

GET SET FOR LIFE



HVB GLOBAL ACADEMY

SPECIAL EDUCATION NEEDS (SEN)  
POLICY

Department of Counseling

## **MEMBERS OF THE LEARNING SUPPORT GROUP**

HVBGA Principal

Section Heads

SEN Coordinator (CAIE)

School Counselor

Special Educator

Teachers

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## **PURPOSE**

The purpose of this document is

To ensure that all the students are given the equal opportunities of learning, that all the students irrespective of their disabilities are able to reach their true potential of learning

Communicate to all stakeholders the CAIE community – administrators, teachers, students, and parents – the systematic expectations for creating and maintaining an inclusive educational environment for all learners as required by CAMBRIDGE.

Outline the various accommodations and support opportunities that are available to students and teachers.

## **MISSION STATEMENT**

### **HVB Global Academy**

To offer a meaningful, globally connected and comprehensive educational programme to its students regardless of personal circumstances, so as to empower them to explore and develop their natural curiosity.

### **Cambridge Assessment International Examinations**

CAIE prepares school students for life, helping them develop an informed curiosity and a lasting passion for learning.

Our mission is to deliver world-class international education through the provision of curricula, assessment and services. They are committed to extending access to the benefits of high-quality education around the globe.

Cambridge programmes and qualifications are carefully designed to engage the learners and give them solid foundations to achieve high levels of academic and personal attainment.

## **LEARNER PROFILE**

**learners strive to be:**

**Inquirers:** They develop their natural curiosity. They acquire the skills necessary to conduct inquiry and research and show independence in learning. They actively enjoy learning and this love of learning will be sustained throughout their lives.

**Knowledgeable:** They explore concepts, ideas and issues that have local and global significance. In so doing, they acquire in-depth knowledge and develop understanding across a broad and balanced range of disciplines.

**Thinkers:** They exercise initiative in applying thinking skills critically and creatively to recognize and approach complex problems, and make reasoned, ethical decisions.

**Communicators:** They understand and express ideas and information confidently and creatively in more than one language and in a variety of modes of communication. They work effectively and willingly in collaboration with others.

**Principled:** They act with integrity and honesty, with a strong sense of fairness, justice and respect for the dignity of the individual, groups and communities. They take responsibility for their own actions and the consequences that accompany them.

**Open-minded:** They understand and appreciate their own cultures and personal histories, and are open to the perspectives, values and traditions of other individuals and communities. They are accustomed to seeking and evaluating a range of points of view, and are willing to grow from the experience.

**Caring:** They show empathy, compassion and respect towards the needs and feelings of others. They have a personal commitment to service, and act to make a positive difference to the lives of others and to the environment.

**Risk-takers:** They approach unfamiliar situations and uncertainty with courage and forethought, and have the independence of spirit to explore new roles, ideas and strategies. They are brave and articulate in defending their beliefs.

**Balanced:** They understand the importance of intellectual, physical and emotional balance to achieve personal well-being for themselves and others.

**Reflective:** They give thoughtful consideration to their own learning and experience. They are able to assess and understand their strengths and limitations in order to support their learning and personal development.

## **THE PHILOSOPHY OF INCLUSIVE EDUCATION**

***“Inclusion is an ongoing process that aims to increase access and engagement in learning for all students by identifying and removing barriers”***

Inclusion can only be successfully achieved in a culture of collaboration, mutual respect, support and problem solving. The inclusive environment is effective, friendly and welcoming, healthy and protective, and gender-sensitive for all learners. Inclusion is the learner profile in action, an outcome of dynamic learning communities. It is more about responding positively to each individual’s unique needs, which is less about marginalizing students because of their differences.

HVBGA celebrates diversity by appointing the staff and admitting the students irrespective of their diversity (in culture, caste, disabilities, religion, economic status, etc) and providing an integrated inclusive education for all the students admitted in the school. Hence, HVBGA supports diversity on the grass root level and takes small steps to deal with the global problem of discrimination and marginalization. The teachers also empathize with the differences among the students, design conducive learning and teaching methodology to serve the students’ specific learning needs, as well as, provide access arrangements to the children with Special Educational Needs during assessments.

In order to be internationally minded and interculturally aware, diversity is considered as a positive resource in HVBGA.

Moreover, inclusion is enhanced in the school with the establishment of the counseling department. Counseling department plays an integral part of the education system, as it is a resource for support and guidance. The counseling department ensures mental wellbeing for the students, teachers and parents, as it is believed that, there is no health without mental health.

Inclusive education systems strive to empower learners, celebrate diversity, reduce exclusion, and combat discrimination, and are seen as central to the achievement of high quality education for all learners, which helps in the development of more inclusive societies. It also demands for quality and

empathic teachers who cater to the needs of all the students in the classroom. Inclusive education entails the provision of meaningful learning opportunities for all students within the regular school system, and therefore requires strategies that cater for naturally diverse learning styles of all students, whilst accommodating the exceptional learning needs of some students. Hence the teachers are trained in including all the students in the process of learning and timely guidance is provided to help them implement their learning in the classroom.

The counseling service is also available for the teacher to help them cope with the difficulties they face as teachers. In the counseling session they are introduced and oriented about the therapeutic literature that could help them in dealing with students in class. These theories are of multiple intelligences, Arts Based Therapy, Rational Emotive Behavioral therapy, classroom management skills, presence of aptitudes and abilities among the students, learning styles and other study skills. Moreover, teachers are equipped with the age-appropriate developmental information of the students they cater and ways of tolerating the frustrations in the classroom, school and their family in the healthy way (*refer appendix 1: Teachers Interaction Forms No. 17 and the section on The Process of Identification and Accommodation of the Students with SEN*)

Preventing discrimination in education can also help to ensure that society can tackle discrimination more broadly (*Inclusive Education for Children with Disabilities - global campaign for education and handicap international*).

### **The Indian Government Policy**

The inclusive education programme in HVBGA also goes in line with the resolution of the government of India on inclusive Education. The Sarva Shiksha Abhiyan (SSA) is Government of India's flagship programme for achievement of Universalization of Elementary Education (UEE) in a time bound manner, as mandated by 86th amendment to the Constitution of India making free and compulsory Education to the Children of 6-14 years age group, a Fundamental Right. SSA is being implemented in partnership with State Governments to cover the entire country. SSA seeks to provide quality



elementary education including life skills. SSA has a special focus on girl's education and children with special needs.

Barrier Free Access (BFA) for children with special needs in SSA, refers to universal access for all children and adults within the schools. This should not be limited only to buildings and physical infrastructure, but also extend itself to curriculum and teaching learning processes. This is particularly relevant in the context of children with special needs because they have a variety of learning needs which need to be addressed. General guidelines include access to the physical environment as well as access to the curriculum and the teaching environment. Whereas the access to the physical environment mainly takes care of the children with orthopedic impairment as well as visual impairment, access to the curriculum and teaching learning environment is particularly important for children with visual impairment, hearing impairment, intellectually challenged, children with cerebral palsy and children with multiple disabilities.

Hence the SEN policy of HVBGA also goes in line with the Government of India Inclusive Education guidelines.

## **SEN POLICY IN HVBGA**

## **Definition**

Inclusion and acceptance of all students with or without Special Educational Needs (SEN), in the process of learning and assessment in the school and

Increase learning and engagement of all students with or without SEN by identifying and removing the barriers of learning

## **Students with SEN**

The generic term “special educational needs” (SEN) has been adopted since it caters for the wide spectrum of need along a continuum that encompasses cognitive, social, emotional and physical development.

Also, according to the **Cambridge Assessment International Examinations**, although some candidates cope with the learning demands of a course and demonstrate attainment in the skills being assessed they still face unnecessary barriers when it comes to the standard assessment.

Such barriers may result from:

- a permanent or long-term disability or learning difficulty
- a temporary disability, illness or indisposition
- the immediate circumstances of the assessment.

## **A student has specific educational needs (SEN) if she/he:**

- Has a significantly greater difficulty in achieving the age appropriate milestones.
- Has a disability which prevents or hinders the student from making use of an educational facility.
- Has a temporary disability, illness, indisposition, or the immediate circumstances of the assessment.

## **Candidates eligible for inclusive assessment arrangements are those with individual or special needs such as:**

- **learning disabilities (LD):** A learning disability results from an impairment in one or more of the psychological processes related to

learning. These difficulties are likely to be resistant to intervention and will persist into adulthood.

### **The Different Types of Specific Learning Disabilities**

- o **Dyslexia:**  
A specific learning disability that affects reading and related language-based processing skills.
- o **Dysgraphia:**  
A specific learning disability that affects a person's handwriting ability and fine motor skills.
- o **Dyscalculia:**  
A specific learning disability that affects a person's ability to understand numbers and learn math facts.
- o **Dyspraxia:**  
A specific learning disability that is a brain-based condition that makes it hard to plan and coordinate physical movement. Children with dyspraxia tend to struggle with balance and posture.
- o **Non-Verbal Learning Disabilities**  
A disorder which is usually characterized by a significant discrepancy between higher verbal skills and weaker motor, visual-spatial and social skills.
- o **Visual Perceptual/Visual Motor Deficit**  
  
A disorder that affects the understanding of information that a person sees, or the ability to draw or copy. A characteristic seen in people with learning disabilities such as Dysgraphia or Non-verbal LD, it can result in missing subtle differences in shapes or printed letters, losing place frequently, struggles with cutting, holding pencil too tightly, or poor eye/hand coordination.
- **Specific learning difficulties:** For some students, the barrier which hampers their learning may be only temporary. Some students may have missed a great deal of school and others may not have received

appropriate instruction in reading. There are many reasons why a child or adult may struggle to learn. The generic term “Learning Difficulties” refers to the students who exhibit problems acquiring academic skills as a consequence of a range of causes. These include: intellectual disability, physical or sensory deficits (e.g. hearing impairment), emotional or behavioral difficulties, and inadequate environmental experiences. Students may also display learning difficulties if they have not been provided with appropriate educational opportunities or have received ineffective instruction in the classroom. Individuals with a primary difficulty in maintaining attention and concentration are also likely to show weaknesses in academic achievement due to their difficulties in attending to the learning environment. The learning difficulties associated with a Specific Learning Disability cannot be attributed to the causes listed above.

- **Communication and Speech Difficulties:** Speech, language and communication difficulties is a term which encompasses the range of communication problems from developmental delay to acquired disorders. In some cases there may be a medical background which affects normal development of speech, language and communication for example; neurological damage, hearing impairment, cleft palate, or there may be severe social restrictions on the opportunities to develop language. However, in the vast majority of cases there is no specific reason for the pupil's failure to use speech and language to communicate effectively.
- **Autism Spectrum Disorders:** Symptoms of autism spectrum disorder (ASD) vary from one child to the next, but in general, they fall into two areas:
  - Social impairment, including difficulties with social communication
  - Repetitive and stereotyped behaviors.

Children with ASD do not follow typical patterns when developing social and communication skills. In some cases, children with ASD may seem different very early in their development. Even before their first birthday, some babies become overly focused on certain objects, rarely make eye contact, and fail to engage in typical back-and-forth play and babbling

with their parents. Other children may develop normally until the second or even third year of life, but then start to lose interest in others and become silent, withdrawn, or indifferent to social signals. Loss or reversal of normal development is called regression and occurs in some children with ASD.

- **Social, emotional and behavior challenges:** Children with emotional or behavioral disorders are characterized primarily by behavior that falls significantly beyond the norms of their cultural and age group on two dimensions: externalizing and internalizing. Both patterns of abnormal behavior have adverse effects on children's academic achievement and social relationships.
  
- **Multiple Disabilities and/or Physical, Sensory, Medical or Mental Health Issues:** Children with multiple disabilities will have a combination of various disabilities that may include: speech, physical mobility, learning, mental retardation, visual (low vision and partially blind), hearing, brain injury and possibly others. Along with multiple disabilities, they can also exhibit sensory losses and behavior and or social problems. Children with multiple disabilities will vary in severity and characteristics. These students may exhibit weakness in auditory processing and have speech limitations. Physical mobility will often be an area of need. These students may have difficulty attaining and remembering skills and or transferring these skills from one situation to another. Support is usually needed beyond the confines of the classroom. There are often medical implications with some of the more severe multiple disabilities which could include students with cerebral palsy and severe autism and brain injuries. There are many educational implications for these students. The term *multiple disabilities* is general and broad. From the term, you can't tell :
  - how many disabilities a child has;
  - which disabilities are involved; or
  - how severe each disability is.

Many combinations of disabilities are possible. For example, one child with multiple disabilities may have an intellectual disability and deafness. Another child may have cerebral palsy and autism.

The different disabilities will also have a *combined* impact. That's why it's also important to ask: How does the **combination** of these disabilities affect the child's learning, balance, use of the senses, thinking, and so on? The answer will help parents and involved professionals decide what types of support and services the child needs now and in the future.

Any reasonable adjustments for a particular candidate pertaining to his or her unique needs will be considered. These unique needs can be – short term intense emotional discomfort because of the death of a parent/family member/ relatives/ friend, exposed to the community violence –riots, bomb blasts, separation / divorce of parents, change of residence, medical condition (diabetes, cancer,etc)of a students, terminal illness of the close family member, recently exposed to severe sexual or physical abuse.

## **THE PROCESS OF IDENTIFICATION AND ACCOMMODATION OF THE STUDENTS WITH SEN**

- 1) **Teachers and parents awareness:** Making the teacher and parents aware about the SEN policy and inclusive education is regarded as an important step towards inclusion. The SEN coordinator and the counselor have designed ways of interacting with the parents and teachers.
  - a) They meet the parents during the PTM in the beginning of the year (*refer Form 2.Orientation Meeting With Parents*) and interact with parents whenever required (*refer Form No 18. Parents' Interaction Form*).
  - b) The SEN co-ordinator and the counselor meet all the teachers in the beginning of the year (*refer Form1 Orientation Meeting With Teachers*) and have a (grade wise) once a month meeting with each teacher in small groups (*refer, Form No. 19. Group Teachers' Interaction Form*) They may meet teachers in the individual session for discussing the difficulties of any student referred to the counseling department (*refer, Form No.17. Individual Teachers' Interaction Form*).

In the group meeting with the teacher and parents, organized in the beginning of the year, the counselor does not only create awareness about the process of identification to accommodation of students with SEN, but also make them aware about the following:

Teachers and parents are oriented about

- i) the importance of SEN policy/Inclusive Education Policy in the school
- ii) the definition of child's environment – constituting of teachers and parents
- iii) the importance of teachers' and parents' role (teachers' and parents' feeling, thinking and behavior) on the overall development of the child
- iv) Making the parents and teachers aware about the various causes of academic under achievements, behavioral problems of students in the class and necessity for special education needs among the students.

- v) The importance and process of observations and identification of the at-risk students in the classroom and at home, respectively.
- vi) the limitations or the barriers of learning that the students with SEN experience
- vii) the necessary steps taken to reduce the barriers of learning and to accommodate the students with SEN in the class
- viii) The necessary arrangements require to help the students with SEN reach their true potentials during assessments in the school
- ix) Necessity of working as a team (parents, teachers, counselor, special educator, coordinator and Principal) for helping and supporting the students with SEN in the school.
- x) The usage of the term *at-risk SEN* for students who are not formally diagnosed with specific special education needs by the psychologist (school counselor). The school counselor informs the teachers whether the students has SEN

## 2) Observations

- i) **Observations of the students by the teachers:** The teachers are provided with the observation guidelines to observe each student in their respective class (*refer Appendix: 2*). The observation checklist (*refer Form No. 3. Observation Checklist*) is presented to the teachers for each student for identifying the students with at-risk SEN (that is, with academic underachievement, evident physical disability, visual or auditory impairment, behavioral or emotional disturbances)
- ii) The teachers make a list of students who have low academic performance in the previous academic year, as well as gather information about students from the previous year's class teacher/home room teacher.
- iii) With the help of the observation guidelines, the teachers may observe each student in their respective class for consequently 2 months and make relevant notes in the observation checklist. The homeroom teacher must collaborate with the respective subject teachers to complete the observation checklist.



iv) makes use of the notes made during the meetings with the counselor for enhancing the observations

v) The teacher refers to the discipline book, the first academic achievement of the present academic year, and puts the necessary inputs in the observation checklist.

**b) Observations of the students by the parents:** parents are made aware about the age appropriate developmental changes among the children, the importance orienting children's personal safety, about cyber safety, about understanding the nature of academic performance of the child, etc. With this orientation the parents are in a better position to observe the changes in the daily routine, sleeping patterns of the children, changes in the appetite of the children, the play time, etc. the parents are provided with the referral forms if they want to refer their children for counseling service. (*Refer Form No.5. Counseling Referral Form (Parents)*)

### **3) Identifying and referring the students with SEN:**

**a) Identifying and referring the students with SEN in the class by teachers:**

i) If a teacher suspects any child with at-risk SEN, he/she may bring it in the notice of the counselor as well as that of the respective section head with the help of referral form (refer Forms No. 4,5, 6).

ii) The teachers may interact with student and/or parents personally before referring the student to the counselor

**iii)** The teachers must refrain themselves from using the above mentioned information for personal benefit (gossiping), from getting bias toward the student in the class, from calling the student with names/labels (LD kid, ADHD kid or a dumb, stupid, etc), must treat the student's information as confidential, must not disclose the information with other teachers, parents or students.

**b) Identifying and referring the students with SEN by parents:** the referral forms are made for the parents to refer their children for counseling. The same is communicated to the parents during the meeting in the beginning of the year. The parents place an appointment with the counselor, drop in the referral form and brief the counselor about the problems faced by their child. The counselor then follows the similar

process of gathering information, diagnosing and providing intervention to the students referred (refer the same in detail below).

4) **Diagnoses:** With an intention to help the child get better in coping with his/her difficulties, the counselor must diagnose (identify) the specific difficulties experienced by the child and recommend the necessary intervention. Identifying the difficulties is the diagnosis of the problem faced by the child.

a) **Gathering Information:** It is the duty of the counselor to check for the causes of the problem experienced by the child and plan the steps of intervention for the child. Hence the counselor gathers the relevant information like medical history, the developmental history of the child, personality of the child, home and family background of the child, by interacting with parents (*refer Form No. 18. Parents' Interaction Form and Form NO. 3 Case History Form*). The information about classroom behavior, the teachers perspective of the child's personality, the relationship with peers, the ways of interaction of the child with the teacher, the classroom management of the teacher, the learning difficulties if any that are experienced by the child, is taken in to consideration through classroom observation (part of the anecdotes of the counselor), through interactions with teachers (*refer FormNo. 17. Individual Teachers' Interaction Form*) and classmates.

b) **Evaluations:** The counselor evaluates the observations as well as the data collected and diagnoses the difficulty faced by the referred student. That is, the counselor checks whether the student referred with at-risk SEN truly has SEN - whether the student has a significantly greater difficulty in achieving the age appropriate milestones or has a disability which prevents or hinders the student from making use of an educational facility (*refer students with SEN section*). The child may show a misbehavior or low academic performance consistently for six months or more than 6 months, due to various reasons like

i) The home environment

ii) The school environment

- iii) Emotional disturbances
  - iv) Physical or mental health
  - v) Neurological difficulties
- c) Referring the students to the professionals: The counselor will evaluate the nature of the difficulty and may refer to the professionals outside school. Whenever necessary, the counselor will refer the students with difficulty for psycho-education to the authentic clinical psychologist (with RCI registration and with authentic practice in the field of mental health) (*refer Form No. 14. Professionals' Feedback Form*).
- d) Interpreting and analyzing the reports: The counselor may analyze and interpret the psycho-educational assessment reports and checks whether the referred student meets the DSM-IV diagnostic criteria for exceptional needs or mental disorders (that is, whether the child is LD, any cognitive /intellectual disability, sensory difficulty, autism, personality disorder, etc )
- 5) **The Interventions:** on the basis of the information gathered, the diagnoses, the specific environment that the child is experiencing, the SEN coordinator and the counselor plan the student's need for specific intervention and communicate the same with teachers, parents and principal. The intervention are in the form of the following
- a) Counseling or therapy for the student:  
After taking into consideration all the data collected about the child, the counselor will decide whether the child requires long term therapy sessions or short term counseling sessions. The same is documented in the session record sheets used by the counselor (*refer Form No. 8. Individual Session Record Sheet*).
  - b) Interaction with parents:  
The counselor may organize the meeting with parents and discuss the nature of the problems, the necessary (behavioral) steps to be taken by the parents and change in the home environment if any to help the child

cope better with the difficulties experienced (refer Form No. 18. Parents' Interaction Forms).

c) Interactions with teachers:

The counselor and SEN co-ordinator will discuss the nature of the problem experienced by the child and will recommend necessary inclusive assessment arrangements (specifying authorization, if required) for the referred student with SEN to the respective teachers (all subjects teacher- during the weekly meetings. *(Refer the first point of the Process of Identification and Accommodation of Students with SEN)* The teachers will also be made aware about the developing a positive classroom climate conducive to support the learning of all students (reference- Meeting student learning diversity in the classroom). The coordinator will make the teachers aware about factual and procedural knowledge when teaching SEN students, such as (reference- Meeting student learning diversity in the classroom):

- i) information about factors that affect a student's learning, particularly with regard to inquiry-based learning
- ii) how best to respond to the student's needs in the class

d) Interactions with peers:

The counselor will assign other students as peer counselors for the student with SEN. The peer counselor would help the student cope with the academic demands as well as the emotional support for the student with SEN in the class. Also the other students in the class will be sensitized about the SEN, the differences in the learning style that every child in the class will have.

e) Referring the student to the Learning Support Group:

The student with SEN who faces difficulties specifically with academics can be referred to the in-house special educator after school at a minimal cost. The individual learning plan is design for the students with SEN by the remedial teacher (*refer - Developing individual learning plan*) and the updates about the child's progress in learning will be communicated to the respective parents, by the SEN coordinator, counselor and remedial teachers together in the collaborative meeting (*refer, Form No 11 & 13.*

*IEP Planning Meeting & IEP Review Meeting, respectively*) twice a year after every six months

f) Referring the student to the professional outside the school:

The students with SEN who need extra help in the other areas of functioning will be referred to the other professionals outside school. These professionals can be - Occupation therapist, psychiatrist, developmental pediatric, pediatric neurologist, physio- therapist, speech therapist, etc. A written understanding about their recommendations and services provided to the student with SEN, (*refer Form no. 14 Professionals' Feedback Form*) will be requested. Whenever necessary the counselor will invite the professional for the collaborative meeting with the teachers and parents for the betterment of the student with SEN

g) Access arrangements for the SEN:

The SEN coordinator will submit the necessary forms and documents using the online system. After the approval from CAMBRIDGE, the coordinator will inform the Principal, parents, and the counselor about the approved access arrangements for the SEN during the assessments (exams) as well as refer the SEN to in-house Learning Support Group.

6) **Documentations:** The counselor will document the above mentioned analysis, the students with SEN individual case file, parents and teachers interactions reports (*refer- Documentation and communication*) and will report the SEN co-ordinator and the Principal about

a) the specific difficulties or diagnosis,

b) recommendations by the clinical psychologist,

c) necessary Inclusive assessment arrangements required

\*The Principal as well as the management will be in the loop through-out the process of SEN policy.

## **THE ACCESS ARRANGEMENTS**

At HVBGA, the SEN policy is the same for both Cambridge ASSESSMENT International Examinations (CAIE). However, the process of authorization for access arrangements will depend on the specific criteria prescribed by the respective education programmes. The process of identification and accommodation of the student with SEN in the class for both the curriculum program is the same.

Access arrangements are pre-exam arrangements, made on the behalf of a candidate with particular needs for example, the use of a scribe, modified papers or extra time. *(1.2.1, Cambridge Handbook-2015, International, pdf)*

### **CAIE Curriculum**

HVBGA strictly follows the guidelines prescribed by the CAIE, for providing the access arrangements to the students from Grade 1 to 8. For the students appearing for the Checkpoint examinations and IGCSE, HVBGA follows the criteria prescribed by CAIE specifically for Checkpoint examinations and IGCSE.

Access arrangements are pre-exam arrangements made on behalf of a candidate with particular needs, for example, the use of a scribe, modified papers or extra time. There are three different groups of access arrangements, each with their own application form and set of deadlines.

The 3 groups are:

1. **Access Arrangements:** school must get permission to use these arrangements

2. **Center-delegated Access Arrangements:** School needs to notify Cambridge if a student needs it
3. **Modified Papers:** school needs to apply for these in advance of the exams

*(It is important to read section 1.2 of the Cambridge Handbook to understand each type of access arrangement and the principles Cambridge applies when approving them.)*

### **Administrative forms**

To apply for the access arrangements, the CIE coordinator will use the relevant forms and follow the guidance notes on the form. HVBGA as an Associate Centres must submit their completed forms to the Cambridge Associate. The Head of Centre or the Cambridge Associate, in the case of Associate Centres, will sign the form before it is submitted. Cambridge may not be able to accept applications if it is sent to them after the deadline, especially if the student requires modified papers.

*Forms available from the 'Exams officers' section of the Cambridge website [www.cie.org.uk/examsofficers](http://www.cie.org.uk/examsofficers)*

- Access Arrangements: Preparation – Form 1
- Modified Papers: Preparation – Form 3
- Centre-Delegated Access Arrangements: Preparation – Form 4

### **For the students appearing for the Checkpoint and IGCSE examination,**

#### **Access arrangements (non-delegated):**

The CIE coordinator must send supporting medical or psychological evidence with an application. The application and the supporting evidence must be in English. Friends and relatives of the candidate should not supply any of the supporting evidence. Where this is unavoidable the HVBGA Principal must countersign and authorize the evidence. When access arrangements application forms arrive, an experienced member of the Compliance team reviews the application, if necessary in consultation with subject experts,

according to the criteria set out in section (1.2.4 of the *Cambridge Handbook, 2015- pdf*).

Cambridge will review all applications on an individual basis. The application must come from the Centre making the entry. They cannot accept applications from the candidate. If Cambridge has approved the application it is up to the SEN coordinator, the counselor and the principal, to decide whether the candidate needs to use the approved arrangements in all the requested assessments as they may not require the same degree of assistance in every subject.

When the student with SEN is using any of our Centre-delegated access arrangements the coordinator must follow the regulations for using each one set out in section (1.2 of the *Cambridge Handbook, 2015- pdf*) and notify Cambridge using 'Preparation – Form 4' by the deadlines

### **Centre-delegated access arrangements**

The coordinator should take the following into account when deciding on whether to use any delegated access arrangements:

- the candidate's normal ways of working and any arrangements they use in the classroom
- the candidate's performance in internal assessments, such as mock exams
- any previous difficulties the candidate has experienced in relation to taking assessments and any lasting effects from those difficulties.

The counselor and the coordinator must keep on file all evidence relating to the candidate's needs so you can justify the use of any Centre-delegated access arrangements.

When Cambridge gives permission for a candidate to use a scribe/writer or if a transcript is provided, a completed copy of the relevant form will be attached to the candidate's script/transcript.

### **Modified papers**

The coordinator must send Cambridge the modified papers application by the deadlines. If the application does not reach Cambridge before the deadline, they would not be able to provide the modified papers to the candidate.



<b>Group 1: Access arrangements (non-delegated)</b>	<b>Group 2: Centre-delegated access arrangements</b>	<b>Group 3: Modified papers</b>
Reader including a computer reader and reading pens	Extra time up to 25 per cent (not permitted in syllabuses where time is the focus of the exam)	A3 unmodified
Scribe	Word processor	A4 18 point bold (modified)
Practical Assistant	Supervised rest breaks	Braille
Extra time over 25 per cent	Separate invigilation	Language modified (carrier language)
Voice-activated software (for example, JAWS, which acts as a reader and/or scribe)	Transcript	Transcript of listening CDs
Alternative accommodation (for example, candidate's home or hospital)	Prompter	Tactile diagrams
Coursework extensions	Reading aloud	Coloured paper
Cards used by prompters (we need to approve the cards before you use them)	Coloured overlays	
Exemptions from speaking and Listening	Visual aids, for example, magnifying glasses	
Other arrangements: see section 1.2.16	Color naming	
	Simple translation dictionaries – if permitted by the syllabus	
	Live speakers (for use with a transcript of the listening paper for the hearing impaired)	

### **Emergency access arrangements**

The SEN coordinator can apply for access arrangements for temporary disabilities, for example, if one of your candidates breaks their arm before the exam, the coordinator must get Cambridge Associate's approval before using

any access arrangements. The coordinator can do this by emailing or telephoning Cambridge Associates straight away. They will then discuss the most appropriate access arrangements, give the coordinator verbal approval and ask him/her to submit the relevant form. State the arrangements that were agreed on the form and send it to Cambridge Associate together with the candidate's medical certificate as soon as possible. If it is not possible to contact Cambridge Associate before the exam takes place, the Principal should decide on the day whether to use access arrangements for the temporary disability. If this does happen, then the coordinator may complete and send the relevant form along with the candidate's medical certificate as soon as possible.

### ***Cambridge Handbook 2015 (International) 1 Preparation***

For the students appearing for CIE grade 1 to 8 (excluding the Checkpoint and IGCSE), the SEN coordinator and the counselor are responsible for providing the access arrangements to the students with SEN. For the provisions of access arrangements, the SEN coordinator and the counselor may strictly follow the criteria prescribed by Cambridge for the Checkpoint and IGCSE examinations (refer- *Cambridge Handbook 2015 (International) 1 Preparation pdf and how to apply for access arrangements-pdf*).

### **Evidence and information required**

- The following supporting documentation must be submitted (uploaded) with the online *Request for inclusive assessment arrangements*:
  - **medical/psychological/psycho-educational documentation** (translated into English) and
  - **at least one piece of educational evidence.**
- The purpose of the educational evidence is to show that the access requested has been the candidate's usual way of participating in classroom activities and tests. Examples of educational evidence include: anecdotal observations from the school such as records or correspondence from a class teacher; a learning support/inclusion coordinator or school counselor
  - an individualized educational plan (IEP)
  - samples of the candidate's work (for example, showing unsuccessful work owing to lack of access or successful work owing to access given);

the work submitted, which needs only be in one subject, must be work that has been written in English, French or Spanish

- evidence of correspondence or records from a previous school where the candidate was
- enrolled and whether the assessment arrangement was used.

## **DOCUMENTATION AND COMMUNICATION**

**Documentation and communication of the learning support process:**

The process of documentation and communication is based on the record keeping guidelines of APA 2002b. These guidelines are designed to educate psychologists and provide a framework for making decisions regarding professional record keeping.

The process of record keeping involves consideration of ethical standards, and other external constraints, as well as the demands of the particular professional context. The psychologist may balance them appropriately.

The school counselor follows these guidelines that are intended to assist him/her in making the above mentioned decisions.

Based on the needs of the students and community of HVBGA, an accommodative system of documentation is put into practice, where all the stakeholders are kept up to date about the progress of students with SEN.

#### **BASIC CONSIDERATIONS:**

*“Individual Student Contact Sheet” (Form No. 7)* is a separate sheet in the beginning of every folder for all students referred to the counselor. It would be the basic sheet of “official documentation” and any additional notes are anecdotal records which are counselor’s personal notes. The anecdotal notes are not to be shared with any one. Having one basic documentation sheet for each student could be photocopied and turned into a Vice-principal or the principal and that the counselor could keep additional anecdotal notes on separate pages of *“Individual Session record sheet”(Form No.8 )*, also stored in the student’s folder.

The counselor keeps “anecdotal notes,” which are separate from the student’s permanent record, and kept in folders in the counselor’s private filing cabinet. Only the counselor has access to these files and only a special educator is allowed to see the part of them upon request for using the information for remediation. For instance, if a parent asks to see a counselor's notes, the counselor is not allowed to (or required) to grant that request.

#### **ANECDOTAL NOTES:**

The counselor's records are considered "anecdotal notes," as they are the counselor's personal interpretations and perceptions hence are not to be shown to anyone, under any circumstances. If the counselor physically shows his/her notes to any other person, the notes become public property and can no longer be considered confidential, so anyone can see. Even if the counselor is subpoenaed, the counselor must take the notes with him/her and read from them in court, but not to visually show them or turn them over to anyone.

The case history details (*refer Form No. 9. Case History Form*) of the student is also regarded as a confidential document like the anecdotal notes as it included very sensitive and private information about the students' medical, family, academic, birth etc, background.

However, when the anecdotal notes are maintained, the counselor would consider including a simple, one-page summary of the time spent with a particular student, which he/she could refer to, or even make copies of, if a parent or the Principal or Vice Principal requested the information.

It is essential to keep documentation of every student the counselor meets, as well as more specific and detailed notes (anecdotes) in situations where safety or legality is a concern.

The counselor needs to keep track of every student he/she sees every day. This record is very helpful when the counselor needs to notify parents, the principal, or the school nurse about something, or make a police report. Moreover this basic documentation of every student the counselor meets can be a very important document for statistical purposes or accountability. This is made in the form of a list of all students the counselor sees, which he /she can then turn into principal, and can create a separate form that can be photocopied and turned in periodically. This is like keeping the vast majority of the counselor's documentation very brief, and save the detailed note-taking for the times it's actually needed "*Form No. 15 Record of All Students Seen.*"

Document about parent contacts is also important in cases where the counselor or the coordinator wants to notify parents about a safety issue or another touchy or controversial issue involving their child. Track of parent contacts is

kept in the student's individual folder. Also a small log of all the parents who visited the counselor is made.

*(refer Form No.16 Parent Contact Log)*

### **WHEN TO GET MORE DETAILED:**

When the counselor is keeping anecdotal records, there are certain situations where h/she will want to take more detailed notes, usually on a separate page from your basic summary. These are typically the times when student safety is in question, or there may be legal involvement, and you are required to notify parents, Principal, the school nurse or the police, about something a student has told you. These situations will most often include the following:

- Any question of a student's safety being at risk
- Self-harm (such as cutting, eating disorders, etc.) or suicide attempt or plan
- Threats of violence or harm to others, particularly at school
- Drugs or weapons on campus; some off-campus drug use
- Abuse or suspected abuse
- Suspected or confirmed pregnancy
- Sexual activity between minors and adults (even with consent)
- Harassment, bullying, or discrimination
- Cheating, stealing, etc., particularly at school
- Custody battles (because of potential legal involvement)
- Angry or volatile parents in most any situation
- Any other situation that the counselor feels uneasy about - better safe than sorry!

### **Transferring and Disposing the Records**

In anticipation of unexpected events, such as an onset of the disability, death, or involuntary withdrawal from practice, the psychologist has a disposition plan in which provisions are made for the control and management of the records by another psychologist. Such records must not be accessed by other school authorities or professionals but only by the newly hired psychologist. In other

circumstances, when the psychologist plans in advance to leave employment, close a practice, or retire, the same arrangements may be made or the psychologist may wish to retain custody and control of client records till the time the HVBGA hires a new psychologist.

In such times of transition (e.g., separation from work, relocation, death), client/student records are accorded special treatment of transferring and disposing the records (the APA, Ethics Code (Standards 6.01 and 6.02)). The transfer plan plays an important role in the counseling system as such a plan provides continuity of treatment and preservation of confidentiality. It requires the school counselor to read all the case notes along with detailed orientation of the client and of the SEN policy, to the new counselor. The old counselor would decide whether to handover the custody of the session notes to the new counselor or instead would prepare a simple one page summary of the detailed case study for each student, which would include the times spent with the child, the diagnoses if any, the difficulties experienced by the student, the areas of priority for intervention, the access arrangements if any, the ILPs and the planned counseling or therapeutic interventions for the child. If the counselor is planning to handover the session notes to the new counselor a prior consent from the client (student, parents) for transporting of the records must be made for the same. That is, in some circumstances, the psychologist may consider a method for notifying clients about changes in the custody of their records. This may be especially important for those clients whose cases are open or who have recently terminated services.

The disposition plan refers to the method of destroying the records. Considerations of record confidentiality are critical when planning for the same. For example, in transporting records to be shredded, the psychologist may take care that confidentiality of the records is maintained. Some examples of this effort might be accompanying the records through the disposal process or establishing a confidentiality agreement with those responsible for records disposal. When considering methods of record destruction, the psychologist seeks methods, such as shredding, that prevent recovery. (<http://www.apa.org/practice/guidelines/record-keeping.aspx>)

#### **DOCUMENTING ON THE COMPUTER:**

Documenting the anecdotal records on a computer that is owned by the school is unsafe as it is a part of a bigger network and may be accessed by others. Hence the counselor could hand write the notes and keep them in a locked filing cabinet. ***Documenting on a computer is a huge violation of ethics and confidentiality (APA 2002b, record keeping guidelines, guidelines no. 6, 9, 13)***

However, the counselor can consider documenting a few notes about the students on the computer in order to notify the Principal, parents, concerned teachers and the Vice Principal like the record of all students seen form or documenting a brief about the student with difficulties which can be very general and minimal. Ethically, informing students and parents about this computerized documentation system is important –they have a right to know in advance who will have access to their records.



# **INDIVIDUAL LEARNING PLAN (ILP)**

## **Individual learning Plan (ILP)**

When the student with SEN is referred to the Learning Support Group the Individual Learning Plan (ILP) is designed for the child. The ILP can include the individual Education Plan (IEP), the therapeutic goals if any, the plan for parents to work on at home, the strategies the teachers will be implementing the class (*refer Form No. 10. Individual Learning Plan*).

## **Determining Which Students Require an IEP**

The Individual Education Plan provides direction about who should and who should not receive an IEP. It states that the SEN co-ordinator and counselor must ensure that an IEP is designed for a student with special education needs as soon as the child is identified with special education needs.

The policy indicates three circumstances where an IEP for a student with special education needs is necessary:

- the student with special needs requires more than just minor adaptations to educational materials, or instructional or assessment methods
- the student with SEN is not able to perform to his/her true potential because of the difficulties
- the student with special needs is working on the regular outcomes and receives 25 hours or more of remedial help from someone other than the classroom teacher to meet the expected learning outcomes

Some students, although not identified as having a special need, may require adaptations and remedial help from someone other than the classroom teacher. It is not a requirement that these students have an IEP. In this case, it is good practice to put in place a learning plan to document specific needs of these students (this can be done by the counselor with the help of the special educator).

## **Developing Individual Education Plan (IEP)**

The IEP is designed by teachers (special educators and classroom teachers) involved in implementing Individual Education Plans (IEPs) for the student with SEN. An IEP is a documented plan developed for a student with special needs that summarizes and records the individualization of a student's education program, which involves evaluating, planning and implementing the plan. The IEP is usually designed to focus on the necessary academic skills required for coping with the current academic demands of the student. These basic academic skills can be – reading skills, reading comprehension skills, mathematical reasoning, mathematical computation, written expressions, handwriting skills, eye hand coordination etc. (*refer Form No. Individual Education Plan*)

An IEP provides accountability for:

- individualized goals (e.g., reading skill, reading comprehension, written expression, etc)
- the means to achieve these goals (e.g., SQR technique, mnemonics, etc)
- additional services (e.g., OT, Brain Gym, etc ) and how they will be delivered (e.g., worksheets, games,)
- responsibility for various aspects of the IEP (the goals to be reached by various stages of IEP)

An IEP assists teachers in monitoring student growth and progress. It provides an ongoing record to assist with continuity in programming and transition planning. It guides the implementation of learning support services inside or outside the classroom to align the educational program with the needs of the student. Development of an IEP may be undertaken by a special educator and one teacher in consultation with parents, a small group or an expanded team, depending on the complexity of the student's needs. The size of the IEP team depends on the complexity of the student's needs

An IEP team might include any of the following participants:

- special educator
- teacher(s)
- SEN coordinator
- school counselor

- community specialists (if any like OT therapist, speech therapist)
- parent(s) or legal guardian
- the student, if appropriate

*The IEP process, involves a dynamic cycle of planning, monitoring and evaluating*

An IEP may set out a blend of adaptations, modifications and inclusion in the regular curriculum. Program areas in which a student is following the course or subject curriculum outcomes without any adaptations or modifications do not need to be included in the IEP. Many students require only minor adjustments to the learning outcomes, which can be documented in a one-page IEP. Students with more involved needs require detailed and comprehensive plans. For students with complex special needs who require a significantly different educational program, several goal areas may need to be addressed. Although the IEP content in these cases may be lengthy, focusing on the key aspects of the plan will keep it manageable.

## **IEP Report**

### **Reviewing**

The purpose of an IEP review is to help determine the appropriateness and effectiveness of the IEP, share information about student progress and help identify effective strategies in preparation for transitions. Effective practice suggests more frequent reviews, for example, as part of the reporting cycle. This enables important adjustments throughout the school year. The special educator conducts two IEP reviews with the duration of 6 months. The second review is regarded as an annual review. An annual IEP review does not mean that a whole new IEP is developed; rather, information about a student's progress is discussed to determine whether strategies are effective, goals or objectives have been achieved and to plan for next steps. (*refer Form No. 11. IEP Planning Meeting, Form No. 12. Individual Education Plan & Form No. 13. IEP Review Meeting* )

Key components of an IEP review include:

- involvement of the parent and (where appropriate) the student

- examination of assessments and discussion of observations by team members
- consideration of problems and concerns of IEP team members
- revision of goals, objectives, strategies, services and materials
- identification of priorities for the next instructional period
- referrals for new assessments and services
- recording of the next IEP review date

Conducting an IEP review every 6 months of the school year will help provide continuity for a student transitioning to the next grade, school or to adult life. Consider involving the student, where appropriate, in at least part of the IEP review to share his or her achievements and to participate in planning.

### **Reporting**

Progress reports, which is the IEP review made by the special educator, provide a snapshot of how the student is progressing toward his or her educational goals, those identified in the IEP and/or those for the course, subject or grade. Reports should be objective, concise and free of jargon.

## **THE SALIENT FEATURES OF THE POLICY**

- An inclusive environment at HVBGA is effective, friendly, welcoming, healthy and sensitive.
- This policy ensures that curriculum planning and assessment for students with special educational needs takes account of the type and extent of the difficulty experienced by the student.
- The policy provides support to teachers by improving and refining teaching skills to teach students with diverse needs
- The policy ensures collaborative problem-solving and strength-based approach in the classrooms as well as in the school on the whole.
- All students have full access to the school curriculum
- Labeling the children with the SEN is forbidden
- Ensuring access assessments for the students with SEN

- Individual progress of the student with SEN is regarded as the main indicator of success
- Addresses a need without being judgmental about it
- Providing students with quality, substantive feedback so that students have a clear picture of their learning.

## **ESSENTIAL AGREEMENT FOR THE SEN POLICY**

It is the responsibility of the coordinator to ensure the success of the Special Needs Policy review. The SEN policy will be reviewed every year, through collaborative discussions and meetings that will be held among the coordinator, counselor, special educator, Vice Principal and Principal, who are involved in the SEN procedures.

## **APPENDIX 1 FORMS**

Form 1	Orientation Meeting With Teachers
Form 2	Orientation Meeting With Parents
Form 3	Observation Checklist
Form 4	Counseling Referral Form (Teachers)
Form 5	Counseling Referral Form (Parents)
Form 6	Self-Referral Form
Form 7	Individual Student Contact Sheet
Form 8	Individual Session Record Sheet
Form 9	Case History Form
Form10	Individual Learning Plan
Form11	IEP Planning Meeting

Form12	Individual Education Plan
Form13	IEP Review Meeting
Form14	Professionals' Feedback Form
Form15	Record of All Students Seen
Form16	Parents' Contact Log
Form17	Individual Teachers' Interaction Form
Form18	Parents' Interaction Form
Form19	Group Teachers' Interaction Form

**Form 1**



**ORIENTATION MEETING WITH TEACHERS**

Teachers attending the orientation meeting in the beginning of the academic year \_\_\_\_\_ on date \_\_\_\_\_ at time \_\_\_\_\_

Sr. No.	Name Of The Teachers	Grade	Signature







accurate picture of the student’s performance, it may be necessary to observe the student more than once, in different settings and at different times of the day.

**Directions:** First identify the area(s) of concern for the student. Behavior around each identified area is where you will focus your observation. During the observation place a check mark next to the behaviors that are observed within each domain that correlates with the noted areas of concern. Note, however, these checklists are not exhaustive. In the notes section, write any additional observed behavior, including strengths, which may be relevant to the student’s evaluation.

Check area(s) of concern	
___ Oral Expression	___ Written Expression
___ Basic Reading Skills	___ Reading Comprehension
___ Reading Fluency Skills	___ Listening Comprehension
___ Mathematics Problem Solving	___ Mathematics Calculation

**Language** (Oral Expression, Basic Reading Skills, Reading Comprehension, Listening Comprehension)

- Age Appropriate
- Has difficulty modulating voice (i.e., too soft, too loud)
- Uses vague, imprecise language and has a limited vocabulary
- Demonstrates slow and halting speech, using lots of fillers (i.e., uh, um, and, you know)
- Uses poor grammar or misuses words in conversation
- Confuses words with others that sound similar
- Inserts malapropisms (‘slips of the tongue’) into conversation (i.e., a rolling stone gathers no moths; he was a man of great statue)
- Has difficulty understanding instructions or directions
- Has difficulty with pragmatic skills (i.e., understands the relationship between speaker and listener, stays on topic, gauges the listener’s degree of knowledge, makes inferences based on a speaker’s verbal and non-verbal cues)

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Reading** (Basic Reading Skills, Reading Comprehension, Reading Fluency Skills)

- Age Appropriate
- Frequently loses place while reading
- Confuses similar-looking words (i.e., beard, bread)
- Demonstrates poor memory for printed words
- Has weak comprehension of ideas and themes

- Reads slowly
- Guesses at unfamiliar words rather than using word analysis skills
- Substitutes or leaves out words while reading
- Dislikes and avoids reading or reads reluctantly

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Written Language (Written Expression)**

- Age Appropriate
- Writing is messy and incomplete, with many cross-outs and erasures
- Uses uneven spacing between letters and words, and has trouble staying 'on the line'
- Copies inaccurately (i.e., confuses similar-looking letters and numbers)
- Spells poorly and inconsistently (i.e., the same word appears differently other places in the same document)
- Has difficulty proofreading and self-correcting work
- Fails to develop ideas in writing so written work is incomplete and too brief

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Math (Math Calculation, Math Problem Solving)**

- Age Appropriate
- Has difficulty learning strategic counting principles (i.e., by 2, 5, 10, 100)
- Poorly aligns numbers resulting in computation errors
- Has difficulty estimating quantity (i.e., quantity, value)
- Has difficulty with comparisons (i.e., less than, greater than)
- Has trouble telling time
- Has trouble conceptualizing the passage of time
- Has difficulty counting rapidly or making calculations
- Has trouble interpreting graphs and charts

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Social Emotional (All Areas)**

- Age Appropriate
- Does not pick up on other people's mood/feelings (i.e., may say the wrong things at the wrong time)
- May not detect or respond appropriately to teasing
- Has difficulty 'joining in' and maintaining positive social status in a peer group
- Has trouble 'getting to the point' (i.e., gets bogged down in details in conversation)
- Has difficulty dealing with group pressure, embarrassment and unexpected challenges

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attention (All Areas)**

- Age Appropriate
- Fails to pay close attention to details or makes careless mistakes in schoolwork or other activities
- Has difficulty sustaining attention in work tasks or play activities
- Has difficulty organizing tasks and activities
- Loses things consistently that are necessary for tasks/activities (i.e., toys, school assignments, pencils, books, or tools)
- Is easily distracted by outside influences
- Is forgetful in daily/routine activities

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Gross and Fine Motor Skills (All Areas)**

- Age Appropriate
- Has limited success with games and activities that demand eye-hand coordination (i.e., piano lessons, basketball, baseball)
- Grasps pencil awkwardly, resulting in poor handwriting

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other notes or observed behavior**

- Age Appropriate
- Confuses left and right
- Finds it hard to judge speed and distance (i.e., hard to play certain games, drive a car)
- Trouble reading charts and maps
- Is disorganized and poor at planning
- Often loses things
- Is slow to learn new games and master puzzles
- Has difficulty listening and taking notes at the same time
- Has difficulty generalizing (applying) skills from one situation to another

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teachers signature and date

Counsellor's signature and date

**Form 4**



**COUNSELING REFERRAL FORM (TEACHERS)**

*Please complete one form per student referral. Each student will be seen as soon as possible and in the order of seriousness/urgency.*

*Thank you for your cooperation.  
School Counselor*

-----  
Date: \_\_\_\_\_  
I wish to refer student \_\_\_\_\_ from (Std/Div) \_\_\_\_\_ to you, as the child is facing difficulties in:

- Academics: \_\_\_\_\_
- Behavior: \_\_\_\_\_
- Social Skills: \_\_\_\_\_
- Other (daydreaming... etc): \_\_\_\_\_

Have communicated with the parents about \_\_\_\_\_

Attempts made by me to help the child in the class \_\_\_\_\_  
 \_\_\_\_\_

Kindly check the difficulties of this student and let me know the nature of his/her difficulties.

Regards

Teacher's name and signature

Vice Principal's Signature

**Form 5**



**COUNSELING REFERRAL FORM (PARENTS)**

*Please complete one form per student referral. Each student will be seen as soon as possible and in the order of seriousness/urgency.*

*Thank you for your cooperation.  
 School Counselor*

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I wish to refer my ward \_\_\_\_\_ from (Grade) \_\_\_\_\_ to you, as the child is facing difficulties in: \_\_\_\_\_ Date: \_\_\_\_\_

- Academics: \_\_\_\_\_
- Behavior: \_\_\_\_\_
- Social Skills: \_\_\_\_\_
- Other (daydreaming... etc): \_\_\_\_\_

Have communicated with the teachers about \_\_\_\_\_

Attempts made by me to help the child at home \_\_\_\_\_

Kindly check the difficulties of this student and let me know the nature of his/her difficulties.

Regards

Parents' name and signature

**Form 6**



**SELF-REFERRAL FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

What would you like to talk to the Counsellor about?

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**Form 7**



**INDIVIDUAL STUDENT CONTACT SHEET**

Name of the Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School Year: \_\_\_\_\_

Home room teacher/class teacher: \_\_\_\_\_



Address: \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Home/Work/Cell Phones: \_\_\_\_\_

Additional Info: \_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

**Form 8**



*Counsellor's confidential copy*

**INDIVIDUAL SESSION RECORD SHEET**

**Date:** \_\_\_\_\_

**Name of the student:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Session No: \_\_\_\_\_

School Counselor: \_\_\_\_\_

**Summary of the Discussions**

**Form 9**



*Counsellor's confidential copy*

**CASE HISTORY FORM**

**I. Personal Details:**

Name of the child: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Class/ Grade:** \_\_\_\_\_  
**Res. Address:** \_\_\_\_\_

**Contact Numbers:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

**Other Doctors that provide care to this child**

Name	Specialist	Problem
_____	_____	_____
_____	_____	_____
_____	_____	_____

**II. Family:**

	Father	Mother	Siblings		
Name					
Age					
Education					
Occupation					
History of speech, Language, or hearing problems (If yes please explain further)					

**Marital status of the parents:** together/separated/divorced/single

**Age of parents during marriage:** Father \_\_\_\_\_ Mother \_\_\_\_\_

**Type of Marriage:** Inter caste marriage / consanguineous:

**Type of family:** Nuclear/Joint/Extended

**How many members live with the child and what is their relation with the child:**

\_\_\_\_\_

\_\_\_\_\_

**Have there been any of the following major changes in the family during the last year?**

\_\_\_ Change of address    \_\_\_ accident or illness    \_\_\_ divorce/ marriage

\_\_\_ Parent separation    \_\_\_ death of a family member    \_\_\_ birth/adoption

**Is there a family history of any of the following?**

	<b>Family Member</b>		<b>Family Member</b>
Hearing Loss	_____	alcoholism	_____
Speech problem	_____	seizure disorder	_____
Prematurity	_____	delayed motor development	_____
Blindness low	_____	birth weight	_____
Educational- Difficulties	_____	School Dropouts:	_____
Drug use	_____	other	_____
Does anyone in the home smoke? Yes	_____	No	_____

### **III. Birth History**

#### ***Pre- Natal:***

**Age of Mother during pregnancy:** \_\_\_\_\_

**Mother's health during pregnancy:** Hypertensions, thyroids, debates, spotting, bleeding, mental pressure, anemia, malnutrition, malaria, jaundice, rubella, BP, etc

**Specify if any other illness during pregnancy:** \_\_\_\_\_

#### ***Natal:***

**Type of Delivery:** \_\_\_\_\_

**If premature, reasons for prematurity & premature with how many days or months:** \_\_\_\_\_

**Birth cry (if late, how much late):** \_\_\_\_\_

**Birth weight:** \_\_\_\_\_

**Anything unusual about the condition of the infant at birth:** Blue baby / lack of oxygen / convulsion / RH Problems / Breathing Difficulties / Head Injuries / other (describe) \_\_\_\_\_

#### ***Post Natal***

**Any Illness:** Jaundice / Convulsions / High Fever / Severe Diarrhea / History of any head injury or any other illness

### **IV. Developmental History:**

**Has your child had any feeding difficulties?** \_\_\_\_\_

**Your child was breastfed for how many years?** \_\_\_\_\_

**Did your child have difficulty gaining weight as an infant:** Yes/No

**At approximately what age did your child achieve the following motor milestones?**

Crawling: \_\_\_\_\_ Sitting alone: \_\_\_\_\_ standing: \_\_\_\_\_ walking alone: \_\_\_\_\_  
babbling: \_\_\_\_\_ speaking words: \_\_\_\_\_ sentences: \_\_\_\_\_  
Eye contact \_\_\_\_\_ Social Skills: \_\_\_\_\_  
**Your child was toilet trained at the age of \_\_\_\_\_**  
**Handedness:** left / right / ambidextrous \_\_\_\_\_

**V. Medical History:**

**Any serious illness / injury:** \_\_\_\_\_  
**Other describe:** \_\_\_\_\_  
**Child's present health:** \_\_\_\_\_

**VI. Play behaviors:**

**Which activity seems to hold your child's attention for the longest and shortest period of time respectively?**

\_\_\_\_\_

**Whom does your child prefer to play with?**

mother \_\_\_\_\_ father \_\_\_\_\_ brother/sister \_\_\_\_\_  
self \_\_\_\_\_ other child \_\_\_\_\_ other adult \_\_\_\_\_

**Your child is friends with the children of :** the same age/ older than /younger than to his/her age group.

**VII. Use of Technology:**

**Use of electronic gadgets:** Yes/ No

**The number of electronic gadgets the child uses:** \_\_\_\_\_

**The average numbers of hours spend with the electronic gadgets:** \_\_\_\_\_

**What is the average time the child spends in watching television everyday:** \_\_\_\_\_

**Name the programs watched by the child on the television:** \_\_\_\_\_

\_\_\_\_\_

**VIII. Personality:**

**What are the child's chief interests:** \_\_\_\_\_

**How often does he exhibits the following characteristics (put a tick)**

Nervous _____	sleeping problems _____	
bed wetting _____	thumb sucking _____	
nightmares _____	nail biting _____	
destructive _____	temper tantrums _____	
co-operation _____	eating problems _____	
happiness _____	stealing _____	explosive
behaviors _____	daydreaming _____	
shyness _____	aggressive _____	



Grade: \_\_\_\_\_

Referred for: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

### The learning Plan

Teachers
Parents
Other professionals
Counseling / therapy session

SEN Coordinator: (Signature) \_\_\_\_\_

Counselor: (Signature) \_\_\_\_\_

### ***Form 11***



## **IEP PLANNING MEETING**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Grade: \_\_\_\_\_

Faciliatators: \_\_\_\_\_

Strengths

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Needs

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Goals and Objectives

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Strategies

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Participants Name and Signature

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**Form 12**



## INDIVIDUAL EDUCATION PLAN

Student's Name \_\_\_\_\_ Date \_\_\_\_\_



Grade: \_\_\_\_\_

Strengths
Needs
Objectives
Strategies
Expected Outcome

Special Educator's Name & Signature: \_\_\_\_\_

Coordinator's Name & Signature: \_\_\_\_\_

**Form 13**



## IEP REVIEW MEETING

Student's Name: \_\_\_\_\_ Date \_\_\_\_\_

Grade: \_\_\_\_\_

Faciliatators: \_\_\_\_\_

Signs of Progress:

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Concerns:

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Revised Goals and Objectives:

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Revised Strategies:

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Participants Name and Signature:

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**Form 17**



**INDIVIDUAL TEACHER'S INTERACTION FORM**

Name of the teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Grade she/he teaches: \_\_\_\_\_

Subjects she/he teaches: \_\_\_\_\_

Session No. \_\_\_\_\_

Topics discussed in the session:

Teacher's Signature:

Counsellor's Signature

**Form 18**



**PARENTS' INTERACTION FORM**

Name of the Student: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of the guardians/parents: \_\_\_\_\_

Session No. \_\_\_\_\_

Topics discussed in the session:






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## **APPENDIX: 2**

### **OBSERVATION GUIDELINES**

#### **Tip Sheet for Maximizing Classroom Observations**

Observe students' learning in a continuous, systematic, planned and open manner throughout the school year.

Obtain descriptive information on a student's learning at a point in time that shows how the student is progressing towards a learning outcome or specific intervention.

Communicate with the student to encourage him or her to take further risks in the classroom.

Use observation to encourage greater time on-task, which correlates highly with achievement.

Repeatedly observe a site-specific inappropriate behavior or pattern of behavior to determine whether or not it may be a barrier to learning.

Determine whether the inappropriate behavior occurs in a variety of learning settings (e.g., mathematics class at 9:20 a.m. compared with observations made in environmental studies class conducted after lunch).

Approach the students' learning of a task without bias in terms of personal perceptions of, or reaction to, possible inappropriate behaviors. Be as specific and as objective – non-judgmental, possible.

Know what you want to observe, and design a framework to maximize information that will help enhance student learning. Observations should be factual, and include data that teachers can readily manage and use immediately

after the observation period. Limit how many things you observe at the same time.

Set specific outcome targets in advance. For example, you may choose to observe the frequency of social interaction during a specific group activity.

### **Types of Common Observation Methods**

There are a number of common observational methods, including the following.

*Duration recording*—recording how much time a student spends demonstrating a behavior of concern (e.g., talking to others, rocking on a desk) or a behavior to be encouraged (e.g., on-task behavior). Observers should try to record the duration as precisely as possible.

*Checklists and rating scales*—checklists typically involve noting whether or not a particular characteristic is present or absent, while rating scales involve noting the degree to which the characteristic is present or how often a specific behavior occurs. Many checklists and rating scales may be developed locally or found in published resource manuals

### **Observation in different environments**

One strategy for classroom assessment is an ecological assessment. This process involves observing and assessing the student's functioning in the classroom and in other environments to learn how different environments or activities affect the student's performance. Consider the following sample questions to help direct an ecological assessment.

Where does the student experience the most difficulty?

Where does the student experience the least difficulty?

What is expected of the student in each environment or activity?

What differences exist in the physical environment, instructional and assessment methods, materials, staffing ratio, activities, rules and routines where the student has the most and least difficulty?

What are the implications for instructional planning?

Are there changes that can be made to the learning environments that will enhance the student's performance?

### **Observing inappropriate behaviors**

Consider the following types of questions when making observations of inappropriate behaviors.

*How often have I observed a particular behavior?*

Consider frequency and consistency (e.g., of time and duration) to help determine how much of a barrier a particular off-task or inappropriate behavior might be.

*Do particular behaviors seem to occur randomly or is there a pattern?*

Consider whether or not the behaviors are observed only during specific tasks or activities, subjects, times of day, days of the week. A pattern of situation-specific observations is different from observations made across situations.

*Are behaviors intense enough that they interfere with learning tasks?*

Consider that students may demonstrate inappropriate behavior when approaching new tasks. Those who have particular difficulty learning new things will take longer and may need more time to "catch on"; or they may need a different view of approaching the new task before they understand it.

### **Observation Guide to Reading**

When observing a student's reading, you may want to check for the following.

Does the student use any pre reading activities, e.g., look at title, look at pictures, skim the page?

Does the student hesitate to begin?

Does the student appear comfortable reading? Is the student easily frustrated?

Do the student's eye or head movements suggest a lot of backtracking when reading?

Does the student squint or keep the book close to his or her face?

Does the student use a finger or pencil for tracking?

Does the student have difficulty with basic reading skills: sight vocabulary, decoding skills?

What types of words are recognized/not recognized?

What aspects of decoding are difficult for the student?

What does the student do when encountering a word he or she doesn't know: Substitute another word? Sound it out? Skip it?

Are miscues grammatically correct? For example, if the student misreads a word, is it the proper tense?

Does the student leave out or change words?

Is the student reading for meaning?

Does the student replace the correct word with a different word that maintains meaning or one that looks similar but has a different meaning?

Are words read in a monotone, without intonation?

Are words phrased appropriately?

Does the student self-correct without prompting?

Taken from: Alberta Education. (2006). *Individualized program planning (IPP): ECS to grade 12*. Chapter 5: Using classroom assessment to support the IPP process. Edmonton, AB: Alberta Education

