



Department of  
Education & Training

# **Nationally Consistent Collection of Data on School Students with Disability**

## **Manual for Victorian Government Schools 2015**



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## Foreword

The Nationally Consistent Collection of Data on School Students with Disability (NCCD) uses a broad definition of disability, taken from the *Disability Discrimination Act 1992* (the Act) and our educational responsibilities under the Disability Standards for Education 2005 (the Standards).

The collection requires informed teacher judgement, and the understanding and knowledge schools have of their students to make decisions about those who are receiving adjustments to access education because of their disability, consistent with the school's obligations under the Act and the Standards.

After this year, the third year of collection, all schools in Australia will gather and report NCCD data on an annual basis.

In 2015, schools will be assisted in this undertaking with financial support, templates, fact sheets and other resources available on the Department of Education and Training (the Department) Data Collection website.

No cost professional development on the Standards and a dedicated phone hotline and state-based e-mail address for questions and assistance are also available.

This collection of data is expected to provide accurate and complete information on the number and national distribution of students with disability, including the adjustments provided to enable them to access education on the same basis as students without disability.

Australian governments have been working to implement targeted reforms, as well as adopting specific measures under the broader education reform agenda to assist school students with disability.

The NCCD is one initiative and the information it provides will be critical to ensuring that Australian schools have the necessary support in place for principals, teachers and other school staff to assist students with a range of complex needs, and their families.

I would like to acknowledge the outstanding work that is undertaken every day in our Victorian classrooms to support all students to achieve and thrive at school, and welcome your participation in this very important initiative.

Thank you,



Mark Tainsh

Director, Inclusion, Access and Participation Branch  
Wellbeing, Health and Engagement Division  
Early Childhood and School Education Group

## This Manual

This manual has been developed to provide guidance to school leaders and teams implementing the Nationally Consistent Collection of Data on School Students with Disability (NCCD) in schools.

It includes information on preparing, planning and implementing the data collection, with specific sections to equip schools in completing each of the four steps required by the NCCD model.

The manual draws on the insight of many schools that have taken part in the phased national implementation of the NCCD, provides case studies as examples and includes links to useful resources to help schools meet their obligations in providing quality data.

Digital versions of the templates and resources are also available from the DET Data Collection website:

<http://www.education.vic.gov.au/school/principals/health/Pages/datacollection.aspx>

For further information you can contact the Department's NCCD team via the NCCD email: [disability.data.collection@edumail.vic.gov.au](mailto:disability.data.collection@edumail.vic.gov.au)

### Acronyms

DET: Department of Education and Training, Victoria (the Department)

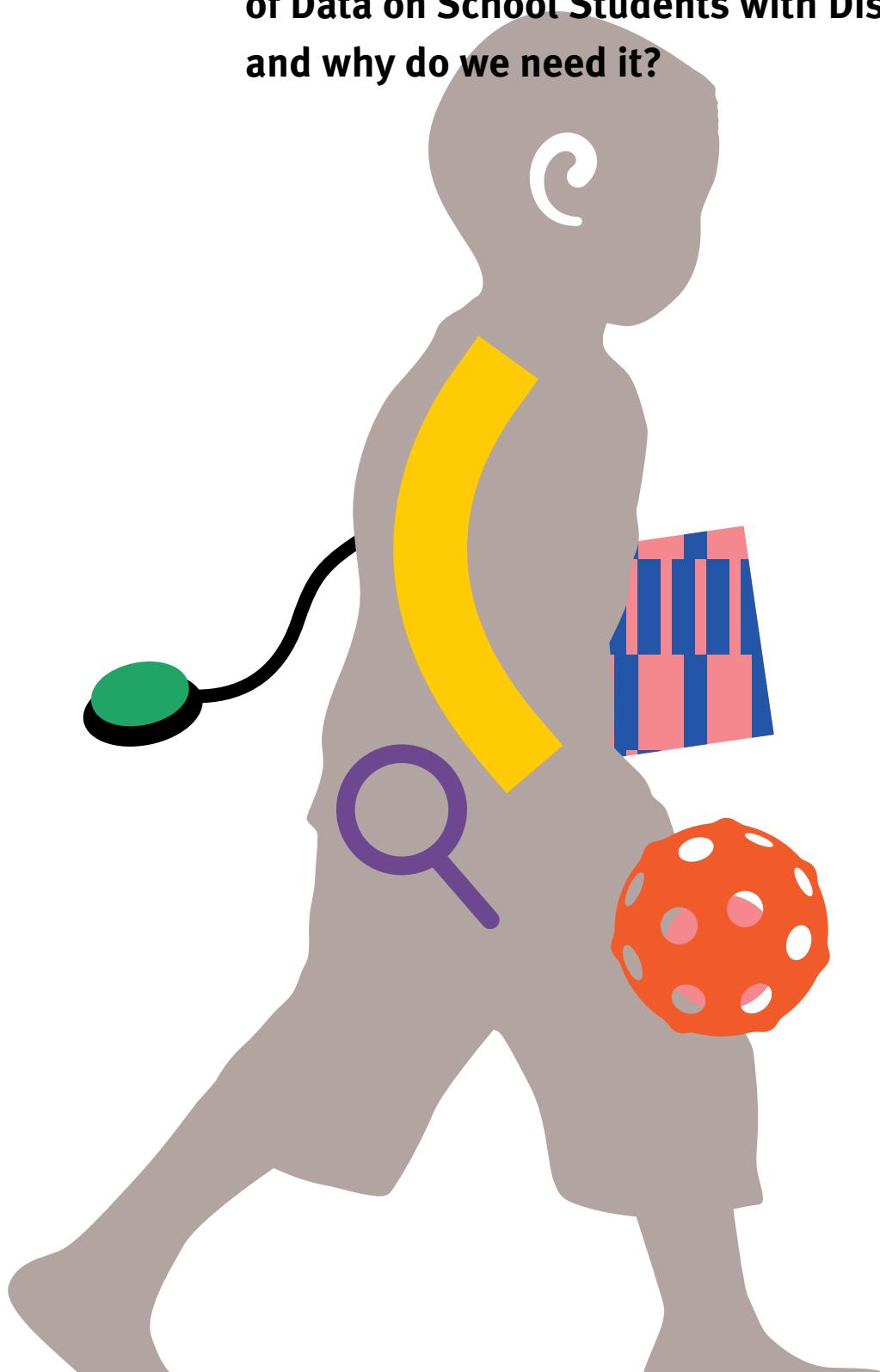
DDA: *Disability Discrimination Act 1992* (the Act)

DSE: Disability Standards for Education 2005 (the Standards)

NCCD: Nationally Consistent Collection of Data on School Students with Disability (NCCD)

# **Section One: An Overview**

**What is the Nationally Consistent Collection  
of Data on School Students with Disability  
and why do we need it?**



## What is the Nationally Consistent Collection of Data on School Students with Disability and why do we need it?

There is currently no accurate national data set that includes all students with disability.

Comprehensive, consistent and national data is necessary to enable governments to target support and resources in schools to help students with disabilities reach their potential.

In order to achieve this, the Australian government and all state and territory governments have agreed to collect data annually about students with disability in a nationally consistent way.

The NCCD is a count of the number of students with disability receiving educational adjustments to support their participation in education on the same basis as students without disability.

It has been phased in nationally in selected schools from 2013.

From 2015, every school across Australia is required to take part on an annual basis.

## How has the information to be collected been determined?

The *Disability Discrimination Act 1992* (the Act) and the *Disability Standards for Education 2005* (the Standards) underpin the methodology of the collection.

These two pieces of Commonwealth legislation include the definition of disability and set out the legal obligations of all education providers and the rights of students with disability in relation to education. (Further detail on how this legislation applies can be found in the Getting Started section of this manual.)

## When do we collect the data?

The collection takes place over a term because schools must show that adjustments or support needs have been provided for a minimum period of one school term, or at least 10 weeks, in the 12 months preceding the collection.

The date for submission of data has been aligned with the National Schools Statistics Collection, which this year is on Friday 7 August.

This means that in Victoria, schools will be taking part in the process throughout Term 2 until 7 August 2015 (the fourth week of Term 3).

## Improvements to the collection model

1. Evidence will reflect a minimum period of one school term, or at least 10 weeks, in the 12 months preceding the national data collection.
2. The category of 'No adjustment at this time' has been revised to 'Students with disability for whom support is provided within quality differentiated teaching practice'. The change will be reflected in CASES21.
3. Targeted 'opt out' consent is now no longer required and instead schools will provide a 'Collection Notice' to the whole school community. (A template is included in this manual.)

### **1. Evidence gathering timeframe.**

The wording has now changed to:

Evidence at the school should demonstrate that adjustments have been in place for a minimum period of one school term, or at least 10 weeks, in the 12 months preceding the collection.

Previously we had advised that if there was evidence at the school to demonstrate that adjustments had been in place during the 10 weeks prior to the submission date, and the student or the student's family had been consulted, the student was eligible to be counted in the collection.

### **2. How to apply the 'students with disability for whom support is provided within quality differentiated teaching practice' category.**

Previously schools were asked to use their professional judgement to determine the level of adjustment that applied to each student using the following four levels:

- No adjustment at this time
- Supplementary adjustment
- Substantial adjustment
- Extensive adjustment

The first level – 'No adjustment at this time' – has now changed to:

- 'Students with disability for whom support is provided within quality differentiated teaching practice.'

**This applies when:**

- the school team has determined that the student meets the definition of disability for the NCCD. The school team, in consultation with the student, parent or carer, has agreed that the student's needs as a result of the disability are being met through quality differentiated teaching practice,
- quality teaching practice is responsive to the differential needs of students,
- some students with disability may not need educational adjustments beyond those that are reasonably expected as part of quality teaching or school practices to address disability related needs,
- these students should be counted under the 'Support provided within quality differentiated teaching practice' level of adjustment for the purposes of this data collection,
- these students would have been considered for some level of active support (i.e. active monitoring or provision of adjustments) and their identified needs would be subject to close monitoring and review,
- changes to student needs that require changes to the level of adjustment would be reflected in the next data collection period.

**What supporting a student within quality differentiated teaching practice might look like in your school:**

- students in this category do not require the adjustments that are captured in the other three levels. However, their teachers are conscious of the need for explicit, albeit minor, adjustments to teaching practice that enable them to access learning on the same basis as their peers,
- this category would include general adjustments that have been made in a school as part of developing or maintaining a culture of inclusion.

**Examples for this category could include:**

- a differentiated approach to curriculum delivery and assessment that anticipates and responds to students' learning differences,
- personalised learning strategies that are implemented without drawing on additional resources,
- a student with a health condition or a mental health condition that has a functional impact on their schooling and requires ongoing monitoring but who does not require a higher level of support or adjustment during the period they are being considered for the data collection,
- whole school professional learning for the management of health conditions such as asthma or diabetes. This forms part of a school's general, ongoing practice to equip teachers and education staff with the skills and knowledge to support students' health needs and/or
- a facility that already exists in the school and caters for a student's physical disability, where no additional action is required to support the student's learning, such as building modifications.

Typical student characteristics for those in this category:

- the student's identified needs have a functional impact on their schooling and require active monitoring. However, the student is able to participate in courses and programs at the school and use the facilities and services available to all students, on the same basis as students without a disability, through support provided within quality differentiated teaching practice.

Examples include:

- students with health conditions such as asthma and diabetes that have a functional impact on their schooling, but whose disability related needs are being addressed through quality differentiated teaching practice and active monitoring and/or
- a student with a mental health condition who, in consultation with medical professionals, has strategies in place to manage the condition within quality differentiated teaching practice.

Students may have been provided with a higher level of adjustment in the past or may require a higher level of adjustment in their future schooling.

The needs of all students, but in particular students with disability, should be regularly monitored and reviewed to enable the school and teachers to respond with an appropriate adjustment should the level of need change.

### **3. New notice to the school community replaces 'opt out' consent.**

Last year schools were required to inform parents/carers of those students identified for inclusion in the collection about the collection and of their right to opt-out of participation. Schools were provided with a template letter which needed to be provided to the parents, carers or guardians of those students identified for inclusion in the NCCD.

This year 'targeted 'opt-out' consent' is no longer required as the *Australian Education Regulation 2013* was amended on 11 December 2014 to authorise the collection of certain information, by the Australian Government Department of Education and Training, from approved authorities under the *Australian Education Act 2013*, for the purposes of the NCCD.

Principals can decide how the following messages are best communicated to families and choose the most appropriate formats for providing this information to their school community. Formats might include one or more of the following:

- the school website,
- incorporation into weekly school newsletter,
- information sheets,
- telephone or face-to-face conversations,
- e-mail or SMS and/or
- personalised written correspondence.

Principals should ensure that reasonable steps have been taken to provide the following information to families of students about whom information is collected.

The 'Collection Notice' below has been prepared by the Department for your use. It explains the information to be collected, why it is being collected and what will happen with it, using appropriate wording and content. It should not be altered. (The notice can be found on the USB and on the Department Data Collection website in Word.)

### **Nationally Consistent Collection of Data on School Students with Disability**

#### **'Collection Notice'**

All schools in Australia, including Independent and Catholic schools, will participate in the Nationally Consistent Collection of Data on School Students with Disability this year.

The Data Collection is an annual count of the number of students with disability receiving educational adjustments to support their participation in education on the same basis as students without disability.

All education agencies are now required under the Australian Education Regulation 2013 to provide information on a student's level of education, disability and level of adjustment to the Australian Government Department of Education and Training.\* Data will continue to be de-identified prior to its transfer and no student's identity will be provided to the Australian Government Department of Education and Training.

The collection of this information from states and territories will inform future policy and program planning in relation to students with disability.

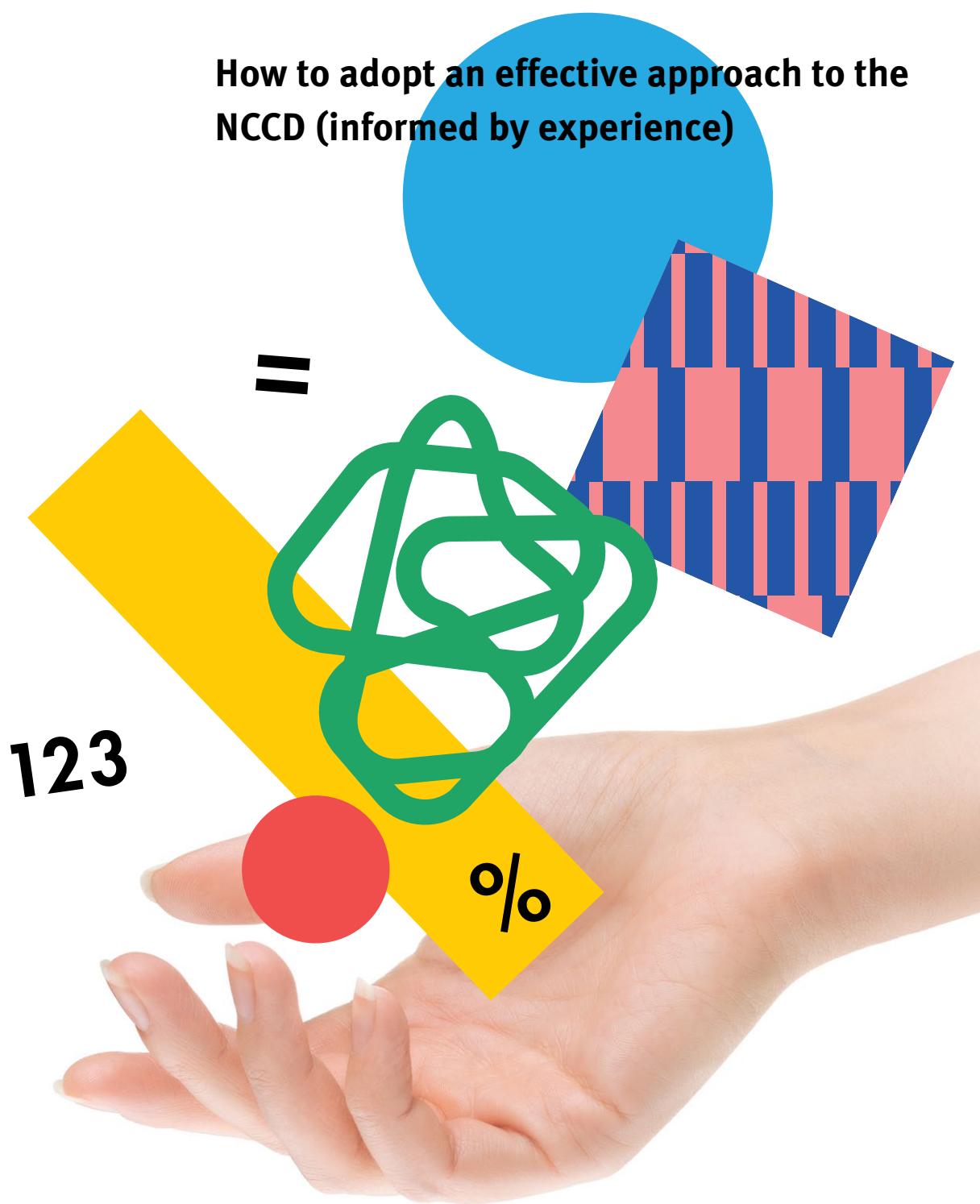
If you have any questions, please do not hesitate to contact [INSERT PRINCIPAL'S NAME] on [INSERT PHONE NUMBER] or the Victorian Department of Education and Training Data Collection Hotline on (03) 9651 3621. For questions after 7 August 2015, please call the Australian Government Department of Education and Training on 1300 566 046.

\*For more information on Schedule 3—Amendments for the collection of data on students who are persons with a disability *Australian Education Regulation 2013* see: [http://www.comlaw.gov.au/Details/F2014L01723/Html/Text#\\_Toc404934419](http://www.comlaw.gov.au/Details/F2014L01723/Html/Text#_Toc404934419)

The template has been translated into the following languages: Dari, Serbian, Urdu, Sudanese Arabic, Arabic, Greek, Italian, Simplified Chinese, Turkish and Vietnamese and can be cut and pasted into appropriate school communication formats.

## Section 2: Great approaches to produce quality data

How to adopt an effective approach to the  
NCCD (informed by experience)



## How to adopt an effective approach to the NCCD (informed by experience)

Most schools have taken part in the phased national implementation of the NCCD in the last two years. Collectively, our schools have suggested that the following points have assisted in the implementation of the collection in their schools:

- The principal is responsible for ensuring the implementation of the collection in the school, but a strong, strategic and effective school leadership and executive team that is actively engaged will strengthen the implementation process, support planning, reporting and compliance.
- The school leadership, executive team and team directly involved in implementing the collection must complete the relevant professional learning and training. This is free and together they take less than a couple of hours to complete. In part, the financial support provided by the Department is to maximise staff participation in this professional development. An understanding of the *Disability Discrimination Act 1992* (the Act) and the Disability Standards for Education 2005 (the Standards) are essential to understanding the collection model methodology. A whole school approach to professional learning about the Act and Standards as well as regular refreshers will help to ensure that all staff remain knowledgeable about their shared responsibilities and accountabilities to students with disability.
- The collection relies on the professional judgements of teachers about their students, and requires them to make evidence-based decisions about adjustments, consistent with obligations under the Standards. The gathering and analysis of evidence assists in decision making about the inclusion of students in the collection, including the level of adjustment and category of disability for each student.
- A whole school or school team approach connecting teachers and support staff to the collection and its processes will strengthen the quality of the data. This strategy was used by many schools to moderate in the decision making and maximise value when additional teacher experience, knowledge and understanding of the provision of support for students with disability was needed. Discussing experiences and opinions can provide assurance within a school, within multiple campuses, or within networks of schools that interpretations or applications of the collection model don't differ significantly. Moderation provides an element of impartiality and 'quality assurance' to the process and has the potential to afford a degree of uniformity and reliability, thus providing a level of confidence in the outcomes of the process.
- Planning information sessions on the NCCD model, levels of adjustment and categories of disability with school staff and linking them to discussions about the provision of quality differentiated teaching can reinforce the value of participation.

## What can principals do to help staff in the process?

The Department recommends principals undertake the following actions to prepare for collecting data on school students with disability.

### Prepare for the NCCD – Early Term 2

Inform staff by:

- discussing the NCCD with them,
- providing staff with the Department's Data Collection website: [www.education.vic.gov.au/school/principals/health/Pages/datacollection.aspx](http://www.education.vic.gov.au/school/principals/health/Pages/datacollection.aspx),
- providing staff with the Data Collection Manual if appropriate,
- putting up the four posters provided by the Department in staff room/s and
- scheduling an opportunity to view the 'Preparing for the Data Collection' video (on the Department's Data Collection website) as an example of one school's approach to preparing for the NCCD.

If your school has not previously taken part in the NCCD, you may benefit from speaking with colleagues in your local network or by calling the Data Collection hotline on 9651 3621.

**Together**  
All Australian schools are taking part.

The NCCD is taking place in every state and territory and in all government, Catholic and independent schools.

The Nationally Consistent Collection of Data on School Students with Disability (NCCD) is an Australia-wide collection of data on students with disability. The collection commences in Term 2 and consists of four steps concluding with the submission of three pieces of data into CASES21 on or before Friday 7 August 2015. The collection will provide information for Australian school systems to support principals, teachers and other school staff to assist students with a range of complex needs, and their families.

**Nationally Consistent Collection of Data on School Students with Disability**

**Website**  
<http://www.education.vic.gov.au/school/principals/health/Programs/demobilisation.aspx> or simply search online for 'Vic student disability data'.

**Phone**  
(03) 9651 3621

**Education**  **Department of Education and Training**

**Start**  
collecting data now.

123 = %

NCCD data must be entered into CASES21 on or before Friday 7 August 2015. Evidence should demonstrate that adjustments have been in place for a minimum period of one school term, or at least 10 weeks, in the 12 months preceding the NCCD.

The Nationally Consistent Collection of Data on School Students with Disability (NCCD) is an Australia-wide collection of data on students with disability. The collection commences in Term 2 and consists of four steps concluding with the submission of three pieces of data into CASES21 on or before Friday 7 August 2015. The collection will provide information for Australian school systems to support principals, teachers and other school staff to assist students with a range of complex needs, and their families.

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**Phone**  
(03) 9651 3621

**Education**  **Department of Education and Training**

**Look**  
at every child as  
an individual.



Quality teaching responds to the needs of every student and some students need more intensive, personalised support to achieve quality outcomes.

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Nationally Consistent Collection of Data on School Students with Disability

Website: <http://www.education.vic.gov.au/school/principals/health/Programs/consolidation.aspx> or simply search online for 'Vic student disability data'.

Phone: (03) 9651 3621

Education Council Victorian Institute of Teaching

**What**  
adjustments do we  
provide for our students?



The NCCD is an annual count of the number of students with disability receiving educational adjustments to support their participation in education on the same basis as students without disability.

The Nationally Consistent Collection of Data on School Students with Disability (NCCD) is an Australia-wide collection of data on students with disability. The collection commences in Term 2 and consists of four steps concluding with the submission of three pieces of data into CASES21 on or before Friday 7 August 2015. The collection will provide information for Australian school systems to support principals, teachers and other school staff to assist students with a range of complex needs, and their families.

Nationally Consistent Collection of Data on School Students with Disability

Website: <http://www.education.vic.gov.au/school/principals/health/Programs/consolidation.aspx> or simply search online for 'Vic student disability data'.

Phone: (03) 9651 3621

Education Council Victorian Institute of Teaching

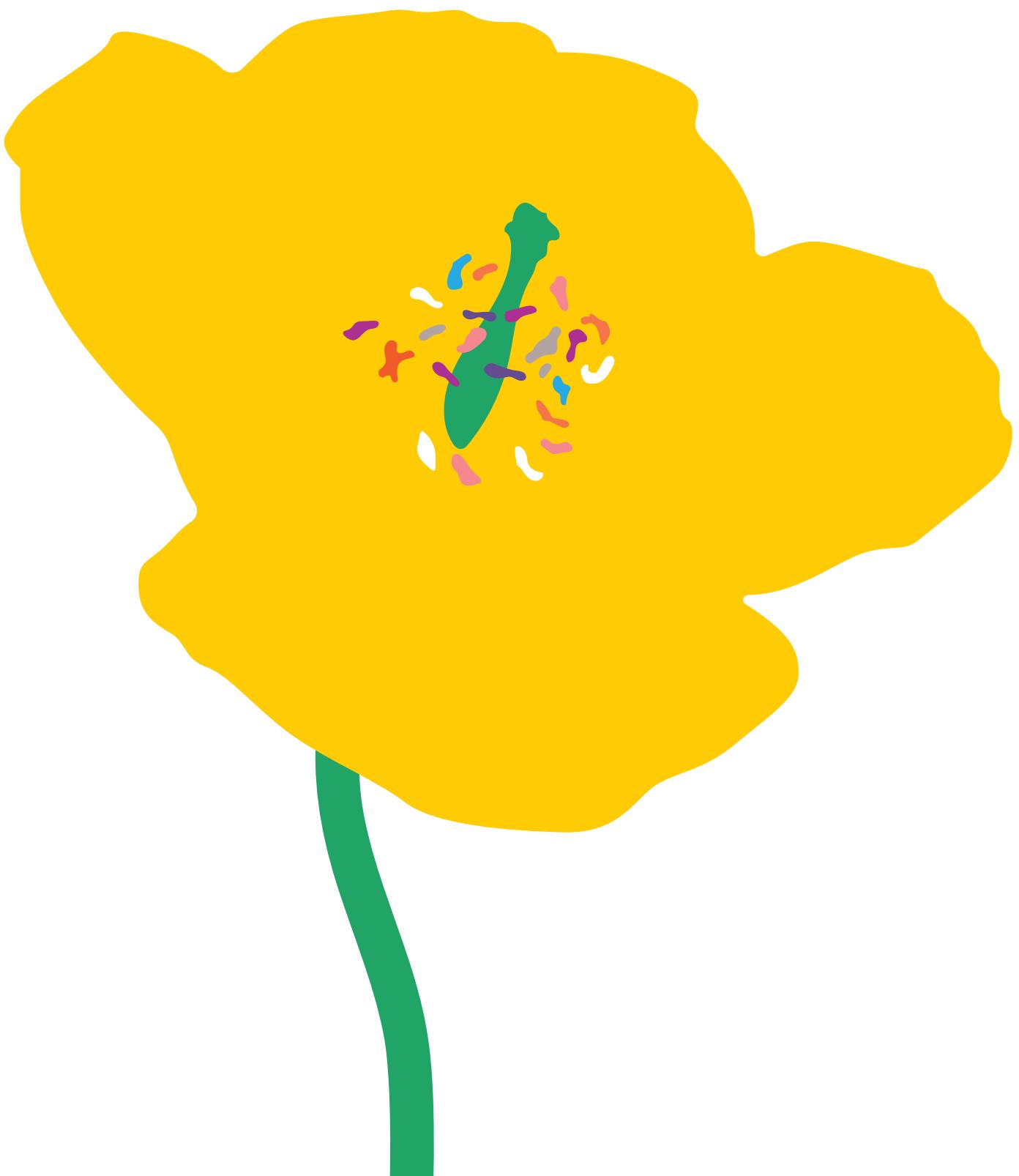
## Plan the school's approach – Early Term 2

Effective planning by principals would include:

- nomination of a staff member or a school team to coordinate the collection,
- ensuring appropriate staff undertake the relevant professional learning and training: <http://www.education.vic.gov.au/school/principals/health/Pages/legislation.aspx>,
- scheduling an opportunity to view the ‘One School’s Experience With the Data Collection’ video (on the Department’s Data Collection website) with staff,
- considering a moderation process to ensure consistency in the approach and decision making,
- providing the Data Collection PowerPoint presentation (on the Department’s Data Collection website) to the nominated staff member or school team coordinating the collection and
- informing the school community of the collection by distributing the ‘Collection Notice’.

# **Section 3:** **Clarifying the elements**

## **Understanding the Standards**



The Disability Standards for Education (the Standards) came into effect on 18 August 2005. The Standards seek to ensure that students with disability can access and participate in education on the same basis as other students.

This means that a student with disability must have opportunities and choices that are comparable with those offered to students without disability. This applies to:

- admission or enrolment in an institution,
- participation in courses or programs and
- use of facilities and services.

The Standards clarify the obligations of education and training providers, and the rights of people with disability under the *Disability Discrimination Act 1992* (the Act). The Standards are subordinate legislation made under the Act.

Under the Standards, education providers have three main types of obligations. They must:

- consult,
- make reasonable adjustments and
- eliminate harassment and victimisation.

### eLearning resources to support professional development

eLearning resources relating to the Standards are available for various early childhood and school staff. They have been developed by the University of Canberra and the education departments of all states and territories.

The purpose of these resources is to provide a consistent national approach to assist schools and education providers understand their obligations under the legislation. These resources are also important for understanding the model applied to the NCCD.

Access to these interactive, scenario-based resources is free and can be used to meet professional development obligations of school staff (a certificate is provided on completion). There are no limits on the number of staff that can undertake the eLearning.

For the NCCD, the Department recommends staff complete the Educational Leaders eLearning module (lessons 1–3). Completing these lessons takes between one and two hours.

To access the Educational Leaders eLearning module:

- Visit the University of Canberra Disability Standards for Education website: <http://dse.theeducationinstitute.edu.au/>,
- click 'Create a new account' at the bottom of the screen,
- enter the registration key located at the Department's Disability Standards for Education eLearning website: <https://edugate.eduweb.vic.gov.au/Services/Schools/Pages/Disability-Standards-for-Education-elearning.aspx> (the registration key is kept in eduGate as a condition of our license agreement),
- complete the registration form
- log in using the user name and password (for security purposes, it is recommended that this password be different to your DET log in) and
- select one of the training packages (allow pop ups).

For any content or technical queries regarding the eLearning modules phone or SMS 0458 373 373 or 02 6201 5649 or lodge a ticket at the University of Canberra Help Desk via the support ticket system. For any other technical queries contact the Department's Service Desk on 1800 641 943.

## Understanding the Act and definitions of disability

The Act defines disability as:

- total or partial loss of the person's bodily or mental functions,
- total or partial loss of a part of the body,
- the presence in the body of organisms causing disease or illness,
- the presence in the body of organisms capable of causing disease or illness,
- the malfunction, malformation or disfigurement of a part of the person's body,
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction or
- a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour.

The Act includes a disability that:

- presently exists,
- previously existed but no longer exists,
- may exist in the future (including because of a genetic predisposition to that disability) or
- is imputed to a person.

To avoid doubt, a disability that is otherwise covered by this definition includes behaviour that is a symptom or manifestation of the disability.

The definition of disability can be found in Section 4 of the Act. Go to:

<http://www.comlaw.gov.au/Series/C2004A04426>

### Why are we using this definition?

The definition of disability in the Act is necessarily broad because it is designed to provide protection against discrimination for a wide range of people.

In addition to providing cover to an individual with disability, the Act also covers other people, including associates of a person with a disability, people who do not have a disability but who may face disability discrimination in the future, people who are not in fact impaired in functioning but treated as impaired, and people with conditions such as obesity, mild allergies or physical sensitivities, and those who wear glasses. (See [www.humanrights.gov.au/frequently-asked-questions-who-protected-dda](http://www.humanrights.gov.au/frequently-asked-questions-who-protected-dda).)

For the purposes of the NCCD, schools should be aware that the definition of disability being used includes a wide range of health and learning conditions.

Students with disability as defined under the Act are in mainstream or regular schools as well as special schools and specialist support classes.

The definition includes students who:

- have been formally diagnosed with a disability by a health or allied health practitioner,
- may not have a formal disability diagnosis but have impairment that requires an adjustment,
- live with intellectual, physical, sensory and social/emotional disability or difficulties in learning or behaviour due to disability and
- who are gifted and talented and who are impacted by disability.

The definition contained in the Act was chosen because it covers a broad group of people and incorporates the multiple definitions of disability that are used by various groups across the country.

Because of this, it provides the national consistency required of this collection.

However, it is not the intention of this collection to count every student who is protected from discrimination under the Act, or every student who has a health or other condition where there is no impact on the student's ability to participate in schooling on the same basis as his/her peers.

For example, a student who wears glasses to correct mild vision impairment and needs no further educational assessment, monitoring or support in relation to their eyesight, is not included in the data collection.

## What constitutes an adjustment?

The Standards clarify the obligations of schools under the Act to provide reasonable adjustments for students with disability where required for them to access and participate in education on an equitable basis to their peers.

‘On the same basis’ means that students with disability are provided with opportunities and choices that are comparable to those available to students without disability.

Adjustments enable students with disability or their parents or other associates to access education in a comparable way to other students by:

- applying and enrolling at a school or educational facility,
- participating in the relevant learning activities, courses and educational programs and
- using services and facilities.

Depending on the circumstances, adjustments can be made to practices, services, policies or procedures in Australian educational settings and are fundamental to ensuring that students with disability do not experience discrimination.

Examples of adjustments include:

- giving a student with low vision all necessary enrolment information in enlarged text,
- providing extra sessions teaching key words for a student with an intellectual disability,
- giving a speech-to-text device to a student with a broken arm to assist in preparing assignments,
- providing speech pathology services for students with communication difficulties,
- allowing a student with anxiety to present her project to a small group of peers rather than to a whole class,
- adjusting activities at the annual swimming carnival to enable participation by all students, including those with physical disability,
- adjusting seating arrangements so a student with a wheelchair has enough space to move independently around the classroom like other students and
- making multiple accommodations if necessary to meet a single learner's needs. For example, learners who require a sign-language interpreter may also need a note-taker because watching an interpreter prevents them from taking detailed notes.

### What is a “reasonable adjustment”?

Schools make adjustments every day to meet the needs of their different students. An adjustment is reasonable for the purposes of the collection when it is the product of consultation and seeks to balance the interests of all parties.

Reasonable adjustments to enable equitable access and participation by students with disability can be made across any or all of the following:

- planning, including additional personnel such as tutors or aides for personal care or mobility assistance,
- teaching and learning, including the provision of study notes or research materials in different formats,
- curriculum,
- assessment, including modifying programs and adapting curriculum delivery and assessment strategies,
- reporting,
- extra-curricular activities and
- environment and infrastructure, including addressing physical barriers, such as modifying to ensure access to buildings, facilities and services.

Reasonable adjustments can also include the provision of resources such as:

- specialised technology or computer software or equipment,
- ongoing consultancy support or professional learning and training for staff and
- services such as sign language interpreters, visiting school teams or specialist support staff.

# Section 4: Making it happen in your school

**Evidence gathering**

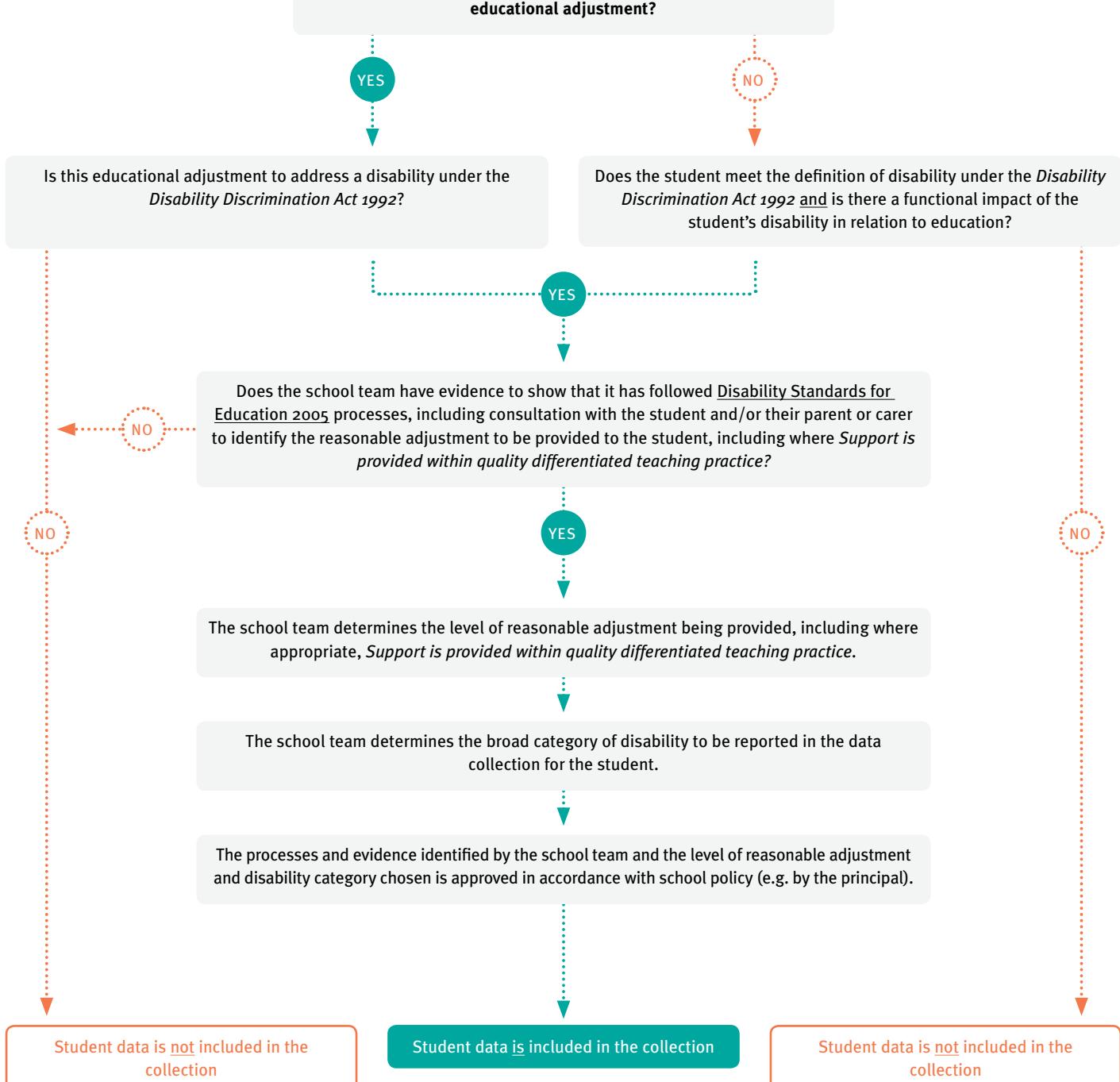


### The National Data Collection Model Diagram

Throughout the school year school teams use evidence, including discussions with parents/carers, to inform decisions about the educational adjustments that they make for students with disability.

For this data collection, you should have evidence that shows you have made adjustments or incorporated support within quality

differentiated teaching practice for each student. This should cover a minimum period of one school term, or at least 10 weeks, in the 12 months preceding the national data collection.



## Step 1: Is the student provided with a reasonable adjustment to address a disability as defined by the Act?

The Department recommends the nominated person or school team undertake the following actions for Step 1.

Using the Individual Student Checklist (on the following page):

- identify students that have a disability as described by the Act,
- consider whether reasonable adjustments have been provided to these students as a result of a disability to support their participation in education on the same basis as students without disability,
- ask whether these students or their parents or carers have been consulted about their adjustments and
- decide whether you have evidence that ongoing, long-term educational adjustment/s have been provided for a minimum of one school term (or at least 10 weeks) in the 12 months preceding the national data collection to support the student's inclusion in the data collection.

You may find the 'Who do we Include?' video (on the Department's Data Collection website) will help your understanding of which students to include in the data collection.

### Individual Student Checklist

Use this checklist to complete the individual student's details for the NCCD.

Is the student provided with a reasonable adjustment to address a disability as defined by the Act?

<b>Who do we include?</b>		
Student Name:		
Student ID Number (if applicable):		
Home Group:		
<b>Tick (for Yes) or cross (for No) below as you complete:</b>	<b>Yes</b>	<b>No</b>
Does this student have a disability as described by the <i>Disability Discrimination Act</i> ? Take into consideration that the Act's definition of disability is very broad and includes a wide range of health and learning conditions.		
Have reasonable adjustments been provided to this student as a result of a disability to support their participation in education on the same basis as students without disability?		
Has the student and/or their parents and carers been consulted about the adjustments?		
Do you have evidence that ongoing, long-term educational adjustment/s have been provided for a minimum of one school term (or at least 10 weeks) in the 12 months preceding the national data collection to support the student's inclusion in the data collection?		

If all boxes are ticked, this student is eligible for inclusion in the NCCD.

### What evidence will need to be gathered?

Schools are not required to create new or additional evidence for the purposes of the NCCD.

Teachers and schools rely on evidence to make professional judgements about the types of adjustments provided for students as part of their day to day practice.

The evidence gathered will reflect a wide range of practices in meeting the educational needs of their students consistent with obligations under the Act, the Standards and best teaching practice.

For a student to be included in the collection, the school will have evidence that ongoing, long-term educational adjustment/s have been provided for a minimum of one school term (or at least 10 weeks) in the 12 months preceding the start of the national data collection.

This evidence will be reviewed alongside the descriptions of levels of adjustment (see the Levels of Adjustment table on page 40).

Principals are responsible for verifying or confirming that there is evidence at the school to support the inclusion of a student in the NCCD.

### Examples of evidence

Each school's evidence will be contextual and reflect the individual student needs and strengths and the school's learning and support processes and practices.

The list below is not exhaustive but provides a guide to the range of information schools can draw on for the NCCD.

Evidence demonstrating that a student's needs for adjustment have been identified and arise from a disability can include:

- results of diagnostic or summative school and/or standardised assessments over time documenting an ongoing learning or socio-emotional need arising from a disability, e.g. continued and high level behaviour incidents, reading assessments or end of unit assessments,
- documentation of ongoing learning needs that have a limited response to targeted intervention over time and cannot be attributed to external factors such as English as an additional language, socio-economic or non-disability related causes,
- parental report of disability in conjunction with evidence of an assessed individual need,
- specialist diagnosis or reports e.g. medical practitioner such as paediatrician, or a specialist, e.g. guidance officer/counsellor, speech pathologist or audiologist and
- profiles or assessment reports that identify the functional needs of a student with disability.

Evidence that adjustments are being provided to the student to address individual needs based on their disability can be found in a variety of school records.

Teachers document adjustments in a number of ways. Evidence of the provision, frequency and intensity of adjustments can include:

- adjustments to teaching noted on teacher unit, weekly or term planning,
- adjusted timetable/staff timetables,
- record of educational and/or social-emotional interventions provided,
- individualised/personalised learning planning e.g. individual learning plan, individual curriculum plan, communication plan, behaviour plans and transition plans,
- therapy or disability-specific programs in place with an educational focus e.g. orientation and mobility program,
- records of meetings to plan for adjustments with specialist staff e.g. Visiting Teachers, guidance officers/counsellors, psychologists, speech-language pathologists and physiotherapists,
- diary notes by educator of advice sought or conversations with the student or family/carer,
- adjustments or supports required in assessment settings,
- adjustments to learning materials e.g. alternate format, adjusted worksheets and reworded tasks,
- manual handling/personal care/health plans,
- specific resources developed to support individualised learning e.g. visual supports, augmentative and alternative communication supports, accessible materials,
- personalised organisational devices e.g. diary use, pictorial sequences,
- documentation of environmental adjustments beyond those already in place in the school e.g. personalised learning spaces, sound field amplification systems and
- individual risk management plans for curriculum activities and for emergency situations e.g. fire drills.

Evidence that adjustments provided to the student have been monitored and reviewed can include:

- records of meetings to review adjustments with families/carers and specialist staff, where appropriate,
- student progress data which may include both formative and summative assessments,
- progress or file notes by teacher, specialist staff or paraprofessionals,
- behaviour monitoring data,
- evidence of interventions provided over time, with monitoring of the effectiveness of the intervention and changes to intervention occurring as required and
- a health plan provided by medical specialist that is reviewed regularly.

## Consultation

Has the school consulted with the students or their parents or carers of the students considered for inclusion in the collection?

Under the Standards, schools consult with the student or their parent or other associate to inform the reasonable adjustment. Other people, such as specialists or health professionals may be consulted.

Consultations inform the type of adjustments required and explore the range of possible solutions.

A student can only be counted in the data collection when there is evidence of the school consulting with the student and/or their parents or carers to inform the reasonable adjustments that the student is being provided with.

It is good practice for consultations about reasonable adjustments to consider the following questions:

- are the adjustments necessary?
- will the adjustments enable the student to enrol, participate, or access services on the same basis as other students?
- do the adjustments respond to the student's needs, abilities and interests?
- is further advice required?
- do the adjustments balance the interests of all parties?
- are there other adjustments that would be as beneficial for the student but less disruptive or intrusive for others?
- when will the impact of the adjustments be reviewed?

It is advisable to review reasonable adjustments regularly as students' needs change over time.

Under the Standards, an associate of the student includes another person who is living with the student on a genuine domestic basis, a relative or a carer. For most students, this means their parents and carers.

For some students, it may be more appropriate to consult only with the students themselves or with another associate, depending on individual circumstances.

Evidence of consultation and collaboration with the student and/or parents and carers or associates in the provision of adjustments can include:

- meeting minutes or notes,
- documented meetings,
- notes in diary of phone calls, conversations or meetings with parent/carer,
- documented student plans signed by parent/and or student,
- parent-teacher interview records,
- parent-teacher communication books and
- emails between student and/or parents and carers or associates.

Where a student has newly enrolled in the school and has attended the school for less than 10 weeks, schools may include that student in the NCCD only if they have evidence of the continuing need for adjustments for the student. For example, evidence from the previous school of long-term adjustments together with evidence that similar adjustments are required in the new school.

Schools are encouraged to consider and discuss the types of evidence available in their setting to support their judgements about the inclusion of students in the data collection.

Discussion and reflection on evidence of reasonable adjustments to meet the learning and support needs of students with disability will help schools to determine the level of adjustment being provided for a student and their broad category of disability when completing the data collection.

In keeping with best practice, schools should retain relevant evidence of their provisions for students at the school.

## Step 2 – What level of adjustment is being provided to the student?

In deciding whether identified students are to be included in the data collection, the nominated person or school team is asked to use their professional judgement to determine the level of adjustment for each student.

Schools are asked to consider the following four adjustment categories:

- Support provided within quality differentiated teaching practice
- Supplementary adjustment
- Substantial adjustment
- Extensive adjustment

We recommend the nominated person or school team undertake the following actions for Step 2:

- use the completed Individual Student Checklist/s, the level of adjustment descriptions and information collected on each identified student eligible to be included in the data collection to determine the level of adjustment that each student is currently being provided with and
- ensure decisions are discussed and moderated for consistency of approach, interpretation and decision making.

### Types of adjustment to consider

#### **'Support provided within quality differentiated teaching practice.'**

Students may be counted in this category where they meet the Act's broad definition of disability and the functional impact of their disability is addressed by a school response to their specific individual education needs within quality differentiated teaching practice.

The functional impact of disability for these students would generally require ongoing monitoring by the teacher and school staff. Such students may have been provided with a higher level of adjustment in the past or may require a higher level of adjustment in their future schooling, but for the period they are being considered for the data collection, they are receiving support that actively addresses their specific individual education needs through quality differentiated teaching practice.

The decision to support the student through quality differentiated teaching practice should be made in consultation with the student, their parent or carer.

#### **'Supplementary adjustment.'**

These are provided when there is an assessed need at specific times to complement the strategies and resources already available (for all students) within the school. These adjustments are designed to address the nature and impact of the student's disability and any associated barriers to their participation, learning, physical or communication needs.

#### **'Substantial adjustment.'**

These are provided to address the specific nature and significant impact of the student's disability. They are designed to address the more significant barriers to engagement, learning, participation and achievement.

#### **'Extensive adjustment.'**

Extensive adjustments are provided when essential specific measures are required at all times to address the individual nature and acute impact of the student's disability and the associated barriers to their learning and participation. These adjustments are highly individualised, comprehensive and ongoing.

Description of Adjustment	Support Provided Within Quality Differentiated Teaching Practice	Supplementary Adjustments
Typical Adjustment	<p>Quality teaching practice is responsive to the differential needs of students. Some students with disability may not need educational adjustments beyond those that are expected as part of quality teaching or school practice to address disability related needs.</p> <p>These students may have been considered for some level of active support (i.e. active monitoring or provision of adjustments). Their identified needs would be subject to close monitoring and review.</p> <p>If the school team, in consultation with the student, their parent or carer, has agreed that the student's needs as a result of the disability are being met through quality differentiated teaching practice then these students should be counted under this level of adjustment. Changes to student needs that require changes to the level of adjustment would be reflected in the next data collection period.</p> <p>Further information on the definition of disability for the NCCD, and on students with disability for whom support is provided within quality differentiated teaching practice, is available in the Strategies that Support Decision Making resource.</p>	<p>Supplementary adjustments are provided when there is an assessed need at specific times to complement the strategies and resources already available (for all students) within the school. These adjustments are designed to address the nature and impact of the student's disability and any associated barriers to their learning, physical, communication or participatory needs.</p>
Student Characteristics	<p>Quality differentiated teaching practice caters to the needs of a diverse student population. Students in this category do not require the type of adjustments that are captured in the other three levels. However, their teachers are conscious of the need for explicit, albeit minor, adjustments to teaching and school practice that enable them to access learning on the same basis as their peers. This category would include general adjustments that have been made in a school as part of developing or maintaining a culture of inclusion.</p> <p>Examples for this category could include:</p> <ul style="list-style-type: none"> <li>• a differentiated approach to curriculum delivery and assessment that anticipates and responds to students' learning differences</li> <li>• personalised learning that is implemented without drawing on additional resources</li> <li>• a student with a health condition or a mental health condition that has a functional impact on their schooling and requires ongoing monitoring but who does not require a higher level of support or adjustment during the period they are being considered for the data collection</li> <li>• whole school professional learning for the management of health conditions such as asthma or diabetes. This forms part of a school's general, ongoing practice to equip teachers and education staff with the skills and knowledge to support students' health needs</li> <li>• a facility such as building modifications, that already exists in the school and caters for a student's physical disability, where no additional action is required to support the student's learning.</li> </ul>	<p>Adjustments to teaching and learning might include modified or tailored programs in some or many learning areas, modified instruction using a structured task-analysis approach, the provision of course materials in accessible forms, separate supervision or extra time to complete assessment tasks and the provision of intermittent specialist teacher support.</p> <p>Adjustments might include modifications to ensure full access to buildings and facilities, specialised technology, programs or interventions to address the student's social/emotional needs and support or close supervision to participate in out-of-school activities or the playground. These adjustments may also include the provision of a support service that is provided by the education authority or sector, or that the school has sourced from an external agency.</p>
Student Characteristics	<p>The student's identified needs do have a functional impact on their schooling and require active monitoring. However, the student is able to participate in courses and programs at the school and use the facilities and services available to all students, on the same basis as students without a disability, through support provided within quality differentiated teaching practice.</p> <p>Examples might include:</p> <ul style="list-style-type: none"> <li>• students with health conditions such as asthma and diabetes, that have a functional impact on their schooling, but whose disability related needs are being addressed through quality differentiated teaching practice and active monitoring</li> <li>• a student with a mental health condition who has strategies in place to manage the condition in consultation with medical professionals, that can be provided within quality differentiated teaching practice</li> <li>• a student who has been provided with a higher level of adjustment in the past or may require a higher level of adjustment in their future schooling.</li> </ul> <p>The needs of all students, but in particular students with disability, should be regularly monitored and reviewed to enable the school and teachers to respond with an appropriate adjustment should the level of need change.</p>	<p>Students with disability and lower level additional support needs access and participate in schooling on the same basis as students without disability through the provision of some personalised adjustments. Accessing the curriculum at the appropriate year level (i.e. the outcomes and content of regular learning programs or courses) is often where students at this level have particular learning support needs. For example, many of these students will have particular difficulty acquiring new concepts and skills outside a highly structured environment. The needs of other students at this level may be related to their personal care, communication, safety, social interaction or mobility, or to physical access issues, any of which may limit their capacity to participate effectively in the full life of their mainstream school.</p>

Description of Adjustment	Substantial Adjustments	Extensive Adjustments
Typical Adjustment	<p>Substantial adjustments are provided to address the specific nature and significant impact of the student's disability. These adjustments are designed to address the more significant barriers to their engagement, participation, learning and achievement.</p> <p>These adjustments are generally considerable in extent and may include frequent (teacher directed) individual instruction and regular direct support or close supervision in highly structured situations, to enable the students to participate in school activities. They may also include adjustments to delivery modes, significantly modified study materials, access to bridging programs, or adapted assessment procedures (e.g., assessment tasks that significantly adjust content, mode of presentation and/or the outcomes being assessed).</p> <p>Other adjustments may be the provision on a regular basis of additional supervision, regular visiting teacher or external agency support, frequent assistance with mobility and personal hygiene, or access to a specialised support setting. Close playground supervision may be required at all times or essential specialised support services for using technical aids, or alternative formats for assessment tasks, to enable these students to demonstrate the achievement of their intended learning outcomes.</p>	<p>Extensive adjustments are provided when essential specific measures are required at all times to address the individual nature and acute impact of the student's disability and the associated barriers to their learning and participation. These adjustments are highly individualised, comprehensive and ongoing.</p> <p>Students with disability and very high support needs generally access and participate in education with the provision of extensive targeted measures, and sustained levels of intensive support. The strengths, goals and learning needs of this small percentage of students are best addressed by highly individualised learning programs and courses using selected curriculum content tailored to their needs. Many students at this level will have been identified at a very young age and may have complex, associated support needs with their personal care and hygiene, medical conditions and mobility, and may also use an augmentative communication system. Students may also have particular support needs when presented with new concepts and skills and may be dependent on adult support to participate effectively in most aspects of their school program. Without highly intensive intervention, such as extensive support from specialist staff or constant and vigilant supervision, these students may otherwise not access or participate effectively in schooling.</p>
Student Characteristics	<p>Students with disability who have more substantial support needs generally access and participate in learning programs and school activities with the provision of essential measures and considerable adult assistance. Some students at this level require curriculum content at a different year level to their same-age peers, while others will only acquire new concepts and skills, or access some of the outcomes and content of the regular learning program, courses or subjects, when significant curriculum adjustments are made to address their learning needs. Other students at this level might have limited capacity to communicate effectively, or need regular support with personal hygiene and movement around the school. These students may also have considerable, often associated support needs, relating to their personal care, safety, self-regulation or social interaction, which also impact significantly on their participation and learning.</p>	<p>Students with disability and very high support needs generally access and participate in education with the provision of extensive targeted measures, and sustained levels of intensive support. The strengths, goals and learning needs of this small percentage of students are best addressed by highly individualised learning programs and courses using selected curriculum content tailored to their needs. Many students at this level will have been identified at a very young age and may have complex, associated support needs with their personal care and hygiene, medical conditions and mobility, and may also use an augmentative communication system. Students may also have particular support needs when presented with new concepts and skills and may be dependent on adult support to participate effectively in most aspects of their school program. Without highly intensive intervention, such as extensive support from specialist staff or constant and vigilant supervision, these students may otherwise not access or participate effectively in schooling.</p>

### Determining the level of adjustment

Once it is determined that a student's individual education needs are being met by the school within quality differentiated teaching, or because the student is receiving a 'supplementary' or higher level of adjustment or support, teachers and school teams must use their professional judgement to determine the level of adjustment that the student is being provided with to address the educational impact of disability.

Decision making about the level of adjustment should be continually aligned with the NCCD model and based on evidence.

It is important that all school staff refer to the definitions and descriptors of the levels of adjustment for national consistency.

### Differentiating between supplementary, substantial and extensive adjustments

Some students need targeted or more focused and personalised learning and support in order for them to participate and achieve successful outcomes on the same basis as their peers.

For most of these students, this will include adjustments to teaching and learning programs as well as a wide range of supports for both the student and their teacher. These adjustments and supports are usually facilitated through a collaborative process involving the student, their parents or carers, teachers, education staff and other professionals as needed.

Consistency in determining levels of adjustment is strengthened when teachers are able to make judgements based on a shared understanding of how the levels correlate to quality teacher practice within the school.

In the first instance school teams should refer to the information provided about the levels of adjustment, including typical adjustments and student characteristics, in the model and carefully consider the evidences that underpin them.

Where schools are having difficulty deciding between the levels of adjustment, it may also be helpful to consider the frequency, intensity and range of adjustments or support being provided. For example:

- is the adjustment or support provided occasionally, periodically or every day?
- is the adjustment or support made only during parts of the day or continuously over the whole day?
- is the adjustment or support provided during some activities and key learning areas or across all activities and key learning areas for the student?

The following case studies provide examples of each of the levels.

## Case Study 1: Support provided within quality differentiated teaching practice

*Quality teaching practice is responsive to the differential needs of students. Some students with disability may not need educational adjustments beyond those that are reasonably expected as a part of quality teaching or school practices to address disability related needs. These students should be counted under the 'support provided within quality differentiated teaching practice' level of adjustment for the purposes of this data collection.*

*These students would have been considered for some level of active support (i.e. active monitoring or provision of adjustments) and their identified needs would be subject to close monitoring and review. They may have been provided with a higher level of adjustment in the past or may require a higher level of adjustment in their future schooling.*

### Gemma

Gemma is a Year 4 student in a small regional primary school. When in kindergarten, she was diagnosed with anaphylaxis in relation to all nut and dairy products.

In the past 12 months, Gemma has only had one anaphylactic reaction while at home, resulting in adrenalin being administered by her parents and an ambulance being called to transport her to hospital. No incidents of anaphylactic reaction have occurred at school.

When Gemma initially enrolled at the school, her parents informed the principal about her health needs. As a result, the principal scheduled a Student Support Group (SSG) to plan for Gemma's transition to school. Gemma's parents were requested to complete an anaphylaxis management plan with her doctor and provide copies of any plans from the pre-school setting to assist with developing supports at school.

At the SSG meeting the principal outlined the school's obligations to implement a comprehensive anaphylaxis management plan for Gemma, including communication strategies for staff, students and members of the school community and the need to ensure staff are adequately trained in recognising and responding to anaphylactic reactions.

Gemma's school completes an annual Anaphylaxis Risk Management Checklist, provides training for all staff responsible for the wellbeing of students with anaphylaxis and undertakes all-staff briefings every six months. Additional adrenaline auto-injection devices are purchased by the school and made available to trained staff if necessary. Gemma's needs remain subject to close monitoring and review.

As part of their regular classes, all students at Gemma's school are provided with information and reminders of the risks for students with anaphylaxis. Information is also provided in the school newsletter informing parents and reminding them of those foods that can place students with anaphylaxis at risk.

Gemma has attended school since 'Prep' without incident. Comprehensive planning and training remain in place. No other specific educational adjustments have been made for Gemma during the 10 week evidence period.

## Case Study 2: Support provided within quality differentiated teaching practice

### Corey

Corey is a Year 9 student in a large metropolitan secondary college. Corey wears hearing aids as a result of his diagnosis with a mild sensor neural hearing loss. Corey's hearing loss is permanent and may deteriorate in the future. Corey undergoes annual re-assessment of his hearing thresholds to ensure his hearing aids continue to meet his needs.

When Corey initially enrolled in the school, his parents informed the Year 7 coordinator of his hearing impairment and the need for Corey to wear his hearing aids for all activities while at school. When wearing his hearing aids, the amplification enables Corey to hear people's voices clearly and to access the full range of sounds in his environment. The major difficulty for Corey occurs when there is a large amount of background noise, making speech difficult for him to differentiate.

At the start of Year 7, Corey's parents and school submitted a referral to the regional visiting teacher service for support and advice. A visiting teacher was able to assist the school to understand the nature of Corey's hearing loss through reviewing the most recent audiograms provided by his family. The visiting teacher also provided general advice and strategies for all of Corey's teachers, focusing on simple classroom modifications and adjustments. This included providing a report containing recommendations such as:

- optimal class seating arrangements for Corey,
- facing Corey when speaking with him,
- checking with Corey that he is wearing his aids and
- prompting Corey to ensure they are functioning properly.

Each term the year level coordinator met with Corey's parents and the visiting teacher to evaluate the effectiveness of the recommended educational strategies to help Corey participate in the classroom on the same basis as students without disability.

During Year 7, Corey required frequent prompts and reminders from his family and school staff to wear and maintain his aids. He was also not independently seeking clarification and repetition when unsure of the instructions being provided in class. The visiting teacher provided regular support throughout Corey's first year of secondary school, targeting these independence skills and raising staff awareness of the need to support Corey to practice them. This support continued into the first semester of Year 8.

Now in Year 9, Corey is consistently and independently able to wear and maintain his hearing aids. He is also able to alert teachers when increased background noise

prevents him from being able to differentiate instructions. All of Corey's teachers now ensure that the class is quiet prior to providing important instruction or sharing information. This class behaviour is encouraged and reinforced throughout the school as an active listening skill.

The school team, in consultation with Corey and his parents, has agreed that Corey's needs are being met through quality differentiated teaching practice.

Though Corey is now managing his hearing impairment independently, and there is no current need for the school to provide additional adjustments, his condition needs to be monitored every year. If Corey's hearing deteriorates or his educational needs change it may be necessary to implement additional educational adjustments.

## Case Study 3: Supplementary Adjustment

*Supplementary adjustments are provided when there is an assessed need at specific times to complement the strategies and resources already available (for all students) within the school. These adjustments are designed to address the nature and impact of the student's disability, and any associated barriers to their participation, learning, physical or communication needs above and beyond normal teaching practice.*

### James

James is in Year 1 at a large primary school.

Following literacy and numeracy testing at the start of the year, it became apparent to his teacher that James is performing at least 12 months behind his peer group. Teachers in the school noted that James is often slow to respond to questions and can be difficult to understand due to an apparent difficulty with articulation. His 'Prep' teacher also raised some concerns regarding his progress during transition discussions at the end of the previous year.

As a result of these discussions, James' Year 1 teacher approached the coordinator of the school's additional needs program to request assistance in consulting with James' parents to understand and plan for his needs. An initial Student Support Group (SSG) meeting was scheduled to review the teacher's testing results and observations of James' speech, language and learning. The family was also requested to bring information that might assist the school in understanding and catering for James' needs.

Following the meeting, it was decided that the school would implement a range of educational adjustments to further evaluate James' learning and communication difficulties, and to support his access to and participation in education during Term 1.

The school's additional needs coordinator worked with James' teacher to develop adjustments to meet his needs in the classroom to enable him to participate on the same basis as his peers.

**The agreed actions and adjustments included:**

- providing differentiated curriculum materials to suit James' learning needs,
- introducing visual schedules and task boards to complement teacher instruction,
- delivering instruction to James at a slower pace to allow him time to process the information,
- providing daily, targeted small group and one-on-one teacher instruction for literacy,
- providing additional home-based activities targeting Foundation literacy and numeracy skills and
- introducing a home-school communication book to ensure appropriate work can be shared and James' progress can be reported and monitored.

The SSG arranged to meet with the speech pathologist to discuss James' speech and language assessment results. This would enable the SSG to further understand James' needs and inform the development of his Individual Learning Plan.

## Case Study 4: Supplementary Adjustment

### Cindy

Cindy is a Year 10 student attending a regional 'Prep' to Year 12 College.

Cindy was diagnosed with Autism Spectrum Disorder in Year 3 after her parents and teachers noticed she appeared highly anxious in some situations at school and in the community and had increasing difficulties socialising with her peers.

Each term, the school schedules a Student Support Group (SSG) meeting to plan for Cindy's educational adjustments and to review her progress. Cindy's needs have changed over the years. At times she requires intensive support and management while at other times she functions with a high degree of independence.

During Year 5, Cindy's parents suggested the information about her diagnosis should be shared with her peers and the school community to raise their awareness of Asperger's Syndrome and the challenges it can pose for Cindy at school. This was also an opportunity to share information about Cindy's abilities with numbers and her recall of numerical facts, an interest area for her.

Currently Cindy is participating in the full Year 10 curriculum at her school. The SSG noted that she requires minimal support in numeracy-based subject areas and sometimes requires extension in this area. However, in most other subject areas, as a result of her disability, Cindy requires a degree of educational adjustment to participate on the same basis as her peers. Some adjustments currently identified in her Individual Learning Plan include:

- access to a laptop for extended writing tasks in literacy-based subject areas,
- additional time to complete literacy-based tasks, including assessment tasks,
- seating near the front of the classroom to reduce distraction,
- access to a locker in the school's 'learning hub', separate from the large busy locker area,
- permission (along with some other students) to listen to her iPod during quiet work time in class,
- provision of an individualised, simplified timetable of Cindy's subjects, along with a simple list of organisational requirements for each subject,
- weekly email communication between Cindy's parents and teachers to ensure homework tasks are properly documented and tracked,
- modification of the Physical Education curriculum for Cindy, normally by providing her with record keeping, scoring or organising duties,
- review of the adjustments in place for Cindy each term by an educational consultant on Autism Spectrum Disorder to ensure the school is adopting the most appropriate strategies to support her needs and
- fortnightly 'checking in' with Cindy by the college's welfare officer to gauge her emotional wellbeing and to provide support or consider referral as necessary.

Despite these supports, Cindy still exhibits high anxiety due to the social and sensory demands placed on her in the school setting. The SSG devised a strategy involving Cindy and her teacher withdrawing from class and into the student's 'learning hub' to help Cindy cope with her anxiety.

Here, Cindy can choose to rest on a bean bag listening to her iPod until she feels prepared to return to class. The additional needs coordinator checks in with her and provides assistance as necessary.

Currently Cindy relies on these supplementary adjustments to access education on the same basis as her peers. Her needs are monitored with a view to enabling her to complete an accredited senior secondary course.

## Case Study 5: Substantial Adjustment

*Substantial adjustments are provided to address the specific nature and significant impact of the student's disability. These adjustments are designed to address the more significant barriers to their engagement, learning, participation and achievement.*

### George

George is an eight year old boy diagnosed with Down syndrome and kidney disease. He has attended the same primary school since 'Prep'. As George has grown and developed, his medical and educational needs have become more complex. As a result, his ability to engage with his educational program has become increasingly compromised.

Currently George benefits from a highly specialised educational program supported by highly modified curricular materials appropriate for students at younger year levels. Though he spends significant amounts of time engaged in mainstream class activities along with his peers, George also receives frequent instruction in Foundation literacy and numeracy skills from the school's additional needs teacher.

These skills are then practised and consolidated during time spent with education support officers. George receives additional supervision in unstructured activities, such as during recess and lunch, to ensure he participates safely and can practise positive social behaviours.

George's parents have always worked closely with the school to plan for his transition and develop his educational plan and adjustments. George's school also receives consultation from a Student Support Services' speech pathologist to develop his communication abilities, and advice from Down Syndrome Victoria's Inclusion Support Service.

George's kidney disease has recently progressed and he now requires surgery to his bladder that will result in him urinating via a catheter. He will be required to do this for a period of six weeks before surgery and permanently following the surgery. Catheterisation will commence in approximately four weeks. This will present a significant behavioural and learning challenge for George. He will be absent from school for a significant period of time and will be supported via the Royal Children's Hospital (RCH) Education Institute while an inpatient there.

After receiving news of the need for surgery, George's parents requested an urgent Student Support Group (SSG) meeting to prepare and plan for the subsequent impact on his access and participation in education. The principal, additional needs coordinator, classroom teacher, support officer and parents attended the meeting. The family provided the latest paediatric kidney specialist (nephrologist) report for the school. It was determined that the following actions needed to occur:

- an update of George's Personal Care Medical Advice Form with the input of his medical specialists to reflect his changing continence care needs,
- an application to have key school staff undertake competency training in catheter management via the (Victorian) Department of Education and Training's Schoolcare Program,
- referral of George to the regional visiting teacher service to assist with planning educational supports for the period he will be absent from school,
- liaison with the RCH Education Institute to ensure smooth transition for George back to school and
- a review of George's educational program for the coming 10 weeks to consider which course materials and goals may need to be modified to ensure he can continue to have access and progress against the goals established for him.

George is a young boy with significant needs associated with his disability. These needs present significant barriers to his access and participation in many aspects of his education. They represent a range of academic, social-emotional and personal care differences to be addressed by the school in implementing substantial adjustments to his educational program.

## Case Study 6: Substantial Adjustment

### Sam

Sam is a 15 year old boy with a diagnosis of Duchenne muscular dystrophy. He has attended the same secondary college since commencing in Year 7.

As he has grown, Sam's physical and emotional needs have become more complex and his ability to demonstrate his understanding of the curriculum has reduced.

Sam recently transitioned from a manual wheelchair that he was able to self-propel for periods of the school day to a fully automated wheelchair, which is larger and makes access to some areas of the school more difficult.

Sam's personal care needs have also recently increased and he is no longer able to self-transfer when using a universal access toilet. He is becoming physically fatigued more quickly, leading to shortness of breath. Recently Sam's medical specialist team advised that he should avoid using his hands for fine motor activities and make greater use of mechanical devices.

As a result of his physical challenges, Sam is feeling very low and is concerned about the additional burden he is placing on his family and school support staff.

Due to the recent rapid deterioration and the changing recommendations from Sam's medical specialist team, an urgent Student Support Group (SSG) meeting was scheduled to review and plan for his educational needs and adjustments. In preparation for the meeting, the school's additional needs coordinator requested interim reports from all of his teachers regarding his progress and liaised with Sam's occupational therapist and speech pathologist, inviting them to attend the meeting or to provide written recommendations for the school to consider in planning for Sam.

With consent from Sam's parents, the school welfare coordinator also liaised with Sam's private clinical psychologist to discuss what school supports and strategies may assist in addressing Sam's social-emotional needs.

The SSG met the following week, attended by Sam and his mother, the school principal, additional needs coordinator, year level coordinator, welfare coordinator, regional visiting teacher and hospital occupational therapist. A written summary report with recommendations was provided by the speech pathologist, who was unable to attend.

At the meeting, the following additional actions and educational adjustments were identified:

- Sam would use tablet technology to replace pen and paper and other fine motor tasks for a significant amount of his educational program,
- the speech pathologist and occupational therapist would assist the school in selecting the appropriate tablet based on Sam's access and educational needs,
- Sam's teachers and Education Support Staff would undertake professional development in the use of tablet technology in education,
- a hoist would be fitted in the universal access toilet to enable better access for Sam,
- key staff would be trained in appropriate use of the hoist,
- Sam would be provided with access to the senior school common room to rest when he became fatigued during the school day,
- doors to classrooms that Sam regularly accesses were widened,
- key staff would be trained in wheelchair use and maintenance,
- the school welfare coordinator would continue to liaise with Sam's psychologist to ensure appropriate and timely information could be provided to Sam's school friends and staff to best support his social-emotional needs and
- school staff would be provided with support as necessary, including access to the (Victorian) Department of Education and Training's Employee Assistance Program.

Another SSG was scheduled in eight weeks to review the progress of the above adjustments and to discuss Sam's progress. Sam would be invited to attend the meeting to provide feedback and raise any other suggestions for the group.

## Case Study 7: Extensive Adjustment

*Extensive adjustments are provided when essential specific measures are required at all times to address the individual nature and acute impact of the student's disability and the associated barriers to their learning and participation. These adjustments are highly individualised, comprehensive and ongoing.*

### **Jane**

Jane is a six-year-old girl with a diagnosis of cerebral palsy and severe intellectual disability. Jane also experiences epilepsy seizures that are mostly controlled with medication. She has just commenced 'Prep' at her local mainstream primary school.

Jane is non-verbal and has yet to develop a consistent form of communication. Jane uses a wheelchair for mobility and requires an adult to push her, and to transfer in and out of her chair when she is fully supported in a standing frame for a period of time each day. Jane is fully dependent on others for all of her self-care activities, including toileting, dressing, bathing and feeding.

After selecting a mainstream setting for Jane to commence her formal schooling, Jane's parents began transition planning with the school very early in her pre-school year. Since birth, Jane has received significant early intervention support from a wide range of medical and allied health professionals and agencies.

These professionals were able to support Jane's transition planning by providing the school with information to help understand Jane's ongoing medical, physical, cognitive, language and social-emotional needs.

At the start of the school year, Jane's Student Support Group (SSG) developed a highly individualised educational plan, taking into account the information provided by her family and supporting professionals. On commencing at school, her teacher completed a range of observational and functional assessments, including using the Abilities Based Learning and Education Support (ABLES) assessment tools.

Current individual goals for Jane include:

- recognising and showing response to a range of sounds,
- fixating on objects and moving her head or eyes as the object is moved,
- reaching towards an object,
- showing recognition of her favourite toys, objects, and familiar people,
- responding to changes in position,
- exploring different materials and textures through touching, rubbing, tearing, scrunching, rolling,
- anticipating and cooperating with her carer when eating and drinking,
- responding to visual and auditory stimulation from an ICT device and
- operating, with assistance, an 'on/off' input device using a switch.

Jane's learning and achievement is assessed and reported in Ausvels.

Some actions and adjustments enabling Jane to access and participate in her educational program include:

- use of a universal access toilet fitted with a hoist and change table,
- intensive speech pathology, occupational therapy and physiotherapy, including direct support and consultation with teachers,
- monthly consultation from a visiting specialist education teacher to assist Jane's classroom teacher in designing and delivering a curriculum that best supports her needs,
- frequent periods of teacher support throughout the school day,
- intensive adult supervision and assistance with personal safety and care throughout the school day,
- assistance with all feeding activities,
- assistance to mobilise and with all transfers,
- highly targeted Individual Learning Plan and
- regular consultation between Jane's family and the school via monthly SSG meetings, a daily communication book between school and the home, and informal discussion with the teacher and support staff at school drop off and pick up times.

As a result of Jane's disability and complex needs, she requires ongoing extensive adjustments to access and participate in her highly individualised educational program.

## Case Study 8: Extensive Adjustment

### Tristan

Tristan is a 16 year old boy with a diagnosis of severe intellectual disability and autism spectrum disorder. He attends a specialist school in a large regional city and participates in some mainstream programs as part of the school's satellite unit situated in a secondary college campus near his school.

Tristan is non-verbal, communicating his needs using gestures, some key word signing, and the Picture Exchange Communication System (PECS). Though Tristan generally enjoys attending school, he has difficulty with sensory integration and requires significant supervision and assistance at all times and in all settings.

Tristan requires extensive support to manage his behavioural responses to sensory stimuli. It is difficult to predict his reaction to any given sensory input. As a result, staff regularly undertake functional behaviour analyses to evaluate Tristan's communication needs and his engagement with his environment in all settings – school sites, the community and the home.

From these analyses, a comprehensive positive Behaviour Support Plan is put in place to ensure Tristan is provided with consistent strategies and responses that best support his complex needs.

Tristan's educational program focuses on functional skills in the key areas of self care, communication, personal safety and preparing for post-school options. Tristan requires intensive adult assistance for all components of his educational program.

Current individual goals for Tristan include:

- independently completing some steps when dressing and undressing,
- indicating personal needs associated with being 'hot', 'cold', 'hungry', or 'thirsty' by using gesture, sign, or PECS,
- indicating feelings such as 'happy', 'sad', 'angry', 'worried', 'scared' or 'confused' by using gesture, sign, or PECS,
- communicating likes and dislikes through gesture, key word sign or PECS,
- completing some steps associated with preparing his own meals,
- with prompting, following visual steps in basic hygiene procedures,
- finger-feeding independently and attempting to use utensils when eating,
- responding to single word safety instructions from a familiar adult, such as 'stop', 'wait' and 'come',
- recognising and communicating when feeling unsafe and
- recognising warning signs in the environment.

The regular adjustments Tristan receives in working towards these learning outcomes include:

- frequent short periods of intense specialist teacher instruction throughout the day,
- personal care and safety support from education support officers throughout the day,
- preparation of individualised social stories, visual scripts, visual schedule and PECS communication materials,
- provision of a withdrawal sensory space with individualised materials for Tristan to engage in calming activities. The space will also be used for specialist consultation and support from the school's occupational therapist and speech pathologist, including review of Tristan's communication, self-care and sensory needs and the recommendation of ongoing adjustments and
- regular consultation from a community based agency specialising in functional behaviour analysis for young people with autism.

As a result of Tristan's disability, he requires ongoing extensive adjustments to access and participate in his highly individualised educational program.

## Step 3 – What is the broad category of disability?

As well as identifying the level of reasonable adjustment being provided for each student identified for inclusion in the data collection, schools are asked to identify the broad category of disability for each student from one of four categories:

- physical,
- cognitive,
- sensory and
- social/emotional.

The Department recommends the nominated person or school team undertake the following actions for Step 3:

- use the completed Individual Student Checklist, the Broad disability categories used in the national data collection on students with disability table and information collected on each student eligible to be included in the data collection to determine the broad category of disability for each student and
- ensure decisions are discussed and moderated for consistency of approach, interpretation and decision making.

### Multiple disabilities

If a student has multiple disabilities or does not readily fit within one category, schools should select the disability category that requires the greatest extent of reasonable adjustment, based on professional judgement, to support the student's access and participation in education.

### Professional teacher judgement

Schools may draw on a range of evidence to support their decision about which disability category to select, including medical and other specialist reports available to the school. However, the selection of a disability category in this data collection does not rely on a formal medical diagnosis but on the professional judgement of the teacher about the aspect of the student's learning need that has the greatest impact on their education.

The following table provides a guide to the types of disabilities and the broad categories identified in the NCCD model that could apply to them.

## Broad Categories of Disability

Definitions from the <i>Disability Discrimination Act 1992</i> and the <i>Disability Standards for Education 2005</i>	Australian Human Rights Commission interpretation of the DDA definition	Primary disability categories used in the Nationally Consistent Collection of Data on School Students with Disability
b) total or partial loss of a part of the body	Neurological Physical Physical disfigurement	Physical
e) the malfunction, malformation or disfigurement of a part of the person's body	The presence in the body of disease causing organisms	
c) the presence in the body of organisms causing disease or illness		
d) the presence in the body of organisms capable of causing disease or illness		
a) total or partial loss of the person's bodily or mental functions	Intellectual Learning disabilities	Cognitive
f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction		
a) total or partial loss of the person's bodily or mental functions	Sensory	Sensory
e) the malfunction, malformation or disfigurement of a part of the person's body		
g) a disorder, illness or disease that affects the person's thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour	Psychiatric	Social/Emotional

## Step 4 – Record the Nationally Consistent Collection of Data on School Students with Disability data in CASES21 on, or before, Friday 7 August 2015

All schools are required to participate in the data collection this year.

Before data is submitted to the Department via CASES21 about the number of students with disability in the school, their level of reasonable adjustment and primary category of disability, the school principal is responsible for verifying that there is evidence to support the inclusion of these students in the collection.

The Department recommends the nominated person or school team undertake the following actions for Step 4:

- provide the school principal with the opportunity to verify the processes undertaken and that evidence is available to support the decisions that have been made during the implementation of the collection. (The principal may wish to view the 'Step 4' video (on the Department's Data Collection website) for one principal's perspective on the collection process.),
- provide a collation of data for entry using the NCCD Record Sheet (see the following page) to the staff member entering the verified data into CASES21 and
- ensure that the staff member entering the verified data into CASES21 has been provided with the CASES21 Administration Guide and instructions on entering NCCD data.

No student details are collected as part of this collection. The data provided to the Australian Government Department of Education and Training is provided as aggregated figures.

## NCCD Record Sheet (Sample)

The following resource could be used by class teachers or other school staff to record students to be counted in the collection and to record the level of adjustment and category of disability after completing Steps 2 and 3. This record can also be used by the staff member responsible for entering the data into CASES21 once a moderation process has been undertaken by the school team.

Class: .....

Teacher: .....

## Arriving at a Nationally Consistent Collection of Data on School Students with Disability

A brief chronology of the decisions and initiatives undertaken in working towards a nationally consistent approach on collecting data on school students with disability follows:

- During 2010, an Expert Advisory Group developed a model for the nationally consistent collection of data underpinned by the *Disability Discrimination Act 1992* (the Act) and the *Disability Standards for Education 2005* (The Standards).
- In June 2010, education ministers made a decision that the contextual information contained on the *My School* website should be expanded to include a number of student population indicators, including students with disability (refer to the Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA) Communiqué – 10 June 2010).
- In November 2010, the Australian Education, Early Childhood Development and Youth Senior Officials Committee (AEEYSOC) agreed to a trial of the model during May-June 2011 as developed by the Expert Advisory Group (the 2011 Trial).
- In October 2011, education ministers considered the outcomes of the 2011 Trial and agreed to establish a joint working group to make refinements to the model.
- On 20 April 2012, the Standing Council on School Education and Early Childhood (SCSEEC) accepted the refinements to the model trialled in 2011 for a nationally consistent collection of data on school students with disability and agreed to the objective of a full national data collection in 2013. It also agreed that this should be informed by a trial in the second half of 2012.
- A second trial was undertaken in October 2012 (the 2012 Trial), in order to test a refined model within an operational environment across a range of educational settings.
- At the SCSEEC meeting on 7 December 2012, education ministers agreed to provisionally endorse the revised model used in the 2012 Trial, subject to the final report of the trial, and to phased implementation of the model over 2013-2015.
- At the SCSEEC meeting on 10 May 2013, education ministers endorsed the revised model based on the final report of the 2012 Trial, for the three year phased implementation period with an initial data collection in October 2013 (refer to the SCSEEC Communiqué – 10 May 2013).
- At the Education Council Meeting on 31 October 2014, Ministers reaffirmed their commitment to ensure that students with disability are supported to fully participate at school. Council agreed on the importance of ensuring that funding for students with a disability is based on data that is robust, reliable and accurately reflects the diversity of needs of students with disability. Ministers agreed to work towards ensuring that the NCCD is of the necessary quality to accurately inform future funding, with the aim of utilising NCCD data from 2016.