

<u>Case Study matrix</u>			
	Age/Type of Disability	Category	Level of Adjustment
<u>Case Study 1</u>	Catherine is a year 4 student with anaphylaxis in relation to all nut and dairy products.	Physical	QDTP
<u>Case Study 2</u>	Jonathon is a year 1 student and his speech is sometimes difficult to understand.	Cognitive	Supplementary
<u>Case Study 3</u>	Frank is a 15-year-old boy with a diagnosis of Duchenne Muscular Dystrophy.	Physical	Substantial
<u>Case Study 4</u>	Tristan is 16 years old with severe intellectual disability and autism.	Cognitive	Extensive
<u>Case Study 5</u>	Kyle is 16 years old and has generalised anxiety disorder.	Social/emotional	QDTP
<u>Case Study 6</u>	Ella is a year 1 student and has anaphylaxis to peanuts and shellfish.	Physical	QDTP
<u>Case Study 7</u>	Eddy is a year 7 student with cerebral palsy.	Physical	QDTP
<u>Case Study 8</u>	Billy is a year 3 student working approximately two years behind grade level in most areas.	Not applicable	Not applicable
<u>Case Study 9</u>	Jayden and Connor are both year 2 students. Jayden has been diagnosed with a mild intellectual disability while Connor's parents have chosen not to have him assessed.	Cognitive	Supplementary
<u>Case Study 10</u>	John is a pre-primary aged student and who has sensory processing issues. His mother does not want him to be referred to Child and Adolescent Mental Health Services.	Social/emotional	Supplementary
<u>Case Study 11</u>	Aaron is a year 10 student and his disability is yet to be diagnosed.	Not applicable	Not applicable
<u>Case Study 12</u>	Joseph is a year 2 student with a diagnosis of dysgraphia.	Cognitive	Supplementary
<u>Case Study 13</u>	Charlotte is a year 9 student and is diagnosed as having Type 1 diabetes.	Physical	Supplementary
<u>Case Study 14</u>	Tara is a year 11 student and has a confirmed diagnosis of moderate intellectual disability.	Cognitive	Substantial
<u>Case Study 15</u>	Andrew is a year 11 student and was diagnosed with major depression, generalised anxiety and obsessive compulsive disorder.	Social/emotional	Substantial
<u>Case Study 16</u>	Daniel is a year 10 student with Duchenne Muscular Dystrophy.	Physical	Substantial
<u>Case Study 17</u>	Zac is a 6 year old boy with Cerebral Palsy.	Physical	Extensive
<u>Case Study 18</u>	Russell is a year 10 student who was diagnosed with dyslexia.	Cognitive	Supplementary
<u>Case Study 19</u>	Jamie is a year 12 student with a social/emotional condition.	Social/emotional	Extensive
<u>Case Study 20</u>	Tyra is a year 6 student who was diagnosed with generalised anxiety disorder.	Social/emotional	Substantial

	Age/Type of Disability	Category	Level of Adjustment
<u>Case Study 21</u>	Rosie is a year 10 student who is profoundly deaf.	Sensory	Substantial
<u>Case Study 22</u>	Alistair is a year 9 student who is profoundly deaf.	Sensory	Extensive
<u>Case Study 23</u>	Gemma is a year 4 student who was diagnosed with anaphylaxis in relation to all nut and dairy products.	Physical	QDTP
<u>Case Study 24</u>	Liam is a year 9 student. He wears hearing aids as a result of his diagnosis with a mild sensorineural hearing loss.	Sensory	QDTP
<u>Case Study 25</u>	James is a year 1 student who requires further evaluation into his learning and communication difficulties.	Cognitive	Supplementary
<u>Case Study 26</u>	Cindy is a year 10 student diagnosed with Asperger's Syndrome.	Social/emotional	Supplementary
<u>Case Study 27</u>	George is an eight year-old boy diagnosed with Down syndrome and kidney disease.	Cognitive	Substantial
<u>Case Study 28</u>	Sam is a 16-year-old boy with a diagnosis of Duchenne Muscular Dystrophy.	Physical	Substantial
<u>Case Study 29</u>	Jane is a six-year-old girl with a diagnosis of cerebral palsy and severe intellectual disability.	Cognitive	Extensive
<u>Case Study 30</u>	William is a 16-year-old boy with a diagnosis of severe intellectual disability and autism spectrum disorder.	Cognitive	Extensive
<u>Case Study 31</u>	John is a year 6 student who has recently displayed signs of anxiety.	Social/emotional/excluded from NCCD	QDTP/excluded from NCCD
<u>Case Study 32</u>	A number of students at a P-12 school have asthma.	Physical/excluded from NCCD	QDTP/excluded from NCCD
<u>Case Study 33</u>	Max is a year 2 student with an undiagnosed learning disability.	Cognitive/excluded from NCCD	QDTP/excluded from NCCD
<u>Case Study 34</u>	Mary is an 11 year old who has a social/emotional disability (anxiety and/or depression).	Social/emotional	Substantial
<u>Case Study 35</u>	Hassan is a 10 year old boy who has a cognitive disability (anxiety and a lack of control and feeling of safety).	Cognitive	Supplementary

Hypothetical case study – Catherine

Catherine is a year 4 student at a small remote primary school. Catherine has been diagnosed with anaphylaxis in relation to all nut and dairy products.

She has had one anaphylactic episode while at home in the last 12 months, which required her to be transported to hospital overnight after her parents administered adrenalin via an auto-injector.

During Catherine’s enrolment, her school called a case conference attended by her parents, who provided a healthcare plan from her GP. Catherine’s teacher spoke to her doctor by telephone to confirm the details of the healthcare plan. During the initial case conference with the principal, Catherine’s classroom teacher and her parents, it was agreed that all staff would participate in 6-monthly training, with all new staff trained within 6 weeks of arrival, and an annual review of the healthcare plan ensuring all contact numbers and details are up to date. It was also agreed that the school would take part in annual drills implementing the emergency response plan. Catherine’s parents committed to providing the school with medical updates as soon as was reasonably possible if her condition changed. They would also provide two new auto-injectors every 6 months.

During the class health lessons, Catherine’s teacher has talked about what anaphylaxis is and what it means for Catherine. Her mother has also come to the health lessons and talked about the alternative foods that Catherine eats and what things she needs to do to avoid a reaction.

Catherine has attended the school for two years without the emergency response plan being activated; however, the ongoing adjustments and resources in terms of training and planning continue to take place.

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> Is the student being provided an adjustment to access education because of disability? Determine if Catherine is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> As defined by the DDA, Catherine has a presence in the body or organisms capable of causing disease or illness
<p>STEP 2</p> <ul style="list-style-type: none"> Determine the level of adjustment 	<p>Support provided within quality differentiated teaching practice ('QDTP adjustment'):</p> <ul style="list-style-type: none"> Training for all staff on a 6-monthly basis (and within 6 weeks of commencing for new staff) Catherine requires ongoing monitoring and her healthcare plan is reviewed annually School participation in annual drills implementing the emergency response plan Acquisition of two new auto-injectors every 6 months Information provided to students on anaphylaxis, the risk for Catherine, and food that she eats and other measures she takes to avoid a reaction
<p>STEP 3</p> <ul style="list-style-type: none"> Determine the category of disability 	<ul style="list-style-type: none"> Catherine has a physical disability
<p>STEP 4</p> <ul style="list-style-type: none"> Determine which form of evidence is available to support that Catherine has a disability under the DDA and needs QDTP adjustments 	<ul style="list-style-type: none"> Current healthcare plan from her GP Notes of conversations between teacher/s and parents and teacher/s and Catherine’s doctor Health plan provided by medical specialist that is reviewed regularly Staff training calendars

Hypothetical case study – Jonathon

Jonathon is a year 1 student enrolled at a large metropolitan primary school.

Jonathon’s speech is sometimes difficult to understand and class-based literacy assessments indicate that he is performing approximately 12 months behind his peers.

Following the class-based assessments, Jonathon’s teacher approached the school’s learning support coordinator (LSC) asking for a meeting with Jonathon’s carer, his grandmother, to talk about a shared learning program between school and home. His teacher, the LSC and his grandmother talked about activities that could be done at home with Jonathon and whether his grandmother would like him included in the school’s special reading group. During the meeting, Jonathon’s grandmother asked to be provided with games and activities for him at home. The teachers agreed to give targeted activities to his grandmother. They also agreed to set up a communication book so that Jonathon could practise targeted vocabulary at home with his grandmother and the school could reward his learning efforts both at home and at school.

In the classroom, his teacher decided to modify how she presents information, slowing down her speech to allow all students to have additional processing time. She also ensures that written information she gives Jonathon is in ‘chunks’, making it more accessible.

The LSC, Jonathon’s classroom teacher and his grandmother agreed to meet again in 10 weeks to talk about his progress and the effectiveness of the current adjustments being made for him.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> Is the student being provided an adjustment to access education because of disability? Determine if Jonathon is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> As defined by the DDA, Jonathon has a disorder or malfunction that results in him learning differently from a person without the disorder of malfunction
STEP 2	<ul style="list-style-type: none"> Determine the level of adjustment 	Supplementary adjustment: <ul style="list-style-type: none"> Jonathon has modified or tailored programs in literacy (including reading and vocabulary) Jonathon’s teacher provides modifications to instruction in terms of teaching strategies, including provision of information in accessible forms Jonathon needs extra time to process new concepts The school provides intermittent specialist (LSC) teacher support
STEP 3	<ul style="list-style-type: none"> Determine the category of disability 	<ul style="list-style-type: none"> Jonathon has a cognitive disability
STEP 4	<ul style="list-style-type: none"> Determine which form of evidence is available to support that Jonathon has a disability under the DDA and needs supplementary adjustments 	<ul style="list-style-type: none"> Classroom curriculum-based assessment Meeting notes with LSC and carer Individual learning plan

Hypothetical case study – Frank

Frank is a 15-year-old boy with a diagnosis of Duchenne Muscular Dystrophy. He has attended the same secondary school since he enrolled at the start of year 8.

As he has aged, his physical and emotional needs have become more complex and his ability to demonstrate his understanding of the curriculum has reduced, requiring significant support.

Frank has recently moved from a manual wheelchair that he was able to self-propel for periods of the school day to a fully automated wheelchair that is larger and relies on battery power, making access to some areas of the school more complex. His personal care needs have also increased, as he is no longer able to self-transfer when using the universal access toilet and is becoming physically fatigued more quickly, leading to shortness of breath. Recently his specialist medical team has advised that he should avoid using his hands for fine motor activities and make greater use of assistive devices. As a result of recent physical deterioration, Frank has reported that he is feeling very low and is concerned that he is becoming a burden to his family. He is particularly worried about his foster mum, who he reports tries to hide her sadness, but he can hear her crying at night when he is in his room.

It was predicted that Frank’s physical and emotional circumstances would deteriorate, but he has seen rapid changes in recent weeks and therefore the school-based support team, the school’s consulting teacher for disability, Frank’s foster parents and Frank have decided to bring forward their regular term-by-term case conference to consider additional support services, reviewing Frank’s Individual Education Plan (IEP) and whether there need to be any minor works modifications at the school.

In preparation for the meeting, the Learning Support Coordinator (LSC) has asked all of Frank’s teachers to provide interim reports regarding his progress, and has scheduled a pre-meeting with the consulting teacher from the assistive technology team, to investigate using tablets and voice-activated technology to assist Frank to access the curriculum with less use of his arms and hands. The results of this meeting will be reported at the case conference.

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> Is the student being provided an adjustment to access education because of disability? Determine if Frank is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> As defined by the DDA, Frank has the malfunction, malformation or disfigurement of a part of the person’s body
<p>STEP 2</p> <ul style="list-style-type: none"> Determine the level of adjustment 	<p>Substantial adjustment:</p> <ul style="list-style-type: none"> Frank has considerable support needs related to his self-care and education Frank’s school receives regular consulting teacher or external agency support Frank accesses specialised support services for using technical aids Frank requires regular direct support and adjusted access to curriculum to be able to participate in education on the same basis as his peers
<p>STEP 3</p> <ul style="list-style-type: none"> Determine the category of disability 	<ul style="list-style-type: none"> Frank has a physical disability
<p>STEP 4</p> <ul style="list-style-type: none"> Determine which form of evidence is available to support that Frank has a disability under the DDA and needs substantial adjustments 	<ul style="list-style-type: none"> Medical reports from health professionals Notes from meetings with school and clinical psychologists, school staff, Frank and his foster parents Individual education plans Teacher reports regarding Frank’s progress Staff training plans

Frank cont...

The school psychologist, who has been working with Frank's clinical psychologist, has asked for a separate case conference with Frank and his foster parents to discuss Frank's emotional concerns and to make some shared school and home support decisions. Frank will discuss what aspects of this meeting he is comfortable sharing at the case conference if he decides to attend.

The consulting teacher for disabilities has referred Frank's school to the high support needs team at the School of Educational Need: Disability and a representative will attend the case conference to discuss additional training that education assistants and teachers may need in order to access technologies and new equipment that will be made available to Frank, in particular, minor works involving the use of a hoist in the universal access toilet and maintenance around the use of the automated wheelchair.

The LSC has also investigated providing Frank with access to the upper school students' common room to rest when he is becoming fatigued through the school day. These options will be considered by Frank and his foster parents during the case conference.

The LSC and the school psychologist have discussed providing a range of support services to staff and students who are concerned about Frank and may be distressed by his sudden deterioration.

As a result of the case conference:

- Frank will have significant aspects of his IEP provided using tablet technology;
- education assistants and teachers working with Frank will be provided with training in the use of tablet technology as required;
- minor works will be provided to install a hoist in the universal access toilet;
- education assistants will be provided with training in Manual tension and wheelchair maintenance;
- the school psychologist will continue to liaise with the clinical psychologist re appropriate and timely information to provide to Frank's school friends and staff; and
- the LSC will ensure that all staff have access to the department's employee assistance program.

Another case conference was scheduled to be held in 8 weeks to discuss Frank's progress and make adjustments to his current access and IEP if necessary.

Hypothetical case study – Tristan

Tristan is a 16-year-old boy with a diagnosis of severe intellectual disability and autism. Tristan attends a mainstream secondary school in a large regional city, but accesses some specialised programs at the onsite Education Support Centre.

Tristan is nonverbal and typically communicates his needs using gestures, some basic signing and visual–pictorial communication systems. He enjoys attending school but does find it difficult to manage his sensory integration and requires significant supervision and assistance to recognise when he needs to take a break from an activity, communicate his feelings or make a request for assistance. His current IEP and Behaviour Management Plan (BMP) are focused on learning-to-learn behaviours, functional skills in the community and transition to community-based activities over the next three years. His functional program centres on self-care, hygiene, communication and personal safety. Tristan requires full adult assistance for all aspects of his program.

Key learning outcomes for Tristan include:

- daily routines such as help to unpack his school bag on arrival and pack it on departure;
- tolerate touch/speech cues used in the routines for greeting, meal time, toileting and home time;
- relation of concrete objects to a particular classroom activity such as nappy – toilet or bowl and spoon – cooking.

Key communication outcomes for Tristan include demonstrating one or more of the following when interacting in 1:1 situations where the communication partner is positioned within 30 cm and these are then copied/commented on by the communication partner:

- moves head/eyes/arms/legs or mouth while interacting
- makes facial changes and shows pleasure with interaction
- makes vocalisations of different volumes and tones.

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Tristan is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Tristan has a disorder or malfunction that results in him learning differently from a person without the disorder
<p>STEP 2</p> <ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Extensive adjustment:</p> <ul style="list-style-type: none"> • Tristan requires full adult assistance for all aspects of his program
<p>STEP 3</p> <ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Tristan has a cognitive disability • Tristan’s disability has cognitive, social/emotional and sensory aspects • If a student has multiple disabilities, the school team will select whichever disability category has the greatest impact, based on their professional judgement, on the student’s education and is the main driver of adjustments to support their access and participation • The category of disability therefore is cognitive
<p>STEP 4</p> <ul style="list-style-type: none"> • Determine which form of evidence is available to support that Tristan has a disability under the DDA and needs extensive adjustments 	<ul style="list-style-type: none"> • Reports from medical professionals • Individual education plan • Behaviour management plan • Notes from the disability service provider • Staff training plans/timetables • Meeting notes with parents and staff

Tristan cont...

Tristan requires extensive support to manage his behavioural responses to sensory stimuli. He will not always act predictably to any given sensory input and therefore regular functional behaviour analysis is performed with all staff across both sites to re-evaluate his engagement with all aspects of his environment across all settings (school, community and home) to ensure that Tristan is provided with a consistent set of responses and strategies that support his changing behaviour needs.

Tristan has as one of his goals increasing his engagement with the disability service provider in his community as chosen by his family. This requires cross-training between disability service provider staff and school staff to ensure that there is consistent and detailed understanding of Tristan's individual program. Shared professional learning, planning and collaborative case meetings occur monthly to ensure a highly individualised transition program for Tristan.

Hypothetical case study – Kyle

Kyle has generalised anxiety disorder. He was diagnosed at 13 years old and attends a large mainstream high school. When Kyle was diagnosed three years ago the school met with all the relevant internal and external agencies to develop a mental health plan to support him. Kyle had a private psychiatrist and psychologist team supporting himself and his family. Through this team he underwent cognitive behaviour therapy that helped Kyle to learn relaxation techniques, replace negative thought patterns with positive thoughts and developed his problem solving skills.

During this time, the school supported Kyle by: identifying step-by-step procedures to assist Kyle when he was feeling anxious; ensuring access to key staff members and areas he could remove himself to when overwhelmed; informing his teachers and staff of his needs, the strategies he was using and how to prompt Kyle to utilise the strategies in his plan; and pre-warning Kyle of any changes to routine and arranging for Kyle to pre-visit or ‘walk through’ significant new events 1 to 1 with a staff member. At this time the school considered Kyle to be a child with a Social/Emotional Disability who required supplementary adjustments.

Kyle is now 16 years old and has numerous strategies to manage his thoughts and feelings and reduce his anxiety. He is displaying appropriate behaviours for his age within the school environment. He can self-monitor his thoughts and feelings, problem solve and has developed a range of relaxation techniques he can utilise independently.

At the beginning of the school year the student services team, including his homeroom teacher, school psychologist and deputy principal organised a meeting with Kyle and his parents where all of Kyle’s self-management techniques were discussed. Kyle stated he felt confident in managing any challenges at school as long as the school continued to provide the timetable and gave him reasonable notice of upcoming assignments and new events, as per the usual school system. He was aware that as per the usual school processes, he could access the school psychologist and his homeroom teacher at any point and stated that he no longer needed any further intervention from the school outside of the usual supports offered to the students. The staff continue to actively monitor Kyle’s progress through quality differentiated teaching practice.

It was agreed that a review meeting would be held at the beginning of the next semester.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> Is the student being provided an adjustment to access education because of disability? Determine if Kyle is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> As defined by the DDA, Kyle has a disorder, illness or disease that affects the person’s thought processes, perception of reality, emotions or judgment, or that results in disturbed behaviour
STEP 2	<ul style="list-style-type: none"> Determine the level of adjustment 	QDTP adjustment: <ul style="list-style-type: none"> Kyle is now able to self-monitor his thoughts and feelings and reduce his anxiety Staff actively monitor Kyle’s progress through quality differentiated teaching practice
STEP 3	<ul style="list-style-type: none"> Determine the category of disability 	<ul style="list-style-type: none"> Kyle has a social/emotional disability
STEP 4	<ul style="list-style-type: none"> Determine which form of evidence is available to support that Kyle has a disability under the DDA and needs QDTP adjustments 	<ul style="list-style-type: none"> Meeting notes from meeting with Kyle’s parents to discuss Kyle’s self-management techniques Notes of meetings between Kyle and the counsellor Timetable provided to Kyle

Hypothetical case study – Ella

Ella is a Year 1 student attending a mainstream school. Ella was diagnosed at 4 years old with anaphylaxis to peanuts and shellfish. In collaboration with the deputy principal, Ella’s parents have completed the Student Health Care Risk Management Plan and provided the school with a signed Anaphylaxis Management Plan from their general practitioner and an auto-injector. Staff have been informed of Ella’s medical needs and her management plans and Ella is actively monitored by the staff during break times, cooking activities and excursions to ensure she is not sharing food.

The school has a general policy about not sharing food and Ella’s parents state that she is aware of her allergies and is generally wary of trying new foods.

To manage Ella’s risk on a daily basis, the school has:

- ensured Ella’s anaphylaxis management plan is on the staffroom wall and in the duty file;
- ensured teachers, including relief teachers, are aware that it is a school rule that children are not to share food and they actively monitor the students in relation to this during break times;
- stored Ella’s auto-injector in a medical cabinet known to all staff;
- informed all of Ella’s teachers of her allergy and identified the need to take this into consideration when planning any activity involving food; and
- incorporated anaphylaxis management into their excursion planning policy including that anaphylaxis management plans and medications are always taken on excursions.

Ella’s Student Health Care Risk Management Plan and medication are reviewed and updated on an annual basis.

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Ella is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Ella has a presence in the body or organisms capable of causing disease or illness
<p>STEP 2</p> <ul style="list-style-type: none"> • Determine the level of adjustment 	<p>QDTP adjustment:</p> <ul style="list-style-type: none"> • Ella’s needs are closely monitored and reviewed • Incorporation of anaphylaxis management into the school’s excursion planning policy • Ensuring Ella’s auto-injection device is stored safely and is accessible to all staff • Information provided to all staff of Ella’s medical needs and her management plans as well as the risk for Ella and food that can place Ella at risk
<p>STEP 3</p> <ul style="list-style-type: none"> • Determine the category of disability 	<p>Ella has a physical disability</p>
<p>STEP 4</p> <ul style="list-style-type: none"> • Determine which form of evidence is available to support that Ella has a disability under the DDA and needs QDTP adjustments 	<ul style="list-style-type: none"> • Current anaphylaxis management plan from her GP • Meeting notes with student and parents • Notes of conversations between deputy principal and parent(s) • Student Health Care Risk Management Plan

Hypothetical case study – Eddy

Eddy is a Year 7 student with cerebral palsy. He has weakness in his left hand but has no other physical impairments. Eddy is a happy, social child who is working at grade level. The weakness in Eddy's left hand creates some difficulty when handwriting as while he can write with his right hand, steadying the paper with his left hand causes him to position himself poorly, creating postural issues.

To assist Eddy, the school:

- utilises a slope board with a clip to steady paper when writing/drawing;
- has discussed with Eddy strategies he can use to get assistance if required;
- ensures all door handles are well maintained so they can be opened with one hand; and
- has discussed with teachers the need to consider Eddy's requirements when planning their program, for example, providing a 'tee' and a lighter bat for Eddy when playing softball.

Eddy's parents and the teacher communicate via email where necessary and the school support team meets with Eddy and his parents annually unless required sooner.

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Eddy is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Eddy has the malfunction, malformation or disfigurement of a part of a person's body
<p>STEP 2</p> <ul style="list-style-type: none"> • Determine the level of adjustment 	<p>QDTP adjustment:</p> <ul style="list-style-type: none"> • A differentiated approach to curriculum delivery (e.g. in the area of sport) • Provision of physical aids to help with writing/drawing • Regular upkeep of school door handles to ensure full access by Eddy • Consideration of Eddy's needs in program planning
<p>STEP 3</p> <ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Eddy has a physical disability
<p>STEP 4</p> <ul style="list-style-type: none"> • Determine which form of evidence is available to support that Eddy has a disability under the DDA and needs QDTP adjustments 	<ul style="list-style-type: none"> • Meeting notes with student and parent(s) • Staff professional learning plans/timetables • Observational and functional assessments

Hypothetical case study – Billy

Billy is a Year 3 student attending a primary school in a large country town. Billy is working approximately two years behind grade level in most areas. While Billy’s teachers have not ruled out a Specific Learning Disability, they believe his consistent non-attendance at school has had a significant impact on his literacy and numeracy development. This in turn impacts on his achievement in areas such as science and humanities. The school has discussed their concerns with regards to academic achievement and attendance with Billy’s parents. Billy is on an IEP to address his attendance, literacy and numeracy issues. The IEP has been sent home to his parents.

The strategies in place to address Billy’s attendance have had some success and he now attends approximately three days per week. The key strategies the school is using to support Billy include:

- a small group intervention program for literacy;
- a differentiated maths program to target the gaps identified in his maths concepts; and
- allowing Billy to demonstrate his content knowledge in a range of formats such as giving verbal answers to content based questions in Science.

The school is waiting to see the impact of their teaching and learning adjustments now that Billy is attending more frequently. They will make a judgment and possibly discuss testing with the school psychologist depending on Billy’s progress over the next year, as at this stage his non-attendance could be a more reasonable explanation for his low achievement levels.

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Billy is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Billy does not have a disability and should not be included in the NCCD
<p>STEP 2</p> <ul style="list-style-type: none"> • Determine the level of adjustment 	<ul style="list-style-type: none"> • Not applicable
<p>STEP 3</p> <ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Not applicable
<p>STEP 4</p> <ul style="list-style-type: none"> • Determine which form of evidence is available to support that Billy has a disability under the DDA and needs adjustments 	<ul style="list-style-type: none"> • Billy does not have a disability but he is receiving some non disability related adjustments (e.g. differentiated maths program) • Billy may require an adjustment(s) to address disability in the future if it is found that low attendance is not the only cause for his low achievement levels • If so, evidence needs to be provided to support the category of disability

Hypothetical case study – Jayden & Connor

Jayden and Connor are both Year 2 students at a metropolitan primary school. They both have significant delays in their academic achievement in all areas of the curriculum. Jayden has been diagnosed with a mild intellectual disability while Connor’s parents have chosen not to have him assessed. Jayden requires greater support than Connor to manage social situations and undertake activities of daily living.

Connor and Jayden are in the same class and often work in a small group on a differentiated program with and without direct support.

To support the boys to access the curriculum, the teacher:

- has an IEP for each student targeting skills at each child’s current literacy and numeracy level and implements a program targeting these skills;
- uses a task reward system with the boys combining both direct instruction and independent activities to consolidate skills;
- supports the boys to access content material on the same topic as other students by providing material at their reading level or providing alternate means of accessing content such as a screen reader for specific content.

Both boys take part in regular classes for specialist subjects such as music and library, but an education assistant supports Jayden at this stage while he learns self-management skills in less structured environments.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Jayden and Connor are defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Jayden has a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction • Connor has not been assessed but he has an imputed intellectual disability
STEP 2	<ul style="list-style-type: none"> • Determine the level of adjustment 	Supplementary adjustment: <ul style="list-style-type: none"> • Modified or tailored programs • Alternate means of accessing content • Support provided by the education assistant (Jayden)
STEP 3	<ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Jayden and Connor have a cognitive disability
STEP 4	<ul style="list-style-type: none"> • Determine which form of evidence is available to support that Jayden and Connor have a disability under the DDA and need supplementary adjustments 	Jayden <ul style="list-style-type: none"> • Reports from medical professionals • Notes from the education assistant • Notes from meeting with parents • Individual learning plans Connor <ul style="list-style-type: none"> • Observation and assessments • Individual learning plans

Hypothetical case study – John

John is a pre-primary student in a regional school. He was enrolled in kindy last year but attended rarely as he became upset and his mother decided not to persevere with sending him as she felt he was too young. John has been attending Pre-primary for a term and a half but still refuses to leave his mother, is reluctant to try new activities at school and often becomes upset and refuses to participate.

John has seen an occupational therapist to address sensory processing issues in the past and the school has observed that John appears anxious at times. His mother does not want him to be referred to Child and Adolescent Mental Health Services or a private psychologist.

The teacher, principal and school psychologist have met with John's mother to develop a management plan they can put in place to assist John to manage his anxious behaviours.

Strategies include:

- identifying cues and triggers and assisting John to manage these as they arise. For example, pre-warning John of new activities and talking him through how he will manage them – in particular, the management of noisy situations;
- a morning routine including John's mother handing him over to a staff member who talks through the day's visual timetable with John;
- taking into account John's sensory needs when planning class activities – for example, placing John on the edge of the group for an activity involving a lot of movement; and
- teaching John strategies to manage his anxiety, such as asking for help and breathing exercises.

The class teacher has a communication book with John's mother to keep communication open but still allowing John's mother to come and go with the other parents. A meeting at the end of Term 3 has been arranged to review John's progress.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if John is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • John has not been assessed but has imputed anxiety
STEP 2	<ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Supplementary adjustment:</p> <ul style="list-style-type: none"> • Modifications to instruction in terms of teaching strategies • Alternate means of accessing content • John needs extra time to process/prepare for the day's activities • Support provided each morning by a staff member
STEP 3	<ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • John has a social/emotional disability
STEP 4	<ul style="list-style-type: none"> • Determine which form of evidence is available to support that John has a disability under the DDA and needs supplementary adjustments 	<ul style="list-style-type: none"> • Records of meetings to plan for adjustments with specialised staff (school psychologist) • Notes from meeting with John's mother • Adjustments to teaching noted on teacher unit, weekly or term planning • Record of social-emotional interventions provided • Management plan

Hypothetical case study – Aaron

Aaron is a Year 10 student at a District High School. His belongings are never organised and he often asks to leave the class to look for personal items. Aaron will often become defiant and raise his voice when told he can't do something. He has a small group of friends, who tend to encourage this behaviour. In the playground Aaron is often involved in bullying. He is verbally abusive towards other groups of students, provoking arguments, although they rarely escalate to any physical confrontations. Aaron will regularly return to class highly agitated and verbally defiant of teachers' instructions to calm down. He can often be heard muttering swear words under his breath within adult hearing.

Aaron has a very difficult home life and the school believes a lot of these behaviours are due to Aaron's parents' reactive parenting style based on physical discipline. Aaron's parents have not reported any previous mental health or medical issues that may explain his current behaviour.

To assist Aaron to manage his behaviour the school, in conjunction with the school psychologist, has developed a documented plan targeting a range of behaviours. Aaron's parents chose not to come to the meeting but have been sent a copy of Aaron's documented plan and invited to give feedback.

To assist Aaron in managing his behaviour, the school:

- has implemented 'Stop, Think, Do' strategies;
- reinforces observed positive interactions with Aaron; and
- has assigned seating arrangements to reduce triggers.

All teachers have been updated and advised on Aaron's behaviour goals and current strategies for the classroom and playground. Consequences and incident reporting is undertaken as per the usual school Behaviour Management Policy. A review meeting will be held in three months time unless there is a need for an earlier review.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Aaron is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • Aaron does not have a disability as defined by the DDA and should not be included in the NCCD
STEP 2	<ul style="list-style-type: none"> • Determine the level of adjustment 	<ul style="list-style-type: none"> • Not applicable
STEP 3	<ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Not applicable
STEP 4	<ul style="list-style-type: none"> • Determine which form of evidence is available to support that Aaron has a disability under the DDA and needs adjustments 	<ul style="list-style-type: none"> • Aaron does not have a disability but he is receiving non disability related adjustments through a behaviour management plan • Aaron may require an adjustment(s) to address disability in the future if it is found that he has a mental health or other medical issue • If so, evidence needs to be provided to support the category of disability

Hypothetical case study – Joseph

Joseph is a Year 2 student with a diagnosis of dysgraphia. He has a history of attending physiotherapy and occupational therapy for fine and gross motor skill development. As a result, Joseph’s pencil grip is appropriate and he uses a seating wedge to improve his posture while sitting at the desk. After considerable occupational therapy intervention, Joseph has developed cutting skills and can form the letters of the alphabet. His writing remains slow and is often difficult to read due to inconsistent letter size, incorrect use of upper and lower case letters and poor spacing.

Joseph’s teacher often finds that while Joseph has great ideas when the class is sitting on the mat and can answer comprehension questions from his reading when asked orally, his written output is minimal, lacks organisational structure and is significantly different to the knowledge he displays when asked questions. Joseph’s spelling is progressing slowly but he often requires more exposure and practice than other children with a similar reading age. Joseph is in the lower spelling group, all of whom are on a Group Education Plan. Joseph’s teacher has discussed Joseph’s needs with his parents.

To support Joseph, his teacher:

- provides Joseph with planners to assist him to organise his ideas when writing;
- ensures Joseph’s program is pitched at his level in all areas, i.e. not reducing expectations of content knowledge, maths and reading while providing writing, spelling and organisational supports;
- allows Joseph to focus on the key skills/content by reducing unnecessary parts of an activity i.e. providing pre-ruled and dated paper in diary writing; and
- where appropriate, allows Joseph to use alternative forms of assessment such as giving oral answers to demonstrate knowledge or using letter cards/keyboard when spelling.

As a result of his teacher’s strategies, Joseph is progressing well and maintaining confidence in his abilities.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Joseph is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Joseph has a disorder or malfunction that results in him learning differently from a person without the disorder or malfunction
STEP 2	<ul style="list-style-type: none"> • Determine the level of adjustment 	Supplementary adjustment: <ul style="list-style-type: none"> • Joseph has modified or tailored programs in some learning areas • Joseph is provided with alternative forms of assessment where appropriate • Joseph is provided with course materials in accessible forms (e.g. pre-ruled paper) • Joseph is provided with learning aids (e.g. visual organisers) • Joseph needs extra time to complete writing tasks
STEP 3	<ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Joseph has a cognitive disability
STEP 4	<ul style="list-style-type: none"> • Determine which form of evidence is available to support that Joseph has a disability under the DDA and needs supplementary adjustments 	<ul style="list-style-type: none"> • Classroom curriculum-based assessment • Meeting notes with parents • Specialist reports – e.g. physiotherapist, occupational therapist • Adjustments or supports required in assessment settings • Adjustments to learning materials • Personalised organisational devices e.g. planners

Hypothetical case study – Charlotte

Charlotte is a year 9 student at a large District High School. Charlotte was diagnosed as having Type 1 diabetes when she was 4 years old and has moved to a significant level of independent management of her medical condition. Charlotte is insulin dependent and has a health care plan in place that is reviewed by the school nurse, her year coordinator, Charlotte and her parents, at the beginning of each year. Her plan is reviewed and signed by her medical practitioner and additional meetings take place if changes need to be made throughout the year.

However, in the last six months, Charlotte’s insulin levels have been unstable. Her medical team is working with the school to stabilize her levels. This requires hourly testing of her blood sugar levels, which are monitored and recorded by her teacher. The teaching staff have noticed the impact of this on her ability to concentrate in class, which in turn impacts on her participation and completion of classroom activities.

Currently, the strategies in place to support Charlotte include:

- Professional Learning from the Diabetes Education Officer provided staff with education regarding diabetes in adolescents and training in the implementation of Charlotte’s Emergency Response Plan
- Teachers ensure Charlotte attends to her hourly blood sugar testing
- Teachers use their PL training to observe and identify possible changes to her behaviour which might indicate hyperglycemia or hypoglycemia
- Teachers modify Charlotte’s workload based on how she is feeling
- Classroom teachers report updates on Charlotte’s progress via email on a weekly basis to the year coordinator

In particular, the Physical Education teacher has a care plan to address Charlotte’s needs when participating in physical activities, both on and off school site.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Charlotte is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Charlotte has a presence in the body of organisms causing disease or illness
STEP 2	<ul style="list-style-type: none"> • Determine the level of adjustment 	Supplementary adjustment: <ul style="list-style-type: none"> • Charlotte is provided adjustments at specific times to enable her to participate in education on the same basis as her peers
STEP 3	<ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Charlotte has a physical disability
STEP 4	<ul style="list-style-type: none"> • Determine which form of evidence is available to support that Charlotte has a disability under the DDA and needs supplementary adjustments 	<ul style="list-style-type: none"> • Records from medical professionals • Staff training plans & calendars • Teacher observations • Update reports sent via email • Physical education care plan

Hypothetical case study – Tara

Tara is a Year 11 student enrolled at a large metropolitan secondary education support centre. She has attended the same school since Year 8. Tara has a confirmed diagnosis of moderate intellectual disability; she lives at home with her parents and younger sister.

Tara is very keen on becoming as independent as possible and has a goal of living independently from home, possibly in a supported, shared setting with other young people for at least part of the time. Her individual education plan is focused on providing her with the literacy, numeracy and independent living skills necessary to reach her goal. Her individual education program is therefore focused on alternate literacy and numeracy around reading for living in the community, accessing travel timetables, filling in forms and safe community access.

Tara currently attends her work placement one afternoon a week at McDonald's. She has 1:1 support while at work and her employer reports she is becoming more confident completing her set work routines such as clearing and cleaning the restaurant tables with minimal support.

To support her current work placement Tara's program includes:

- ASDAN Work Right Program;
- participation in the People First Protective Behaviours Program;
- taking part in a weekly small group with the Community Nurse focusing on understanding sexuality and personal care/hygiene and body functions;
- travel training to and from work;
- structured social skills program in the classroom, 1:1 skill development, structured small group opportunities to develop the target skills and then generalisation of target skills in the community/work settings; and
- structured social activities to support implementation of social skills at all break times and before and after school.

Tara and her parents meet with school staff every semester, and sometimes more regularly if any of her support team requests it. During these meetings, Tara's progress towards her goals is discussed, any refinements are made and the team members provide feedback.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Tara is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Tara has a disorder or malfunction that results in her learning differently from a person without the disorder or malfunction
STEP 2	<ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Substantial adjustment:</p> <ul style="list-style-type: none"> • Tara has considerable support needs relating to personal care, safety and social skills/interaction • Tara attends a specialised support setting • Tara has significantly modified study materials (e.g. alternate literacy and numeracy around independent living skills) • Tara has frequent individualised instruction (e.g. in social skills) in a highly structured environment
STEP 3	<ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Tara has a cognitive disability
STEP 4	<ul style="list-style-type: none"> • Determine which form of evidence is available to support that Tara has a disability under the DDA and needs substantial adjustments 	<ul style="list-style-type: none"> • Reports from medical professionals • Notes from meetings with Tara and her parents • Individual education plan

Hypothetical case study – Andrew

Andrew is a Year 11 student at a large rural senior high school. Andrew was diagnosed with major depression, generalised anxiety and obsessive compulsive disorder 12 months ago. Andrew meets with his psychiatrist every six months to review his medication, which he administers himself. He accesses a clinical psychologist weekly to receive Cognitive Behaviour Therapy. Andrew’s teachers are aware that he has been diagnosed with a severe mental health disorder and are very supportive of his attendance at school. Andrew has granted permission for the School Psychologist to liaise with his doctor and clinical psychologist to consult on school based adjustments and teacher understanding.

Andrew is currently working on a reduced curriculum focusing on core subjects with alternate assessments. Due to his high levels of anxiety, he has not attended school consistently for the past 12 months. Andrew has developed strong functional relationships with his year coordinator and the learning support coordinator in the school, and is able to attend half days with regular “touch base” times with either of these mentors.

Andrew’s sessions with his clinical psychologist have focused on identifying unhelpful thoughts and replacing them with positive, adaptive ones. Andrew monitors his thinking while at school and attempts to replace thoughts and emotions that interfere with his engagement in schooling. When he feels his thoughts are becoming compulsive, he seeks out “safe” people and areas of the school such as the school psychologist’s office, before leaving the school site. Andrew understands that if teachers notice he appears distressed or demonstrates anxiety based behaviours, they can approach him and ask if he would like to take a break.

Andrew’s parents, year leader, clinical psychologist and school psychologist communicate fortnightly regarding adjustments to Andrews’s curriculum and self-management program in school. The current program has seen him increase his attendance from two half days to five half days over a 10 week period. The next term is considered by his support team to be a stabilisation period. He is not expected to increase this attendance over the next 10 week period.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> Is the student being provided an adjustment to access education because of disability? Determine if Andrew is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> As defined by the DDA, Andrew has a disorder, illness or disease that affects the person’s thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour
STEP 2	<ul style="list-style-type: none"> Determine the level of adjustment 	Substantial adjustment: <ul style="list-style-type: none"> Andrew has significantly modified study materials (reduced curriculum) Andrew has adapted assessment procedures Andrew requires regular direct support (e.g. from year coordinator and learning support coordinator) to enable him to participate in school activities
STEP 3	<ul style="list-style-type: none"> Determine the category of disability 	<ul style="list-style-type: none"> Andrew has a social/emotional disability
STEP 4	<ul style="list-style-type: none"> Determine which form of evidence is available to support that Andrew has a disability under the DDA and needs substantial adjustments 	<ul style="list-style-type: none"> Medical reports from health professionals Notes from meetings with school psychologist, year leader, clinical psychologist and Andrew’s parents Adjusted timetable Individualised/personalised learning planning

Hypothetical case study – Daniel

Daniel is a Year 10 student with Duchenne Muscular Dystrophy. He has attended the same district high school since he started school. The school has adapted to Daniel's changing needs as his physical condition has deteriorated. In 2013, Daniel was in a wheelchair but was still able to toilet himself with minimal support to transfer to the toilet. While he would become fatigued when writing and typing, he was able to keep up with the mainstream curriculum. In the 2013 census, the school rated Daniel as having supplementary needs.

During 2014, Daniel has experienced a rapid deterioration in his physical condition. He now experiences significant weakness in his arms and can no longer transfer to the toilet as before, and will require a hoist and change table. The school has recognised that Daniel will now require further support with his self-care, as well as more significant changes to the way he accesses the curriculum.

The school has held case conferences each term with Daniel, his parents, his occupational therapist, school psychologist, learning support coordinator and year coordinator for several years, as well as using email to communicate between all parties when necessary. To ensure Daniel's needs are being met given his recent deterioration, the school discussed and implemented the following:

- contacted the consulting teacher from the School of Special Education Need Disability (SEND) and occupational therapist to access the required equipment such as hoists and change tables;
- accessed training for staff and implemented Daniel's new toileting/manual handling plan provided by the therapists;
- accessed technology and training in the utilisation of software and hardware such as onscreen keyboards, adapted trackpads and electronic text books/books to enable Daniel to access the curriculum;
- modified class notes, worksheets, timetables, etc. so Daniel can access classroom resources on his laptop;
- teachers, where appropriate, allow alternate assignment or assessment formats such as oral assessments; and
- the school psychologist liaises with school staff and parents to discuss what school supports and strategies staff can put in place to assist in addressing Daniel's social-emotional needs.

The school has updated Daniel's IEP and Health Care Plans to reflect these changes, and will continue termly case conference meetings to review Daniel's progress, as well as the usual communication through emails between key parties.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Daniel is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Daniel has a malfunction, malformation or disfigurement of a part of the person's body
STEP 2	<ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Substantial adjustment:</p> <ul style="list-style-type: none"> • Daniel has considerable support needs related to his self-care and education • Daniel requires regular direct support and adjusted access to curriculum to be able to participate in education on the same basis as his peers
STEP 3	<ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Daniel has a physical disability
STEP 4	<ul style="list-style-type: none"> • Determine which form of evidence is available to support that Daniel has a disability under the DDA and needs substantial adjustments 	<ul style="list-style-type: none"> • Medical reports from health professionals • Notes from meetings with occupational therapist, school psychologist, school staff and Daniel's parents • Individual education plans • Health care plans • Staff training plans

Hypothetical case study – Zac

Zac is a 6 year old boy with Cerebral Palsy. He is in a wheelchair and totally dependent on staff for all his self-care needs. Zac is non-verbal and currently has no reliable form of communication apart from smiling for ‘yes’, head shaking for ‘no’ and some eye pointing for simple choice making.

Zac does not appear to have an intellectual disability, and his teacher is working hard with his therapists to develop a communication system and the ability to better access the curriculum through assistive technology.

To cater for Zac’s needs:

- the school holds termly case conferences with Zac’s parents and when required, his therapists, to review his IEP goals and any issues/progress;
- his teacher meets frequently with Zac’s therapists and is actively implementing therapy programs including daily mat sessions and standing frames, as well as trialling communication options;
- Zac’s staff are trained in manual handling and follow the manual handling plan provided by the therapists for all transfers and toileting procedures;
- Zac is dependent on staff for all mealtimes and his staff are trained to implement his meal-time Management Plan. Zac also has a Risk Management Plan to manage choking risks;
- while Zac’s teacher finds it difficult to ascertain the extent of Zac’s ability, she ensures that Zac is part of the regular class curriculum by modifying all questions directed to Zac so he can answer either yes/no or can eye point between two options;
- the school provides Zac with a switch that he can press to gain attention; and
- Zac’s teacher also ensures that she takes into consideration physical access for Zac and adapts when necessary.

In the short term, Zac’s program will remain focused on his self-care, developing a way for Zac to communicate and increasing his access to the curriculum. It is envisaged that once Zac has a reliable communication system and is utilising assistive technology to enable him to demonstrate his skills and knowledge, he will be able to access a mainstream curriculum.

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Zac is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Zac has a malfunction, malformation or disfigurement of a part of the person’s body
<p>STEP 2</p> <ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Extensive adjustment:</p> <ul style="list-style-type: none"> • Intensive adult supervision and assistance with personal care and meals • Intensive support from allied health professionals (Zac’s therapists) • Personalised modifications to regular class curriculum and assessment procedures (e.g. use of closed questions for Zac) • Use of highly specialised assistive technology to make the curriculum more accessible to Zac • Alternative communication modes
<p>STEP 3</p> <ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Zac has a physical disability
<p>STEP 4</p> <ul style="list-style-type: none"> • Determine which form of evidence is available to support that Zac has a disability under the DDA and needs extensive adjustments 	<ul style="list-style-type: none"> • Meeting notes with Zac’s therapists and parents • Individual education plan • Staff training calendars • Medical/allied health professionals’ reports and support schedules • Risk Management Plan

Hypothetical case study – Russell

Russell is a Year 10 student who was diagnosed with dyslexia in Year 5. In the past, Russell has had extensive private tutoring for him at different points in his education. While his ability to spell and his reading fluency and accuracy have improved, he still has difficulty with these skills, particularly when there are large volumes of text, he is expected to work under time pressure, or when having to remember a large number of steps/instructions in an activity.

Russell’s school is aware that although he has difficulties in specific areas of literacy and organisation, he is very capable in other areas. The school aims to provide a variety of accommodations for Russell that focus on modifications and other accommodations to promote his learning, rather than reducing the academic standards and expectations.

The teaching and learning adjustments provided for Russell include:

- the use of assistive technology including screen readers and word prediction software;
- assessing content, not spelling errors, where the task is not a specific spelling task;
- allowing examination questions to be read to Russell and providing extra exam time in a separate room to reduce distractions;
- providing practice exam questions that demonstrate the format of questions;
- allowing for alternative presentation of exams, such as less information on a page or split exam papers to reduce fatigue;
- considering Russell’s academic load and ensuring he is given assignments in advance, and assistance to time plan;
- where appropriate, allowing alternative assignment formats i.e. recorded oral reports, allowing dot points in writing, etc.;
- providing scaffolding to ensure that Russell is able to demonstrate knowledge, skills and understanding; and
- providing explicit teaching of essay-writing formats and providing examples of well-structured essays to the students.

While Russell still finds literacy tasks a struggle, he is currently keeping up with the curriculum requirements expected of a Year 10 student.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Russell is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Russell has a disorder or malfunction that results in him learning differently from a person without the disorder or malfunction
STEP 2	<ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Supplementary adjustment:</p> <ul style="list-style-type: none"> • Russell has modified or tailored programs in some learning areas (spelling and reading) • Russell needs extra time to complete assessment tasks • Russell is provided with alternate means of accessing content (e.g. alternative presentation of exams/assignment formats) • Russell needs modifications to instruction in terms of teaching strategies (e.g. scaffolding literacy) • Russell requires specialised technology (e.g. screen readers and word prediction software)
STEP 3	<ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Russell has a cognitive disability
STEP 4	<ul style="list-style-type: none"> • Determine which form of evidence is available to support that Russell has a disability under the DDA and needs supplementary adjustments 	<ul style="list-style-type: none"> • Classroom curriculum-based assessment • Teacher observations • Modifications of literacy curriculum • Notes from meeting/s with Russell and his parents/carers • Reports from medical professionals

Hypothetical case study – Jamie

Jamie has had very poor attendance at school with an attendance rate of 51% and having missed the last six weeks of school. His teachers reported that when he was at school he was having trouble concentrating in class, was easily distracted and had dropped out of his football and basketball teams. He often complained that he was finding everything in Year 12 too hard.

At home, Jamie was displaying such behaviors as staying in his room, only coming out late at night, not attending family meals and choosing to isolate himself from friends. After being assessed by a psychiatry registrar, he was admitted into hospital. Jamie spoke to the medical team about the voices he was hearing and described the auditory hallucinations he was having. He was put on medication and supported on a daily basis through counselling sessions. A hospital teacher worked with Jamie on a reduced curriculum, but reported Jamie was having problems concentrating and he was very lethargic.

As Jamie started to improve, the school teams were meeting regularly to develop a plan to support Jamie’s return to school. The pastoral care team at school liaised regularly with the hospital team to ensure they were up to date with his progress. They were provided with professional learning by the hospital to support their understanding of Jamie’s condition. The school provided all the upper school staff with a half day professional learning session on signs of psychosis and recovery.

A case conference was called with the hospital staff, relevant school staff and Jamie’s parents to discuss his plan for a gradual return to school. Jamie would start with a couple of lessons a week whilst he was still an inpatient at the hospital. He would be given one on one support. Weekly case meetings would be held with both school and hospital staff to monitor his progress and support strategies to increase his school attendance.

Jamie’s teachers met with his parents to develop an Individual Education Plan with a vastly reduced curriculum load. This involved making decisions on Jamie’s future and whether or how he would be able to complete Year 12. A career counselor was present at this meeting to provide Jamie’s parents with a range of options that would be available to Jamie for his future chosen pathway. It was decided that when Jamie felt ready, a Person Centred Planning session would be arranged to support Jamie in making new choices for his future. Jamie’s parents had decided that they would then relay this information to Jamie. The school nurse liaised closely with the hospital team to understand Jamie’s medication and possible side effects. A risk management plan was developed to address any concerns. All staff involved with Jamie were given a copy of the Individual Education Plan and Risk Management plan and were communicated with regularly on his progress at school.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> Is the student being provided an adjustment to access education because of disability? Determine if Jamie is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> As defined by the DDA, Jamie has a disorder, illness or disease that affects the person’s thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour
STEP 2	<ul style="list-style-type: none"> Determine the level of adjustment 	<p>Extensive adjustment:</p> <ul style="list-style-type: none"> Intensive support from allied health professionals Weekly case meetings and close liaison between school staff and Jamie’s hospital team Training (by the hospital) for the pastoral care team and training (by the school) for all upper school staff on signs of psychosis and recovery Personalised modifications to all courses and programs (e.g. vastly reduced curriculum load) Intensive individualised instruction (one on one support for all lessons)
STEP 3	<ul style="list-style-type: none"> Determine the category of disability 	<ul style="list-style-type: none"> Jamie has a social/emotional disability
STEP 4	<ul style="list-style-type: none"> Determine which form of evidence is available to support that Jamie has a disability under the DDA and needs extensive adjustments 	<ul style="list-style-type: none"> Medical health professionals’ reports and support schedules Notes from meetings between school staff, hospital staff and Jamie’s parents Individual education plan Record of Person Centred Planning session Staff training calendars Risk management plan

Hypothetical case study – Tyra

Tyra is a year 6 student in a large mainstream metropolitan primary school. Tyra was diagnosed with generalised anxiety disorder in year 4. Since this diagnosis, Tyra’s parents have worked collaboratively with the school psychologist, her clinical psychologist, the classroom teacher and the deputy principal to discuss ongoing support and the implementation of a risk management plan.

Tyra demonstrates anxiety mostly around social situations. The classroom teacher has observed the following:

- Tyra does not enter the classroom with all the other students;
- At recess and lunch breaks, Tyra does not move far from the classroom entrance;
- Tyra avoids social interactions with most students in the class and seeks reassurance from one student in particular;
- Tyra struggles to complete tasks given to her as she focuses on perfecting her work to a very high internal standard;
- Tyra displays on a daily basis physical symptoms of her anxiety, including short shallow breathing, stiffening of the body and limbs, leading to reduced cognitive functioning, and emotional regulating.

The agreed strategies in the management plan are:

- Two formal case conferences will be held each term with all stakeholders present;
- A reduced workload and Tyra is given alternative options to present her work;
- Tyra’s teachers consider varied assessment methods to suit Tyra’s needs e.g., oral presentations to the teacher only, not the whole class;
- Tyra attends weekly sessions with the clinical psychologist to access cognitive behaviour therapy (CBT);
- The school psychologist in consultation with her clinical psychologist had developed sessions for school staff regarding the use of support languages and strategies that complement the ongoing CBT;
- Tyra’s classroom teacher communicates regularly with her parents regarding Tyra’s triggers and responses to strategies;

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Tyra is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Tyra has a disorder, illness or disease that affects the person’s thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour
<p>STEP 2</p> <ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Substantial adjustment:</p> <ul style="list-style-type: none"> • Significantly modified study materials (e.g. reduced workload) • Adapted assessment procedures (e.g. assessment tasks that significantly adjust mode of presentation) • Frequent case conferences with all stakeholders and regular communication between Tyra’s teacher and parents • Professional learning for school staff (e.g. on the constructs/principles of CBT) • Access to specialised programs (PATHS) twice weekly • Daily de-briefing with a nominated staff member • Regular direct support, or close supervision, in highly structured situations, to enable Tyra to participate in school activities
<p>STEP 3</p> <ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Tyra has a social/emotional disability
<p>STEP 4</p> <ul style="list-style-type: none"> • Determine which form of evidence is available to support that Tyra has a disability under the DDA and needs substantial adjustments 	<ul style="list-style-type: none"> • Medical reports from health professionals • Staff training plans and calendars • Teacher observations • Notes of meetings between school staff, Tyra’s clinical psychologist and Tyra’s parents, and notes of case conferences • Risk management plan

Tyra cont...

- Tyra's classroom teacher has worked with the school psychologist to understand the constructs and principles of cognitive behaviour therapy, and reflect those in her communication with Tyra and model helpful thinking processes in trigger situations;
- Tyra engages in the PATHS program which is delivered in a small group situation twice a week;
- Tyra has an identified staff member who is her safe person, who understands her worries and with whom she checks in on a daily basis;
- A buddy system has been established for recess and lunch for Tyra to encourage her to participate in organised structured activities e.g., netball game, board games. The duty staff have been made aware of strategies to assist Tyra in the playground;
- Tyra has had seven episodes this year where she has not been able to regulate her emotions, resulting in these instances where she has not been able to reach a level of calm for over two hours, both physically and verbally.

Hypothetical case study – Rosie

Rosie is a Year 10 student who is profoundly deaf. She attends a mainstream school full time and is an Auslan user. She has the support of school based Teachers of the Deaf, SEND school psychologists and Audiologists and Educational Interpreters to implement and provide access to the curriculum. This team also meets regularly with the mainstream teachers and Rosie’s family. Staff from SEND provide at least monthly support with Rosie’s mental health as she comes to terms with her identity of being deaf in a hearing world. The Deaf Centre staff and Rosie’s parents communicate with each other in writing on a weekly basis. Rosie receives a mainstream school report and it is accompanied by a report from the Deaf Centre. She has regular auditory and psychological assessments that Teachers of the Deaf use to fine-tune their individual lessons.

Rosie requires an Educational Interpreter at all times when she is in classes with mainstream staff, and also with deaf education staff (psychologists, audiologists, speech teachers) who don’t use Auslan, and to access the curriculum. This also extends to her after hours sport as well as socials and concerts. She tires in the afternoon, as her visual concentration requires more muscles than using the auditory channels. Rosie requires support with the vocabulary of her mainstream classes. She has to learn new words as well as the new concepts being taught in the class. The level of concentration Rosie requires is both intense and concentrated, but Rosie is capable of this with appropriate assistance. She receives additional time and support for the core subjects. As Rosie cannot take notes and watch the Interpreter at the same time, she requires an Educational Note taker for her core subjects.

Rosie has an individual social skills program and is working with the principal of the Deaf Centre once a week for individual support targeted towards appropriate and subtle social commentary, which is a linguistic issue. Role play, social stories and analysis of behaviour in the home and at school need to be reviewed and practised each week. Mainstream staff have attended regular professional learning regarding working with deaf students so that they, too, can remediate clumsy linguistic responses from Rosie.

Rosie does not require any assistance with personal care and travels to and from school independently. She will require surgery in the near future, which may interrupt her school program significantly. In the past, Rosie has self-harmed, so all staff have received training in four mental health programs. The school has an emphasis on teaching resilience and positive thinking. These programs are ongoing.

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> Is the student being provided an adjustment to access education because of disability? Determine if Rosie is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> As defined by the DDA, Rosie has the malfunction, malformation or disfigurement of a part of the person’s body
<p>STEP 2</p> <ul style="list-style-type: none"> Determine the level of adjustment 	<p>Substantial adjustment:</p> <ul style="list-style-type: none"> Regular external agency support (Teachers of the Deaf, SEND school psychologists and Audiologists and Educational Interpreters) Adjustments to delivery modes and adapted assessment procedures (more time and support for the core subjects) Regular meetings between external agency support team and Rosie’s mainstream teachers Regular direct support in highly structured situations to enable Rosie to participate in school activities Frequent individualised instruction (e.g., social skills) Regular professional learning for mainstream staff (on working with deaf students) Training for staff in mental health programs
<p>STEP 3</p> <ul style="list-style-type: none"> Determine the category of disability 	<ul style="list-style-type: none"> Rosie has a sensory disability Rosie’s disability has social/emotional aspects If a student has multiple disabilities, the school team will select whichever disability category has the greatest impact, based on their professional judgement, on the student’s education and is the main driver of adjustments to support their access and participation The category of disability therefore is sensory
<p>STEP 4</p> <ul style="list-style-type: none"> Determine which form of evidence is available to support that Rosie has a disability under the DDA and needs substantial adjustments 	<ul style="list-style-type: none"> Reports from medical professionals Reports from the Deaf Centre Notes from meetings between specialist teachers/staff, mainstream school teachers and Rosie’s parents SEND school psychologists’ and audiologists’ reports Notes from the Educational Interpreter

Hypothetical case study – Alistair

Alistair is a year 9 student who is profoundly deaf and attends a specialist Deaf Centre at a mainstream secondary college. Alistair uses sign language. He uses Auslan based signs with prompting. He does not understand facial expression, body language or other social cues, nor can he lip read. He appears stressed when over stimulated and prefers not to watch and/or mix with others. Alistair initially required 1:1 support 100 per cent of the time, but this has reduced slightly to 90–95 per cent and he responds positively with that amount of support. He finds it difficult to work independently at any time. His intellectual functioning indicates good non-verbal skills, which allow the school to build on this skill to give Alistair challenges at school. His literacy and numeracy skills are at a very low primary school level. However, with support, his photography skills are excellent.

The following adjustments are provided to Alistair:

- Access to support services of school based Teachers of the Deaf, SEND school psychologists and audiologists, Educational Interpreters and Deaf mentors to implement and provide access to the curriculum.
- Regular meetings with these teachers, mainstream teachers and Alistair's family to ensure he is motivated and "comfortable". (NB "Comfort" for a deaf student means that they are not stressed by the environment and can therefore maintain eye contact.) Communication between his Teacher of the Deaf and family occurs daily or weekly as deemed necessary.
- Officers from SEND provide monthly support with Alistair's mental health as he learns how to deal with each new context he faces and to deal with his sensory and socialisation issues.
- Alistair receives a report from the Deaf Centre and his mainstream options classes, and these reports are translated into sign language on disc so he can understand his own progress.
- Alistair requires an Educational Interpreter at all times. He also requires a deaf mentor to relay the Educational Interpreter's message. Alistair requires support with the vocabulary of his mainstream classes. He is learning new words at the same time as new concepts, which hearing students do not need to do.
- Alistair requires tuition in a small class of six students but must be accompanied by his Educational Interpreter and Deaf mentor. He will work quietly on task if he has the appropriate support.

Alistair has access to a small withdrawal room if he requires a break and time away from other people. This is particularly useful if he cannot make it through the whole of the mainstream classes. The Deaf Centre rooms do not have the visual or auditory distractions found in the mainstream classes.

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? Determine if Alistair is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Alistair has the malfunction, malformation or disfigurement of a part of the person's body
STEP 2	<ul style="list-style-type: none"> • Determine the level of adjustment 	Extensive adjustments: <ul style="list-style-type: none"> • Alistair is provided with essential specific measures at all times to address the nature and acute impact of his disability
STEP 3	<ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Alistair has a sensory disability
STEP 4	<ul style="list-style-type: none"> • Determine which form of evidence is available to support that Alistair has a disability under the DDA and needs extensive adjustments 	<ul style="list-style-type: none"> • Medical reports from medical professionals • Notes from meetings between special school teachers, mainstream school teachers and Alistair's parents • SEND school psychologists' and audiologists' reports • Notes from the education interpreter and deaf mentor • Monthly mental health reports • Reports from the Deaf Centre and mainstream options class and translations

Hypothetical case study – Gemma

Gemma, a Year 4 student, was diagnosed with anaphylaxis in relation to all nut and dairy products when in kindergarten.

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 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 a current anaphylaxis management plan with her GP and provide copies of any plans from the preschool 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 Gemma's anaphylactic reactions.

The 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.

Gemma has attended school since 'Prep' without incident. Comprehensive planning and training remain in place. No other specific educational adjustments have been made for her over a 10 week period in the 12 months preceding the collection.

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> Is the student being provided an adjustment to access education because of disability? Determine if Gemma is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> As defined by the DDA, Gemma has a presence in the body of organisms capable of causing disease or illness
<p>STEP 2</p> <ul style="list-style-type: none"> Determine the level of adjustment 	<p>QDTP adjustment:</p> <ul style="list-style-type: none"> Training for all staff responsible for the wellbeing of students with anaphylaxis in recognising and responding to students' anaphylactic reactions Ongoing training and planning for Gemma (e.g., briefings every six months for all staff) Purchase of additional adrenaline auto-injection devices which are made available to trained staff Gemma's needs are closely monitored and reviewed Information provided to staff, students and other members of the school community, on the risk for students with anaphylaxis and food that can place students with anaphylaxis at risk
<p>STEP 3</p> <ul style="list-style-type: none"> Determine the category of disability 	<ul style="list-style-type: none"> Gemma has a physical disability
<p>STEP 4</p> <ul style="list-style-type: none"> Determine which form of evidence is available to support that Gemma has a disability under the DDA and needs QDTP adjustments 	<ul style="list-style-type: none"> Medical diagnosis evidence of disability (i.e. current anaphylaxis management plan GP) Copies of any anaphylaxis management plan(s) from Gemma's preschool Notes of meetings (e.g. SSG) with staff, student and parents Anaphylaxis Risk Management Checklist Staff training calendars

Hypothetical case study – Liam

Liam is a Year 9 student in a large metropolitan secondary college. He wears hearing aids as a result of his diagnosis with a mild sensorineural hearing loss.

Liam’s hearing loss is permanent and may deteriorate in the future. He undergoes annual re-assessment of his hearing thresholds to ensure his hearing aids continue to meet his needs. The major difficulty for Liam occurs when there is a large amount of background noise, making speech difficult for him to differentiate.

Liam 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 his 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 the student and parents, has agreed that Liam’s needs are being met through quality differentiated teaching practice.

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

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> Is the student being provided an adjustment to access education because of disability? Determine if Liam is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> As defined by the DDA, Liam has a malfunction, malformation or disfigurement of a part of a person’s body
STEP 2	<ul style="list-style-type: none"> Determine the level of adjustment 	QDTP adjustment: <ul style="list-style-type: none"> Reduction of classroom noise prior to teachers providing important instruction/sharing information, to enable Liam to access education on the same basis as his peers Annual monitoring of Liam’s condition and needs Encouragement of active listening skills in all classrooms
STEP 3	<ul style="list-style-type: none"> Determine the category of disability 	<ul style="list-style-type: none"> Liam has a sensory disability
STEP 4	<ul style="list-style-type: none"> Determine which form of evidence is available to support that Liam has a disability under the DDA and needs QDTP adjustments 	<ul style="list-style-type: none"> Medical diagnosis evidence of disability (i.e. reports from medical/allied health professionals) Meeting notes with student and parents Observation/assessment notes Meeting schedules

Hypothetical case study – James

James is a Year 1 student 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 articulation difficulty. His Foundation year (or '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 accommodate his needs in the classroom, to enable him to participate on the same basis as his peers.

The agreed adjustments included:

- referring James to the Student Support Services speech pathology team for an assessment of his speech and language abilities;
- initiating an Individual Learning Plan;
- 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;

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if James is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, James has a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
<p>STEP 2</p> <ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Supplementary adjustment:</p> <ul style="list-style-type: none"> • Referral to the Student Support Services speech pathology team • Modifications to instruction in terms of content (differentiated curriculum materials) • Use of learning aids to provide content in accessible forms (e.g. visual schedules and task boards) • Modifications to teaching strategies (e.g., delivering instruction to James at a slower pace, increased targeted small-group and one-on-one instruction) • Provision of intermittent specialist teacher support (e.g., Reading Recovery teacher, additional needs coordinator)
<p>STEP 3</p> <p>Determine the category of disability</p>	<ul style="list-style-type: none"> • James has a cognitive disability
<p>STEP 4</p> <ul style="list-style-type: none"> • Determine which form of evidence is available to support that James has a disability under the DDA and needs supplementary adjustments 	<ul style="list-style-type: none"> • Individual Learning Plan • Classroom curriculum-based assessment • Teacher observations of James' speech, language and learning • Notes of meetings between school staff and James' parents • Notes from SSG meeting/s and from meetings between the SSG and speech pathologist • Information/documentation from James' family

James cont...

- recommending James for inclusion in the school's Reading Recovery program;
- providing increased daily targeted small group and one-on-one direct 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.

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

Hypothetical case study – Cindy

Cindy is a Year 10 student attending a regional Foundation ('Prep') 12 College. Cindy was diagnosed with Asperger's Syndrome 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, 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. In fact, Cindy at times 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;

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Cindy is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Cindy has a disorder, illness or disease that affects the person's thought processes, perception of reality, emotions or judgment, or that results in disturbed behaviour
STEP 2	<ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Supplementary adjustments:</p> <ul style="list-style-type: none"> • Cindy requires a degree of educational adjustment to participate in education on the same basis as her peers • Examples include: extra time to complete assessment tasks; optimal seating arrangements; the provision of course materials in accessible forms; specialised technology/programs/ interventions to address Cindy's social and emotional needs
STEP 3	<ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Cindy has a social/emotional disability
STEP 4	<ul style="list-style-type: none"> • Determine which form of evidence is available to support that Cindy has a disability under the DDA and needs supplementary adjustments 	<ul style="list-style-type: none"> • Records from medical professionals • Individualised learning plan • Modification of physical education curriculum • Meeting notes by the college's welfare officer • Email communication with Cindy's parents • Notes of SSG meetings

Cindy cont...

- review of the adjustments in place for Cindy each term by an educational autism consultant to ensure the school is adopting the most appropriate autism friendly strategies to support her needs;
- 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 which means that Cindy can withdraw from class and into the student's 'learning hub', to help her 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 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.

Hypothetical case study – George

George is an eight year-old boy diagnosed with Down syndrome and kidney disease. He has attended the same primary school since Foundation ('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 requires 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 regular 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 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:

- update George's Personal Care Medical Advice Form with the input of his medical specialists to reflect his changing continence care needs;
- apply to have key school staff undertake competency training in catheter management via the (Victorian) Department of Education and Training's

	Description of step	Background information to hypothetical that supports inclusion in NCCD
STEP 1	<ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if George is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, George has a disorder or malfunction that results in him learning differently from a person without the disorder or malfunction
STEP 2	<ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Substantial adjustment:</p> <ul style="list-style-type: none"> • Significantly modified study materials • Frequent (teacher directed) individualised instruction from the school's additional needs teacher and education support officers • The provision on a regular basis of additional supervision (e.g., recess and lunch) • Regular visiting teacher and external agency support (speech pathologist, Down Syndrome Victoria's Inclusion Support Service, RCH Education Institute) • Frequent assistance with personal care • Specialised training for key school staff in catheter management
STEP 3	<ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • George has a cognitive and a physical disability (more than one disability). George's disability also has social/emotional aspects. • If a student has multiple disabilities, the school team will select whichever disability category has the greatest impact, based on their professional judgement, on the student's education and is the main driver of adjustments to support their access and participation • The category of disability therefore is cognitive
STEP 4	<ul style="list-style-type: none"> • Determine which form of evidence is available to support that George has a disability under the DDA and needs substantial adjustments 	<ul style="list-style-type: none"> • Medical reports from health professionals and medical specialists • Learning support plans for George • Notes from meetings with school additional needs coordinator, school staff and George's parents • Notes from Down Syndrome Victoria's Inclusion Support Service • Staff training plans/timetables

George cont...

School care Program;

- refer George to the regional visiting teacher service to assist with planning educational supports for the period he will be absent from school;
- liaise with the RCH Education Institute to ensure smooth transition for George back to school;
- review 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 adjustments to his educational program.

Hypothetical case study – Sam

Sam is a 16-year-old boy with a diagnosis of Duchenne Muscular Dystrophy (DMD). He has attended the same secondary college since commencing in Year 7, which coincided with the time when the weakness in Sam's leg muscles was such that a wheelchair became necessary.

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

Sam is in a powered wheelchair, which is large and makes access to some areas of the school difficult. He is developing increasingly severe scoliosis, due to the increased time spent in a wheelchair since the age of 12, and complications arising from deterioration in his respiratory muscles. Sam is undergoing corticosteroid therapy, a medication used to manage DMD and slow the progression of muscle weakness. As a result, he is experiencing the distressing side effects of weight gain, glucose intolerance and skin problems.

Sam's personal care needs have also recently increased due to progressive muscle weakness. He is no longer able to self-transfer when using a universal access toilet and 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, as all his movements take significant effort and energy, and make greater use of mechanical devices. They also advised of the need for Sam to have regular breaks to focus on his respiratory care (e.g. through deep breathing and coughing). As a result of his physical deterioration, and the side-effects of the powerful anti-inflammatory medications he is taking, Sam is experiencing psychological difficulties and low self-esteem.

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.

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> Is the student being provided an adjustment to access education because of disability? Determine if Sam is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> As defined by the DDA, Sam has the malfunction, malformation or disfigurement of a part of the person's body
<p>STEP 2</p> <ul style="list-style-type: none"> Determine the level of adjustment 	<p>Substantial adjustment:</p> <ul style="list-style-type: none"> Sam has considerable support needs related to his self-care and education Sam requires regular direct support and adjusted access to curriculum to be able to participate in education on the same basis as his peers Essential specialised support services for using technical aids (e.g. tablet technology) Assistive services for Sam's specific needs Regular visiting teacher and/or external agency support Professional development for school staff in the use of tablet technology and of the hoist
<p>STEP 3</p> <ul style="list-style-type: none"> Determine the category of disability 	<ul style="list-style-type: none"> Sam has a physical disability Sam's disability also has social/emotional aspects If a student has multiple disabilities, the school team will select whichever disability category has the greatest impact, based on their professional judgement, on the student's education and is the main driver of adjustments to support their access and participation The category of disability therefore is physical
<p>STEP 4</p> <ul style="list-style-type: none"> Determine which form of evidence is available to support that Sam has a disability under the DDA and needs substantial adjustments 	<ul style="list-style-type: none"> Medical reports from health professionals/medical specialist team Records of SSG meetings (including participation from Sam and his mother) Notes from conversations with Sam's clinical psychologist Staff training plans/schedules

Sam cont...

The Student Support Group occurred the following week, with Sam and his mother attending, along with 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 educational adjustments were identified in order to assist Sam in conserving energy throughout the school day and to do the things other students are engaging in within the educational setting:

- 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 be required to undertake professional development in the use of tablet technology in education;
- the occupational therapist would educate school staff in how they can help Sam with everyday tasks to optimise his ability to remain independent in daily activities e.g., new ways to eat, play, and participate in other activities;
- use of a special desk top;
- a hoist would be fitted in the universal access toilet to enable better access for Sam;
- key staff would be trained in the appropriate use of the hoist;
- the availability of physical assistance, when necessary, for physical tasks;
- ensuring that Sam can easily access papers, books, and other materials within the classroom, and that he's able to use the wheelchair easily in the classroom;
- allowing Sam to provide answers verbally due to decreased writing abilities;
- Sam would be provided with access to the senior school common room for rest periods throughout the day when considered necessary;
- key staff would be trained in wheelchair use and maintenance, and in the use of special devices to assist Sam with his respiratory care;
- provision of physical education for Sam with adapted physical education specialist support 50 minutes weekly;
- implementing rule modifications for physical education activities so that Sam is not out and not participating more often than he is participating (noting that he is not expected to participate in cardiovascular, strenuous or high level of activities due to his disability);
- 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, to help staff cope with the emotional impact that the progression of Sam's illness has had.

Another Student Support Group meeting was scheduled in six 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.

Hypothetical case study – Jane

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

Jane is non-verbal and has not yet developed 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 kindergarten 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 the Abilities Based Learning and Education Support (ABLES) assessment linking Towards Level 1 of the Australian Curriculum in Victoria (AusVELS).

Current Individual Learning Plan 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
- operating, with assistance, an 'on/off' input device using a switch.

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Jane is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Jane has the malfunction, malformation or disfigurement of a part of a person's body, and • A total or partial loss of a person's bodily or mental functions
<p>STEP 2</p> <ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Extensive adjustment:</p> <ul style="list-style-type: none"> • Frequent periods of teacher support • Frequent assistance with mobility • Intensive adult supervision and assistance with all self-care activities • Intensive individualised instruction • Highly individualised educational plan • Monthly consultation with visiting specialist education teacher • Intensive support from a range of medical and allied health professionals • Use of highly specialised assistive technology
<p>STEP 3</p> <ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Jane has a physical and an intellectual disability (more than one disability) • If a student has multiple disabilities, the school team will select whichever disability category has the greatest impact, based on their professional judgement, on the student's education and is the main driver of adjustments to support their access and participation • The category of disability therefore is cognitive
<p>STEP 4</p> <ul style="list-style-type: none"> • Determine which form of evidence is available to support that Jane has a disability under the DDA and needs extensive adjustments 	<ul style="list-style-type: none"> • Reports and support schedules from medical and allied health professionals and agencies • Notes of meetings/records of written communication with Jane's parents • Observational and functional assessments • Individual education plan • Staff training calendars • Notes of conversations between Jane's teacher and support staff • SSG meeting notes

Jane cont...

Some current 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
- mealtime assistance and assistance with all feeding activities
- assistance to mobilise and with all transfers
- highly targeted Individual Learning Plan
- regular consultation between Jane's family and the school via monthly Student Support Groups, 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 adjustments to access and participate in her highly individualised educational program.

Hypothetical case study – William

William 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.

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

William 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 William's engagement with his environment in all settings – school sites, the community and the home. From these analyses, a comprehensive Behaviour Management Plan is put in place to ensure William is provided with consistent responses and strategies that best support his complex needs.

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

Current Individual Learning Plan goals for William 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
- recognising warning signs in the environment.

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? Determine if William is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, William has a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
<p>STEP 2</p> <ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Extensive adjustment:</p> <ul style="list-style-type: none"> • William requires full adult assistance for all aspects of his programs • Highly individualised educational program • Intensive individualised instruction • Intensive support needs relating to personal care and safety • Receives education in highly specialised facility/program • Alternative communication modes (i.e. provision of an augmentative/alternative communication system) • Frequent specialist staff and external agency support
<p>STEP 3</p> <ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • William has a cognitive disability • William's disability has cognitive, social/emotional and sensory aspects • If a student has multiple disabilities, the school team will select whichever disability category has the greatest impact, based on their professional judgement, on the student's education and is the main driver of adjustments to support their access and participation • The category of disability therefore is cognitive
<p>STEP 4</p> <ul style="list-style-type: none"> • Determine which form of evidence is available to support that William has a disability under the DDA and needs extensive adjustments 	<ul style="list-style-type: none"> • Reports from medical professionals • Functional behaviour analyses • Behaviour Management Plan • Individual Learning Plan • Staff training plans/timetables • Notes of meetings with parents and staff

William cont...

The regular adjustments William 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 William 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 William's communication, self-care and sensory needs and the recommendation of ongoing adjustments
- regular consultation from a community-based agency specialising in functional behaviour analysis for young people with autism.

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

Hypothetical case study on social/emotional

When not to include:

John, a Year 6 student who has attended the same large P–12 school since Year 2, is a popular and competent student. However, John's class teacher has observed behaviour over the past two weeks which seems out of character. Usually outgoing and confident, John seems reluctant to participate in class discussions and less confident when undertaking new tasks, seeking reassurance and struggling to begin and complete tasks well within his capabilities. He has asked to go to the sick bay on a number of occasions, as he feels unwell. The classroom teacher has asked John if anything is the matter, and has offered assistance. John said that he was 'ok' and had just been feeling tired and unwell.

The teacher has also spoken to other teachers who have contact with John to see if they, too, had noticed changes in his behaviour. General consensus is that John seems more withdrawn and anxious than is usual for him.

The class teacher then spoke with John's mother and asked if she had noticed any changes at home. She confirmed that John had become more easily upset than usual over recent weeks. It was agreed that John's class teacher would continue to monitor his behaviour and provide additional support including additional instructions and support during tasks, and encouraging him to seek assistance when he is feeling unsure. Weekly discussions with John's mother were scheduled to keep her informed.

When to include:

At the follow up meeting, both John's teacher and his mother agree that he has continued to exhibit a range of anxious behaviours so they agree that referral to the school psychologist is required to investigate his behaviour further.

The school psychologist met with John and judged that additional strategies were necessary to help John manage his anxiety.

Guidance (A):

At this point, there is sufficient evidence to include the student (John) in the collection as having a *Social/Emotional Disability*. With the intervention of the school psychologist and the additional tailored strategies provided to the class teacher to support the student's social and emotional needs, the student would be receiving support within *Quality Differentiated Teaching Practice*.

Guidance (B):

If the school psychologist determined that John also required regular sessions to help manage the behaviour, the level of adjustment would increase to *Supplementary*.

Note: The student can only be included in the collection if the school can demonstrate that adjustments have been in place for a minimum period of 10 weeks of school education (excluding school holiday periods), in the 12 months preceding the collection.

Social/emotional case study cont...

John's teacher arranged to have a discussion with the school's Student Welfare Coordinator to discuss his concerns about John and possible coping strategies that could assist him. A follow up meeting was scheduled with John's mother in three weeks to review the situation. It was agreed that at this point, they would consider a referral to the school psychologist if John's behaviour continued to be a concern.

Guidance:

At this point, it is not clear that there is sufficient evidence to support the student (John) having a social/emotional disability (and therefore be eligible for inclusion in the data collection), although symptoms of anxiety are apparent. The teacher has been supporting the student by actively monitoring the behaviour and providing additional support in the classroom.

Hypothetical case studies on Asthma

When not to include:

A number of students at a P-12 school have asthma. For some of these students, their health condition has no functional impact on their access to, or participation in, schooling. No ongoing, long term adjustments need to be provided for these students to receive the same opportunities as other students.

While the school provides staff training on the management of asthma for teachers and relevant staff on an annual basis and requires parents to complete Asthma Plans for all students with asthma, these particular students do not require ongoing adjustments.

Parents of these students would have agreed that ongoing monitoring was not required but would notify the school should their children's health needs change. Some students, typically older students, are able to manage their condition themselves and are capable of self-monitoring and taking medication when required without the need for school involvement.

When to include:

For other students within the school, however, their asthma does impact on their schooling to varying degrees.

Some of these students may need to be reminded weekly to take their medication, while other students may require teacher assistance with taking medication.

Teachers are conscious of the health needs of these students when planning for school camps or excursions, however regular support is not required for these students other than ongoing monitoring.

Where only ongoing monitoring is required, the health needs of these students are being provided through *Quality Differentiated Teaching Practice*. The students would be reported as having a *Physical Disability* for the purposes of the NCCD.

Hypothetical case studies on Learning disability

When not to include:

Max, a Year 2 student who received reading intervention in Term 4 of Year 1, continues to exhibit some difficulties with decoding, reading fluency and reading comprehension. Writing skills are developing, however Max is slow to complete written tasks. He has well developed oral language skills.

The classroom teacher has met with the parents to understand and plan for Max's needs. Following the meeting, the school's Literacy Coordinator worked with the classroom teacher to assess Max's reading and writing, identify strengths and learning needs, and develop specific strategies to accommodate his needs in the classroom. A further assessment after the adjustments had been in place for a term would provide evidence to determine if Max may have a specific learning disability, or whether the targeted teaching program had resulted in significantly improved abilities in these areas.

The planned adjustments included:

- differentiated curriculum materials to accommodate his literacy needs;
- regular targeted small group instruction in the classroom to strengthen phonological awareness and phonics skills;
- repeated reading activities for classroom and home; and
- additional time to complete written tasks.

Max's progress was discussed and reviewed at Student Support Group meetings.

When to include:

Despite the targeted strategies in place in Term 1, Max had not improved as expected in the follow up assessment by the Literacy Coordinator. The school determined, based on this evidence, that it was highly likely that Max had a long term learning difficulty. After consulting with Max's parents, it was decided that a formal assessment was required so that the specific learning needs of the child could be provided through additional adjustments on an ongoing basis within the classroom.

Guidance:

Once the school had determined that Max had an imputed learning disability, he would be eligible for inclusion in the collection. The level of adjustment for Max would be based upon the support provided in Term 2. Assuming the adjustments were similar to those provided in Term 1, Max would be receiving support within *Quality Differentiated Teaching Practice*.

If additional support was provided, such as support from the Literacy Coordinator each week, then the level of adjustment would become Supplementary. Max would be reported as having a Cognitive Disability for the purposes of the NCCD.

Hypothetical case study – Mary

Mary is a Sudanese girl who fled Sudan with her one remaining brother and her parents when she was 11 years old. She had never attended formal schooling before arriving in Australia, and is unable to read or write in her own language. She and her family lived in a refugee camp in Kenya for nine years before arriving in Australia. Mary has a mild hearing impairment which worries her parents greatly.

Wellington Primary School has strong school leadership with a belief that compassion and understanding provide an environment conducive to learning.

Mary arrived at Wellington Primary School confused, learning a new language and trying to work out what was expected of her from teachers and peers. Mary presents as shy and withdrawn and often disappears from her classroom and the school. Mary can often be found hiding in the toilet or under tables. Because of Mary's tendency to run away, staff are assigned to monitor Mary's movements during recess and lunchtimes and on occasion, multiple staff have been involved in these activities.

The school staff have worked hard to develop safe and positive relationships with Mary and a welcoming atmosphere for her parents. The staff employ a multi-disciplinary team approach and have strong connections to outside agencies that support their students and their families, so they have been able to provide Mary with some counselling.

School strategies to help students who are experiencing behavioural issues might include:

- Placing signs on the fences to illustrate boundaries (visual and verbal, e.g. hand in stop sign)
- Sending for a support adult/sibling to try to talk student down
- Providing a designated safe space within the school for the child to retreat to
- Having a lookout who doesn't get too close
- Contacting the parents if student leaves school grounds
- Investigating all support agencies if it continues to occur
- Encouraging student to stay in class by ensuring that class work is appropriate and engaging
- Using social circle and pair/group activities to help student make connections with other class members
- Encouraging social connectedness with other students
- Allowing time to play (for defusing situations)
- Instigating buddy system or monitor when leaving classroom.

Description of step	Background information to hypothetical that supports inclusion in NCCD
<p>STEP 1</p> <ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? Determine if Mary is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Mary has a disorder, illness or disease that affects the person's thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour • Mary has an imputed mental illness
<p>STEP 2</p> <ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Substantial adjustment:</p> <ul style="list-style-type: none"> • The provision on a regular basis of additional supervision (i.e. because of Mary's tendency to run away, staff are assigned to monitor Mary's movements during recess and lunchtimes) • Frequent external agency support (i.e. enabling the school to provide Mary with some counselling) • Adjustments to delivery modes (e.g. staff employ a multi-disciplinary team approach and use social circle and pair/group activities) • Access to a specialised support setting (e.g. designated safe space)
<p>STEP 3</p> <ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Mary has a social/emotional disability (i.e. given her presentation and history, it is likely that Mary experiences anxiety and/or depression) • <u>Note:</u> There is nothing to indicate that Mary's mild hearing impairment has a functional impact on her schooling and requires adjustments by the school
<p>STEP 4</p> <ul style="list-style-type: none"> • Determine which form of evidence is available to support that Mary has a disability under the DDA and needs substantial adjustments 	<ul style="list-style-type: none"> • Meeting notes from meetings with Mary's parents to discuss her behaviour • Notes of meetings between Mary and the counsellor/s • Teacher observations • Staff supervision plans and calendars

Hypothetical case study – Hassan

Hassan is a refugee from Nablus in the West Bank, home to more than 100,000 Palestinians, many of whom have grown up in some of the world's oldest refugee camps. After years of conflict and occupation, the economic and social conditions in the camps mean there is a high risk of clinical depression in the population. At 10 years of age, Hassan still wets his bed some nights, has disturbed sleep patterns, recurrent nightmares and is often fearful about leaving his home.

STEP
1

Hassan had no formal school experience before arriving in Australia, so a structured environment had intellectual and behavioural challenges that his primary school needed to consider on Hassan's arrival.

Hassan has difficulty with concentration and memory, which impacts on his ability to learn and acquire new skills (probably the result of feelings of anxiety and fear). Hassan finds recess and lunchtimes particularly difficult, and school staff are aware of the impact that people in uniform, sirens, fireworks, sudden loud noises, and authoritarian and threatening behaviour might have on Hassan. At times, Hassan will withdraw and shut down completely.

STEP
2

Building trust and secure relationships with Hassan is considered essential by the school staff. Hassan has a mentor – a local football club member – whom he sees every week and with whom he has established a secure bond. Hassan's mentor, whilst working with Hassan on his written language, is actively working on restoring Hassan's sense of safety, control and sense of attachment and connection to others who can offer emotional support and care.

Classroom strategies to overcome blocks to learning might include:

- Provide a safe, structured and predictable environment
- Explain changes, rules and expectations
- Prepare Hassan or explain alarming and strange noises
- Provide an alternative quiet place to the schoolyard
- Be flexible about participation
- Use writing, art and dance for expression of feelings
- Ask Hassan if something is troubling him
- Allow a graded approach to unfamiliar activities
- Allow exemptions from very difficult tasks
- Support EAL learning

STEP
3

STEP
4

Description of step	Background information to hypothetical that supports inclusion in NCCD
<ul style="list-style-type: none"> • Is the student being provided an adjustment to access education because of disability? • Determine if Hassan is defined as having a disability by looking at the definition of disability under the DDA 	<ul style="list-style-type: none"> • As defined by the DDA, Hassan has a disorder or malfunction that results in him learning differently from a person without the disorder or malfunction
<ul style="list-style-type: none"> • Determine the level of adjustment 	<p>Supplementary adjustment:</p> <ul style="list-style-type: none"> • Modified or tailored programs in some learning areas (e.g. exemptions from very difficult tasks) • Modifications to instruction in terms of content and teaching strategies (e.g. a graded approach to unfamiliar activities) • Support to participate in the playground (at recess and lunchtimes) • The provision of a support service that the school has accessed externally (mentor from local football club) • Specialised interventions to address the student's social/emotional needs (e.g. preparing Hassan for unexpected or loud noises, providing him with an alternative quiet space he can retreat to) • Provision of a highly structured learning environment
<ul style="list-style-type: none"> • Determine the category of disability 	<ul style="list-style-type: none"> • Hassan has a cognitive disability (because anxiety and a lack of control and feeling of safety are blocks to learning) • Hassan's disability has cognitive and social/emotional aspects • If a student has multiple disabilities, the school team will select whichever disability category has the greatest impact, based on their professional judgement, on the student's education and is the main driver of adjustments to support their access and participation • The category of disability therefore is cognitive
<ul style="list-style-type: none"> • Determine which form of evidence is available to support that Hassan has a disability under the DDA and needs supplementary adjustments 	<ul style="list-style-type: none"> • Observational and functional assessments • Notes from meetings with school staff and Hassan's parents • Notes of meetings between Hassan and his mentor • Learning support plans for Hassan • Staff training calendars

