department for in depth evaluation.** The Inclusion department uses recommended informal and formal screening tools and behavior checklists to provide useful information to further guide identification and assessment. A variety of diagnostic tests, along with appropriate checklists, are used to initiate identification procedures for Specific Learning Difficulties (SpLD) such as Dyslexia and Dyscalculia. These screening tools enable the department to detect risk factors that may be an early indication of a possible difficulty, disorder or impairment.

5.2- Direct referral:

The school has a referral system in place whereby students with clear symptoms of disability can be identified by a multidisciplinary team. If a student is suspected of having a disability, the multidisciplinary team must identify if there is a physical or mental impairment, determine if and how the physical or mental impairment substantially limits the major life activity of learning, and determine the necessary accommodations and/or services to ensure that a student is able to receive a fair and appropriate education in the least restrictive environment (LRE). The team must consider information that has been obtained through assessments administered by qualified

personnel and that is valid, reliable, and unbiased. This information must be current and sufficient in scope to make a well-informed decision.

The multidisciplinary team may observe the suspected student; collect documentation from teachers and applying identification checklists. Parents however must give consent before an initial evaluation of their child is conducted to determine whether their child is eligible to receive special education and related services. Further, out of school agencies might be involved to identify student's needs, meetings with the relevant partners will be held to confirm provision arrangements.

5.3- Gifted and Talented:

Potentially gifted students will be evaluated using the Gifted and Talented Evaluation Scales 2nd Edition. Teacher's nominations, results of CAT4 and Academic achievement. The school collaborates with external agencies to validate gifted identification.

5.4- Partnership with Special centers as a resource for inclusive education

Bright Learners Private School works alongside specialised intervention centres in order to enhance the development of inclusive education in the school. These centres provide invaluable expertise and share their knowledge so that the school staff can implement effective and inclusive learning strategies for students who experience disability. However, the identification of student's needs is a major aim of this partnership.

5.5- Medical / Psychological Reports:

Admission into Bright Learners Private School and the provision of SEN support is not conditional upon the submission of a medical/ psychological diagnosis. However, if, despite appropriate support the student fails to make adequate progress then parents are requested to seek a diagnostic assessment in order to inform the school about the necessary provision and support and provide the parents with information and advice to help the child to make the best progress. All psychological reports submitted to our school must be comprehensive and valid. Comprehensive means that the student will be evaluated using APA or DSMV criteria assessment.

Section(6)- Individualized Education Program (IEP).

The IEP is a written statement for each child with a disability that is developed, reviewed, and revised in a meeting in accordance with this Rule, and that must include:

- A statement of the child's present levels of academic achievement and functional performance
- For preschool children, as appropriate, how the disability affects the child's participation in appropriate activities;
- A statement of measurable annual goals, including academic and functional goals that meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum.
- How the child's progress toward meeting the annual goals will be measured
- The periodic progress the child is making toward meeting the annual goals (such as through the use of term or other periodic reports, concurrent with the issuance of report cards) will be provided.
- A statement of the special education and related services and supplementary aids and services.
- A statement of any individual appropriate accommodations that necessary to measure the academic achievement and functional performance of the child on standardized assessments.

6.1- Parents Involvement:

Parents are advocates for their child's best interests. As members of the IEP team, parents and the school are equal partners. Parents contribute invaluable information about the student's learning approaches and interests. As a team, school personnel and parents need to work together to accomplish the goal of identifying and meeting the child's educational and support needs. The information that parents provide helps to ensure continuity in programming and plays an important role in reinforcing the goals of the IEP at home.

1. Parents role in the IEP planning process:

- Identifies student's strengths.
- Identifies priorities for the student's individual educational needs.
- Provides a process for planning, updates and revisions.
- Provides information for assessment of growth.
- Assists in the coordination of services involved.
- Facilitates communication

2. Parents role in the IEP Meeting:

Parents are the best advocates of their child's rights, during the IEP meeting parents should participate effectively, discuss and request what they find it beneficial for their child. During the IEP meeting parents can:

- Express what services they want for their child?
- Express what placement they want for their child?
- Express any other concerns, opinion, or thoughts about their child relating to the IEP process?

3. Parents role in the IEP implementation and progress monitoring:

- Support the student at home, following up with social, behavioral and life skills objectives.
- Reinforce student's achievement.
- Provide information about the student's progress areas where assistance is needed from their perspective.
- Communicate with IEP team members to track progress and share information.
- Be actively involved as equal partners in all aspects of the IEP attend meetings, discussion and participate in decision making.

6.2- Measuring and Monitoring Progress of SOD Students

1. The SE and GE teachers will monitor the progress of students based upon their IEP and individual goals and starting points. Intervention tracking sheet will be used by the SE teachers to monitor students' progress toward their IEP goals.

2. The GE and SE teachers will discuss students' progress during weekly co-planning meeting, students' progress; they are also responsible to monitor students' progress and trends of performance on the international benchmark exams such as MAP.
3. Students' progress will be reported to their parents on regular basis through the available communication methods, however, a final progress report will be sent to parents at the end of each term.

Section (7)- Parents:

7.1- Parent Revocation of SE Services

Parents have the right to revoke consent of Special Educational services. The school's IEP team may request a review of the student files, marks, IEP, and determine if discontinued services will negatively affect the child. Parents will be notified and will meet with the IEP team in order to determine if the child no longer needs additional support. If special education services are revoked a student's individualized education program (IEP) will no longer be in effect, and the school will treat the student as any other student in general education. This includes loss of accommodations, modifications of instruction and assessment, and any other additional supports previously provided. Fees will be discontinued at the end of the respective term.

7.2- Parent Communication:

Parents will be contacted regularly to improve communication, collaboration, and overall awareness of students' academic progress.

7.3- Partnership with Parents

At all stages of the special needs process, we at Bright Learners Private School keep parents fully informed and involved. We encourage parents to make an active contribution to their child's education. We will have a parent orientation, regular parent conferences, events and/or workshops in order to improve the communication, efficiency, and collaborative efforts of all stakeholders. Inclusion department will facilitate Pastries, Parent, and Progress to inform parents of student progress.