



DEPARTMENT OF EDUCATION

# **INDIVIDUAL EDUCATION PLAN (IEP) TEACHER'S GUIDE:**

## **ADDITIONAL GUIDELINES AND RESOURCES**



**PNGAus Partnership**

# Table of Contents

<b>Forms for the IEP Teachers Guide</b>	<b>3</b>
Inclusive Education Resource Centre (IERC) Referral Form	4
IERC Teacher's Guide Template 1: Whole Child Checklist	7
IERC Teacher's Guide Template 2: Quick Individual Education Plan	11
IERC Teacher's Guide Template 3: Individual Education Plan (IEP) Document	14
IERC Teacher's Guide Template 4: Record of Frequency of Achievement of IEP Goals	27
<b>Screening Forms</b>	<b>28</b>
Assessment for Learners who are Deaf and Hard Of Hearing	29
Assessment for Learners with Vision Impairment	31
Assessment for Social Participation	33
Assessment for Learners with Physical Impairment	34
Assessment for Learners with Severe or Multiple Disabilities	36
Assessment for Speech and Communication Impairment	38
Assessment for Learning Difficulties	40
Assessment for Intellectual Disability	46
<b>Lesson Plan Examples</b>	<b>52</b>
Lesson Plan for IEP	53
IEP Lesson Plan for Learners in Mainstream Schools	54
<b>Documents for Parents</b>	<b>55</b>
Parent Interview Form	56
Initial Parent Interview Checklist	58
<b>Referral Forms</b>	<b>60</b>
Parent Consent Form 1 (Referral to IERC)	61
Parent Consent Form 2 (Permission to Use Photos and Personal Information)	62
Medical / Health Services Referral Form	63
<b>Checklists for Teachers</b>	<b>64</b>
Basic Accessibility Checklist for Teachers	65
Checklist for Reviewing a Learner's Social Participation and Transition Strategies	67
<b>Developing Long &amp; Short Term Goals</b>	<b>69</b>
<b>Universal Design for Learning (UDL)</b>	<b>72</b>
<b>The Road to School</b>	<b>75</b>
Acknowledgement	77
Introduction	78
Step 1: Preparing the Community	79
Step 2: Identifications	83
Step 3: Preparing the Family	86
Step 4: Setting a Meeting Time	88
Step 5: Looking at the Child's Needs	92
Step 6: Ongoing Support – Case Management Plans	94
Step 7: Child is in School	98

# FORMS FOR THE IEP TEACHERS GUIDE



# Inclusive Education Resource Centre (IERC) Referral Form

IERC REFERRAL FORM			
Assessment / Referral date: _____ / _____ / _____			
Personal Details			
Child's name:		Address:	Province:
Age:	Date of birth: _____ / _____ / _____	Community:	District:
Name of school:		School grade:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		School address:	
Parent / Carer's name:		Parent / Carer's phone number:	
Doctor's name: (if they have one)		Doctor's phone number:	
Screening			
Has the student been screened using the Whole Child Checklist?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", is a copy of the completed screening attached to this form?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Medical history			
What is the main reason for referral to IERC / health clinic?			
Are there other medical / health concerns? (Please list)			
How is the child's general health?			
Please list how this health issue/s affects the child functionally at home:  Does the child use aids or equipment to help them manage at home? List.  Does the child need help to manage at home?			

## IERC REFERRAL FORM

### Has medical assistance been provided?

What:

Where:

When:

By whom?

Did this help the child?

If not why not?

Is a referral for a medical assessment also needed now?

(Please complete referral if required)

### Social history

Who does the child live with at home?

Please list.

Who is the child's main carer?

Do any other members of the family have similar health issues?

YES

NO

Please specify: \_\_\_\_\_

How does the child get to school?

Does the child have any problems at home?

YES

NO

Please specify: \_\_\_\_\_

Does the child eat before they come to school?

Do they need equipment to manage at home?  
What equipment?

YES

NO

Please specify: \_\_\_\_\_

Has the consent form been completed?

YES

NO (please complete)

## IERC REFERRAL FORM

### Reason for referral

The child is being referred for :

- Community Based Inclusive Development (CBID)
- Assessment / screening. Please specify:  
\_\_\_\_\_
- Vision training: pre-Braille; Braille
- Orientation and mobility training
- PNGSL training
- Physiotherapy
- Learning difficulties
- Gross motor training
- Fine motor training
- Other. Please specify:  
\_\_\_\_\_  
\_\_\_\_\_

### Referral

Name of person referring:

Name of organisation:

Address of organisation:

Contact details:

Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ADDITIONAL DOCUMENTS

Whole child screening	Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
Signed consent form	Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO

# IERC Teacher's Guide Template 1: Whole Child Checklist

Use this simple checklist to quickly screen children you are concerned about. Fill in as much information as you can. Don't worry if there are sections you are not sure about – you can contact your IERC if you need further assistance.

WHOLE CHILD CHECKLIST			
Child's name:		School:	
Teacher:		Grade:	
Age:		Date of assessment: _____/_____/_____	
Has the child repeated a grade?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the student often absent?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have the parents / carers been consulted?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Medical history (if relevant)			
Social or family history (if relevant)			
Hearing difficulties	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision difficulties	<input type="checkbox"/> YES <input type="checkbox"/> NO
Movement difficulties	<input type="checkbox"/> YES <input type="checkbox"/> NO	Learning difficulties	<input type="checkbox"/> YES <input type="checkbox"/> NO
Speech & language difficulties	<input type="checkbox"/> YES <input type="checkbox"/> NO	Behaviours difficulties	<input type="checkbox"/> YES <input type="checkbox"/> NO

## AREAS OF DIFFICULTY

Area	Difficulty	X
Hearing	Says words incorrectly	
	Does not respond when spoken to	
	Has difficulty hearing & often asks you to repeat instructions	
	Complains of sore ears or runny ears	
	Unable to follow more than one instruction	
	Other: _____	
Vision	Has difficulty seeing things on the chalkboard	
	Has difficulty seeing things close up (like words in a book)	
	Squints or strains to see	
	Red or runny eyes	
	Cannot see different colours	
	Other: _____	
Movement		
Gross motor	Difficulty walking & running	
	Difficulty balancing & walking in straight line	
	Difficulty jumping & climbing	
	Clumsy & lack of coordination	
	Missing limb	
	Other: _____	
Fine motor	Difficulty using hands to dress, eat, drink	
	Difficulty holding a pen to write or scissors to cut	
	Difficulty stringing beads or putting small stones in a jar	
	Difficulty colouring between lines or drawing straight lines	

## AREAS OF DIFFICULTY

Area	Difficulty	X
Learning		
Reading	Reading level is lower than age group	
	Unable to identify or sound letters	
	Difficulty reading from left to right	
	Unable to explain a story	
	Difficulty answering questions about a story they have read	
	Other: _____	
Writing	Difficulty tracing letters, shapes and lines	
	Difficulty copying letters, shapes and lines	
	Writes letters backwards	
	Poor handwriting for age group	
	Poor spelling for age group	
	Other: _____	
Maths	Difficulty counting to 10	
	Reverses numerals ( $\frac{6}{9}$ )	
	Difficulty naming & matching common shapes	
	Difficulty understanding time & measurement	
	Struggles with problem solving	
	Other: _____	
Speech & language	May know the name of the object but is unable to say it	
	Limited vocabulary and uses simple sentence structure	
	Has difficulty following spoken instructions	
	Says common words incorrectly	
	Hard to understand what they are saying	
	Stutter	
	Lacks confidence to speak	
	Other: _____	

## AREAS OF DIFFICULTY

Area	Difficulty	X
Behaviour	Difficulty making friends	<input type="checkbox"/>
	Gets frustrated easily	<input type="checkbox"/>
	Low self-confidence & gives up easily	<input type="checkbox"/>
	Verbally or physically aggressive (yells)	<input type="checkbox"/>
	Disruptive (calls out, distracts others)	<input type="checkbox"/>
	Cannot sit still	<input type="checkbox"/>
	Messy and untidy	<input type="checkbox"/>
	Tired and listless	<input type="checkbox"/>
	Other: _____	<input type="checkbox"/>

Additional comments	
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<i>Does the child need a quick IEP?</i>	<b>IEP needed:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If a child has three or more areas ticked in any section, they may need further assessment or support from an IERC.</i>	<b>Referral to IERC:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>Parental consent:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

# IERC Teacher's Guide Template 2: Quick Individual Education Plan

Use this quick IEP for children who need extra support after you have screened them with the Whole Child Checklist.

QUICK IEP			
Student Name		Parents / Caregiver Names	
Age		Parent / Guardian Phone Number	
Grade			
Teacher		Date of screening	_____/_____/_____
Referral to IERC?		Date IEP starts	_____/_____/_____
<b>What challenges are causing the child to struggle in school?</b>			
<input type="checkbox"/> External Factors <input type="checkbox"/> Does not attend school regularly <input type="checkbox"/> Parents not supportive of education <input type="checkbox"/> Facing difficult situation at home <input type="checkbox"/> Child is often sick or unhealthy <input type="checkbox"/> Other: _____		<input type="checkbox"/> Individual Challenges <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Movement <input type="checkbox"/> Speech and language <input type="checkbox"/> Learning <input type="checkbox"/> Behaviour <input type="checkbox"/> Other: _____	
<b>What are the child's strengths?</b>			
<input type="checkbox"/> Interested in learning <input type="checkbox"/> Completes homework <input type="checkbox"/> Good at listening <input type="checkbox"/> Helps others <input type="checkbox"/> Active in extra-curricular activities		<input type="checkbox"/> Interested in art / music <input type="checkbox"/> Takes responsibility <input type="checkbox"/> Reads for fun <input type="checkbox"/> Makes friends easily <input type="checkbox"/> Other: _____	

## WHAT STRATEGIES ARE YOU USING TO HELP THE CHILD?

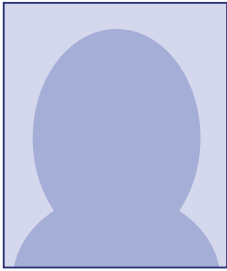
Strategies for vision difficulties	Strategies for hearing difficulties
<ul style="list-style-type: none"> <li><input type="checkbox"/> Refer child for vision screening and glasses at the health clinic or IERC</li> <li><input type="checkbox"/> Encourage child to wear his/her glasses (if applicable)</li> <li><input type="checkbox"/> Ensure that the classroom has good lighting</li> <li><input type="checkbox"/> Seat the child where they can see best</li> <li><input type="checkbox"/> Try to provide materials in large, bold, and/or raised print</li> <li><input type="checkbox"/> Orient the child to the classroom environment, and give clear directions when movement is necessary</li> <li><input type="checkbox"/> Assign the child a learning buddy</li> <li><input type="checkbox"/> Write in large print on the chalkboard</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Refer child for hearing screening at the health clinic or IERC</li> <li><input type="checkbox"/> Contact the IERC if hearing aids or sign language are needed</li> <li><input type="checkbox"/> Encourage child to use hearing aid (if applicable)</li> <li><input type="checkbox"/> Speak loudly and clearly</li> <li><input type="checkbox"/> Eliminate unnecessary background noise</li> <li><input type="checkbox"/> Ensure student can see teacher's face while speaking (for easy lip reading)</li> <li><input type="checkbox"/> Seat the child where they can see clearly and hear</li> <li><input type="checkbox"/> Use hand gestures when speaking</li> <li><input type="checkbox"/> Write or draw key points on the board and use visual aids</li> <li><input type="checkbox"/> Check that the student understands what is said</li> <li><input type="checkbox"/> Assign the child a learning buddy to assist</li> <li><input type="checkbox"/> Other: _____</li> </ul>
Strategies for movement difficulties	Strategies for speech and language difficulties
<ul style="list-style-type: none"> <li><input type="checkbox"/> Strategies for movement difficulties</li> <li><input type="checkbox"/> Make adaptations (e.g. move furniture) to ensure the child is able to access the classroom and latrines</li> <li><input type="checkbox"/> Adapt PE activities so the child can participate</li> <li><input type="checkbox"/> Encourage child to ask for help if needed</li> <li><input type="checkbox"/> Encourage collective efforts from other students to help the child</li> <li><input type="checkbox"/> If child has weak hands/fingers, encourage fine motor skill practice or use of pencil holders</li> <li><input type="checkbox"/> Refer to IERC CBID team for assistive equipment</li> <li><input type="checkbox"/> Speak to the parents to make sure the student can travel to school</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use the child's home language</li> <li><input type="checkbox"/> Give extra time to practice diction</li> <li><input type="checkbox"/> Give extra time for oral activities</li> <li><input type="checkbox"/> Use visual aids and pictures</li> <li><input type="checkbox"/> Use and teach simple sign language</li> <li><input type="checkbox"/> Allow the child to write or point to pictures as well as oral responses</li> <li><input type="checkbox"/> Give time for the student to answer</li> <li><input type="checkbox"/> Assign a buddy who speaks the language of instruction to support the learner</li> <li><input type="checkbox"/> Add extra vocabulary and phonics instruction into your lessons</li> <li><input type="checkbox"/> Other: _____</li> </ul>

## WHAT STRATEGIES ARE YOU USING TO HELP THE CHILD?

Strategies for learning difficulties	Strategies for behaviour difficulties
<ul style="list-style-type: none"> <li><input type="checkbox"/> Present information visually and verbally</li> <li><input type="checkbox"/> Use simple language and vocabulary</li> <li><input type="checkbox"/> Explain key words</li> <li><input type="checkbox"/> Allow extra time</li> <li><input type="checkbox"/> Break down directions and show what you want the learners to do</li> <li><input type="checkbox"/> Ask the child to repeat back instructions</li> <li><input type="checkbox"/> Ask children to re-explain instructions to each other</li> <li><input type="checkbox"/> Use other children as peer support/learning buddies</li> <li><input type="checkbox"/> Teach maths concepts using manipulatives such as sticks, stones and beads</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Always use the child's name when speaking to him/her</li> <li><input type="checkbox"/> Allow the child to fidget with a small tool to squeeze during class</li> <li><input type="checkbox"/> Stand closer to the child during lessons</li> <li><input type="checkbox"/> Seat the child near the teacher</li> <li><input type="checkbox"/> Work with class to establish and enforce class behaviour rules</li> <li><input type="checkbox"/> Reinforce and reward positive behaviour</li> <li><input type="checkbox"/> Ask the child to assist with classroom tasks (e.g. pass out papers)</li> <li><input type="checkbox"/> Identify triggers of bad behaviour and try to avoid them</li> <li><input type="checkbox"/> Speak to the child's parents and agree on same responses to bad behaviour</li> <li><input type="checkbox"/> Other: _____</li> </ul>
How will the parents / carers support?	
How will the IERC support?	
What is the long term goal for the student?	
What are the short term goals for the student?	
Update 1 Date ____ / ____ / ____	
Update 2 Date ____ / ____ / ____	
Update 3 Date ____ / ____ / ____	

# IERC Teacher's Guide Template 3: Individual Education Plan (IEP) Document

## SECTION 1: STUDENT'S INFORMATION

Student Information			
Student Name:		Student Photo:	
Age:	DOB: _____ / _____ / _____		
Gender:	Date of Plan: _____ / _____ / _____		
Place of Residence:		Church Affiliation:	
Disability / learning needs (if known):			
Health Professional Details (specify):			
Specialist Support Details:			
Language of communication:			
Mother:		Phone:	
Father:		Phone:	
Other Guardian:		Phone:	
School / Placement Information			
Where will the learner receive most of his or her education? Place a tick in the appropriate box.			
<input type="checkbox"/> Maintstream class	<input type="checkbox"/> Unit (mainstream school)		
<input type="checkbox"/> IERC	<input type="checkbox"/> Home		

If home, why will the learner not attend school at this time?

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When will the learner enrol in the IERC or mainstream school?

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IERC:	Registration No:
School (mainstream if applicable):	School Reg. No:
Grade:	
School / IERC contact:	Phone:

<input type="checkbox"/> New student	<input type="checkbox"/> Continuing student
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**Assessments conducted:**

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**Documents attached:**

Parent Interview Form	<input type="checkbox"/> YES <input type="checkbox"/> NO	Review of previous IEP goals	<input type="checkbox"/> YES <input type="checkbox"/> NO
Whole Child Checklist	<input type="checkbox"/> YES <input type="checkbox"/> NO	All assessments and reports	<input type="checkbox"/> YES <input type="checkbox"/> NO
Work samples	<input type="checkbox"/> YES <input type="checkbox"/> NO	Recent work samples	<input type="checkbox"/> YES <input type="checkbox"/> NO
Teacher checklists	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Note: All forms and checklists are available in the **Additional Guidelines and Resources**.

<b>Reasons for accessing special support services:</b>	<b>Goals met:</b>
	<b>Goals not met and why?</b>

**Critical information**

Medical diagnosis (if any):

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Medications (Home / school):

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Behaviours (if any):

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Statements of aspiration (by Student / Parent)

Transition Plan

What will the student do after the current level of schooling?

- Primary
- Secondary
- Tertiary
- Vocational
- Family Business
- Self-Employment
- Employment
- Other (explain): \_\_\_\_\_

# ASSESS - GET TO KNOW YOUR STUDENT AND HOW THEY LEARN (STAGE 2 OF THE IEP CYCLE)

What are the student's strengths and interests? Use these to help build engagement with the learning process.

Student's strengths: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
Student's interests / hobbies: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

What information has been gathered from assessments?

Assessments	No problem	There is a problem	Report attached?	Date of assessment	Comments
Hearing checked			<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___	
Vision checked			<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___	
Social participation			<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___	
Learning difficulties checked			<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___	
Intellectual disability checked			<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___	
Physical impairment checked			<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___	
Severe or multiple disability checked			<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___	
Speech and communication checked			<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___	

**What are the student's current learning challenges?**


**Ask the student what helps them to learn and record the answers below.**

Where appropriate, a student should be involved in the IEP process. If the student is unable to be involved, include parent/s or guardian/s or someone who knows the child well.

What do you love to do?	
How do you learn best?	
What helps your learning?	
What helps you to attend school regularly?	
What have you achieved? (NB. This is an ongoing learning and reflective activity.)	
Something you feel proud of in the month / term?	
Why are the goals in your IEP (below) important to you? (NB. This is a reflective activity as the IEP is developed.)	

## PLAN (STAGE 4 OF THE IEP CYCLE)

The information for this section will be taken from strengths, needs and the assessment. You may have listed more under strengths and needs; however, in here the list is prioritised according to the educational needs of the student.

Number	Priority Areas
1	
2	
3	
4	

## PARTICIPATION IN THE NATIONAL CURRICULUM AND EXAMINATIONS

Place a tick in the appropriate box.

The student **will**  or **will not**  learn and participate in the national curriculum with other students.

The following sets of instructions focus on the National Examinations. Please tick the appropriate box that suits the adjustments.

The student will:

- Sit for the examinations
- Sit for the examinations with reasonable adjustments (See Section 3 for a description of adjustments required)
- Will not sit for the examinations

Why the student will not sit for the examinations? \_\_\_\_\_

# LONG AND SHORT TERM GOALS

Identify the long term goals

**Long Term Goal 1**

[Example: By the end of the year [the student] will be able to read their 3rd grade book with fluency. The goals should contain knowledge, skills, values and attitudes]

By the end of the year, \_\_\_\_\_ will be able to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Write down the SMART short term goals that will help the student achieve the long term goal

**Short Term Goals 1**

[Example: By the end of Term 1, [the student] will sound out 26 letters of the alphabet with the teacher prompting on 8 out of 10 occasions. The goals should contain knowledge, skills, values and attitudes.]

**1.1** By the end of Term 1, \_\_\_\_\_ will \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1.2** By the end of Term 1, \_\_\_\_\_ will \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1.3** By the end of Term 1, \_\_\_\_\_ will \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1.4** By the end of Term 1, \_\_\_\_\_ will \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Long Term Goal 2

The goals should contain knowledge, skills, values and attitudes.

By the end of the year, \_\_\_\_\_ will be able to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Short Term Goals 2

The goals should contain knowledge, skills, values and attitudes.

2.1 By the end of Term 1, \_\_\_\_\_ will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.2 By the end of Term 1, \_\_\_\_\_ will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.3 By the end of Term 1, \_\_\_\_\_ will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.4 By the end of Term 1, \_\_\_\_\_ will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Long Term Goal 3

The goals should contain knowledge, skills, values and attitudes.

By the end of the year, \_\_\_\_\_ will be able to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Short Term Goals 3

The goals should contain knowledge, skills, values and attitudes.

**3.1** By the end of Term 1, \_\_\_\_\_ will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.2** By the end of Term 1, \_\_\_\_\_ will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.3** By the end of Term 1, \_\_\_\_\_ will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.4** By the end of Term 1, \_\_\_\_\_ will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TEACHING STRATEGIES, SUPPORTS AND ADJUSTMENTS (STAGE 5 OF THE IEP CYCLE)

Write down the teaching strategies, adjustments and supports that address the student's learning needs and help them to achieve their short-term SMART goals. Think about how the student's strengths and interests can be used to support their learning.

Goal Number	Teaching Strategies, Supports and Adjustments	Person/s Responsible

Add extra rows as required

## CLASS ASSESSMENT

Identify any adjustments the student needs when completing class assessments.

Example: For class assessments, \_\_\_\_\_ should receive the following adjustments:

Additional 15 minutes for every hour of assessments (time allocation will vary depending upon assessment task).

1.

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2.

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3.

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4.

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## MONITOR AND EVALUATE (STAGES 6 & 7 OF THE IEP CYCLE)

Review goals and teaching strategies once a term. The team should report and feedback on whether the teaching strategies and adjustments have been useful. Tools for reviewing and collecting data are included in the Additional Guidelines and Resources. Add additional rows as required.

- Key:
- Goal achieved – new goal, teaching strategies and supports required
  - Still working on goal – review teaching strategies and supports required
  - Goal no longer relevant – new goal, teaching strategies and supports required

Goal Number ____	Date			
Student progress / comments:	____/____/____			

Goal Number ____	Date			
Student progress / comments:	____/____/____			

Goal Number ____	Date			
Student progress / comments:	____/____/____			

**Additional Comments:** Do short term goals need to be changed? What is working well? Should the teaching strategies, supports and adjustments be continued or do they need to be changed?

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**Signed by:**

IERC / School Representative:	Date: ____ / ____ / ____
Classroom teacher:	Date: ____ / ____ / ____
Parent / Guardian consulted (tick the appropriate answer)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable
Student consulted (tick the appropriate answer)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable
Date of next meeting: _____ / _____ / _____	

# IERC Teacher's Guide Template 4: Record of Frequency of Achievement of IEP Goals

## 4 WEEKS PRIOR TO REVIEW AND IEP MEETING

KEY: 1 No success                      2 Limited success                      3 Some success, require a little extra work                      4 Very successful / Independent

Student:					Teacher:					Term:					Date: _____/_____/_____				
Notes prior to review of IEP																			
		Comment																	
Week 4	Friday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Thursday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Wednesday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Tuesday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Monday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
Week 3	Friday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Thursday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Wednesday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Tuesday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Monday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
Week 2	Friday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Thursday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Wednesday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Tuesday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Monday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
Week 1	Friday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Thursday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Wednesday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Tuesday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
	Monday	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
IEP Goals																			

# SCREENING FORMS



# Assessment for Learners who are Deaf and Hard Of Hearing

Learner's personal information		
Registration No.:	Learner's Name:	Age / Sex:
Place of residence:	Village / District / Province:	
Names of parents:	Officer carrying out the assessment:	Assessment date: _____/_____/_____
<b>Audiology test results</b> are attached.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	If <b>NO</b> , refer to the simple hearing results attached.
Does the learner have hearing loss? Circle the appropriate answer.	Mild  Moderate  Severe  Profound  No hearing loss	Additional comments:
Hearing Aids	Have been tried and does not help  Should be used  Has not been tried  (If not tried, refer to the simple hearing test results)	Additional comments:

<p>How does the learner communicate with others?</p>	<p>Talking</p> <p>Gestures</p> <p>Natural Sign</p> <p>Melanesian Sign Language</p> <p>PNG Sign Language</p> <p>American Sign Language</p> <p>Auslan Sign Language</p> <p>All of the above</p>	<p>Additional comments:</p>										
<p>Mode of communication in school will be:</p>	<p>Melanesian Sign Language</p> <p>Aural with lip reading</p> <p>PNG Sign Language</p> <p>Auslan Sign Language</p> <p>American Sign Language</p>	<p>Additional comments:</p>										
<p>What communication support is needed in class? (Circle all that apply)</p>	<p>Pictures / visual support</p> <p>Melanesian Sign Language</p> <p>Hearing Aid</p> <p>Teacher and peers must face the child when talking</p> <p>Other (specify): _____</p>	<p>Additional comments:</p>										
<p>Does the learner need IEP goals in the following areas?</p> <ul style="list-style-type: none"> <li>• Social skills</li> <li>• Self-advocacy skills</li> <li>• Use of aural language</li> <li>• Use of sign language</li> <li>• Daily living / life skills</li> </ul>	<table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> NO</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<p>If YES, specify the skills required:</p>
<input type="checkbox"/> Yes	<input type="checkbox"/> NO											
<input type="checkbox"/> Yes	<input type="checkbox"/> NO											
<input type="checkbox"/> Yes	<input type="checkbox"/> NO											
<input type="checkbox"/> Yes	<input type="checkbox"/> NO											
<input type="checkbox"/> Yes	<input type="checkbox"/> NO											

# Assessment for Learners with Vision Impairment

Learner's personal information		
Registration No.:	Learner's Name:	Age / Sex:
Place of residence:	Village / District / Province:	
Names of parents:	Officer carrying out the assessment:	Assessment date: _____/_____/_____
<b>Visual test results</b> are attached.	<input type="checkbox"/> Yes <input type="checkbox"/> NO	If <b>NO</b> , refer to the simple hearing results attached.
What type of vision problem does the learner have? Circle the appropriate answer.	Blind  Low Vision  No problem	Additional comments:
How does the learner move around?	Independently  White cane  A guide  Both a white cane and a guide	Additional comments:
How does the learner read and write?	Braille  Enlarged print  Normal text	Additional comments:

<p>What type of devices, special materials or accommodations does the learner need in school? (Circle all that apply)</p>	<p>Magnifying lenses</p> <p>Special seating position</p> <p>Read-write stands</p> <p>Slate and stylus</p> <p>Enlarged print</p> <p>A recorder</p> <p>High-contrast material</p> <p>Tactile materials</p> <p>Braille text</p> <p>Glasses</p> <p>Other (specify): _____</p>	<p>Additional comments:</p>										
<p>What communication support is needed in class? (Circle all that apply)</p>	<p>Pictures / visual support</p> <p>Melanesian Sign Language</p> <p>Hearing Aid</p> <p>Teacher and peers must face the child when talking</p> <p>Other (specify): _____</p>	<p>Additional comments:</p>										
<p>Does the learner need IEP goals in the following areas?</p> <ul style="list-style-type: none"> <li>• Social skills</li> <li>• Self-advocacy skills</li> <li>• Braille or pre-Braille skills</li> <li>• Orientation &amp; Mobility skills</li> <li>• Daily living / life skills</li> </ul>	<table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> NO</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<p>If YES, specify the skills required:</p>
<input type="checkbox"/> Yes	<input type="checkbox"/> NO											
<input type="checkbox"/> Yes	<input type="checkbox"/> NO											
<input type="checkbox"/> Yes	<input type="checkbox"/> NO											
<input type="checkbox"/> Yes	<input type="checkbox"/> NO											
<input type="checkbox"/> Yes	<input type="checkbox"/> NO											

# Assessment for Social Participation

For each activity area, circle one box that **best describes** the student's current level of participation and put the date. For the next assessment, use the same template and circle the box that best describes the level of participation and put the date. This template should show the progression in the level of social participation.

Activity	Yes, participates in a meaningful way		No, does not really participate		Comments/What we will do to increase participation
Expressing wants and desires	Communicates well with <b>all</b> people, about <b>all things</b>	Communicates well with <b>many</b> people, about <b>many things</b>	Communicates with a <b>few</b> people, about <b>a few things</b>	<b>Does not</b> communicate well, even about basic needs	
Sports and cultural activities	<b>Same</b> as other people of the same age	<b>Almost the same</b> as other people of the same age	<b>Much less than</b> other people of the same age	<b>Does not</b> really participate in social relationships	
Religious activities	<b>Same</b> as other people of the same age	<b>Almost the same</b> as other people of the same age	<b>Much less than</b> other people of the same age	<b>Does not</b> really participate in religious activities	
Family activities	<b>Always</b> eats with the family	Eats with the family <b>most of the time</b>	<b>Sometimes</b> eats with the family	<b>Rarely or never</b> eats with the family	
School activities	<b>Same</b> as other people of the same age	<b>Almost the same</b> as other people of the same age	Attends school but <b>does not</b> really participate	<b>Does not</b> attend school	
Community activities	<b>Same</b> as other people of the same age	<b>Almost the same</b> as other people of the same age	<b>Much less than</b> other people of the same age	<b>Does not</b> really participate in the community	
Livelihood economic activities	<b>Same</b> as other people of the same age	<b>Almost the same</b> as other people of the same age	<b>Much less than</b> other people of the same age	<b>Does not</b> really participate in making a living	

# Assessment for Learners with Physical Impairment

Learner's personal information			
Registration No.:	Learner's Name:	Age / Sex:	
Place of residence:	Village / District / Province:		
Names of parents:	Officer carrying out the assessment:	Assessment date: _____/_____/_____	
What type of physical impairment does the learner have?	Comments:		
Has the learner been assessed by a physiotherapist or CBID officer?	<input type="checkbox"/> Yes, assessment report is attached	<input type="checkbox"/> NO	If NO, then STOP. Get a physiotherapy report, then reschedule the IEP meeting.
What devices does the learner use?	Comments:		
What additional devices or accommodations does the learner need?	Wheelchair Artificial limbs Crutches Special chair and/or table Braces Pencil grips or adaptations to help with grasping things Walker Special shoes Other (specify): _____	Additional comments:	
Record the accessibility problems in the specified areas and list proactive strategies to address each problem.			

Area	Briefly describe whether or not there is a problem.	How will the problem be addressed?	Who will address the problem?	When should the problem be addressed?
At home				
Home to school				
At school				
Classroom				
Toilet				
Playing field				
Assembly hall				
Other/s (Specify)				

# Assessment for Learners with Severe or Multiple Disabilities

Learner's personal information		
Registration No.:	Learner's Name:	Age / Sex:
Place of residence:	Village / District / Province:	
Names of parents:	Officer carrying out the assessment:	Assessment date: _____/_____/_____
What type of disabilities does the learner have? Briefly describe the combination of disabilities.	Comments:	
How does the learner currently communicate? (Circle all that apply)	Talking (understood by most people)  Talking (understood only by people who know him / her)  Talking but we cannot understand what he / she says  Pointing / gestures  Picture symbols  Crying or making noises  Grabs what he / she wants or pushes people away to get to it  Hurts himself / herself (biting self, head banging, hitting self)  Hurts others (bites or hits others to get something / attention or to make people go away)  Total communication  Other (specify): _____	Additional comments:

<p>Does the learner have any behavioural problems? (Circle all that apply)</p>	<p>No behaviour problems</p> <p>Does not follow given instructions</p> <p>Does aggressive things (hitting, biting, throwing things)</p> <p>Blind mannerism (body rocking, eye poking)</p> <p>Other problems associated behaviours</p>	<p>Additional comments:</p>
<p>What types of specific needs or equipment does the learner need? (Circle all that apply)</p>	<p>Concrete materials</p> <p>Task analyses of daily routines</p> <p>Pictorial communication system</p> <p>Individualized schedule</p> <p>Common words for daily living</p> <p>Simplified but age-appropriate materials</p> <p>Other (specify): _____</p>	<p>Additional comments:</p>

# Assessment for Speech and Communication Impairment

Learner's personal information		
Registration No.:	Learner's Name:	Age / Sex:
Place of residence:	Village / District / Province:	
Names of parents:	Officer carrying out the assessment:	Assessment date: _____/_____/_____
Speech sounds – indicate either yes or no in each characteristic and make comments.		
Characteristics of speech	<input type="checkbox"/> YES <input type="checkbox"/> NO	Additional comments:
Communicates easily	<input type="checkbox"/> YES <input type="checkbox"/> NO	Additional comments:
Make vocal sounds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Additional comments:
Speak few words	<input type="checkbox"/> YES <input type="checkbox"/> NO	Additional comments:
Difficulty pronounce sounds, letters or words	<input type="checkbox"/> YES <input type="checkbox"/> NO	Additional comments:
Stuttering	<input type="checkbox"/> YES <input type="checkbox"/> NO	Additional comments:

<p>How does the learner communicate? (Circle all that apply)</p>	<p>Uses words</p> <p>Uses gestures</p> <p>Uses signs</p> <p>Uses pictures</p> <p>Uses writings</p> <p>Lip reading</p>	<p>Additional comments:</p>
<p>Oral peripheral mechanism</p>	<p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p>	<p>Additional comments:</p>
<p>Are all the articulators are structurally and functionally adequately?</p>	<p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p>	<p>Additional comments:</p>
<p>Is the learner able to:</p> <ul style="list-style-type: none"> <li>• Chew?</li> <li>• Bite?</li> <li>• Swallow?</li> <li>• Blow?</li> <li>• Poke tongue?</li> <li>• Open and close mouth?</li> </ul>	<p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p>	<p>Additional comments:</p>
<p>What is the formation of the tongue?</p>	<p>Tongue tie</p> <p>Cleft palate</p> <p>Harelip</p>	

# Assessment for Learning Difficulties

Learner's personal information		
Registration No.:	Learner's Name:	Age / Sex:
Place of residence:	Village / District / Province:	
Names of parents:	Officer carrying out the assessment:	Assessment date: _____/_____/_____

## What areas does the learner have difficulty with in school?

Place a tick in the appropriate box and specify.

AREAS OF DIFFICULTY				
Areas	Displayed Characteristics	YES	NO	Comments
Listening	Easily distracted, poor concentration and short attention span	<input type="checkbox"/>	<input type="checkbox"/>	
	Has difficulty listening	<input type="checkbox"/>	<input type="checkbox"/>	
	Unable to follow more than one instruction	<input type="checkbox"/>	<input type="checkbox"/>	
	Becomes confused if given more than one instruction	<input type="checkbox"/>	<input type="checkbox"/>	
	Forgets things easily	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

## AREAS OF DIFFICULTY

Areas	Displayed Characteristics	YES	NO	Comments
Reading	Reading level / ability is lower than age group / grade level	<input type="checkbox"/>	<input type="checkbox"/>	
	Unable to identify or sound letters	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty sounding letters or words backwards	<input type="checkbox"/>	<input type="checkbox"/>	
	Reads letters or words backwards	<input type="checkbox"/>	<input type="checkbox"/>	
	Unable to explain ideas or organize thoughts when retelling a story	<input type="checkbox"/>	<input type="checkbox"/>	
	Poor comprehension of ideas	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	
Oral language	Confused or disorganized when speaking about an idea	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty speaking about sequence of ideas	<input type="checkbox"/>	<input type="checkbox"/>	
	Limited vocabulary compared to age group / grade level	<input type="checkbox"/>	<input type="checkbox"/>	
	Poor structuring very simple sentences	<input type="checkbox"/>	<input type="checkbox"/>	

## AREAS OF DIFFICULTY

Areas	Displayed Characteristics	YES	NO	Comments
Math	Reverse numbers ( $\frac{6}{9}$ )	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty with shape recognition	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty matching simple shapes	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty understanding ideas such as time, distance, space and measurement	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

Writing	Difficulty tracing letters, shapes or lines	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty copying letters, shapes or lines	<input type="checkbox"/>	<input type="checkbox"/>	
	Writes letters / number / words backwards	<input type="checkbox"/>	<input type="checkbox"/>	
	Letters / words inappropriate in size and shape	<input type="checkbox"/>	<input type="checkbox"/>	
	No spacing in between words	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty writing in straight line	<input type="checkbox"/>	<input type="checkbox"/>	
	Mixing lower and upper case letters in words	<input type="checkbox"/>	<input type="checkbox"/>	
	Slow to begin the writing task	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty holding a pencil	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

## AREAS OF DIFFICULTY

Areas	Displayed Characteristics	YES	NO	Comments
Gross motor skills – use of big muscles	Clumsiness and lack of self-balance and coordination	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty climbing	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty walking in straight line	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty balancing	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty jumping	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty skipping	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

## AREAS OF DIFFICULTY

Areas	Displayed Characteristics	YES	NO	Comments
Fine motor skills - use of small muscles	Combing hair	<input type="checkbox"/>	<input type="checkbox"/>	
	Brushing teeth	<input type="checkbox"/>	<input type="checkbox"/>	
	Tying shoe lace	<input type="checkbox"/>	<input type="checkbox"/>	
	Tying small knots using thread / small ropes	<input type="checkbox"/>	<input type="checkbox"/>	
	Holding a pencil or pen to write	<input type="checkbox"/>	<input type="checkbox"/>	
	Holding scissors to cut	<input type="checkbox"/>	<input type="checkbox"/>	
	Stringing beads	<input type="checkbox"/>	<input type="checkbox"/>	
	Colouring within restricted shapes or spaces	<input type="checkbox"/>	<input type="checkbox"/>	
	Writing on straight lines	<input type="checkbox"/>	<input type="checkbox"/>	
	Group small objects such as marbles, beads, etc. with fingers	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

## AREAS OF DIFFICULTY

Areas	Displayed Characteristics	YES	NO	Comments
Receptive Skills	Unable to perceive information holistically presented	<input type="checkbox"/>	<input type="checkbox"/>	
	Perceive information in small parts	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty make meaning from received information	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty organizing information in logical sequence	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

Behaviour characteristics	Verbally aggressive (shouts, yells out)	<input type="checkbox"/>	<input type="checkbox"/>	
	Physically aggressive (hits, pulls, fights)	<input type="checkbox"/>	<input type="checkbox"/>	
	Gets frustrated easily	<input type="checkbox"/>	<input type="checkbox"/>	
	Disruptive in class (calls out, moves around unnecessarily, distract peers, talks when inappropriate)	<input type="checkbox"/>	<input type="checkbox"/>	
	Cannot sit still, always on the go	<input type="checkbox"/>	<input type="checkbox"/>	
	Appears tired and not active involved in planned activities	<input type="checkbox"/>	<input type="checkbox"/>	
	Messy / untidy (appearance / work)	<input type="checkbox"/>	<input type="checkbox"/>	
	Frequently absent from school	<input type="checkbox"/>	<input type="checkbox"/>	
	Frequently skip or miss certain tasks	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

# Assessment for Intellectual Disability

Learner's personal information		
Registration No.:	Learner's Name:	Age / Sex:
Place of residence:	Village / District / Province:	
Names of parents:	Officer carrying out the assessment:	Assessment date: _____/_____/_____

## What areas does the learner have difficulty with in school?

Place a tick in the appropriate box and specify.

AREAS OF DIFFICULTY				
Area	Displayed characteristics	YES	NO	Comments
Listening	Easily distracted, poor concentration and short attention span	<input type="checkbox"/>	<input type="checkbox"/>	
	Has difficulty listening	<input type="checkbox"/>	<input type="checkbox"/>	
	Unable to follow more than one instructions	<input type="checkbox"/>	<input type="checkbox"/>	
	Becomes confused if given more than one instruction	<input type="checkbox"/>	<input type="checkbox"/>	
	Forgets things easily	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

## AREAS OF DIFFICULTY

Area	Displayed characteristics	YES	NO	Comments
Oral language	Confused or disorganized when speaking about an idea	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty speaking about sequence of ideas	<input type="checkbox"/>	<input type="checkbox"/>	
	Limited vocabulary compared to age group / grade level	<input type="checkbox"/>	<input type="checkbox"/>	
	Poor structuring very simple sentences	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

Gross motor skills – use of big muscles	Clumsiness and lack of self-balance and coordination	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty climbing	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty walking in straight line	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty balancing	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty jumping	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty skipping	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

## AREAS OF DIFFICULTY

Area	Displayed characteristics	YES	NO	Comments
Fine motor skills – use of small muscles	Combing hair	<input type="checkbox"/>	<input type="checkbox"/>	
	Brushing teeth	<input type="checkbox"/>	<input type="checkbox"/>	
	Tying shoe lace	<input type="checkbox"/>	<input type="checkbox"/>	
	Tying small knots using thread / small ropes	<input type="checkbox"/>	<input type="checkbox"/>	
	Holding a pencil or pen to write	<input type="checkbox"/>	<input type="checkbox"/>	
	Holding scissors to cut	<input type="checkbox"/>	<input type="checkbox"/>	
	Stringing beads	<input type="checkbox"/>	<input type="checkbox"/>	
	Colouring within restricted shapes or spaces	<input type="checkbox"/>	<input type="checkbox"/>	
	Writing on straight lines	<input type="checkbox"/>	<input type="checkbox"/>	
	Group small objects such as marbles, beads, etc. with fingers	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

## AREAS OF DIFFICULTY

Area	Displayed characteristics	YES	NO	Comments
Receptive skills	Unable to perceive information holistically presented	<input type="checkbox"/>	<input type="checkbox"/>	
	Perceive information in small parts	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty make meaning from received information	<input type="checkbox"/>	<input type="checkbox"/>	
	Difficulty organizing information in logical sequence	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

Expressive skills – Expressing ideas, thoughts in words / sentences	Express oneself in Language of choice	<input type="checkbox"/>	<input type="checkbox"/>	
	Low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	
	Confidence to contribute verbally	<input type="checkbox"/>	<input type="checkbox"/>	
	Express thoughts confidently in logical sequence	<input type="checkbox"/>	<input type="checkbox"/>	
	Meaningful expression of thoughts in line with discussed agendas	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

## AREAS OF DIFFICULTY

Area	Displayed characteristics	YES	NO	Comments
Social relationships – Confidence and self-esteem	Making friends with other learners in the same class	<input type="checkbox"/>	<input type="checkbox"/>	
	Easily make friends with new transfer in learner (if any)	<input type="checkbox"/>	<input type="checkbox"/>	
	Make friends with learners from other classes	<input type="checkbox"/>	<input type="checkbox"/>	
	Share their lunch or other stuff with other learners	<input type="checkbox"/>	<input type="checkbox"/>	
	Positive self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	
	Respect other learners	<input type="checkbox"/>	<input type="checkbox"/>	
	Take turns when playing other learners	<input type="checkbox"/>	<input type="checkbox"/>	
	Display well-mannered behaviours whilst with friends	<input type="checkbox"/>	<input type="checkbox"/>	
	No bullying friends	<input type="checkbox"/>	<input type="checkbox"/>	
	Withdrawn from others	<input type="checkbox"/>	<input type="checkbox"/>	
	Withdrawn from simple and manageable given activities	<input type="checkbox"/>	<input type="checkbox"/>	
	Gives up easily	<input type="checkbox"/>	<input type="checkbox"/>	
	Unwilling to take risk on a given tasks	<input type="checkbox"/>	<input type="checkbox"/>	

## AREAS OF DIFFICULTY

Area	Displayed characteristics	YES	NO	Comments
Behaviour characteristics	Verbally aggressive (shouts, yells out)	<input type="checkbox"/>	<input type="checkbox"/>	
	Physically aggressive (hits, pulls, fights)	<input type="checkbox"/>	<input type="checkbox"/>	
	Gets frustrated easily	<input type="checkbox"/>	<input type="checkbox"/>	
	Disruptive in class (calls out, moves around unnecessarily, distract peers, talks when inappropriate)	<input type="checkbox"/>	<input type="checkbox"/>	
	Cannot sit still, always on the go	<input type="checkbox"/>	<input type="checkbox"/>	
	Appears tired and not active involved in planned activities	<input type="checkbox"/>	<input type="checkbox"/>	
	Messy / untidy (appearance / work)	<input type="checkbox"/>	<input type="checkbox"/>	
	Frequently absent from school	<input type="checkbox"/>	<input type="checkbox"/>	
	Frequently skip or miss certain tasks	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

# LESSON PLAN EXAMPLES



# Lesson plan for IEP

## DEPARTMENT OF EDUCATION – WAIGANI TEACHER EDUCATION DIVISION

Long term goal:				
Short term goal:	Term:	Week:	Date: ___/___/___	Time: ____: ____
Lesson topic / activity:			Lesson number:	
Knowledge:	Skills:	Attitudes / Values:		
Lesson background information:				
References:				
Objective: By the end of the lesson the learner can, _____ _____ _____				
Lesson Content	Teaching strategy	Teacher activity (Steps)	Learner activity (steps)	Specific materials
Introduction (___ mins)				
Body / Learning activity (___ mins)				
Conclusion (___ mins)				
Reflection / Evaluation				

Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

# IEP Lesson Plan for Learners in Mainstream Schools

DEPARTMENT OF EDUCATION – WAIGANI TEACHER EDUCATION DIVISION

Subject:				
Grade:	Term:	Week:	Date: ____/____/____	Time: ____: ____
Lesson topic:			Lesson number:	
Strand:		Unit:		
Content Standard:				
Performance Standard:				
Knowledge:	Skills:	Attitudes / Values:		
References:				
Objective: By the end of the lesson the learner can, _____ _____ _____				
Lesson Content	Teaching strategy	Teacher activity (Steps)	Learner activity (steps)	Specific materials
Introduction (____ mins)				
Body / Learning activity (____ mins)				
Conclusion (____ mins)				
Reflection / Evaluation				

Resource Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# DOCUMENTS FOR PARENTS



# Parent Interview Form

Name:	Date of birth: _____/_____/_____
Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Telephone:
Teacher:	Class:

Please comment on your child's strengths:

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Please give your opinion of your child's achievements in their learning areas.

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## Socialisation

Does your child play or interact positively with other children most of the time?       YES       NO

Does your child prefer to play alone most of the time?       YES       NO

Please comment on your child's social skills and behaviour:

---



---

## Early Development

Was the pregnancy / birth:     Difficult                       Normal                       Premature?

(Please give more information if difficult or premature)

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At what age did your child:

Crawl                      Walk                      Talk                      Talk in sentences

---



---

Has your child had middle ear infections:

- Often                       Occasionally                       Never                       At present

(Please give more information if often or occasionally)

---

---

Has your child had any vision or hearing difficulties?

- Previously                       Currently                       Never

(Please comment)

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Please list any current medication, current or past medical conditions, or specialist assessments (e.g. medical, cognitive, speech, occupational therapy) about to your child:

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Names of schools previously attended:

---

Please list any support (learning support, behaviour, speech, special education) your child has previously received:

---

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Please comment on any other concerns you have about your child e.g.. development, sleeping, eating:

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Further comments:

---

---

Parent / Caregiver's Name:

Signature:

Date:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Your information is valuable in assisting the school to make appropriate decisions for your child. We greatly appreciate and thank you for your time.

# Initial Parent Interview Checklist

Name:	School:
Name of Teacher:	Grade:
Date of interview: _____/_____/_____	Child's age:
Parents Name, address and occupations:	Child's date of birth: _____/_____/_____

Present concerns  _____  _____  _____
---

Questions	YES	NO	Comments
Has the child gone to school before?	<input type="checkbox"/>	<input type="checkbox"/>	If so, where and for how long? _____
Does the child like playing with other children?	<input type="checkbox"/>	<input type="checkbox"/>	If not, why? How do you know? _____
Does the child follow instructions and understands well?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Does the child have mobility issues?	<input type="checkbox"/>	<input type="checkbox"/>	If so, what specifically? _____
Does the child communicate well?	<input type="checkbox"/>	<input type="checkbox"/>	If not, how do they communicate? _____
Does the child need an aid to walk?	<input type="checkbox"/>	<input type="checkbox"/>	If so, what? _____ When did this happen? _____
Can the child use hands well?	<input type="checkbox"/>	<input type="checkbox"/>	If not, why? _____

Questions	YES	NO	Comments
Does the child want to go to school?	<input type="checkbox"/>	<input type="checkbox"/>	Why? _____
Do the parents want him/her to go to school?	<input type="checkbox"/>	<input type="checkbox"/>	Why? _____
Any other concerns? _____ _____ _____ _____ _____			

**Key Notes**

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**Next steps:**

- School-based Assessment
- Medical Assessment
- Community Based Rehabilitation Assessments
- Home Visit
- Assistive Device Provision \_\_\_\_\_
- Access External Support Systems
- Additional Resources \_\_\_\_\_

**School Task** \_\_\_\_\_

**Parent Task** \_\_\_\_\_

**Next Meeting** \_\_\_\_\_

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

**Interviewer Name:** \_\_\_\_\_

# REFERRAL FORMS



# Parent Consent Form 1 (Referral to IERC)

## PARENT CONSENT FORM FOR REFERRAL TO THE INCLUSIVE EDUCATION RESOURCE CENTRE (IERC)

STUDENT INFORMATION		
Student name:		
Gender:	Date of birth: ____/____/____	Age
Place of residence:		LLG:
Church Affiliation:		
Disability / learning needs (if known):		
Language of communication:		
Mother:	Phone:	
Father:	Phone:	
Other Guardian:	Phone	

I, the parent / guardian of the child named above, agree to let my child get help from the Inclusive Education Resource Centre (IERC) at school.

By signing this form, I say it's okay for my child to start getting help from the IERC. They might need more information to help my child better.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please make sure you fill in all the blanks correctly before giving this form back. Thank you for helping your child get the support they need.

# Parent Consent Form 2 (Permission to Use Photos and Personal Information)

Dear Parent / Guardian,

We would like to ask for your permission to use photos and personal information about your child. We want to use this information in our records and for promoting the IERC.

By signing this form, you are saying it's okay for us to:

1. Take and use photographs of your child.
2. Use your child's name, age, and other personal details in our records and when we promote our work.

We may use this information in the following ways:

- To keep track of your child's progress and development in our program.
- To share information about our program and the services we provide.
- To promote our organization and the work we do to support children with disabilities.

We understand this is a sensitive topic. We want to assure you that we will handle your child's information with great care and respect. We will never share your child's personal information without your consent.

If you have any questions or concerns, please don't hesitate to contact us. We are here to support you and your child.

Thank you for your cooperation.

Sincerely,

[IERC Officer Name]

## Consent

I, [Parent / Guardian Name], give my consent for [Child's Name] to have their photos taken and personal information used as described above.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Medical / Health Services Referral Form

## Child's Information:

Child's Full Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Referral Details:

- IERC Outreach Officer / Health Professional's Name: \_\_\_\_\_
- Screening Check Result: \_\_\_\_\_
- Identified Health Need: \_\_\_\_\_

In signing this form, I understand it's important to act quickly and know that more details may be needed for the right evaluation and treatment. As the health professional, I am referring the child named above to medical or health services for more checks and care after finding a health issue during a screening.

IERC Outreach Officer / Health Professional's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please ensure all sections are completed accurately before submission. Thank you for your collaboration in ensuring the child receives the necessary care and support for their health needs.

# CHECKLISTS FOR TEACHERS



# Basic Accessibility Checklist for Teachers

Use this checklist to look at the school environment and see if any changes need to be made.

If you identify changes to be made, the school inspectors (mainstream and IERC) and school administration are responsible.

Environment	Questions to ask	YES	NO	Not sure	Any improvement plans?
Entrance and Exits	Are there ramps or elevators available for children with mobility challenges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Are doorways wide enough to accommodate wheelchairs or other mobility aids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hallways & Corridors	Are pathways clear of obstacles for children with visual impairments or mobility issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Are there handrails or support bars along hallways for children who may need assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Classrooms	Is the classroom layout flexible to accommodate different learning needs and mobility aids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Are desks and chairs adjustable to suit children of varying heights and physical abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Toilets	Are there accessible toilets equipped with grab bars, raised toilet seats, and adequate space for manoeuvring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Playgrounds & Outdoor Areas	Are outdoor play areas accessible with ramps, soft surfaces, and inclusive play equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Are there designated spaces for children with sensory sensitivities or disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Procedures	Are emergency evacuation plans inclusive of children with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Are staff trained in assisting children with disabilities during emergency situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

This checklist can help teachers assess the accessibility of their school premises for children with disabilities and ensure a more inclusive learning environment

# Checklist for Reviewing a Learner's Social Participation and Transition Strategies

IEP Implementation	Achieved	Partly achieved	Not achieved	Comments	Suggestions for improvement
<b>Social participation</b>					
Expressing their wants and desires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Participates in religious activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Socializes well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Involve in classroom and school planned activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Involve in community activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Transition plan to schools</b> (IERCs to design detailed checklist for each specific activities in the transition plan)					
Learner prepared well for transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
School prepared to enrol the learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Class teacher accepts the learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Class peers ready for the new learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
School community accepts the learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

IEP Implementation	Achieved	Partly achieved	Not achieved	Comments	Suggestions for improvement
<b>Adaptations</b>					
Classrooms / schools conducive and accessible for learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Curriculum accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Availability of assistive devices (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Teacher's ability to teach inclusively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

# DEVELOPING LONG & SHORT TERM GOALS



## A GOOD IEP WILL:

Clearly present levels of performance for the student and suggest ways to best use their strengths and interests to improve the areas where they struggle.

Address priority areas and the learning goals that the plan needs to cover.

Priority areas include:

<b>Participation in curriculum</b>	<ul style="list-style-type: none"><li>• What modifications in teaching and learning access does the student need?</li><li>• What adjustments and accommodations do they need to complete their assessments?</li></ul>
<b>Social participation</b>	<ul style="list-style-type: none"><li>• How the student participates in areas such as expressing their wants and needs, their social relationships, and activities inside and outside of school.</li></ul>

Once this information is complete, long- and short-term goals can be written.

### Remember:

Long-term goals are like big targets. They are clear statements that say what we expect a student to be able to achieve by the end of the school year. These goals help us understand what we want the student to achieve over a longer time.

Short-term goals are smaller targets that lead to the long-term goals. They are more specific and show what the student needs to achieve in a shorter time, like a month or a term. These goals help us track progress and make sure we're moving in the right direction. We set and review these goals in termly IEP meetings.

Actions are things we need to do to help the student reach their goals. At the next IEP meeting, we evaluate what we did and discuss and plan next steps. Each action has a person responsible, like a staff member, the student, parents, or other people like interpreters, inclusive education specialists, nurses, occupational therapists, or teachers.

In the IEP, the goals should be SMART. This means they should be very clear, easy to measure, agreed upon by everyone, important to the student, and have a set time to finish. These goals should describe what the student will do and when the student will do it, so everyone can see how well the student is doing.

## SMART GOALS ARE GOALS THAT ARE:

1. **Specific:** This means they are clear and detailed. You know exactly what you want the student to achieve.
2. **Measurable:** You can measure the student's progress and know when they've reached their goal.
3. **Agreed:** It's a goal that everyone in the IEP team agrees on, including the student and their parents.
4. **Relevant:** The goal is important and makes sense for the student's needs and situation. It should also take into account any factors that might impact on the student's ability to reach the goal.
5. **Time-Bound:** A specific timeframe is set to complete the goal, so you have a deadline.

## Examples:

### Participation in Curriculum

#### *Long Term Goal*

- By the end of the year [the student] will be able to read their 3rd grade book with fluency.

#### *Short Term Goal*

- By the end of Term 1, [the student] will sound out 26 letters of the alphabet with the teacher prompting on 8 out of 10 occasions.

#### *Long Term Goal*

- By the end of the year [the student] will independently count from 1 to 100 without the aid of concrete materials.

#### *Short Term Goal*

- By the end of Term 1, [the student] will independently count from 1 to 10 using concrete materials on 8 out of 10 occasions.

### Social Participation

#### *Long Term Goal*

- By the end of the year [the student] will independently verbalise how she is feeling throughout the school day.

#### *Short Term Goal*

- By the end of Term 1, [the student] will verbalise how she is feeling in the classroom with visual support and verbal prompting from the teacher on two separate occasions each day.

# UNIVERSAL DESIGN FOR LEARNING (UDL)



# What is Universal Design for Learning (UDL)?

Universal Design for Learning (UDL) is a framework that makes teaching and learning better for everyone. It helps us understand how people learn, so we can make education work well for all. UDL takes the teaching focus away from focusing on individual differences and challenges to understanding that everyone receives, interprets and expresses information in different ways

The UDL Guidelines are a tool to help make teaching and learning better for everyone. Teachers, people who make study materials, parents, and anyone interested in making learning better can use the UDL Guidelines. These guidelines give practical ideas that can be used in any subject to make sure that everyone can learn and be part of meaningful and challenging lessons.

## UNIVERSAL DESIGN FOR LEARNING (UDL) HAS THREE MAIN IDEAS:

### Multiple Means of Engagement

The **'why'** of learning. You can think about this as 'different ways to be involved'. Students in school learn and get interested in learning in different ways. Some like working in groups on projects, while others prefer to work alone. Noise, movement, and changes to routines can also affect how they learn. For some, it's helpful and exciting, but for others, it's disturbing and makes them lose interest. There's no one-size-fits-all way to engage every student, so this principle allows teachers to give many choices, so students can decide how they want to get involved.

#### Examples:

- Use visual schedules so students know what is happening next.
- Connect curriculum content to students' personal experiences.
- Play games to learn new concepts.
- Give students choices.

### Multiple Means of Representation

The **'what'** of learning. You can think about this as 'different ways to show information'. This means giving lessons and learning information in more than one way, because students understand what is taught to them differently. Some students like reading from books, but others might understand better if they see pictures, hear someone talk, or do hands-on activities. Many students do best when they have a mix of these ways to learn new things. No one way is perfect for all students, so UDL says it's good to give lots of choices.

#### Examples:

- Use both large and small groups when you are teaching.
- When you are writing on the board, talk about what you are writing.
- Use music and song to reinforce learning.

## Multiple Means of Expression

The **'how'** of learning. You can think about this as 'different ways to show what you know'. This means how students express themselves. Some might like taking written tests, while others prefer talking or using pictures and drawings. In early childhood, some children can say how they feel with words like "I'm angry" or "I'm sad," but others may express their feelings through moving, dancing, or making art. It's important to think about how children can express themselves.

Students also have different needs when it comes to moving around and using their senses. Some need more practice and structure. Just like the other two ideas, there isn't one best way for every child to show what they know, so it's important to have different options.

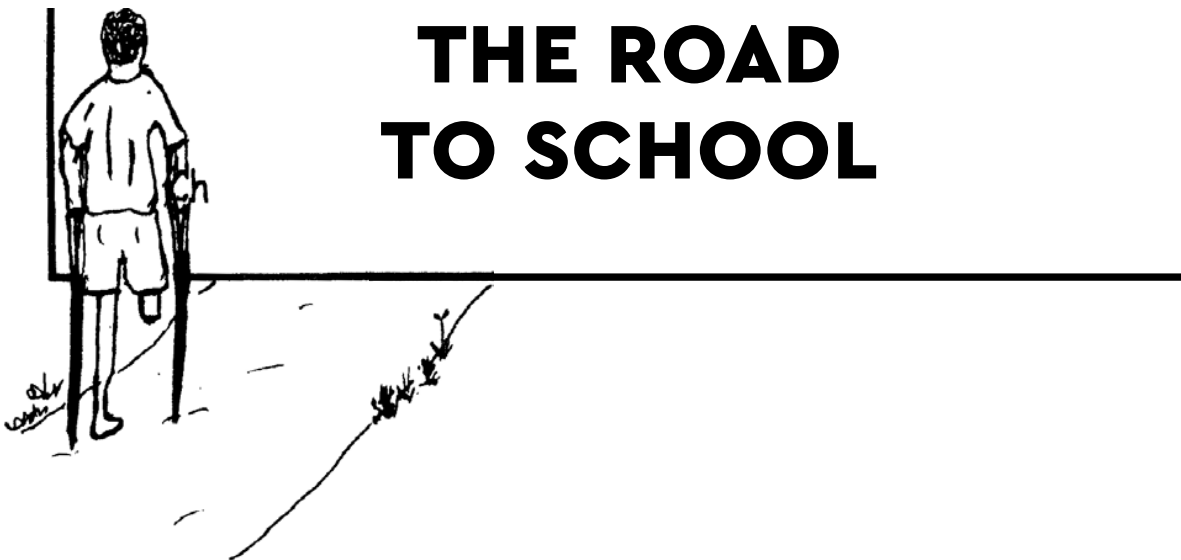
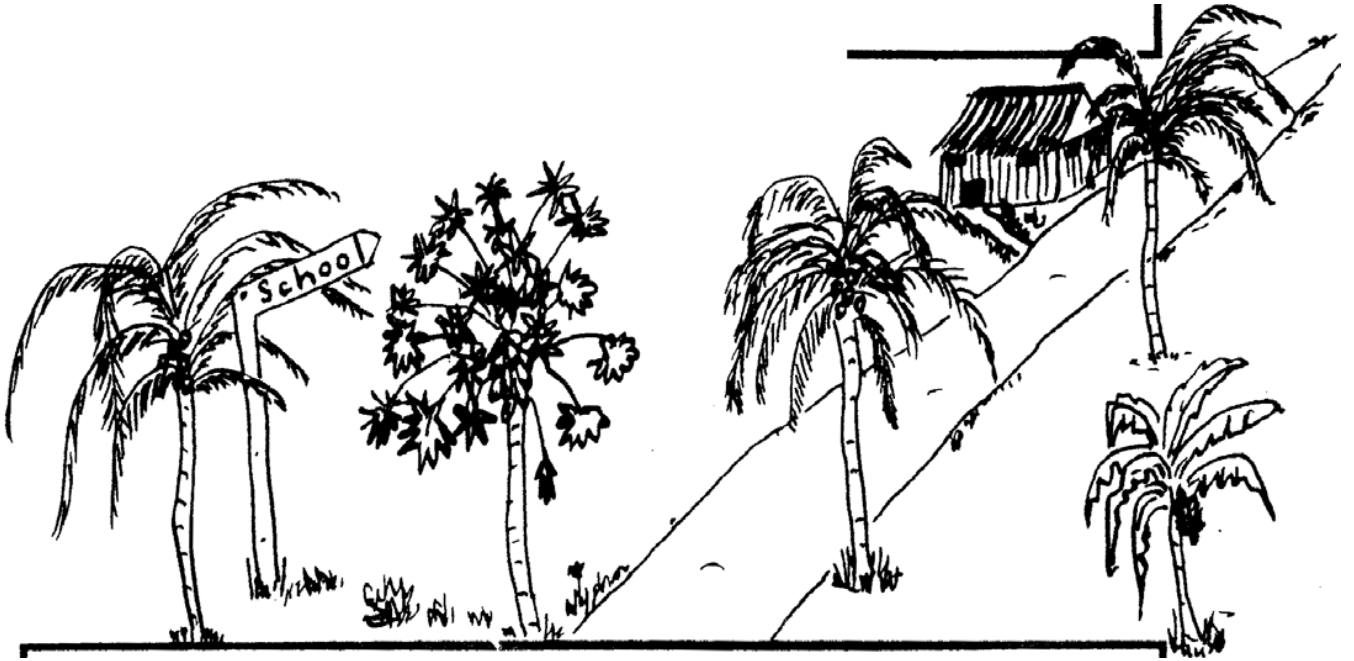
### Examples:

- Let students write down or verbally answer questions.
- Use visual cues like 'thumbs up' and 'thumbs down'.
- Give students time to respond.
- Let students act out new concepts or produce drawings.

The **UDL Guidelines** can be found at: <https://udlguidelines.cast.org>

# THE ROAD TO SCHOOL





# THE ROAD TO SCHOOL

**AN INCLUSIVE EDUCATION BOOKLET  
FOR TEACHERS, COMMUNITY BASED  
REHABILITATION OFFICERS, CBR FIELD  
WORKERS AND PARENTS**

**BY WARWICK AND JO BOWDEN**

Christoffel-Blindenmission (CBM) and Callan Services – National Unit  
Papua New Guinea.

Edited by L.Tischendorf

# Contents

## TOPICS

Acknowledgement

Introduction

Step 1: Preparing the Community

Step 2: Identifications

Step 3: Preparing the Family

Step 4: Setting a Meeting Time

Step 5: Looking at the Child's Needs

Step 6: Ongoing Support – Case Management Plans

Step 7: Child is in School

# Introduction

This is a booklet for teachers, CBR Field Workers and Parents of Children with Disabilities. The aim of the booklet is to give ideas to help a child with special needs go to school and plan for their learning .

All children regardless of their disability need to be enrolled in school by the age of 7 years. The years from birth to seven are EXTREMELY important for the child and family. What we do in these years will make a BIG difference in helping children with disabilities succeed along “The Road to School.”

There is an Inclusive Education Resource Centre (IERC) in the community to help with this process. These IERCs have specially trained staff working as Inclusive education teachers and Community based Rehabilitation (CBR) workers to assist in this process.

The intended purpose of the **Inclusive Education Resource Teachers** are teachers who support children with special needs in the classroom and also assist their classroom teachers. They also support children at home who need a home school program in getting ready to attend mainstream school

The **Community Based Rehabilitation** workers are specially trained to work in the community giving support to children and adults with special needs. They also support children and adults who are not able to readily access school and teach new skills that will help them become more independent and mobile.

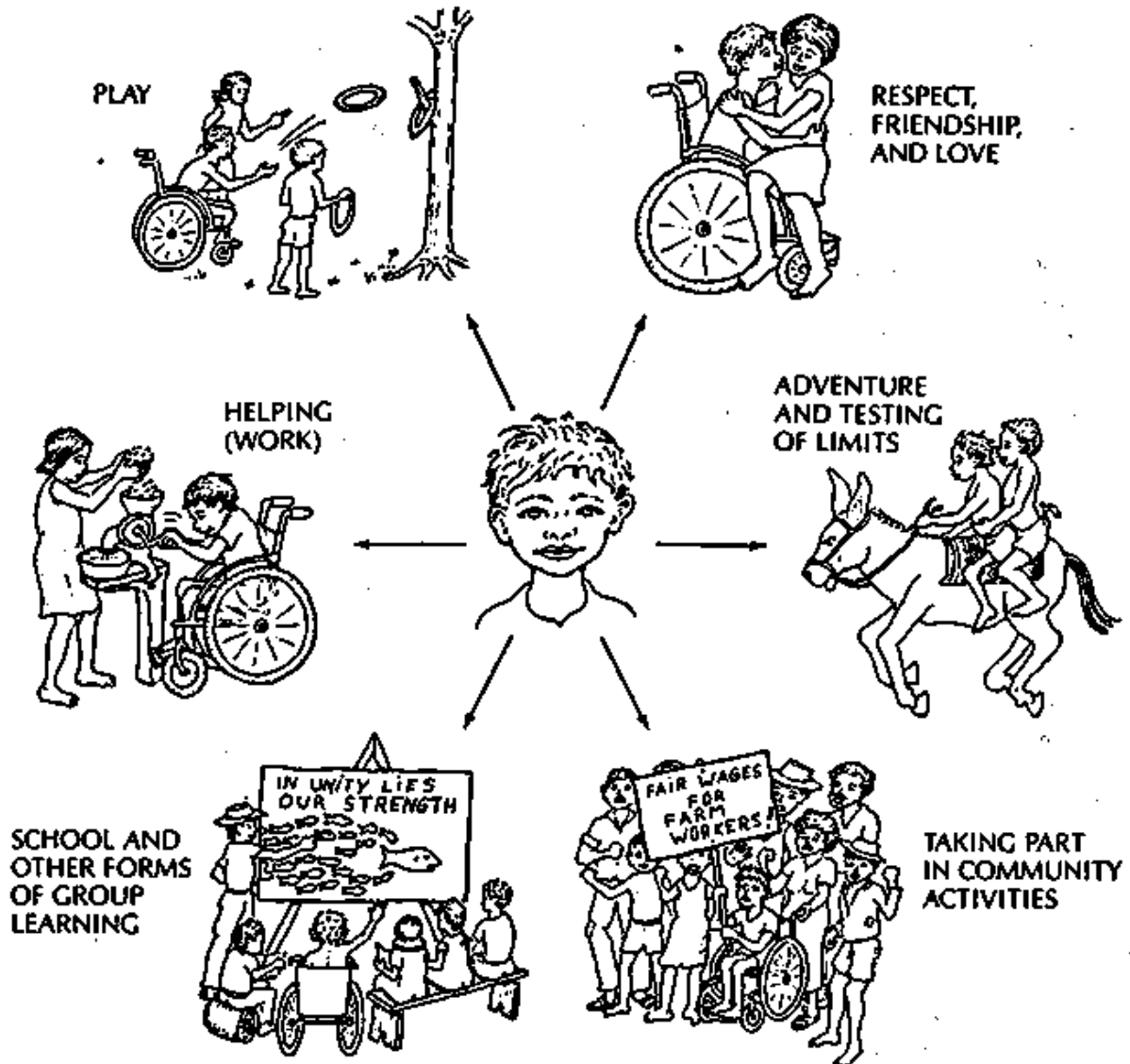
There may be some assistant teachers based at the centres that can also help. These are people give their time voluntarily to assist children with special needs in the classroom.

## THE ROAD TO SCHOOL IS ...

Paved with many obstacles for children with special needs and their families.... Let's make that road less difficult to travel on.

# Step 1: Prepare the Community

A DISABLED CHILD GROWING UP HAS THE SAME NEEDS AS OTHER CHILDREN, FOR ...



In Papua New Guinea, it is very important that the **community** be **willing** and **ready** to help a child with disabilities go to school.

This can be done by:

- **supporting the parents,**
- **creating** a welcoming and supportive environment for the family,
- community members and leaders **providing assistance** to the family
- an **accepting** attitude towards people (including children) of all abilities
- an **understanding** that all children having the right to go to school.

A community's attitude can be a big barrier for the family, especially if there is gossip, suspicion, negativity, or fear regarding a child's disability. This therefore must be quickly stopped by community leaders.

Disability is "universal," meaning, it happens everywhere and among along people.

A community may need to explore the real causes of disability compared to their own beliefs, myths, and traditions as to why people and children are disabled. These beliefs directly influence peoples' attitudes; the community may be blaming, accusing, hurtful and unhelpful. Parents can feel ashamed, guilty, embarrassed, afraid.

#### **Beliefs that families may feel...**

- Shame that their child is different.
- Fear that the child and family will suffer if they allow him/her to go to school; fear of custom beliefs about disability.
- Feelings of worthlessness of the child – that the child with special needs is not important enough for them to spend money on fees and uniforms.
- That the teachers will not want their child in the class – that they do not have time or skills to teach their child.
- That other children may be cruel – that they may bully, tease or isolate their child
- That the child with special needs should stay home and help the family with house and garden work – that they do not need education.

***Whilst these beliefs will be personal to each person and must be acknowledged; in no way are they to influence the level of education and support a child should receive.***

No two people are the same; no one is exactly like another person. Our differences make our society stronger and more interesting. Children with disabilities are part of that diversity!

*In the Bible, Jesus began his public ministry by helping people who had disabilities. He spent nearly three years helping and loving these people, because they were misunderstood and neglected in their communities; they were pushed to the sides and forgotten. He wanted to change that!*

PNG has ratified the **United Nations Convention on the Rights of Children With Disabilities (UNCRCWD)**. This means, that it is THE LAW that every child has :

## + THE RIGHT TO EDUCATION

## + THE RIGHT TO EQUAL OPPORTUNITY

It is vital that a community know these rights and be supportive to a family who has a child with a disability, and assist them in getting that child to school.

Every child, has value and can contribute in some way to the community and general society.

This is a challenge in PNG society where, what a person can do or how they can give back to the extended family is very important.

As such, part of community education must include that children with disabilities can give back in many different ways, and that opportunities must be made available for these children to not only exist but thrive.



Here's a case study about how one community affects a girl with a disability.

### CASE STUDY – A TRUE STORY:

Julie is a 14-year-old girl who was born with a small head. She had many difficulties in her development and growth, and never learned to talk or take care of herself. Over the years she learned to sit up by herself, but never to crawl or walk. Julie never went to school. Why?

When Julie was born, the community and “haus lain” formed their opinions as to why Julie was born this way. There was talk of “masalai,” mother’s “pamuk pasin,” the wrongs of her father, curses, and “sik bilong ples.” Julie’s parents felt very ashamed to have a daughter like her, guilty, and fearful of peoples’ talking and blame; “What did they do to ‘deserve’ a daughter like Julie?” “Was God punishing them?” For this family, it was easier to keep Julie hidden away and unnoticed by the community. Until now, Julie spends all of her days and nights in her bush material home, in the dark, and without any stimulation.

This story is common throughout Papua New Guinea for girls and boys.

- HOW could this story be different if the community around Julie and her family was supportive?
- HOW might Julie be now, if she had been prepared and enrolled in school?

### STRATEGIES:

Simple activities we can do to prepare the community for a child to get ready and go to school:

- Begin with awareness talks in the “haus lain,” and then move to the larger community.
- Hold “haus lain” meetings about disabilities and give clear explanations about causes, but a focus on how to help children and work towards what the children can do.
- Help parents to bring children out for an outing, to the market, and the “haus lain,” so that people begin to know this child.
- Get the community to help with physical barriers that may keep a child home
  - *DO pathways need straightened or levelled? (for blind and physically disabled)*
- Work with other children to prevent bullying or teasing
  - *Start with the kids around the house,*
  - *Have a play group with a variety of children*
  - *Allow all children to attend pre-school, even at different times*
  - *Teach other children what it feels like to disability (blindfolds, tie one leg up, use a wheelchair, etc.*
- Ask local priest / pastor to give a Sunday teaching about disability in the Bible and God’s love for all children and children with disabilities.
- Have a video show, using a DVD about people with disabilities overcoming their challenges (e.g., “My Left Foot,” “Life Without Limbs,” “The Miracle Worker,” “Temple Grandin,” etc.

## Step 2: Identification

A large number of children with disabilities and special needs are school aged children and could go to school. Often these children are being denied the fun and learning that school could offer due to their community.

World Health Organisation (WHO) report says, 15% of Papua New Guinea's children have special needs just like other people in the rest of the world.



***For children with special needs early intervention starts at home when children are born.***



Children learn to socialise and interact first with family and then the community. Early intervention helps children reach their milestones. Children with special needs must go to school when they are 7 years old.

School should be a safe, fun and enjoyable place for all children to learn.

**Children may have obvious or hidden problems. Some of these can include:**

- Moving part of their body
- Seeing
- Hearing
- Communicating
- Socialising with others
- Carrying out simple instructions / tasks
- Behaving in a safe manner or in line with community expectations of being normal
- Following rules

It is important to identify children with special needs for early intervention and management. Disability awareness and screening assists with the identification of different disabilities. The sooner children are screened, support and resources, specific to the child's needs can be provided. Parents and families can gain support this from a number of institutions.

Hospitals, Physiotherapists, Mental Health centres as well as Community Based Rehabilitation centres can all provide support and guidance at various points. Visiting doctor, hospital or even Aid Post as an initial point of access is important.

If these services are not available, an IERC can provide guidance and direction as well as some screening. At the IERC, children can be screened for hearing, visual (seeing) and physical impairment as well as learning difficulties

A Community Base Inclusive Development (CBID) field worker can screen the child for their particular special needs.

Together we can identify the best way to help and support children's special needs. Together we can provide a secure accepting and motivating environment where they can learn to their full potential. That is why it is really important to get professional help as early as possible.

## CASE STUDY:

Sarah is a 5-year-old girl with a hearing impairment who lives in Ekari village and attends Ekari children's day school in Southern Highlands Province. She developed an ear problem (pus discharge) from swimming in the lake near her village. Sarah was never taken to the aid post for medical intervention.

Her ear problem worsened and she struggled to hear. She was not able to respond to instructions and communicate well with her parents, teacher and friends. Sarah's hearing problem affected her learning, mixing with peers and kept her away from school and other daily activities. Sarah's parents and her teacher were concerned about her hearing loss and reduced socialisation.

Sarah was identified with large dry perforations on both ear drums by the Callan Services CBR team when her parents reported her problem. Her hearing test results show that Sarah had a moderate to severe hearing loss on both ears. As Sarah had testing, support of hearing aids and specific help from her teacher, she was able to learn and engage more with her peers.

The **Community Based Rehabilitation (CBR)** Team consider the following process:

1. What tests and screens can be run?
2. How do we find the assistive device / technology for this child?
3. How can I ensure this child goes to school?
4. When will I speak with the parents?
5. When will I speak with the teachers?
6. How can we help prepare this child to go to school?
7. How can we help this child develop their communication skills more?
8. How can we help the child to move around freely?
9. Referral to an ENT specialist may help this child. How can I do that?
10. Who are all the people that are stakeholders in the child's education (teacher, parent, therapist, principal, doctor)?

**All stakeholders** are part of **collaborating**, working together, to ensure the safety and attendance of children at school.

## **PROCESS FOR ACCESSING COMMUNITY BASED REHABILITATION SERVICE:**

### **Parents**

- Contact a CBR Field Worker from Callan Services.
- Contact local hospital / Aid Post / medical support for clinical assessment.
- Contact teacher to find out specific area of concern in learning.

### **Teachers**

- Contact parents to find out if there are any concerns at home and seek permission to contact CBR.
- Contact CBR Field Worker from Callan Services for screening and intervention support.

### **CBR Field Worker**

- Screen child to assess whether the child has a special need or medical issue.
- Refer the child for early intervention and management if necessary.
- Ear and eye treatments, order hearing aid, eye glasses, wheel chairs and other assistive devices / technology from the Callan Services regional clinic or other disability services or within Callan Services Network.
- Refer to Ear Nose Throat (ENT), Eye and Bone doctor for operation.
- Talk to the parents and teacher about the child's ear / hearing, eye / vision problem or physical disability.
- Provide support to all parties in the process of the child going to and accessing school.
- Conduct disability awareness in the community and school.
- Client follow-up meeting with regular stake-holder meetings to monitor child progress.

## **TASK:**

### **IERC Teacher / Case Manager to complete:**

- Initial Interview Checklist

# Step 3: Family Preparation

In preparing the child for school, it is important to take into consideration concerns and support in the management of this to ensure a smooth and successful, sustained transition to school. Often, the key question is, 'What can I do to prepare the children for school?', 'What can the child do to prepare themselves for school?'

## Parent concerns

- Frightened their child may be teased and/or be harmed.
- Feel shame from community.
- Financial difficulties paying fees for other siblings besides those for their children with a disability.
- Fear not having the expert / skills to support their child.
- Lack of knowledge of services available

## Child's Concerns

- Feeling neglected and isolated in school
- Feeling frightened of being teased or bullied and will not be supported
- Not being able to move and access facilities including the toilet
- Not being able to participate in learning

### CASE STUDY:

Jack is a 5-year-old boy who was born deaf. He uses home signs to communicate with his family but sometimes it is challenging for his family to understand. The community in which he lives in are not familiar with the kind of disability Jack has and not sure how they could assist Jack. They often gossip that Jack's parents had done something bad resulting in Jack's disability without considering the medical aspects. He is often shy and keeps to himself compared to his peers.

Jack's parents are planning and hoping he attend and do well in school one day. They are very protective over Jack and worry he might be bullied or might not complete school if enrolled because of his disability. Jack seems to be very smart, physically fit and very obedient.



## **STRATEGIES:**

Simple activities we can do to prepare the community for a child to get ready and go to school:

- Parents, guardians and community participate in disability related workshops organised by hospitals, mental health centres, physiotherapist, Callan Services Network or other service providers that directly or indirectly address the special need of the child.
- Prepare nearby school prior to enrolment, including the training of all teachers in specific needs.
- Delivering training to other stakeholders to being aware of the need of the child with specific needs.
- Training in specific intervention for child, parent and teaching staff. Including: sign language, Braille use, assistive device use.
- Ensure the environment and building have appropriate access for the child to use.
- A Case Management Plan (CMP) or Individual Education Plan to be introduced as a working tool with the child and parents.
- Key stakeholder meetings run frequently to collaborate on support services provided as well as monitoring progress.

## **TASK:**

**IERC Teacher / Case Manager to ask parent to complete / provide support in completion:**

- Parent Information Form

## Step 4: Meeting Time

This step will involve all people involved in supporting the identified child accessing education who have specific learning needs.

When coordinating a meeting, these are important points:

**WHEN:** As soon as concerns have been raised

**WHERE:** Preferably on the school grounds or the local IERC

**WHO:** Parents, teacher, principal, IERC representative, CBR representation and other service providers as needed, i.e. physiotherapist, doctor

**WHAT:** Concerns of the child's specific needs, learning needs, strengths and difficulties of the child, history of developmental progress



- ALWAYS check with those who will be part of the meeting what day and time is suitable and convenient for ALL.
- Important: CBID Field Officer and Inclusive Education Teacher MUST ensure that this meeting takes places at the earliest time with all involved.

### MEETING PROCESS:

**Before** the meeting CBR Field Officers, Inclusive Education Teachers and Classroom teachers must have the following things to help them during the meeting:

- A **notebook** with few key points they wish to **share about the child** with disability to both the parents, classroom teacher and the school principal as well as to jot down important points raised during the meeting,
- A **pen or pencil** for jotting down **points raised** in the meeting, and
- Have appropriate pictures, photos, examples of the child's work as well as that of an expected level (where appropriate) as well as illustrations to further explain a point should there be need to do so.

**During** the meeting, the CBR Field Officer and the IE teacher will lead the meeting by welcoming, thanking and reminding all present about the purpose of that meeting.

- Share with the parents, class teacher and the school principal about what the child:
  - CAN and CANNOT DO,
  - LIKES and DISLIKES,
  - SPECIAL QUALITIES; eagerness to learn, sense of humour, good behaviour, talents, etc.,
- Discuss:
  - History of child's development
  - Find out about previous medical support and intervention
  - Special programs that might be needed for learning
  - School awareness that could be carried out by the CBR Field Officer / IE teacher to help the other teachers and children understand the child's special needs
  - Training that will be given to the classroom teacher to help with the child's learning and ongoing support that the IERC will give to the classroom teacher

**After** the meeting, reflect on the meeting points, concerns, questions and the PLAN OF ACTION that was created with all present for the meeting.

## **REMEMBER:**

*Use SIMPLE and CLEAR words to explain.*

*After sharing, invite the parents to share about their experiences with all present.*

*Create an atmosphere for all present to ask questions and seek clarification where needed.*

*LISTEN ATTENTIVELY.*

*DO NOT MAKE PROMISES but offer to consult others regarding concerns and questions you may not have immediate answers or suggestions for.*

*Create a PLAN OF ACTION with all present on WHAT TO DO NEXT.*

## CASE STUDY:

Tautau was born with his right leg shorter than his left one. He is the only son of Kila and Vavine Gutuma both local villagers from Kwikila Station in the Rigo District of Central Province. He is 6 ½ years old and his parents are keen on him enrolling at the Kwikila Primary School along with his cousins and friends when the next school year begins. His mother has always been worried for Tautau and is ever watchful when he joins the children of the village to play in case he is taunted and teased because of his disability.

For the past 4 years, Emma (a CBR Field Officer) and Gima (an IE teacher) have been coming twice a week to the house to work with Tautau. Sometimes, Kila and Vavine are invited to join in the fun games but most times, 4 or 5 other children of Tautau's age group look forward to those visits to learn and play together. These visits have helped Tautau to become very confident from being very shy and reserved when Emma and Gima started working with him.

Kila and Vavine have expressed their hopes and wishes for Tautau to Emma and Gima a few visits ago so Gima has approached Mr. Geno (the class teacher) and Mrs. Vagi (the School Head Teacher) to set up a convenient time to have a meeting. It was agreed that Thursday 1:30pm next week would be ideal for them all. Emma and Gima would arrive around lunchtime instead of the usual 9am. Kila and Vavine would be back from working in their garden in the cooler hours of the morning, whilst Mr. Geno and Mrs. Vagi would be free after seeing the students off for the day. The meeting was held at the Gutuma's family home and a Plan of Action was mutually agreed upon to prepare for Tautau's smooth transition.

## PLAN OF ACTION BY TEAM:

### Parents / Guardians

- Start to gently talk with child about what to expect in school and types of activities and people who be at the school.
- Invite similar aged peers or children from the class over for a play group.
- Ensure level of independence to complete tasks.

### IERC & CBRC Support Staff

- Begin role playing 'classroom' and 'school' setting in their activities for child with peers.
- Organize and do a school awareness program for the teachers and students.
- Invite child's friends, siblings and parents during their visit to raise awareness about school bullying and prevention.
- Review and support school in making modifications where appropriate for access, physical and curriculum.
- Provide support for classroom teacher regarding intervention as well as teaching and learning strategies.
- Coordinate and maintain IEP / CMP.

### **School Staff (Principal AND Classroom Teacher)**

- Organize with teachers and students a time for support staff to do the school awareness
- Make modifications to infrastructure where appropriate
- Make modification to curriculum and policy as well as learning activities
- Frequent awareness raising about school bullying and prevention strategies

### **TASK:**

#### **IERC Teacher / Case Manager to complete:**

- Assessment Information Checklist

## Step 5: Looking at the child's needs

The child's need should come from the child himself/herself and if they cannot say it out then the parents should speak for their needs BUT not from the resource teachers or from the community based rehabilitee officers.

### CASE STUDY:

Here comes Sammy, he is 6 years old. During community screening he was identified having problems with his thinking. He has the interest to go to school but could not make it as he lost his mom. He was then taken care of by his step mother but she has neglected him. He child is left alone in the house most times. Sammy can say words correctly but needs writing skills. His step mother uses a lot of discriminating terms like 'long-long, stupid, idiot and bastard' right in front of his father. The father only smiles and does not talk to his wife. Sammy often runs away to his grandmother who is in her 70s. She only cries for her grandchild as she has no more strength to do something.

Sammy likes to play with others but most times he has been bullied by others in the community because of his slowness in thinking and doing things. He wants people to remind him every time when he is asked to do things. For example, he forgets to bring his towel with him before he goes to the shower room so, he calls for others to bring his towel after his bath. He also has communication problem and so, he takes time to response to others. Moreover, he is poor with organizing himself especially with his dressing. He takes a lot of time to do a certain activity. He behaves well most times.

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*Intellectual impairment refers to children with limited abilities to learn. It occurs before the age of 18 (in a layman term).*

"Intellectual impairment refers to substantial limitations in present functioning. It is characterized by significantly sub-average Intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. Intellectual impairment manifests before age 18." (Vaughn Bos Schumm, 2000)

### CONSIDER:

1. What are some of the good things that Sammy can develop in life before being enrolled in an elementary school?
2. What are my goals developed for Sammy with intellectual Impairment as he is only 6 years old?

\*Sammy will need a teacher aid to assist him closely. Also, the idea of peer tutoring can be applicable.

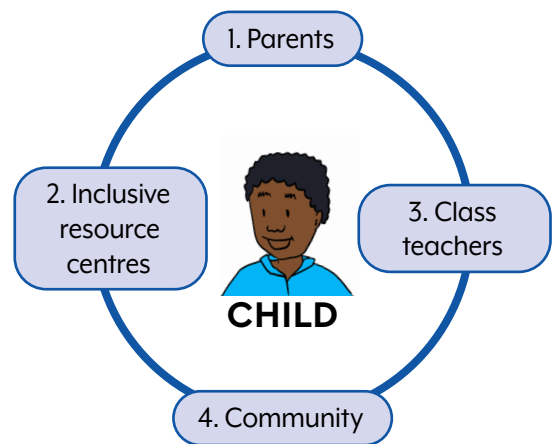
\*Sammy needs a kind, caring, helping hand to help him.

### Considerations for entry process to an early childhood education centre or school:

- Conduct awareness to the community / school.
- Reminder of rights of a child to do anything just like others
- Look for early childhood learning centres (elementary )
- Social / friendship skills
- Develop routines for him to follow
- Conduct interview with parents
- Liaise with resource centres

### Action to prepare children and parents to go to school?

1. Interview the parents.
2. Enrol the child into an inclusive Resource Centre commencing with attending early intervention class.
3. Mentoring to be provided by the Inclusive Resource Centre officers (especially for psychological reasons).
4. Develop a good CRMP includes area of needs.
5. Involve peer tutoring / coaching.
6. Continuous monitored of child's learning progress.



### A child with a \_\_\_\_\_ in the class.

- Orientation and mobility skills
- Needs assistive devices
- Adjusted learning activities

### ASSESSMENT – LEARNING NEEDS:

- Do observation during class time. (maybe 1-3 times)
- Make checklists on his academic work

### TASK:

#### IERC Teacher / Case Manager to complete:

- Learning Difficulties Assessment Checklist
- Academic Behaviour Checklist
- Literacy & Numeracy Checklist (where appropriate)

# Step 6: ONGOING SUPPORT – Case Management Plans

The actual planning begins now after assessing the child's needs in all areas of development. The planning will be made possible when you maintain trust and good relationship between parents, child and the community. This leads to parent's having great encouragement and participation in supporting their child to learn.

## Stakeholder for ongoing support:

- CBID Officer
- CBID Volunteer
- Parent or Care Giver
- Other children in the family

## Community Based Support Staff:

It is the role of the CBID Educator to provide support and training to the family and community for them to assist the child well.



## The CBID Officer will always be a supporter to the family and the child. They can help by:

- Meeting with the parents and the class teacher if the parents want support.
- Encouraging and supporting the children.

**The CBR Educator will always be a supporter to the family and the child. This is done by:**

- Doing regular visit to the parent and client.
- Making sure the parents and care givers are present during the visit.
- Getting parents' concerns and interests.
- Encouraging parents.
- Assessing the child's needs.
- Refer the child to other specialists if need be.

## **PURPOSE:**

The family and the CBR educator are now prepared for planning the child's future. The planning is done using the Case Management Plan (CMP)

A case management plan is a plan done by a team of people who will assist the individual child. In the plan they write the needs of the child and what will be done to help the child progress. A CMP takes into consideration that:

- A child has different learning needs
- It helps keep everyone organised and on task
- It keeps the IE Teacher, the principal and the parents on track
- It helps to measure the progress and re-assess the child for future development

## **DOCUMENTATION COLLATION:**

Before sitting in for the planning, it is very important that child-based assessment and screening is completed. These much include:

- Hearing Assessment
- Visual Assessment
- Physiotherapist Assessment
- Doctor's report
- CBID Assessment



Additionally information must be collected about the child's:

- Interests, talents, special skills,
- Likes and dislikes,
- Strengths and weaknesses,
- Examples of development or work samples.

## CASE STUDY:

Petu is 4 years old and cannot walk. He is able to crawl and say a few words. When he was a baby, he did not receive all his immunisation from the clinic. The father fears that if he gets immunised, he might not do well in school. When Petu was two years old, he was very sick and was admitted in the hospital for 6 months. His growth rate is slow compared to his age mates. He is not allowed to play with friends

## MEETING ORGANISATION:

The CBR Educator will plan for the meeting.  
He or she sets a date and inform the very important people who will assist the child.

These people are:

- Parents,
- CBR Volunteer,
- Teachers,
- Support Service staff (e.g. physiotherapist),
- Child (if age appropriate)

It is now time for the class teacher, with help from the IE Teacher, and with the support of the parents to write a CMP for the child.



## A CASE MANAGEMENT PLAN CONTAINS:

- Summary of current strengths
- Identification of barriers to inclusion
- Plan for intervention
- Goals settings (Short and long term)
- Transition from one stage to another
- Placement decisions (where the child receive intervention e.g.; home, clinic, IERC etc.)
- Social Participation

## **ACTION PLAN:**

1. Set two to three goals
2. Visit the child at home and school
3. Assess social participation
4. Honour the review date
5. Provide support materials (building standing frame, communication etc.)
6. **IMPORTANT:** Make realistic goals which can be achieved.

***Essentially, you are working to ensure the child is prepared well to go to school.***

## **TASK:**

### **IERC Teacher / Case Manager to:**

- Complete CBR Plan / IEP with stakeholders.
- Monitor IEP goals.
- Provide IEP tracking list for child (if appropriate).
- Complete a Frequency of IEP Goal Achievement in preparation for IEP.
- IERC School Visit form each time visit is made.
- Provide and train teachers in Peer Tutoring Program.
- Complete a Student Summary.

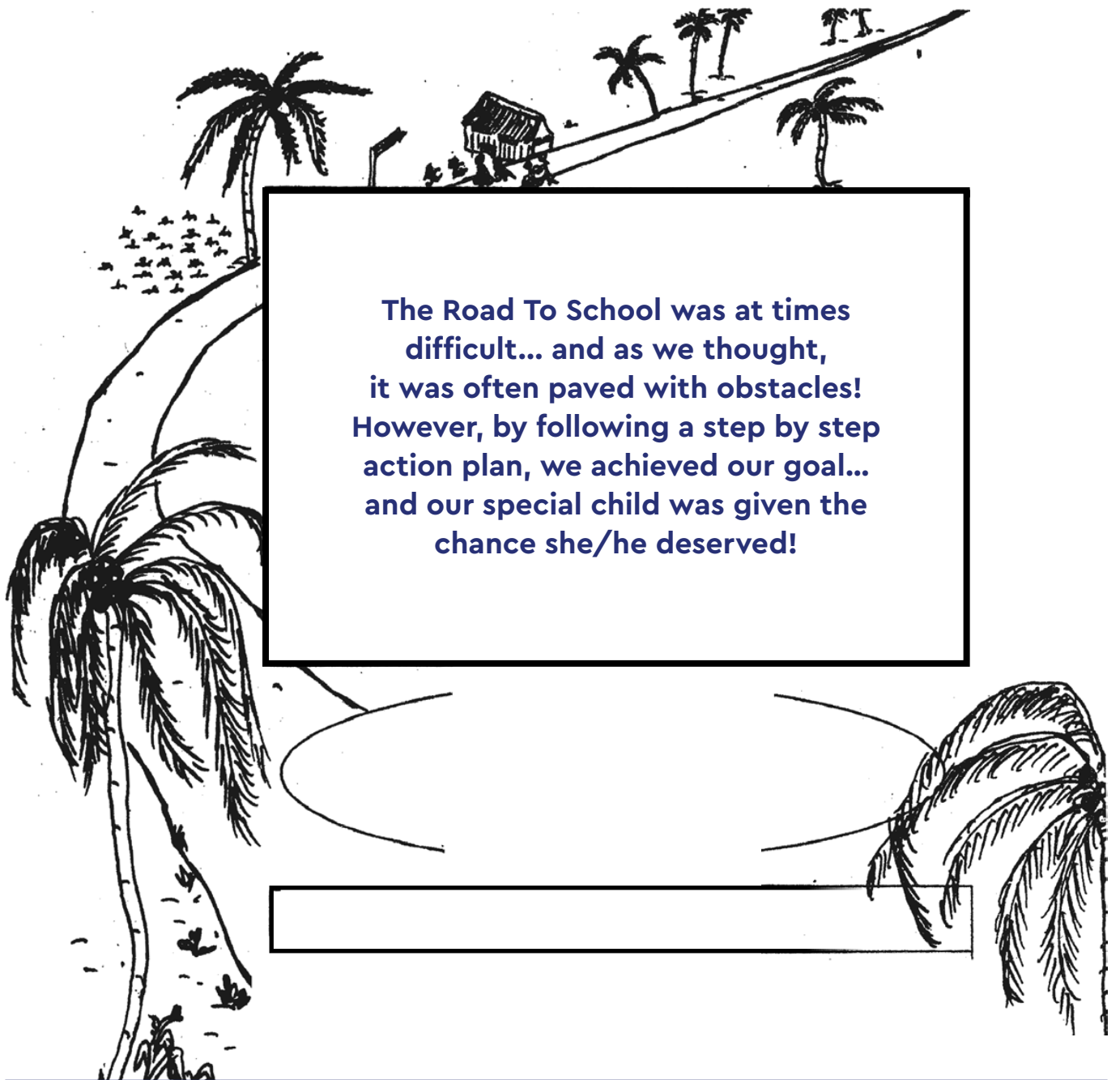
## Step 7: Last Step on the Road to School

# what well now?

If the steps previously have been followed, the child has been given a chance to develop their abilities by going to school alongside other children.

From here...they have the potential to go onto secondary school and tertiary education.





**The Road To School was at times difficult... and as we thought, it was often paved with obstacles! However, by following a step by step action plan, we achieved our goal... and our special child was given the chance she/he deserved!**

### LET'S JUST CHECK OVER THE STEPS THAT WE TOOK IN OUR ACTION PLAN

Step 1	Preparing the community
Step 2	The step on the road to school – Identification
Step 3	Family preparation
Step 4	Meeting time
Step 5	Looking at the child's needs
Step 6	Ongoing support – Case Management Plan
Step 7	The last step on the road to school



**PNGAus Partnership**