

**Fiji Education Management
Information System
(FEMIS)**

**Disability Disaggregation Package
Guidelines and forms**



Access to Quality Education Program:
managed by Palladium on behalf of the
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Acronyms

APTC	Australia Pacific Technical College
DEO	District Education Officer
ECE	Early Childhood Education
FEMIS	Fiji Education Management Information System
FESA	Fiji Education Staffing Appointments
FNCDP	Fiji National Council for Disabled Persons
FNU	Fiji National University
IE	Inclusive Education
IEP	Individual Education Plan
LANA	Literacy and Numeracy Assessment
MoE	Ministry of Education
SEO	Senior Education Officer
SLD	Specific Learning Disability
SLP	Student Learning Profile
SMC	School Management Committee
UN	United Nations
USP	University of the South Pacific

FEMIS Disability Disaggregation Package – Overview

The *Fiji Education Management Information System (FEMIS) Disability Disaggregation Package* provides primary and secondary schools in Fiji with a standardised means of recording and analysing information in FEMIS related to:

- disability in children (including type and severity of disability)
- accessibility of school infrastructure and transport
- qualifications and training of school staff in relation to disability-inclusive education.

This Package is the most recent addition to the *Toolkit for Disability-Inclusive Education*, which all schools in Fiji received in 2015. Along with other resources in the Toolkit, this Disaggregation Package is available to download from the Ministry of Education’s website under School Resources, Special & Inclusive Education Resources.

The Package is divided into five sections:

1) **Student Learning Profile – identifying children with functional difficulties and those at risk of disability**

This section includes information on filling out the **Student Learning Profile form** which captures:

- a. Information to identify disability type and severity,
- b. Information to identify learning support needs (including assistive devices such as wheelchairs, hearing aids, etc; reasonable accommodations such as additional time or a note-taker during assessments), and
- c. Information on clinical diagnosis, treatment and referral services.

Information from the Student Learning Profile (SLP) form is the basis of the data entered into FEMIS. This section includes the SLP Guidance matrix (Table 1), which provides information to ensure accurate completion of the form. The SLP form is included as Appendix 2.

Where teachers identify children with functional difficulties, they are referred to the *Disability-Inclusive Education Handbook for Teachers*, which is part of the Toolkit and is also available on the Ministry’s website. It is of enormous value in providing information for teachers to improve the way they make their classrooms more inclusive for children with disabilities. You are strongly encouraged to refer to the relevant chapters in the Handbook once you have identified functional difficulties in any of your students.

2) **School accessibility and inclusion assessment**

This section provides information related to the **School Accessibility and Inclusion Form**, which captures information on the accessibility of school infrastructure and transport as well as activities undertaken and/or supports provided by schools to improve inclusion.

3) Data entry processes

This section outlines how schools enter the data from the Student Learning Profile into FEMIS.

4) Data verification processes

There are several layers of approval and verification required to confirm a child with disability has been identified. These include verification by Head Teachers, District Education Office staff, and the Ministry of Education, and are described in section 4.

5) Qualifications and professional development of school staff

This section provides a standardised list of special/inclusive education qualifications and professional development which the Ministry of Education needs to record about staff on the Fiji Education Staff Appointment (FESA) database to enable monitoring and evaluation of human resource development in relation to disability-inclusive education.

1 Section 1 – Student Learning Profile

Identifying children with functional difficulties and those at risk of disability

The Student Learning Profile form is in **Appendix 2**. It is a six-page document which should be printed and used to assess all children who have any degree of difficulty functioning in the areas outlined below in section 1.2. The form is also available online on the student page in FEMIS in the tab “Function/Disability”.

1.1 Why should we complete the Student Learning Profile?

Fiji is serious about access to quality and inclusive education for all children with disability. The MoE has a Policy on Special and Inclusive Education and is actively implementing this policy. In addition, the Government of Fiji has announced the imminent ratification of the UN Convention on the Rights of Persons with Disabilities, which clearly outlines the need for countries to move as rapidly as possible towards implementation of inclusive education. Aligned to this is the Fiji Parliamentary Bill No.12 – Rights of Persons with Disabilities.

By collecting more detailed information on students’ functioning and learning support needs, the MoE is able to plan resourcing to meet those needs and evaluate the effectiveness of efforts towards inclusive education. For some children, their learning support needs will indicate eligibility for supports including a disability inclusion grant for the school and/or increased staffing ratio per child. As the government increases its efforts to resource its Policy on Special and Inclusive Education, it needs data to monitor the effectiveness of those resources.

When interpreting class LANA scores or other exam scores, it can be useful for the MoE to cross-reference with the functioning and disability data of students in the class. Schools are encouraged to enroll children with disabilities, and those children are encouraged to undertake assessments along with all other children (with relevant ‘reasonable accommodation’ or supports). However some teachers or schools are worried that enrolling children with disabilities may lower their class averages for test results. This perception has been a barrier to inclusive education in many countries. By providing functioning and disability data in FEMIS, this enables the MoE to cross-reference LANA or exam results with functioning data to make more sense of class exam averages in the context of implementing the Policy on Special and Inclusive Education.

1.2 Which students need to have a form completed?

If you are in a regular school, many children in your class will not need the form to be completed. The form should be completed for:

- all children with difficulties with any of the following areas: seeing, hearing, moving (gross and fine motor), speaking, learning, behavior/socialization, or emotions; and
- all children who consistently perform very poorly in assessments and class activities (this can assist to identify children at risk of learning disabilities).

The exception is Special Schools, which must complete the form for every student in the school.

1.3 Who should complete the form?

The best results are achieved when teachers work together with the parents/guardian to complete the form. This enables discussion about: difficulties the child may have, history of clinical assessments and treatment where relevant, and options for supporting the child and managing difficulties, enabling the fullest potential for learning outcomes. In cases where it is impossible to meet with the parent/guardian, it is acceptable for teachers to complete the Student Learning Profile form independently.

In addition, if it is possible to include other staff who know the child well, this improves the results even further. For example, a teacher aide, the child's teacher from the previous year, and the school Inclusion Coordinator or Disability Focal Person (if applicable) would all add value to the meeting.

If a child is being transferred from a special school to a mainstream school, the parent and mainstream teacher should complete the form together with the teacher from the referring special school.

1.4 When should the form be completed?

On the whole, the Student Learning Profile should be entered on the child's FEMIS file **by the end of Term 1 of each school year**. This enables planning and budgeting at the Ministry level.

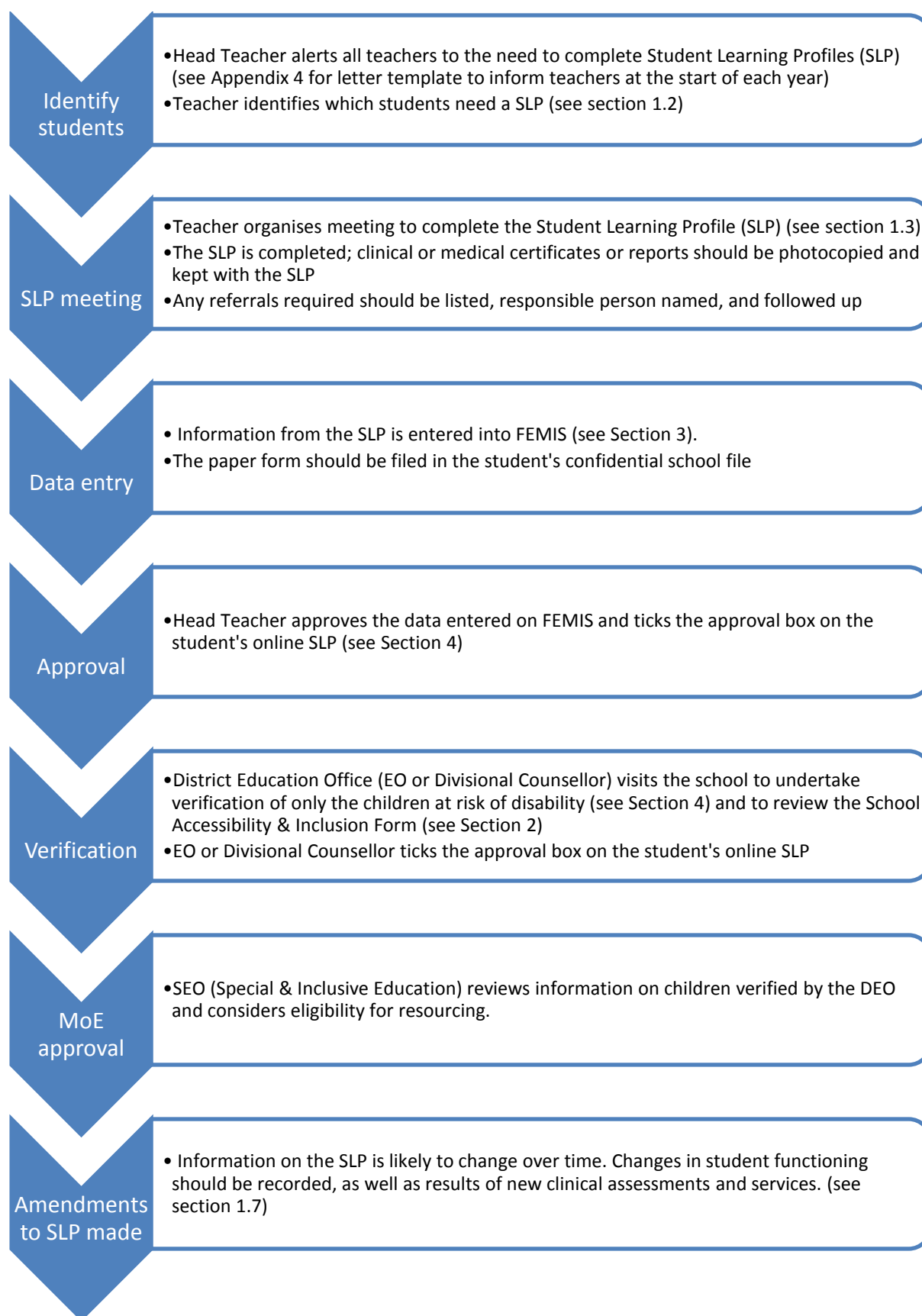
However, it is recognized that this is not always possible. The form should be completed as soon as it is identified that the child has any functioning difficulties. For some children, this will be around enrolment because it is clear at an early stage that the child may have particular difficulties and support needs.

Some children may have functional difficulties that are not immediately obvious to the teacher. At any stage in the school year, it is appropriate to complete the form, so do this as soon as difficulties are identified. It is appropriate to submit new information when this becomes known.

Data from the form are used to complete the Function/Disability page in FEMIS within the student's individual page. As soon as the paper-based form has been completed, it should be entered onto FEMIS by the teacher or provided to the person responsible at the school for entering information into FEMIS (see section 3). After data is entered into FEMIS, the paper version of the Student Learning Profile form should be kept in the student's confidential school file.

Students with a completed Student Learning Profile from the previous year(s) still require a new form to be completed for them by the end of Term 1 in each new school year. This enables functional changes to be recorded, and is a chance to update other information that may have changed. Part 2 of the form (clinical, diagnostic, treatment information) will remain in place from previous data entry. These details should be checked for updates required, especially if there have been referrals that have been actioned, services received, new diagnoses, etc.

Figure 1: Steps in collecting, entering and verifying functioning and disability data



1.5 How do we choose which level of difficulty the student has in Question 3?

Question 3 on the SLP is very important for the MoE to determine the student’s level of function. It requires consideration of the level of difficulty a student has in various actions such as seeing, hearing, walking, speaking, etc. Most people easily identify students with “No difficulty” in a functional area, or those who “Cannot do at all”. For example a student who is completely blind would have the response “Cannot do at all” for the question on Seeing. However, it can be challenging to choose between “A little difficulty” and “A lot of difficulty”. Table 1 provides guidance on choosing categories that match your student’s function. It is important that teachers refer to Table 1 regularly when they are beginning to use the form. Once teachers are more experienced, selection of categories will be clear and simple.

1.6 Does this mean the child has a disability?

Completing the form does not automatically mean the child has a disability. The system will identify children “at risk of disability” and for whom additional learning supports and/or referrals to health services are required. The system does not generate a diagnosis of disability; teachers and parents are merely recording their observations of the child’s level of function in different activities. There is no harm in completing a form for a child if you are uncertain if it is required.

The form will help you to identify learning support needs of any of your students and can be a helpful process for reasons other than identifying disability. It can also help identify children who may have **temporary difficulties** which may benefit from treatment. For example, many children in Fiji have been identified as having difficulty hearing and have been treated for ear infections, impacted wax or foreign bodies lodged in the ear – and the treatment has resulted in a return to completely normal levels of hearing! Similarly, children with difficulties seeing may benefit from something as simple as glasses (spectacles). If you suspect any difficulties in your students, please go ahead and complete the form.

1.7 Changing information on the child’s SLP once it has been submitted online

There are several reasons you may need to amend the information in the SLP that you submitted online: (i) you made a mistake; (ii) you referred the child for an assessment and it turns out that your initial belief about their difficulty was not correct – e.g. sometimes teachers and parents assume that the child has difficulty learning, but after a vision or hearing assessment they realise it is a sensory not a learning difficulty; once the child has glasses or hearing aids they may have no difficulty learning; and (iii) the verification visit from the District Education Office showed that there were errors on the SLP.

On the paper SLP form that is stored in the student’s personal school file, please amend the existing information using a different coloured pen to indicate the changes, including dating the changes. To update the information from pages 1-5 of the form online, log in to FEMIS, go to the student’s class list, go to the student’s file, click on the Function/Disability tab, and click on the saved SLP form – Part 1. Enter in the correct information. In the comment section at the bottom of Q3 on the form, please include any information that could help explain why the form has been changed.

If new clinical or service information becomes available (from Part 2 on page 6 of the form), this can be updated on the section on the student’s Function/Disability tab - Student Learning Profile - part 2 (Clinical, Diagnostic, Treatment and Referral Information). Please click on “Add New Diagnosis” for information related to new diagnoses, or click on an existing diagnosis if new service information needs to be recorded online related to that diagnosis.

Table 1: Student Learning Profile guidance

This table provides descriptors to assist in selecting which level of difficulty to choose for each area in Question 3 on the Student Learning Profile form.

Difficulty:		General definition	No difficulty	A little difficulty	A lot of difficulty	Cannot do at all
3a	Seeing	<p>This is about the ability of the eyes to see, for example, peoples' faces, objects, writing or pictures on the blackboard or in books.</p> <p>It is NOT about the brain's ability to <u>understand</u> what is seen.</p> <p>Note: this refers to child's ability to see, even when wearing spectacles / glasses (or contact lenses) if the child currently uses them.</p>	Child is able to see the board, books, objects, facial expressions, etc. to the same extent as most other children of that age.	<p>Child has difficulty seeing, but this can be overcome, for example, when the child sits closer to the board or holds the book closer to the eyes.</p> <p>Or, glasses or contact lenses overcome the difficulty.</p>	<p>The child's vision cannot be corrected to normal vision even by wearing glasses, but the child has some vision.</p> <p>Or, glasses or contact lenses may overcome the difficulty but the child does not have access to glasses.</p>	A child is considered legally blind when s/he cannot see at 6 metres what a child with normal vision can see at 60 metres, or if her field of vision is less than 20° in diameter (a person with normal vision can see 180°).
3b	Hearing	<p>Hearing sounds like peoples' voices or music.</p> <p>Note: this refers to child's ability to hear, even when using hearing aids, if the child uses hearing aids.</p>	Child is able to hear to the same extent as other children of that age.	Child may have difficulty hearing soft or distant speech. They may also have difficulty hearing normal conversation where there is a lot of background noise.	Child needs to wear hearing aids to understand normal speech. For some children, even if wearing hearing aids, they will not understand normal speech. Without hearing aids, the child will need to rely on lip reading or sign language.	Children with profound hearing loss will always have difficulty understanding conversational speech and would not detect even the loudest shout without hearing aids. Many children with profound hearing loss will need to use sign language.
3c	Gross motor actions	<p>Walking or climbing stairs</p> <p>Note: if the child has a mobility aid such as wheelchair, crutches or walker, or receives assistance for moving, this question asks about the child's ability to walk or climb stairs <u>even when using</u> the mobility aid or receiving assistance.</p>	Can walk independently over 500 metres, either indoors or outdoors (with crutches or walker if needed); can climb stairs without assistance.	<p>Can walk independently (with crutches or walker if needed) 100 metres either indoors or outdoors; can climb stairs using a railing or with minimal support.</p> <p>Or, has a little difficulty moving between sitting and standing.</p>	<p>Walking is limited even with crutches or walker; requires support to climb stairs, or cannot climb stairs.</p> <p>Or, uses a wheelchair independently. May be able to propel independently (push the wheels herself) in a wheelchair.</p> <p>Or, has a lot of difficulty moving between sitting and standing.</p>	<p>Has difficulty with voluntary control of movement. Cannot sit, stand or walk independently even with mobility aids.</p> <p>Cannot propel (push the wheels herself) in a wheelchair.</p>

Difficulty:		General definition	No difficulty	A little difficulty	A lot of difficulty	Cannot do at all
3d	Fine motor actions	Using hands and fingers for detailed tasks, such as writing, drawing, controlling pencil, picking up coins or other small object, or fastening clothes.	No difficulty, or at least average compared to children of the same age.	A little difficulty grasping, holding or using small objects with hands and fingers but can manage independently.	A lot of difficulty grasping, picking up, holding or using small objects with hands and fingers; for example, holding and using pen, spoon, doing buttons or zipper. May need assistance or a special aid to help with gripping objects.	Child is basically unable to use hands and fingers to do fine motor actions. Assistance or a special aid for gripping objects is required to assist with eating and other fine motor tasks.
3e	Speaking	Being understood when speaking in the language that is most customary (preferred) for the child.	Able to speak and be understood clearly.	Mild difficulty speaking or being understood while speaking; can include mild stuttering (interruption of the flow of speech, prolongation of sounds or words).	Speaks only a little. Or, is very difficult to understand. Or, mostly avoids speaking. Or, seems to struggle to get words out. Or, uses only simple sentences (less than 4 words). Or, mixes up the order of words in a sentence. Or, has a very limited vocabulary compared to other children. Or, has significant stuttering.	Does not speak at all (mute). If the child uses sign language but does not speak, this is the correct category to select for question 3e.
3f	Learning (general)	Includes school tasks, such as literacy and numeracy, as well as more general intellectual functions, such as remembering, and learning everyday tasks including those at home. Important to compare to children of the same age who do not have difficulties.	Able to learn both school skills and regular skills required at home, at the same level (or above) as other children the same age.	Needs some assistance but can work independently.	Has a lot of difficulty with learning academic skills and concepts; or, with learning to do practical tasks such as unpacking schoolbag, putting books and pencils in desk, doing jobs or duties, home responsibilities, including self-care (toileting, dressing, eating).	Not able to understand what is taught.
3g	Learning (specific)	Compared with children of the same age , child has specific difficulties in areas within literacy or numeracy (e.g. dyslexia, dyscalculia). Specific learning disabilities such as dyslexia impact a lot on only <u>some</u> aspects of learning. These students often learn other skills very well.	No difficulty with literacy or numeracy activities.	Mild difficulties with literacy or numeracy activities. Child appears to be improving in these areas.	Child is at risk of, or has been diagnosed with, dyslexia (or another Specific Learning Disability). Teachers are referred to the <i>Dyslexia Indicators Assessment Tool for Fiji</i> , and to the Handbook within the Toolkit for Disability Inclusive Education. Child shows clear <u>abilities</u> in some areas; alongside <u>weaknesses</u> in areas that show as: poor handwriting with many	

					errors and words tried several times; spelling a word different ways in one piece of writing; no expression in reading; poor comprehension; fails to recognise familiar words; slow speed of processing information; poor concentration; exhaustion from extra effort required to concentrate; difficulty following instructions.	
3h	Behaviour/ Attention / Socialisation	Difficulty controlling his/her own behaviour; and/or focusing and concentrating; and/or accepting changes to routine.	Behaves and socialises normally. Able to follow instructions; responds appropriately in conversation.	Difficulty making eye contact with the teacher. Or, needs a little more time to adjust when routines change. Compared to children the same age, may display <u>mildly</u> higher levels of aggressive, destructive or self-injurious behaviour, anger, inability to handle frustration, being disruptive or oppositional (hostile and unco-operative).	Requires adult assistance with some behaviour and social activities, but can do some things independently. A lot of difficulties with friendships and interpersonal relationships; difficulty staying on a task; overly dependent on routines; Short attention span; impulsive or hyperactive; poor attention to detail; difficulty organising tasks or following instructions; frequently loses books, homework, toys, other items; excessive talking, fidgeting or inability to remain seated in appropriate situations. Compared to children the same age, may display <u>moderately</u> higher levels of aggressive, destructive or self-injurious behaviour, anger, inability to handle frustration, being disruptive or oppositional (hostile and unco-operative).	Needs frequent adult assistance. May display actions such as: repetitive behaviours such as rocking, waving or flapping; intensely focused on inappropriate items; obsesses over particular topics of conversation; unable to maintain friendships; becomes fixated on certain sensory experiences, e.g. lights or textures. Compared to children the same age, may display <u>much</u> higher levels of aggressive, destructive or self-injurious behaviour, anger, inability to handle frustration, being disruptive or oppositional (hostile and unco-operative).

3i	Emotions	How often does the child seem: Very sad and depressed, and/or very worried and anxious	Never or a few times/ year	Monthly	Weekly	Daily
			Child seldom (rarely) seems very sad, depressed and/or feels very worried and anxious. Sometimes, but not very often.	Child seems very sad, depressed and/or feels very worried and anxious about once a month. <u>Slightly</u> more than average children of the same age.	Child seems very sad, depressed and/or feels very worried and anxious about once a week.	Child seems very sad, depressed and/or feels very worried and anxious every day.
					<p>Symptoms of depression may include: persistent sad or irritable mood (possibly anger); loss of interest or pleasure; frequent vague or non-specific physical complaints/ailments; tiredness or lack of energy; inability to sleep, or sleeping excessively; recurrent thoughts of death or suicide; feelings of worthlessness or guilt.</p> <p>Symptoms of anxiety/worry may include: persistent, excessive, and unrealistic worry, not focused on a specific object or situation; inability to control the worry (difficulty “turning off” the worry); frequent seeking of reassurance; perfectionist and self-critical; restlessness, feeling “on edge”; difficulty concentrating; difficulty falling or staying asleep.</p>	

1.8 What is the difference between Learning (General) and Learning (Specific) in Question 3?

Teachers are strongly encouraged to refer to the relevant descriptors in Table 1 to clarify the difference between these two questions.

Learning (general) relates to difficulties with general intellectual functions such as learning and remembering a range of things related to school, play, tasks at home, etc. Children with **intellectual disabilities** will fit into the “lot of difficulty” or “cannot do at all” category of Learning (general).

Learning (specific) relates to difficulties only in specific learning areas within literacy or numeracy. Child is at risk of, or has been diagnosed with, dyslexia (or another Specific Learning Disability). Teachers are referred to the *Dyslexia Indicators Assessment Tool for Fiji*, and to the Handbook within the Toolkit for Disability Inclusive Education. Children with dyslexia (or another Specific Learning Disability) will fit into the category “lot of difficulty”. They learn most other things normally or above average. They are often seen as very bright and capable students in many other areas.

Note: If a student has “a lot of difficulty” or “cannot do at all” for Learning (general), then it is too difficult to also know whether s/he has dyslexia amongst a possible intellectual disability, so the response for the Learning (specific) question should be marked “Not Applicable”.

1.9 How to complete Question 6 – Clinical, Diagnostic, Treatment and Referral Information

Question 6 on the Student Learning Profile form captures the student’s existing clinical information. This section of the form is not mandatory and should only be completed if there have been assessments by doctors, therapists, vision or hearing specialists, or other medical services. Teachers should NOT be providing their own diagnoses of health conditions.

When asking the parent to come in for the discussion and filling in the Student Learning Profile, teachers should request the parent to bring in any medical certificates that provide information on the child’s diagnostic history. This information will help the Ministry to provide the most relevant support to the child, or to identify potential need for further services. It is understood that some families will not be able to bring medical certificates and in those cases if the family describes diagnoses and/or services that have been received, this verbal information is acceptable.

1.10 Referring some children for medical or health assessments or services

Many children will be identified by teachers and parents as having “a little difficulty” in functional areas. This is often an important sign that the student must be referred for proper assessment and services. This is particularly the case for children with vision, hearing and physical impairments because there are services available in Fiji that can prevent the difficulty becoming disabling. In many cases, simply obtaining glasses/spectacles or removing impacted wax from an ear canal can improve a student’s educational outcomes significantly. Teachers and parents play a critical role in identifying children who should be properly tested.

Table 2 illustrates which levels of difficulty in different functional areas require referrals to medical or other specialist services. The *Fiji Disability Services Information and Referral Directory* provides contact

details and is available from the Ministry of Education’s website under School Resources, Special & Inclusive Education Resources.

Table 2: Referrals required for children identified as having functional difficulties on the Student Learning Profile

For all children with any level of difficulty in any domain, there are many ideas for teachers in the *Disability-Inclusive Education Handbook for Teachers*, within the *Toolkit for Disability-Inclusive Education – Fiji* (see section 1.12). In addition to support provided by teachers, the table below provides guidance on how children with various degrees of difficulty can be referred outside of the school, and to whom. Note – difficulties in some functional areas are not highlighted for referral to medical or health assessment as there are limited diagnostic services in Fiji, and in many cases medical or health treatment is not available or required (marked in the table below with two exclamation marks (!!)).

Functional area	Level of difficulty recorded on Student Learning Profile				Refer to whom? (selecting from these options varies depending on location)
	No difficulty	A little difficulty	A lot of difficulty	Cannot do at all	
Seeing	X	✓	✓	✓	School health team, district hospital, Pacific Eye Institute, Project Heaven, optometrist
Hearing	X	✓	✓	✓	Hilton Audiology Unit (Suva), School health team, district hospital, Project Heaven, audiologist
Gross motor	X	✓	✓	✓	Physiotherapist at district hospital, local health centre
Fine motor	X	!!	✓	✓	Physiotherapist at district hospital
Learning (general)	X	!!	!!	!!	Local special schools may assist with providing advice on how to include the student more effectively in mainstream schools
Learning (specific)	X	!!	✓	✓	School Counsellor, literacy or numeracy specialist, educational psychologist (if available), the <i>Dyslexia Indicators Assessment Tool for Fiji</i>
Behaviour / Socialisation	X	!!	✓	✓	School Counsellor, educational psychologist (if available)
Mood	Very sad, depressed, anxious, worried at least once a week or more frequently				School counsellor, social welfare, local health services and psychology services. Youth Champs for Mental Health Fiji. http://youthchampsformentalhealth.org/

In addition, special schools may be able to provide advice on how to assist children with difficulties across any of the domains. The Ministry of Education’s policy is to support the education of children with disabilities in mainstream schools, so in most cases referrals to special schools should only be for advice. The Head Teacher of the special school may be able to provide advice on the kinds of supports required to support the child’s education in a mainstream school, and in cases where it is necessary, enrolment of the child in the special school.

1.11 What if the medical/health referral leads to an assessment with differing results from the teacher/parent rating on the Student Learning Profile?

After students receive diagnostic assessment results, sometimes you have to change what was recorded on the Student Learning Profile form and on FEMIS. For example, a child appeared to have difficulty seeing the board, but the vision test shows that his/her vision is fine. The child may actually have dyslexia and can see the board but his brain cannot process what it means. It is fine to change what you have recorded in FEMIS as a result of getting back medical test results. This does not mean your judgment is poor. Diagnosis is very hard and relying on medical services shows a positive partnership between health and education. Please see section 1.7 for instructions on changing the results in FEMIS based on new information from clinical assessments.

1.12 Does this information link with the “screening tools” in the appendices of the Toolkit for Disability-Inclusive Education?

As described in the Overview, in 2015 all schools in Fiji received a *Toolkit for Disability-Inclusive Education*, inside which is the *Disability-Inclusive Education Handbook for Teachers*. The Handbook is freely available to download via the Resources page on FEMIS and also from the Ministry of Education’s website under School Resources, Special & Inclusive Education Resources.

At the back of this Handbook are seven screening tools, which are lists of characteristics or behaviours which indicate the possible presence of an underlying disability. Like the process outlined in the Student Learning Profile Form, these Screening Tools do not replace formal assessment processes and do not result in a diagnosis. Schools may find the Screening Tools in the Handbook useful to provide some further information in helping to identify disabilities or functional difficulties, but it is not imperative.

1.13 Additional guidance for select questions in the Student Learning Profile

Readers are encouraged to refer to the SLP (Appendix 2) whilst reading this guidance.

Q.	Guidance
1	Assistive devices – Please refer to Appendix 1 (Glossary of Terms) for explanations of the terms used in this question.
2	Human assistance for walking or moving relates to help from anyone else – for example, teachers, teacher aide, other students, parents.
3	This is covered in detail in section 1.3 and Table 1. If there is any level of difficulty (even just “a little”), you must write a comment in the space provided to give some description of the difficulty. This is required for the MoE to understand the data better. In the comment section at the end of Q3, please include any information that could help explain why the child’s function may have changed since previous versions of the form.
5f	“Sign language interpreters are available for learning and other school activities”. Some teachers think this asks whether there are sign language interpreters available at the school generally. BUT the question asks you to “ Record adaptations to learning or assessment that you <u>currently</u> make for <u>this student</u>? ” So think about whether sign language interpreters are available to <u>this</u> student as required.
6	Individual Education Plan (IEP) is commonly used in special schools in Fiji, and increasingly used with children with disabilities in regular schools. See the Glossary in Appendix 1 for more details.

2 Section 2 – School accessibility and inclusion assessment

Appendix 3 is the *School Accessibility and Inclusion Assessment Form*, which should be completed by the School Management Committee with the Head Teacher by the end of Term 1, where possible with the involvement of students with disabilities and their parents. This form is also available for downloading from the FEMIS Online Resources, under Online Library. The MoE Verification Officer will review the completed form with the Head Teacher during the verification visit.

2.1 Accessibility audit

The first two pages of the form collect information on how accessible the built environment is at the school. This relates to how manageable it is to get around, for example, for people with difficulty walking or vision impairment. The questions on the form are easy to understand, however, the process of deciding what solutions to put in place to overcome barriers (and writing these on the form) may need discussion with relevant people. It is very enlightening to move throughout the school environment together with people who use wheelchairs or who have severe vision impairment (or blindness). These “access audits” are conducted in many places around the world in partnership with organisations of disabled persons.

Participation by the local Disabled Persons Organisation may be helpful to conduct your school accessibility assessment to fill in the form. You can look up the branches of Fiji Disabled Persons Federation in the yellow pages or on Facebook for contact details of your nearest group. Similarly, doing the audit with your own students with disabilities and their families would be a useful way of them being involved in the process of developing solutions. These are skills that those students will need when they graduate from the school and have to find solutions in workplaces.

2.2 Special materials or equipment

This section on the form assists the MoE to plan and provide relevant resources such as Braille machines or computer screen readers.

2.3 Recording other school efforts to include children with disabilities

The MoE Policy on Special and Inclusive Education requires a range of actions to be undertaken by schools to actively include children with disabilities into the education system. This is in line with global momentum to get rid of the systematic exclusion of children and adults with disabilities from societal processes and opportunities.

Some of these activities include vision and hearing screening programs, disability awareness raising activities, availability of specialist staff to support disability-inclusive education, the use of Individual Education Plans (IEP) for students with disabilities, and activities to identify children with disabilities who are out of school. These activities should be recorded on the form, which is to be completed by the end of Term 1 each year.

3 Section 3 – Data entry

3.1 Who can enter the data onto FEMIS online?

Once the teacher has completed the printed Student Learning Profile form with the parent/guardian and others, as outlined in Section 1, the information can be entered into FEMIS in a variety of ways:

- 1) Teacher logs into FEMIS and enters the data.
- Or
- 2) FEMIS data entry officer uses the paper form provided by the teacher, and enters the data.
- Or
- 3) Head Teacher uses the paper form provided by the teacher, and enters the data.

3.2 What if our school does not have access to the internet?

For schools that do not have internet access, they should provide copies of the completed paper form to the District Education Office who will undertake the data entry on their behalf. In addition, those schools should contact the Special and Inclusive Education Unit (MoE, Suva), and provide a list of names of the children who have paper forms completed so the SEO Special Education can follow up and ensure the District Education Offices have undertaken the data entry.

4 Section 4 – Data approval and verification processes

4.1 Student disability data

Student disability data is approved or verified at several points, as indicated in Figure 1.

- 1) At the school, the Head Teacher reviews the Student Learning Profile data that is entered about individual students on the Functioning/Disability page of a child’s FEMIS file. If the information is correct, the Head Teacher ticks the relevant “approve” tick box at the bottom of that form.
- 2) Verification of disability in students will be undertaken by district Education Officers or Divisional Counsellors who have received appropriate training and who are accredited by the Ministry to do so. These visits are called “Disability Verification and Support Visits”. Once children have been verified, the officer or counsellor will approve the information on FEMIS by logging into FEMIS, going to the child’s file on FEMIS and ticking “approve”. They will also upload a report of the verification assessment on FEMIS.
- 3) The Senior Education Officer - Special Education (MoE, Suva) will review the online assessment and provide Ministry level approval of the student’s disability status.
- 4) The system has a function for Finance to approve the child’s status too. This is currently the responsibility of the SEO – Special Education.

As students with disabilities or functional difficulties need a new Student Learning Profile each new school year (by the end of Term 1), this will require a new approval and verification process. The Education Officer or Divisional Counsellor will undertake a new Disability Verification and Support Visit after the annual SLP has been submitted. This visit enables schools to discuss issues related to meeting the learning support needs of the student, highlight additional resources required, link in with good

practice ideas, and also builds in added accountability where the child is eligible for a disability inclusion grant.

Class 1 and 2 children identified with certain functional difficulties do not require a verification assessment by a district Education Officer or Divisional Counselor. To rationalize the use of limited human resources, and because delays in development related to learning, behavior / socialization and emotions may be overcome naturally by young children as they grow older, the following rules determine which children require verification visits from the district office:

- 1) Children who have “a lot of difficulty”/ “cannot do at all” in: learning, behaviour/socialisation, and emotions in Class 1 and 2 do not require DEO verification.
- 2) Children who have “a lot of difficulty”/ “cannot do at all” in: learning, behaviour/socialisation, and emotions in Class 3 and over do require DEO verification.
- 3) Children who have “a lot of difficulty”/ “cannot do at all” in: seeing, hearing, speaking, gross motor, fine motor, or speaking from Class 1-8 require verification (and strong encouragement for referrals and early intervention).

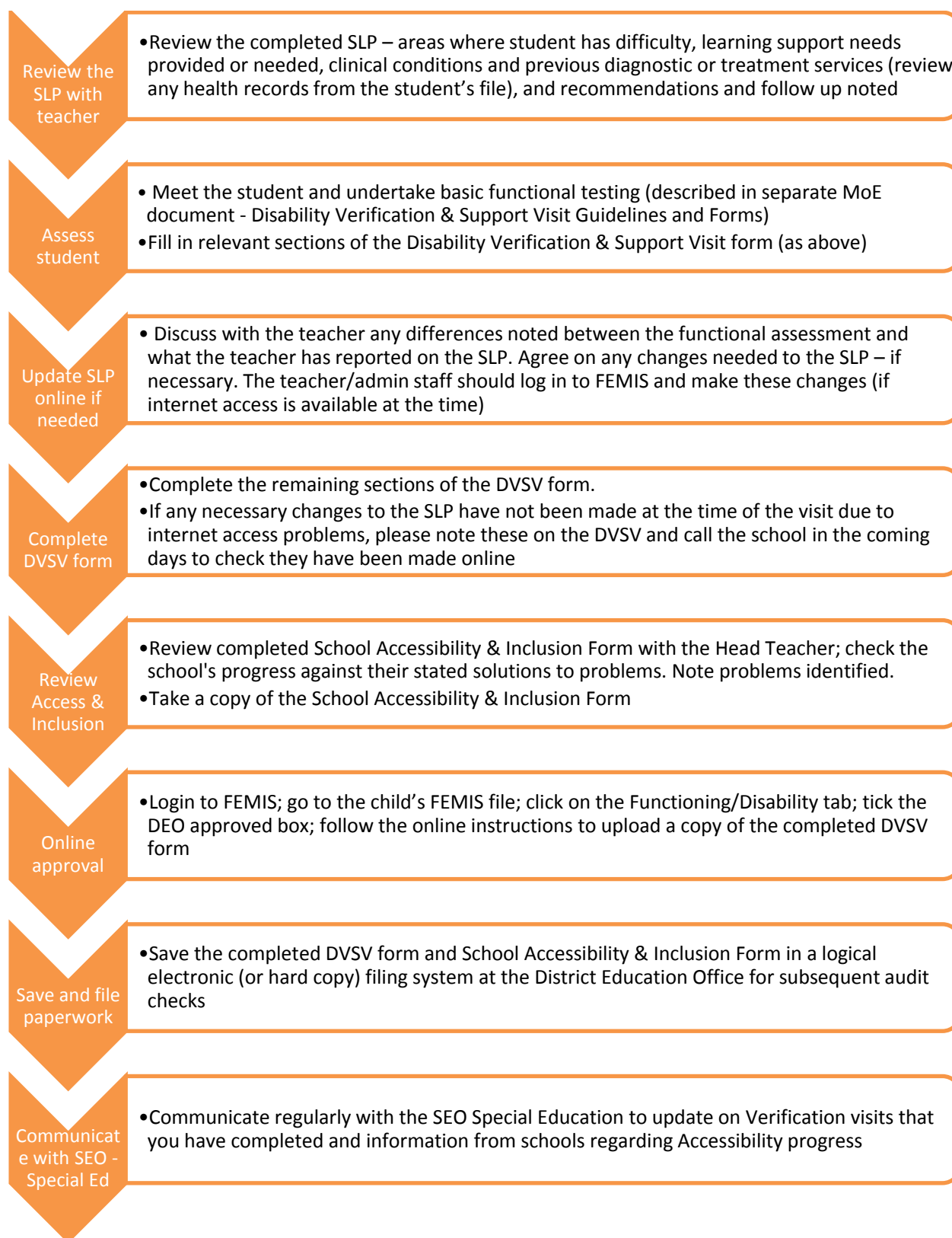
4.2 Generating a list of students for approval or verification

To see the list of which children need approval or verification, login to FEMIS, click on Reports → Students → Pending Disability Assessments. Select the relevant criteria you want. Create the report.

To view each student’s SLP, search for the relevant school, click into the child’s class list, then on his/her name, then on the Function/Disability tab. View the existing SLP assessment.

4.3 Verification and Support Visits

The person responsible for the disability verification and support visit (usually the district-based Education Officer or Divisional Counsellor) should undertake these visits to each child listed on the Pending Disability Assessment report (see 4.2 above). Each child on this list will already have a Student Learning Profile form completed and submitted online. Figure 2 provides a flowchart of steps for the Verification Officer.

Figure 2. Verification Officer - steps in verifying disability data

5 Section 5 – Qualifications and professional development of school staff

The final area that is important for tracking progress towards disability-inclusive education is the level of expertise amongst teachers, including qualifications and professional development in areas related to special and inclusive education. Relevant qualifications currently available in Fiji that relate to special and inclusive education are:

- Bachelor of Education (Special and Inclusive Education) (USP)
- Post-graduate Diploma in Special and Diverse Educational Needs (USP)
- Certificate IV Disability (APTC)
- Certificate III in Individual Support (APTC)

Subjects on special and inclusive education within broader courses

Recording whether teachers have undertaken particular subjects on special and inclusive education within broader courses is important to record. The following subjects are available:

- *Disability and differentiated learning: educating students with diverse abilities* (University of Fiji, subject within Bachelor of Teaching)
- *Children with special needs* (Corpus Christi Teachers College, subject within the Diploma in Primary Teaching)
- Disability subject, Bachelor of Education in Early Childhood Education (USP)
- Disability subject, Diploma in Early Childhood Education (USP)
- Disability subject, Early Childhood Education (FNU)
- Disability subject, Diploma in Primary Education (FNU)
- Disability subject, Bachelor of Education (Fulton Teachers College)
- Disability subject, Diploma of Education (Fulton Teachers College)

International courses on special and inclusive education

International courses need to be aligned with the Fiji Qualifications Framework and recorded to ensure comprehensive understanding of the capacity within the teaching body.

Professional development on special and inclusive education

Professional development or in-service programs that teaching staff undertake are also important to track. It is recommended that these programs recorded in FESA use standardised terminology to enable periodic reviews of the scope, frequency and range of special and inclusive education related professional development offered and undertaken by school staff across Fiji.

Appendix 1: Glossary of terms – including assistive devices and materials

Assistive devices for gripping	Objects which modify the way people need to use their fingers or hands to grasp or grip objects.
Audio books	Recordings of text being read.
Braille	A system of writing and printing for blind or visually impaired people, in which varied arrangements of raised dots representing letters and numerals are identified by touch.
Braille machines	Machines which produce the raised dots on the paper for the system of Braille; like a typewriter. Electronic refreshable Braille displays are (relatively new) tactile devices that can be attached to computers or to some smartphones, which enable the user to read the content of the screen in Braille.
Communication board	A board with symbols or pictures that is used to facilitate communication for people with limited expressive language ability. People communicate by pointing, gesturing or gazing at the various symbols and pictures on the board
Contact lenses	A thin plastic lens placed directly on the surface of the eye to correct visual defects.
Crutches	A long stick or support used by an injured or disabled person as an aid to walking, usually designed to fit under the armpit, and often used in pairs.
Glasses (spectacles)	A pair of lenses set in a frame resting on the nose and ears, used to correct or assist eyesight.
Hearing aid	A small amplifying device which fits on the ear, worn by a partially deaf person.
Hearing loop / FM system	A special sound system which transmits the sound directly to a hearing aid. This reduces distracting background noise and improves listening clarity and understanding. In a classroom, the teacher wears a microphone which is radioed to the student wearing the hearing aids.
Individual Education Plan (IEP)	A documented plan or program that is created for each student who has disability and/or who needs specialised instruction and related services.
Large, easy-to-read signage	Signs that use visually-oriented information consisting of signs or pictures, and/or clear and simple language, using large font size, clear font, and a strong contrast between the characters and their background.
Modified furniture	Special or modified chair or desk or other furniture to overcome difficulties, such as sitting posture, postural control or vision.
Orthotics	A support, brace or splint used to support, align, prevent, or correct the function of parts of the body.
Prosthetics	An artificial or substitute body part which may have been lost through trauma, disease, or congenital conditions. Common prosthetics include arm, foot and leg, and are often used for amputees
Screen reader	A text-to-speech system, intended for use by blind or low-vision users, or those with learning disabilities, that speaks the text content of a computer display.
Walker / Walking frame	A frame used for support while walking, typically made of metal tubing with rubber feet.
Wheelchair	A chair fitted with wheels for use as a means of transport especially by people for whom walking is difficult or impossible.
White cane	A narrow, light-weight white stick used by people who are blind or visually impaired, both to aid their mobility (movement), as well as to alert others to the bearer's visual impairment.

Appendix 2: Student Learning Profile form

Student Learning Profile

*This form should be completed by the child's teacher and parent/guardian together,
with other people optional*

Student Name: _____

School: _____

Date of Birth: _____

Student ID number: _____ Year/Grade: _____

Date this form completed: ____ / ____ / 20____

Teacher completing the form: _____

TPF of teacher completing the form: _____

Other people involved in completing the form:

Parent/guardian: Name: _____

Relationship to child: Mother / Father / Guardian

Other (please specify): _____

Other person involved in completing the form:

Name: _____

Relationship to child: Teacher Aide / School Counsellor / Inclusion Coordinator /

Other (please specify): _____

Other person involved in completing the form:

Name: _____

Relationship to child: Teacher Aide / School Counsellor / Inclusion Coordinator /

Other (please specify): _____

Q1) Is the child currently using any of the following types of assistive device(s)?

(Tick all applicable options; refer to the pictures of assistive devices in the Training Manual if required; if the child uses NONE of these, please tick option 1.12)

1. Glasses (or contact lenses)
2. Hearing aid
3. Mobility aid:
 - a. Wheelchair
 - b. Crutches, walking stick or walking frame
 - c. Other mobility aid, please specify: _____
4. Braille machine (child reads by touching the bumps on the machine or page)
5. Screen reading software (computer program reads the text out loud)
6. White cane (for low-vision or blind children)
7. Orthotic devices (to support legs, arms or spine)
8. Artificial limbs (prosthetics)
9. Modified furniture (e.g. special chair or desk; modified height of desk)
10. Communication boards (e.g. a board with pictures children point to and express themselves)
11. Others (Please specify)
12. No Assistive Device used

Q2) Does the child receive any human assistance for walking or moving?

Circle: Yes / No

Describe:

Tick one column for *each* row. For detailed descriptions of each category, please refer to Table 1 of the FEMIS Disaggregation Manual

Q3) Compared with children the same age, does (<i>name of child</i>) have difficulty in the following areas:			No difficulty	A little difficulty*	A lot of difficulty*	Cannot do at all*	*Please write a short description of the difficulty
		EXPLANATION					
3a	Seeing	Difficulty seeing things close up or far away, like objects, faces or pictures. <i>If the child wears glasses, does the child have difficulty seeing even when wearing the glasses?</i>					
3b	Hearing	Difficulty hearing sounds like peoples' voices or music. <i>If the child wears hearing aids, does the child have difficulty hearing even when using hearing aids?</i>					
3c	Gross motor actions	Difficulty walking or climbing stairs					
3d	Fine motor actions	Difficulty using hands and fingers, such as picking up small objects, for example, a button or pencil, or opening and closing containers or bottles?					
3e	Speaking	Difficulty being understood when speaking (in the language that is most usual for the child)					
3f	Learning (general)	Difficulty with general intellectual functions such as learning and remembering. (<i>Includes learning a range of things related to school, play, tasks at home, etc.</i>)					
3g	Learning (specific)	Difficulties in specific learning areas within literacy or numeracy, e.g. dyslexia or dyscalculia. <i>Child learns most other things normally or above average.</i> <i>** No difficulty or Not Applicable</i>	**				
3h	Behaviour/ Attention / Socialisation	Difficulty controlling his/her own behaviour, and/or focusing and concentrating, and/or accepting changes in routine, and/or making friends					
3i	Emotions	How often does the child seem: Very sad and depressed, and/or very worried and anxious? <i>¹Rarely = never or just a few times/year</i>	Rarely ¹	Monthly	Weekly	Daily*	

If the child has difficulties in areas that are not listed above, or if the child's functional status has changed, please include additional information here:

Learning support needs

Personal Assistance (assistance from a human, not due to assistive devices)

Q4) Compared with children the same age, how much personal assistance at school does the child require with any of the following tasks?

(Answer all rows; for each row tick one column only.)

	Needs no extra assistance	Needs a little more assistance than other children *	Needs much more assistance than other children *	*Please provide a short description of the kind of assistance required.
4a. Moving around the classroom				
4b. Moving around outside in the school grounds				
4c. Getting to and from school				
4d. Communication				
4e. Cognitive / learning activities				
4f. Self-care (eating, toileting)				
4g. Socialising with other children				
4h. Managing own behaviour				

Q5) Record adaptations to learning or assessment that you currently make for this student? *Tick a column for every question.*

	Yes, we do this *	No need for this	Not done, but there might be a need *	*Please provide information to explain your response.
5a. Child sits close to the board or teacher				
5b. Printed materials are enlarged				
5c. Printed materials are provided in Braille				
5d. Physical education (sport) activities and games are modified				
5e. Modifying the lesson, or reducing the complexity of the lesson for the child				
5f. Sign language interpreters are available for learning and other school activities				
5g. Additional time provided for assessments (exams, tests)				
5h. Assistance during assessments (e.g. note taker, sign language interpreter)				
5i. Child receives support from a Teacher Aide				
5j. School staff provide education to the child at home				
5k. Other				
5l. Other				

Other Information

Q6) Does the student have an Individual Education Plan (IEP)? Please circle: Yes / No / Not yet, but we plan to develop one

Q7) Any other comments, including additional information related to the child's disability, or to education supports required.
If you feel that the situation or needs of this child are not adequately captured in the above information, please describe his or her situation and additional requirements.

Q8) What are the student's strengths/capabilities and interests?

Recommendations and Follow-up required

Q9) Please record: Recommendations and follow-up actions required, including any referrals required (and who is responsible for the action)

Student Learning Profile – Part 2: Clinical, Diagnostic and Treatment Information

Please record any clinical, diagnostic and treatment information. *Please use multiple rows to include ALL conditions.*

This section should only be completed if there have been assessments by doctors, therapists, audiologists, vision specialists, or other medical services.

A. Clinical Condition / Diagnosis (e.g. Cerebral palsy, Autism spectrum disorder, Profoundly hearing impaired, etc.)	B. Year of diagnosis	C. Name of practitioner or service that made the diagnosis	D. Copy of report attached?	E. Services received for this condition	F. Approx. date of service	G. Is there a need for further services for this condition? Please name as many as required.	H. Results from services. This column should be completed when student has attended or received services in Column G.

Appendix 3: School Accessibility and Inclusion Assessment form

School accessibility and inclusion assessment form

School Accessibility and Inclusion Assessment form

The form should be completed by the School Management Committee with the Head Teacher, and where possible with the involvement of students with disabilities and their parents. Participation by representatives from a Disabled Persons Organisation may be helpful to conduct the School Accessibility Assessment. You can look up Fiji Disabled Persons Federation on Facebook for contact details of your nearest group.

School: _____

Form completed by: _____ Date: _____

Accessibility of infrastructure and transport

GENERAL	Yes or No	If not, what plans are there to increase accessibility?
Is the road leading to the school accessible to a student in a wheelchair, including during the rainy season?		
Are there steps leading up to the main entrance?		
If yes, is there a proper ramp in good condition usable by a person in a wheelchair?		
Is the main entrance to the school wide enough for a person in a wheelchair to enter?		
Is the main assembly area accessible to students with disabilities?		
Is the first aid / sick room accessible to students with disabilities?		
Is the library accessible to students with disabilities?		
Are recreational areas accessible to students with disabilities?		
Signage (tactile markers, clear signs): Are children with seeing and hearing difficulties able to navigate independently and safely around the school?		
Emergency situations: In the school policy and procedures, are students and staff with disabilities specifically considered?		
WATER, SANITATION AND HYGIENE		
Are toilets accessible to boys and girls with physical disabilities? (ramp access, hand rails)		
Are hand-washing facilities accessible for boys and girls with physical disabilities? (taps & soap within reach)		
Is drinking water accessible to boys and girls with disabilities?		
BUILDINGS	Number	
1 st Building – site plan label: _____		
Number of storeys		
Number of storeys that are accessible to students with physical disabilities (ramps or elevators)		
Number of classrooms		

School accessibility and inclusion assessment form

Number of classrooms accessible to students with physical disabilities		
2 nd Building – site plan label: _____		
Number of storeys		
Number of storeys that are accessible to students with physical disabilities (ramps or elevators)		
Number of classrooms		
Number of classrooms accessible to students with physical disabilities		
3 rd Building – site plan label: _____		
Number of storeys		
Number of storeys that are accessible to students with physical disabilities (ramps or elevators)		
Number of classrooms		
Number of classrooms accessible to students with physical disabilities		
4 th Building – site plan label: _____		
Number of storeys		
Number of storeys that are accessible to students with physical disabilities (ramps or elevators)		
Number of classrooms		
Number of classrooms accessible to students with physical disabilities		
TRANSPORT		
Please tick and/or describe how children with physical or sensory disabilities get to and from school?		<input type="checkbox"/> School bus is adapted and accessible <input type="checkbox"/> School bus is not adapted, but physical assistance is provided by other people <input type="checkbox"/> Private vehicle or taxi <input type="checkbox"/> Other: _____
SPECIAL MATERIALS OR EQUIPMENT	Yes / No / Not needed	High quality = 1, Average quality = 2, Low quality = 3
Does your school have a sufficient quantity of these materials for the students who need them?		
Braille books		
Audio books (child listens to CD, tape, etc.)		
Hearing loop (for people with hearing aids)		
Modified furniture		
Assistive devices for gripping (e.g. for pencils)		
Computer screen readers		
Large, easy-to-read signage		

School accessibility and inclusion assessment form

Disability inclusion activities

Please provide details on **whole school disability screening programs** run by external agencies, which have been run within the last 12 months (e.g. Project Heaven, Ministry of Health)

Type of screening program	Screening done: Yes / No	Date(s) of screening	Who conducted the screening?	Which classes were screened?
<input type="checkbox"/> Vision				
<input type="checkbox"/> Hearing				

Please provide details of **disability activities** that have been conducted within the last 12 months?

Type of awareness activity	Date(s) of activity	Who conducted the activity?	Audience / recipients of the awareness activity (including number of people attending)
<input type="checkbox"/> Parent education sessions at the school			
<input type="checkbox"/> Student awareness activities (general student body)			
<input type="checkbox"/> Community awareness activities in the village / community			
<input type="checkbox"/> Awareness / training for teaching staff at the school			
<input type="checkbox"/> Other: <input type="checkbox"/>			
<input type="checkbox"/> Other: <input type="checkbox"/>			
<input type="checkbox"/> Other: <input type="checkbox"/>			

Please provide details of **specialist staff** available to support disability-inclusive education.

Type of specialist	Frequency of availability (please circle)
<input type="checkbox"/> Braille specialist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Sign language interpreter	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Physiotherapist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Speech therapist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Occupational therapist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Audiologist / audiometrist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Educational psychologist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Special education visiting specialist	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Maternal child health (ECE age children)	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Other:	Weekly / Monthly / Every 3 months / Every 6 months / Once a year
<input type="checkbox"/> Other:	Weekly / Monthly / Every 3 months / Every 6 months / Once a year

Individual Education Plans (IEPs)

Does the school use IEPs for students with disabilities? Yes / No

Involvement of parents/guardians of students with disabilities

Does the School Management Committee include at least one parent of a student with disability?

Yes / No

School accessibility and inclusion assessment form

School disability inclusion policy

Does the School have a Disability Inclusion Policy, or a Policy that specifies actions for including children with disability? Yes / No

What is the date of the most recent update/revision of the Policy? __/__/__

Inclusion activities for out-of-school children with disabilities

Children with Disabilities NOT Attending School

Record the details of any children you know of in your school's catchment area or local community who are unable to attend school due to a disability or impairment. Record only those children of Primary School age.

Child's name	Place of residence (locality)	Age	Sex	Areas of difficulty functioning**

** vision, hearing, speaking, gross motor, fine motor, intellectual, behavioural, emotional

Tick and/or describe what activities are undertaken to engage with children with disabilities who are out-of-school?

- Teachers visit the children's home at least monthly to provide school work and teaching
- Teachers meet with parents to discuss options for attending school
- Other: please describe as many actions as are undertaken:

Please write anything else the school would like to communicate to the Ministry of Education related to inclusion of children with disabilities:

Appendix 4: Notice to teachers at the start of each year

FEMIS data – Student Learning Profile

Date: Beginning of the school year

Dear Teacher,

Do you have students who have difficulties with:

- seeing
- hearing
- moving (gross and fine motor)
- speaking
- learning
- behavior/socialization
- emotions?

Or, students who consistently perform very poorly in assessments and class activities (this will help provide information on children who *may* have learning disabilities)?

The MoE requires you to complete a Student Learning Profile for these children. Please find this form on the student's FEMIS page, on the tab named "Function/Disability" (both electronic and for download and printing).

Note – this form is not required for children who do not meet these criteria.

You can complete a paper copy of the form (also available from the Head Teacher's office) and then submit this to the staff person responsible at the school for entering FEMIS data. Alternatively, you can login to FEMIS and enter the data on your own student directly.

Instructions and guidance for completing the SLP are available in Section 1 of the FEMIS Disability Disaggregation Package, available online on the Ministry's website under School Resources, Special & Inclusive Education Resources. Or located in hard copy in your school's Toolkit on Disability-Inclusive Education box.

For children who had a Student Learning Profile form completed the previous year, it is important that you review the child's function and complete a new form by the end of Term 1 of each year, including updating any clinical assessments or treatment that have happened since the last data entry.