

Parents &
Caregivers



Loxton
Lutheran
School

Student Support & Wellbeing **HANDBOOK**

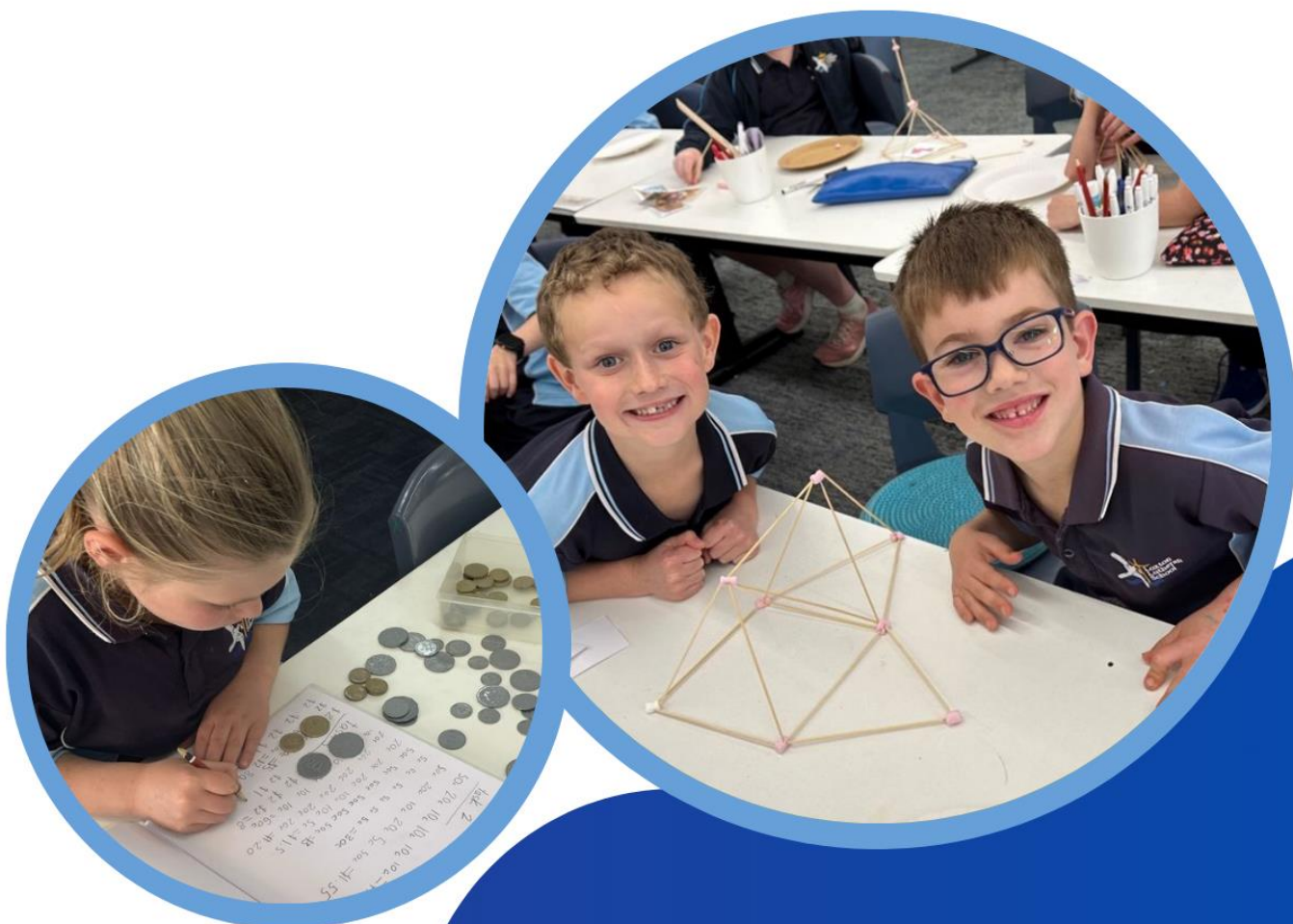
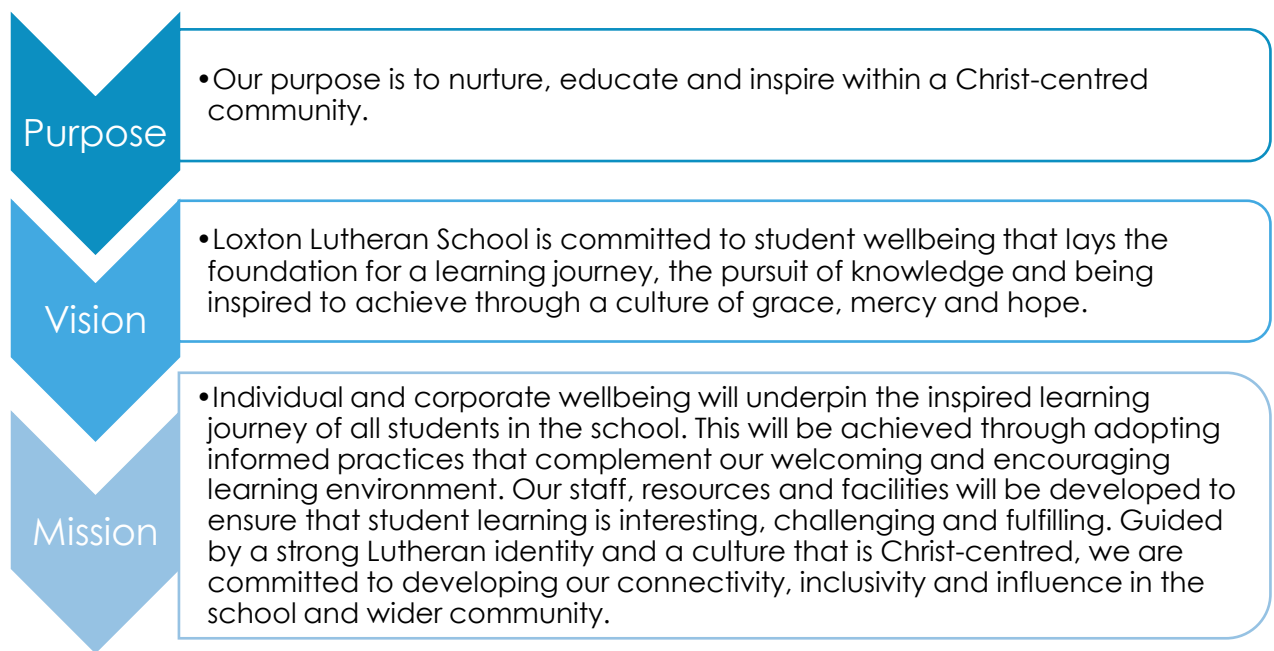


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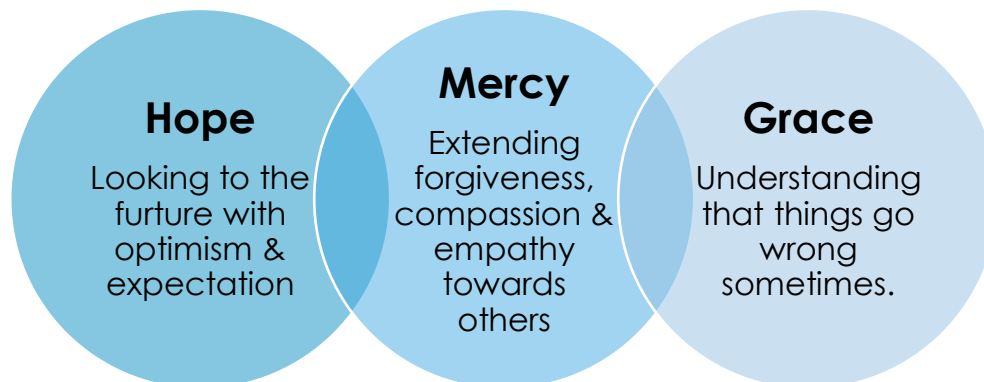
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Purpose, Vision & Mission



Values



Student Wellbeing

Current research shows that increasing numbers of children are being diagnosed with mental health issues, and psychological and behavioural conditions, having a direct impact on wellbeing and learning.¹ Students with learning difficulties and/or disabilities are also more likely to experience poor mental health. Having supports in schools can positively impact all students, the ways they approach learning and social emotional skill development. These strategies will have lifelong effects and help students into the future beyond their schooling.

¹ Cynthia Lewis, "Student and Teacher Perceptions of Social-Emotional Learning: A Comparative Case Study" Trevecca Nazarene University, 2023), 1-15.

Australian Student Wellbeing Framework

The Australian Student Wellbeing Framework (Education Council, 2020) describes Australian schools as 'learning communities that promote students' wellbeing, safety and positive relationships so that students can reach their full potential'.

The Wellbeing Framework is based on evidence that demonstrates the connection between safety, wellbeing and learning, and provides schools with a set of guiding principles to support the building of positive environments to ensure that every student has the 'strongest foundation possible for them to reach their aspirations in learning and life'.

More information can be found here:

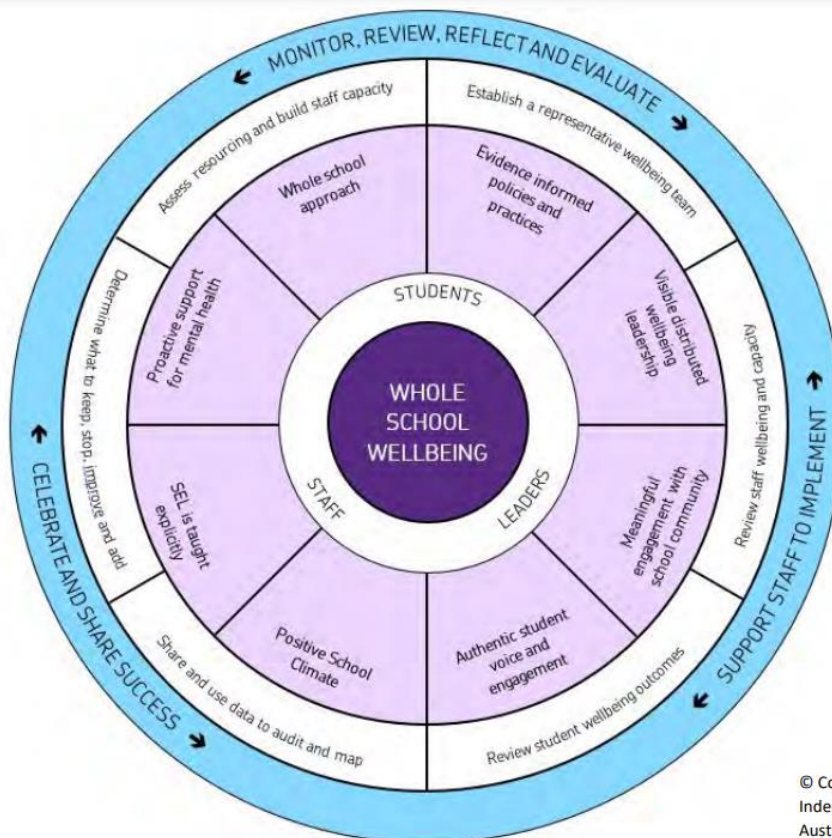
<https://studentwellbeinghub.edu.au/educators/framework/>



Education Council, 2020

AISSA Wellbeing Toolkit

The AISSA Wellbeing Toolkit guides the practices and review processes at Loxton Lutheran School.



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Wellbeing Team

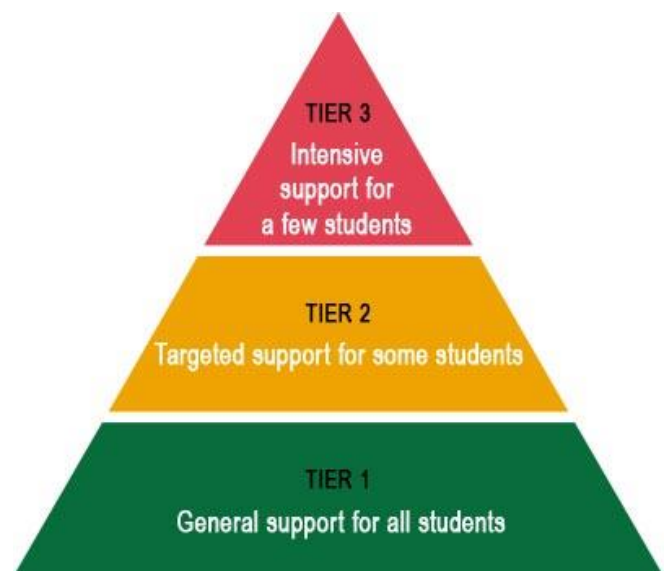
The Wellbeing Team at Loxton Lutheran School meets regularly throughout the school year. Whole school approaches are reviewed with reference to the AISSA Wellbeing Toolkit, Tier 2 class/small group interventions are reviewed and students with identified needs are discussed.

The Wellbeing Team at Loxton Lutheran School consists of the following staff members:



Tiered Approach to Promoting Positive Behaviours and Managing Challenging Behaviours

At Loxton Lutheran School we aim to provide whole school consistent approaches, in an inclusive, positive learning environment. A three-tier approach that promotes learning and wellbeing for all students is utilised. At different times, students may require varying levels of support and may move between different tiers. There is a focus on early intervention and pro-active programs and supports. Students are encouraged to be responsible for their actions and behaviours.



Tier 1: Promote Positive Behaviour Across the School

Tier 1 involves prevention of challenging behaviours, whole school approaches that cater for all students and early intervention to those at risk.

Tier 1 strategies include the following:

My Mind Check

Poor mental health impacts approximately 14% of children, which influences their educational potential. Studies show by Year 9, students experiencing mental health concerns are on average two years behind their peers. Research shows that by conducting mental health and wellbeing checks in schools, we can dramatically improve the educational outcomes for students. The My Mind Check, digital check-in tool is used by students two times a year at Loxton Lutheran School (Week 6, Term 1 and Week 5, Term 3). This is voluntary with consent provided from families.



More information can be found here: <https://mymindcheck.org.au/>

Real Schools

LLS has a partnership with Real Schools which focuses on fostering a culture that is strong, relational and built on trust. Training and development has been completed with staff and key approaches are utilized throughout the school. These include:

- **Positive Priming**

Our world is full of negative words and demands. Think about recent interactions with our children. We often resort to 'Stop that', 'Don't do that', 'No you can't.' When we say 'Stop running' the only word heard is running and this causes the brain to send the message that running is ok. By changing our words and adding a feeling (affective) word we are wiring the brain to a different outcome.

THE CHEAT SHEET

1. Language and choice of words influence behaviour
2. Priming increases the likelihood a behaviour will occur
3. Affective (feeling) words complement priming language
4. Talk to the behaviour you want to see

What does it look like at home and school?

HOME		SCHOOL	
Default Statement	Priming Statement	Default Statement	Priming Statement
"Don't fight with your sister."	"It's pleasing to see you sharing the Lego with your sister."	"No football tackling at recess break."	"I'd really love to see you safely tag during recess football"
"Stop throwing your clothes on the floor."	"Thanks for putting your clothes in the laundry, it's really helpful."	"Stop throwing pencils across the room"	"Thanks for passing the pencils safely, I appreciate it."
"Stop walking mud through the house."	"I'd be thankful if you took your shoes off at the door."	"Hurry up, you haven't started your work."	"I love the way everyone has started their work, well done."

- **Circle Time**

There are five types of circles: Check In, Check Out, Preparation Circle, Response Circle and Learning Circle.

Classes generally start the day with a Check In, either in a Circle or facing the board.



2-7 min

Check-In Circles

GOAL	OUTCOME	FOCUS
To get students to communicate how they are feeling	If a student can recognise their different emotions and the intensity of emotion, they can start to manage themselves	Present

How do I check in? What are the prompts?

Social Emotional Regulation

- One or two words to describe how you are feeling – “I feel ... and ...”
- Turn and talk to the person next to you about how you feel.
- What are you most concerned about today?

Readiness to Learn

- My focus today is ...
- I want to do more ...
- I want to do less ...
- I want to feel To feel this way, I will ...

- **Affective Statements**

Affective statements are designed to remind students that their behaviour impacts others. E.g. rather than saying to a child who drops a piece of rubbish “Can you please pick that up.” say “It disappoints me to see you do that. Please can you put it in the bin”. Try and use a variety of feeling words.

THE CHEAT SHEET

1. There are countless affective opportunities.
2. It’s really just throwing a feelings word into your default.
3. Language shift is critical to cultural shift.
4. Develop your school’s own affective statement bank.
5. Catch and reward yourself when you change a default.



Loxton
Lutheran
School

Student Engagement Plan

Grace · Mercy · Hope

We follow the restorative continuum to elevate student behaviour, empathy and relationships

FORMALITY	Affective Statements We include feelings words in language to address low-level yet high-frequency behaviours.	1-3 seconds	FREQUENCY	TIME INVESTMENT
	Affective Restorative Interactions We quickly take 1-on-1 responses to poor behaviour choices from past, through present, and into the future.	1-3 minutes		
	Small Impromptu Conferences We use Restorative Questions to solve problems amongst and between groups.	9-10 minutes		
	Large Group We run regular circles in class to check in, check out, prepare, respond and to deliver content of all kinds.	Under 15 minutes		
	Formal Conferencing For the most serious, high-impact behaviours and ongoing problems.	60 minutes, ↑ 2 days prep		

We support each other to elevate student behaviour restoratively

- Our school values of Grace, Mercy and Hope are at the heart of school life at Loxton Lutheran School, including our approach to student engagement.
- We build a trusting and supportive community, utilising effective strategies to respectfully hold ourselves and one another accountable for the impact of our own behaviour.
- We solve all problems restoratively, with high expectations and a high level of support.
- Student behaviour is supported by utilising the appropriate restorative principles (as shown in the diagram above).
- We empower children to apply their skills and knowledge to build trusting relationships and repair harm, where required.
- We commit to embedding restorative circles to increase connection and awareness of community wellbeing.
- Affective statements, reflection tools and restorative interactions are used to build empathy and nurture expected behaviours. We consistently use the restorative process to solve problems and differentiate the outcome to meet student need.
- School leadership support building staff capacity while providing a high level of guidance and intervention to respond to student behaviours and repair relationships.
- On occasion, when students need to exit the learning environment for a short period, we will commit to repairing the harm and reaffirming expectations prior to re-entry.
- We use formal restorative conferences to return any student from suspension (external and internal).
- In partnership, staff and families work collaboratively to support student engagement, conduct and achievement.
- Using restorative principles and offering a high-level of support, we address bullying behaviour promptly, in collaboration with parents, staff and students.

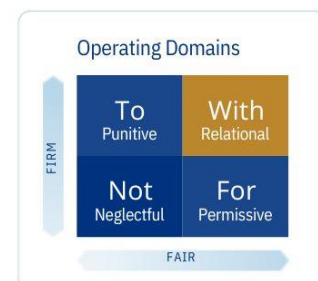
Restorative questions

For those who have done the wrong thing

- What happened? What happened before that?
- How were you feeling at the time?
- How have you been feeling since?
- Who has been affected by what you have done? In what way?
- How are you going to fix it? Are you ready now or do you need more time?

For those who have been harmed

- What happened? What happened before that?
- How did you feel when that happened?
- What needs to be fixed? Are you ready now or do you need more time?



Health Curriculum

Each class has 50 minutes of Health each week. Students complete content based on The Resilience Project and the Zones of Regulation in Term 1 and 2 or 4. In Term 3 students complete Keeping Safe: Child Protection Curriculum content as well as Family Life topics. In the other term, other Australian curriculum Health topics are taught.

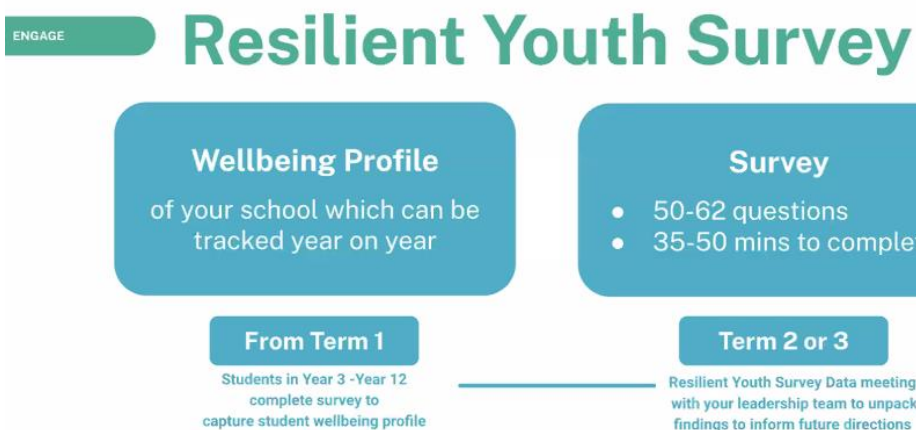
The Resilience Project

The Social Emotional program used at LLS is, "The Resilience Project".

The key areas focused on include:

Gratitude Empathy Mindfulness & Emotional Literacy

The Resilient Survey is completed annually with students from Year 3 to Year 6.



Zones of Regulation

The Zones of Regulation are referred to throughout the school. These are formally taught in Reception and revised at the start of each school year with the other classes. The Zones of Regulation curriculum helps students to gain skills to recognize their Zones and emotions as well as consciously regulating their actions, leading to increased control and problem-solving abilities.

Free visuals and resources can be downloaded here:

<https://zonesofregulation.com/resources/>

Zones of Regulation also pairs with the teaching of Auslan. Check ins can be conducted with students by asking students how they are feeling, and they can indicate using the Auslan colours blue, green, yellow and red or by describing the emotion.



Supplementary Reproducible E for Elementary Ages

ZONES of REGULATION

The ZONES of Regulation

Blue Zone Sad Bored Tired Sick	Green Zone Happy Focused Calm Proud	Yellow Zone Worried Frustrated Silly Excited	Red Zone Overjoyed/Elated Panicked Angry Terrified

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Adapted from The Zones of Regulation 2-Storybook Set | Available at www.socialthinking.com

Buddy Program

Each class is assigned a buddy class. This helps foster relationships throughout the school, leadership and mentoring skills with the older students, as well as empathy and social skills.

Classroom Essential Agreement

At the beginning of each school year, classes develop "Essential Agreements" as a group. These are used to guide behavioural and learning expectations throughout the year.

Explicit teaching of school rules and expected behaviours

Time is spent teaching the school rules, classroom routines and behaviour expectations at the beginning of each school year and term.

Classroom responsibilities

Within classrooms, there are daily/weekly jobs assigned to students. This helps develop responsibility, leadership skills and respect for the classroom and resources. Some classes choose to have a daily helper, whereas others assign jobs for the week.

Break Time Activities

There are a range of activities scheduled at lunch and recess times to help foster social skills and to support students who find the unstructured time more challenging. LSOs facilitate activities during lunch times. The LIFE Centre is open at some break times. The Library is open every recess and the Pastoral Care Worker has activities in the Art Room one day a week.



Tier 2: Early Intervention

Tier 2 focuses on identifying students who may require additional learning or social and emotional support. Specific interventions may be provided such as small group literacy/maths or social skills instruction, support with learning in class, differentiated learning tasks and self-management strategies. Feedback will be provided to parents/caregivers regarding engagement in learning or behavioural needs. The goal is for the student to move to self-management.

Behaviour & Restorative Practices

Students learning how to respond to others in socially acceptable ways is a key part of their schooling. Mistakes will be made by students, but it is how adults respond that will either enhance or inhibit the learning. Each situation provides an opportunity for reflection and to help students see what they could do instead. At LLS we use restorative practices which involves students thinking about their actions, understanding the impact it has on others and how they can approach the situation in a more positive way in the future. There is a focus on skill building.

Restorative Practices - P3, P3, F3 or Reflection Sheet/s

The Real Schools A Fair Process template, is used to navigate:

- Past, what is the conflict/problem?
- Present, how does everyone feel?
- Future, how can this conflict/problem be repaired?

P3

P3

F3

REAL SCHOOLS

REAL SCHOOLS

RESTORATIVE QUESTIONS

For those who have done the wrong thing

- What happened? What were you thinking about at the time?
- What have you thought about since?
- Who has been affected by what you have done? In what way?
- What do you think you need to do to make things right again?

For those who have been harmed

- What did you think when you realised what had happened?
- What impact has this incident had on you and others?
- What has been the hardest thing for you?
- What do you think needs to happen to make things right?

After a conflict/issue, all the students involved are brought together. The collective group has three minutes (timed between students) to share what has happened (Past), to share how they feel (Present) and then the group is to discuss how the conflict can be repaired (Future). This process is completed by teachers and LSOs whether it be in the classroom, or out on yard duty.

This template is also used throughout the school to guide the restorative process. It is a similar format to the P3, P3, F3 template but is something students can also write on themselves if required.

Reflection Time	Name:	Date:	Time/When:
Draw or write. You may use the back of this page if you need more room.			
What was happening?	What needs fixing?		
What went wrong?	Who needs fixing?		
Who were the main people?	How can we do this?		
How was I feeling?	Next time I will...		
How am I feeling now?			

Minor Behaviours	Major Behaviours
<ul style="list-style-type: none"> • Calling out • Disrupting others • Using equipment inappropriately • Playing out of bounds 	<ul style="list-style-type: none"> • Use of inappropriate language • Inappropriate physical contact • Emotional harassment of others • Physical assault or intimidation of others • Verbal abuse or harassment of others • Leaving the school unsupervised • Inappropriate use of technology

Actions	Step 1	Step 2	Step 3	Step 4
<p>Physical (Rough play, tackling, pushing students in line, drawing on self and others, spitting, biting, throwing objects inappropriately, hitting/punching/kicking/ biting)</p> <p>Verbal (Disobedience, swearing, dishonesty, bullying, harassment)</p> <p>Misusing technology (iPad, laptop, mobile phone, cyberbullying)</p> <p>Other behaviour (Littering, misuse of equipment, out of bounds, stealing, damaging school property, deliberate undermining of teachers/manipulating others)</p>	<ul style="list-style-type: none"> • Reminder of protocols and expectations 	<ul style="list-style-type: none"> • Restorative practices reflection sheet/ process completed with student/s involved • Behaviour recorded on Sentral 	<ul style="list-style-type: none"> • Classroom teacher informed (may also occur at Step 2) • Leadership contacted • Phone call, email or parent meeting 	<ul style="list-style-type: none"> • Suspension – internal or external – as per leadership discretion

QDTP – Quality Differentiated Teaching Practice

Accommodations are to be put in place in the classroom for diverse learners. This may include students with certain medical conditions or learning needs. Teaching, assessments or activities may be modified and specific teaching strategies may be implemented.

In Class Extra Support & Resources

The teacher or LSO may work with small groups of students in the class who have different learning needs, or provide additional instruction, visual supports or verbal cues to students. Students may access sensory tools to help keep them focused.

Small Group Support & Programs

- Junior Primary Phonics Intervention groups.
- Multi-lit Programs – Pre-lit is taught at the ELC and small groups of students in the school participate in Mini-lit or Macq-lit groups as required.

- Spelling Mastery – Year 3-6 students are placed in Spelling Mastery groups based on their individual needs. It involves highly structured explicit instruction.
- Maths Mastery – Students in Year 3/4 and 5/6 with identified additional needs in maths can participate in the Maths Mastery program which is completed in small groups.
Year 3/4 program – JEMM
Year 5/6 program – JEMM+



- Social Emotional Groups
 - “Seasons for Growth” for students who have experienced family loss or change.
 - “Girlwise” is a socio-emotional group for girls in Year 3-5. It covers topics about identity, emotions, self-worth and friendships.
 - “What’s the Buzz” is generally used with students with ASD in small groups to help support social and emotional skills.
 - Lego Group – for students in JP with a focus on turn taking and social skills. Defined roles are given including Builder, Director, Engineer and Supplier.
 - Other small groups may occur based on identified student needs and interests focusing on social emotional skill development.
- Speech – Articulation screeners are completed with new Receptions and at times individualised speech support is provided to identified students by an LSO with guidance from the Student Support & Wellbeing Leader.



Tier 3: Individual Intervention


School support structures

As per the Disability Standards for Education, teachers are required to make reasonable adjustments for students with associated learning difficulties and/or disabilities. Individual Learning Plans are developed with goals.


Accommodations may be required such as “Dictation” in Word, information being read aloud using an iPad or with an LSO, tasks being modified and adapted, or additional visuals or materials being provided.

Behaviour Plan

For students with repeated challenging behaviours, a behaviour plan may be developed in collaboration with the student, their parents/caregivers, teacher/s and/or school leadership. It is important the student is a part of the meeting to have involvement in developing the strategies and to be part of the 'Emergencies and Contingencies' conversation. This is something the student signs off on and is regularly reviewed.



INDIVIDUAL BEHAVIOUR PLAN



Student:	Class:	Teacher/s:
Overall aim:		
For....		
Strengths / Interests:	Behaviours causing concern: (List all, specific)	
•	•	
Target behaviours: (1-2 max)	Antecedents (triggers):	
•	Things that make it more likely for the behaviours to occur	
STRATEGY		
Short term and classroom strategies		
1. What works/ what doesn't – Aiming for reduction in frequency and severity		
•		
2. Target behaviour & reward		
•		
Long term and broad strategies		
Accountability – who what when where & how often		
•		
EMERGENCIES & CONTINGENCIES		
Key Stakeholders:		
NAMES (including student)	SIGNATURES	PRESENT AT IBP MEETING (yes/no)
1.		
2.		
3.		
4.		
5.		
6.		

Individual Learning Plans

Definition and Purpose

The Individual Learning Plan (ILP) is a structured plan to help educators, families and learners at Loxton Lutheran School document and remain accountable to set goals and planning for the specific needs of a learner who requires extra support as defined by the categories Supplementary, Substantial or Extensive Adjustments as per the NCCD (Nationally Consistent Collection of Data) guidelines.

	Support provided within quality differentiated teaching practice	Supplementary adjustments	Substantial adjustments	Extensive adjustments
Level of adjustment descriptors	<p>Students with disability are supported through active monitoring and adjustments that are not greater than those used to meet the needs of diverse learners. These adjustments are provided through usual school processes, without drawing on additional resources, and by meeting proficient-level Teaching Standards (AITSL).</p> <p>Adjustments are made infrequently as occasional action, or frequently as low level action such as monitoring. These adjustments may include:</p> <ul style="list-style-type: none"> explicit, minor adjustments, including targeted or differentiated teaching, assessments or activities specific and relevant teaching strategies to support targeted areas of communication active monitoring and supervision, meeting health, personal care and safety requirements through usual school processes enabling access to learning through usual school processes (e.g. through a differentiated approach to teaching and learning) and existing facilities (e.g. existing modifications to buildings and learning environments). <p>Students with a medical condition whose learning and support needs are met through usual processes (e.g. whole-school professional learning) and active monitoring by school staff are included in this category. These students may have a plan in place to support monitoring of their condition. Their identified needs would be subject to close monitoring and review.</p>	<p>Students with disability are provided with adjustments that are supplementary to the strategies and resources already available for all students within the school.</p> <p>Adjustments occur for particular activities at specific times throughout the week and may include:</p> <ul style="list-style-type: none"> adapted and additional instruction in some or many learning areas or specific activities personalised and explicit instruction to support one or more areas of communication planned health, personal care and/or safety support, in addition to active monitoring and supervision adjustments to enable access to learning may include: <ul style="list-style-type: none"> specialised technology support or close supervision to enable participation in activities or the playground. modifications or support to ensure full access to buildings and facilities. 	<p>Students with disability who have more substantial support needs are provided with essential adjustments and considerable adult assistance.</p> <p>Adjustments to the usual educational program occur at most times on most days and may include:</p> <ul style="list-style-type: none"> additional support or individualised instruction in a highly structured manner, including adjustments to most courses, curriculum areas, activities and assessments personalised and explicit instruction to support one or more areas of communication planned health, personal care and/or safety support or intervention, in addition to active monitoring and supervision adjustments to enable access to learning may include: <ul style="list-style-type: none"> specialised equipment specific planning for access to activities or facilities closely monitored playground supervision modification to school environments, such as buildings and facilities environmental adjustments to support participation in learning provision of specialist advice on a regular basis support from specialist staff. 	<p>Students with disability and very high support needs are provided with extensive targeted measures and sustained levels of intensive support. These adjustments are highly individualised, comprehensive and ongoing.</p> <p>Adjustments to the regular educational program occur at all times and may include:</p> <ul style="list-style-type: none"> intensive, individualised instruction or support in a highly structured or specialised manner for all courses and curricula, activities and assessments intensive, individualised instruction to support multiple areas of communication planned, highly specialised and/or intensive health, personal care and/or safety support or intervention enabling access to learning through: <ul style="list-style-type: none"> specialised equipment highly modified classroom and/or school environments extensive support from specialist staff.

The purpose of the ILP is to enable educators, families and learners (when/if appropriate) to jointly determine appropriate curriculum and goals, based on the Australian Curriculum, taking into consideration the needs and strengths of the learner. The ILP is part of school reporting and recording and should be regularly reviewed as part of this process.

Meetings

The Student Support Leader will generally also attend all the ILP meetings for students who have Substantial or Extensive adjustments, and ILP meetings for students with QDTP and Supplementary adjustments where possible. It is the parent and teacher choice if a student who has Substantial or Extensive adjustments and an ILP meeting in the first part of the term, also has a Parent Teacher interview. We are aware that additional/different information may also be shared at the Parent Teacher interview. The Parent Teacher Interview is still for the standard length of time.

Student involvement

Having students develop goals in conjunction with the teacher/s and parent/s gives them more autonomy and research shows, leads to greater investment in the goals and them being achieved. Where possible, students are to also attend the ILP meeting and be an active participant.

Assessment and Reports for students with an ILP

Semester 1 ILP goals are reviewed in Week 3-7 of Term 3 and Semester 2 ILP goals are reviewed at the end of Term 4 by updating the goal status. If students who have an ILP are working towards a different year level in English or Maths this is reflected in the Student Academic Report.

Student Support & Wellbeing Leader

Role & responsibilities

The role of our Student Support & Wellbeing Leader includes supporting with the following areas:

Students with additional needs

- Learning difficulties and disabilities
- Wellbeing
- Allied Health
- ILPs

LSOs

- Induction, meetings, training, weekly timetables
- Absences

Teachers

- Inclusive Education and wellbeing training
- Support with ILPs, differentiating the curriculum, teaching SEL curriculum

Pastoral Care Worker

- Liaise and meet with the PCW
- Review student needs



Pastoral Care Worker

Role & responsibilities

The role of our Pastoral Care Worker is to support and care for students, staff and families of our school community, on matters of spiritual, social and emotional need.

- The position is for 15 hours per week and is funded through the National Pastoral Care Worker Program.
- This is a proactive position with strategies focusing on educating, supporting and empowering our school students from R – 6.

Teachers

Role & responsibilities

Teachers are responsible for the following areas:

- Differentiating the curriculum for specific learner needs
- Recording data for NCCD (keeping records of emails and other parent communication, differentiated planning, intervention records and notes)
- Creating and updating ILPs throughout the year. A sample Reading and ILP log that may be used by LSOs is provided in the Useful Documents section.
- Implementing SEL programs
- Incorporating whole school approaches to classroom routines, positive behaviour support and wellbeing
- Provide information to LSOs about student learning and behavioural needs, goals and approaches

Learning Support Officers

Roles & responsibilities

- Provide learning support to students under the direction of teachers
- Follow differentiated learning plans developed by teaching staff
- Liaise with teachers to help support students work towards ILP goals
- Work in partnership with teaching staff to provide a consistent approach to classroom management and positive behaviour support
- Help students develop independent learning skills and manage their own learning

LSOs



Anna

Amber



Cathy



Chloe



Kasey

Halina



Kate



Maddie



Meg

Megan



Nicole D



Nicole M



Pam

Rachael
(Library Support)



Sandy



Allied Health






A number of students with/without NDIS funding access support from Allied Health staff. This may include speech pathologists, psychologists, occupational therapists, counsellors or physiotherapists. Some parents choose for their child to have sessions during school time onsite at the school. When this is the case Allied Health staff contact the school and an agreed upon time is determined with the class teacher.

Hub

Rooms

The Learning Support Hub has the following rooms and spaces:



	Zones Room To help students “get back to the green zone of learning”. This room has sensory, imaginative play, construction and colouring activities set up in it.
	Movement Room This room supports student needing an active or heavy work break. This room has a hammock, exercise bikes, trampoline and peanut gym balls.
	Quiet Room The Quiet Room is a place for students who need a calming break. It has books, cushions, puzzles, fidgets and visual timers.
	Group Room This room is used for groups of up to 6 students when completing small group work activities. It is also booked by Allied Health staff at times.
	Mini Room This room is used for small group work (up to 2-3 students) and is also booked by Allied Health staff at times.

NCCD Data Collection

What is NCCD?

- All schools and approved authorities for schools in Australia participate in the NCCD annually
- The NCCD is the Nationally Consistent Collection of Data
- It collects data about school students with a disability (or imputed disability) across Australia in a consistent, reliable and systematic way
- It is used to support evidence-based policy development and future planning
- It also informs Australian Government recurrent funding for schools
- It is based on the professional judgement of teachers/school leaders who determine the Levels of Adjustment needed for students with a disability to access and participate in education on the same basis as other students



NCCD

NATIONALLY CONSISTENT COLLECTION OF DATA
ON SCHOOL STUDENTS WITH DISABILITY

Why do we collect data?

- Where a student is included in the NCCD, the school must have evidence that the student has been provided with an adjustment(s) for a minimum of 10 weeks of school education (excluding school holidays) in the 12 months preceding the NCCD reference date
- Schools are legally required to have documented evidence of adjustments having been provided over the minimum 10-week period

Learning Difficulties & Disabilities

In our roles as educators, we work with students with a range of different learning difficulties and disabilities. These may include but are not limited to the following:

Learning Difficulties:

- Dyslexia – difficulty reading due to problems identifying speech sounds and learning how they relate to letters and words (decoding).
- Dysgraphia – difficulties with handwriting, spelling, grammar, punctuation and organisation of written tasks.
- Dyscalculia – difficulties understanding numbers and maths concepts.
- Auditory Processing Disorder (APD) - hearing disorder that disrupts how the brain processes sounds. This affects a learner's ability to know where a sound has come from, what it is, and when it happened. APD can affect language development and learning to read.

Disabilities:

- Autism Spectrum Disorder (ASD) – neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave.

- Attention deficit hyperactivity disorder (ADHD) - characterised by symptoms of inattentive, impulsive and sometimes hyperactive behaviour and often includes emotional regulation challenges.

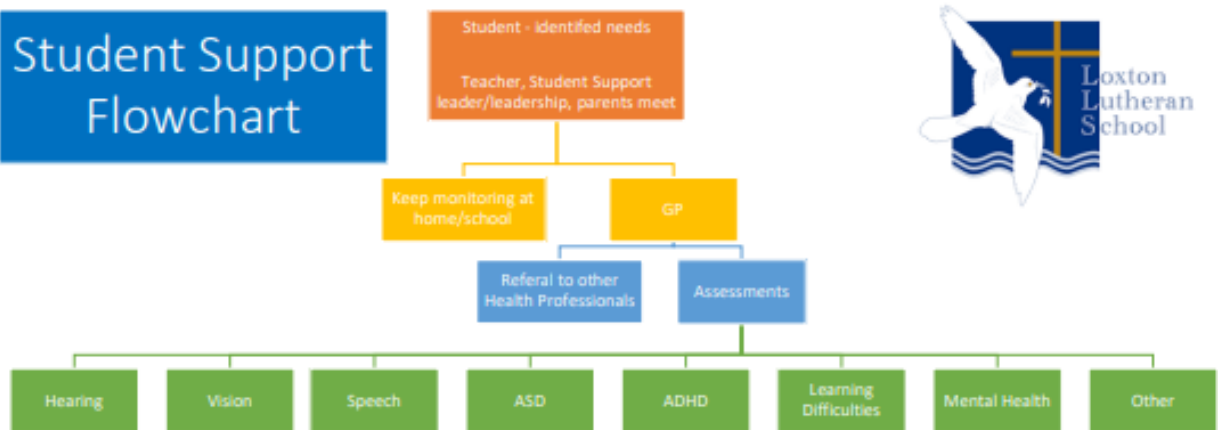
Downloadable Practice Guides with further information about these areas as well as a range of other learning difficulties, disabilities and medical conditions and examples of adjustments can be found on the SA Department for Education website here: <https://www.education.sa.gov.au/schools-and-educators/health-safety-and-wellbeing/practice-guidance-learners-additional-needs>





Assessment Processes

There is a Flowchart of Student Support below which provides further details about assessment pathways, allied health services in the Riverland and how families can access NDIS support.





Student Support Flowchart



Service	Details
 <p>GP</p>	<ul style="list-style-type: none"> Take a summary of what things you are noticing at home/school. You can ask the teacher to record some notes as to what they are seeing, provide copies of classroom assessments. The GP will identify the student's needs and complete further assessments and/or testing. They may make a referral to a paediatrician.
 <p>Paediatrician</p>	<ul style="list-style-type: none"> A paediatrician is a doctor who provides specialist medical care to infants, children and adolescents. To access the medical rebate to see a paediatrician, a referral may be provided by a GP. You can self-refer otherwise but you won't be able to access the rebate
 <p>Mental Health Psychology</p>	<ul style="list-style-type: none"> If the child/young person has a mental health condition, they may be eligible for funded psychology support. Your GP will be able to provide more information. www.health.gov.au/resources/factsheets/documents/2020/06/better-access-to-children-psychology.pdf CAMHS- Free community-based mental health service. Children 0-12 years and Adolescents (young people) 12-18 years (16 in some areas) and their families who are experiencing complex emotional issues, behavioural issues, social issues, mental illness or psychiatric problems. Seek advice via GP or current mental health service provider before contacting CAMHS, need to meet intake criteria. Relationships Australia – provide children and parenting support, counselling, family and domestic violence support services Headspace- provides free mental health services, alcohol & drug counselling, vocational support & some physical & sexual health services for young people 12-25 years old in the Riverland region of South Australia. FocusOne Health, Berri- mental health professionals provide assessment, evidence-based interventions, and therapeutic services to children who either have a diagnosed mental health condition or are at significant risk of developing a mental health condition. Services Offered Include: Low-Intensity Cognitive Behavioural Therapy (FocusOne Coach), Psychological Therapies, Clinical Care Coordination, Mental Health Shared Care
 <p>Aboriginal Health</p>	<ul style="list-style-type: none"> Riverland Drop-In Paediatric Clinic Located next to Barmera Hospital at Scott Avenue Barmera in the Aboriginal Health Wellbeing Centre, the clinic supports Aboriginal children from birth to 5 years of age and their families. The clinic is open 1:00pm-3:00pm every second Monday during school terms. The clinic has the following services: Dietician, Occupational Therapy, Speech, Physiotherapy http://www.sahealth.sa.gov.au/wps/wcm/connect/public-content/sa-health/interim/about-us/our-local-health-networks/riverland-sa-beeracree-local-health-network Closing the Gap Riverland, FocusOne Health A service tailored for Aboriginal and Torres Strait Islander people, our team of nurses support chronic disease management by coordinating access to primary health care services. CTGR is focused on the promotion of healthy lifestyles for all ages and management of chronic disease; care plans are developed and implemented to support individual health goals, provide service linkages and encourage self management.



Speech Pathology 	<ul style="list-style-type: none"> Speech pathologists study, diagnose and treat communication disorders, including difficulties with speaking, listening, understanding language, reading, writing, social skills, stuttering and using voice. They work with people who have difficulty communicating because of developmental delays, stroke, brain injuries, learning disability, intellectual disability, cerebral palsy, dementia and hearing loss, as well as other problems that can affect speech and language. People who experience difficulties swallowing food and drink safely can also be helped by a speech pathologist.
Occupational Therapy 	<ul style="list-style-type: none"> Occupational therapists focus on promoting health and wellbeing by enabling people to participate in the everyday occupations of life, such as self-care activities including showering, dressing, preparing food; productive activities such as education, work, volunteering and caring for others; and leisure/social activities, such as being part of a community group, engaging in a hobby, and being part of a friendship group.
Developmental Education	<ul style="list-style-type: none"> Therapeutic Support, Disability Support, Respite Services, supported online Gaming Sessions.

* For local service providers, please contact the Student Support & Wellbeing Leader for further information.

Health & Diagnostic Assessments	
Assessment	Details
Vision Assessment	<ul style="list-style-type: none"> Visit your local Optometrist for vision checks for children. Riverland Optical, Loxton & Renmark Specsavers, Berri OPSM, Berri
Hearing Assessment	<ul style="list-style-type: none"> Free hearing assessment service across South Australia for children 6 months-18 years old. Referral required from medical practitioner or health service. Riverland visits. https://www.rwh.sa.gov.au/locations/visits/children-here-and-support/auditing Hearing Australia – based in Berri, FocusOne Health, 3 Riverview Drive Berri https://www.hearing.com.au/the-services/find-a-hearing-centre/SA/Berri
Autism Spectrum Disorder (ASD) Assessment	<ul style="list-style-type: none"> Requires 2 accredited clinicians (psychology, Speech pathologist, psychiatrist or a paediatrician). Assessments can be conducted in teams of two clinicians in 1 setting (dual assessment) or by 2 individual clinicians across different settings) Autism SA Diagnosticians Directory https://autismsa.org.au/autism-diagnosis/autism-diagnosis-process/diagnosticians-directory/ Private assessments, associated costs Child Development Unit, Adelaide Free dual assessment, 18 month wait, need referral from Medical Professional- GP, paediatrician, allied health, school leadership
Attention-deficit/hyperactivity disorder (ADHD) Assessment	<ul style="list-style-type: none"> Completed by a paediatrician, Allied Health or psychologist Need to meet DSM-V 5th Edition Criteria If diagnosed, can request a GP Mental Health Plan- up to 10 sessions of therapy a year- for individuals diagnosed with ADHD. Covers standard psychology therapy.
Speech Assessment	<ul style="list-style-type: none"> Assessment completed by a Speech Pathologist Need to have Hearing and Vision checked prior to Speech Assessment
Dyslexia, dyscalculia, processing difficulties, executive functioning, cognitive functioning	<ul style="list-style-type: none"> Completed by a psychologist. There are a range of psychologists in Adelaide who complete these assessments. (E.g. Adelaide Paediatrics, SPELD SA, Waterman-Psychology etc.)
Psycho-Educational Assessment	

NDIS (National Disability Insurance Scheme) Funding



Early Intervention	<ul style="list-style-type: none">• If your child is below the age of 9, they may be eligible to Early Intervention support with NDIS.• There are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.• If NDIS has evidence a child younger than 9 has been diagnosed with a condition on List D, they'll decide if they meet the early intervention requirements.• Children may also meet the early intervention requirements if they're aged between 0 and 25 with a hearing impairment.• For more information visit: https://www.ndis.gov.au/understanding/families-and-carers/early-childhood-approach-children-younger-9/connecting-early-childhood-partner• If you would like to enquire about supports, please contact Kudos Services directly by calling 1800 931 190 or emailing ecei.southaustralia@ndis.gov.au
Children over the age of 9	<ul style="list-style-type: none">• Need to have a physical, intellectual, cognitive, neurological, visual, hearing or psychosocial impairment that meets either the disability or early intervention requirements.• Contact your GP/paediatrician for further information• https://www.ndis.gov.au/applying-access-ndis/how-apply/information-support-your-request/providing-evidence-disability-children