

ACT STUDENT DISABILITY CRITERIA

Updated 2019



Scope

All schools in the ACT (including Association of Independent Schools ACT and Catholic Education).

Purpose

All ACT schools are required to adhere to legislation as set out in the Disability Standards for Education 2005 (DSE) which seeks to ensure that people with disability have access to equal participation in education on the same basis as those without disability. The Education Directorate in the ACT is committed to providing the highest quality teaching and learning so that students with special needs or disability are attending and achieving in their school setting.

Overview

Schools in the ACT provide a range of support services to meet the educational needs of students with disability. The Directorate endorses a whole-school approach to improving student learning and outcomes. Hence, schools are required to make reasonable adjustments to ensure students with disability are able to participate in education on the same basis as students without disability. This highlights that equal opportunity for students with disability is upheld by the Education Directorate. It also endorses that students with disability are entitled to relevant and engaging learning programs that address their individual needs that might require additional resourcing support.

The following document aims to provide the school staff a guide to determine if a student meets ACT Student Disability Criteria. The procedures established stipulate that:

- diagnosis is made using the most current Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or the International and Statistical Classification of Diseases and Related Health Problems (ICD-10).
- diagnosis for which resourcing was established in the past using the previous versions of the diagnostic classifications would continue to be recognised as eligible for funding. For example, if a young person was diagnosed with Autistic Disorder or Aspergers Disorder as described in the DSM-IV, then this would automatically be encapsulated in the DSM-5 diagnostic criteria of Autism Spectrum Disorder.
- presence of a disability (including a mental health diagnosis) may not be sufficient to warrant additional resourcing in school. Evidence of impairment in functioning as a result of the disability coming in the way of school participation is required.
- most importantly, there is a need that significant or extensive adjustments are required to enable a student to access their curriculum in the school setting.

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INTELLECTUAL DISABILITY

ELIGIBILITY

A student is considered to have Intellectual Disability where a student has a diagnosis of an intellectual disability that is consistent with the DSM 5 or ICD 10 (including level of severity).

- As a result of the disability, significant adjustments are required to curriculum, school activities and assessment procedures to ensure the student is able to access and participate in education on the same basis as a student without a disability.

VALIDATION

- A report from a Psychologist detailing the diagnosis of an intellectual disability based on the following:
 - clinical assessment
 - approved standardised testing of intellectual functioning (standard score 70 ± 5)
 - adaptive functioning (standard score of 70 or below in one or more composite/domain areas for example Conceptual, Social and/or Practical, in both home and school settings)¹
- A *Student Education and Impact Statement* (see appendix A) that clearly outlines the type and level of adjustments that are required to enable the student to access the curriculum.

Note: When the use of a standardised cognitive assessment is not possible due to the severity of disability, a report from a Psychologist or Paediatrician detailing the disability may be accepted. In such cases, diagnosis must be substantiated with:

- robust clinical assessment
- use of a standardised developmental tool (for example the Developmental Profile, 3rd Edition)
- adaptive functioning (standard score of 70 or below in one or more composite areas, Conceptual, Social and/or Practical, in both home and school settings)

¹ The global/overall scores on the standardized tool does not fulfill this requirement.

For a very small number of preschool children establishing a reliable diagnosis of intellectual disability is not possible. For this group a provisional diagnosis of intellectual disability should be considered with a review in 2 years or sooner if required.

LANGUAGE DISORDER

ELIGIBILITY

A student is considered to have a Language Disorder where a student meets the diagnostic criteria of language disorder that is consistent with the DSM 5 or ICD 10.

- Impaired understanding or expression of language is having a significant and measurable impact on their learning.

VALIDATION

- A report from a Speech Language Pathologist or a Psychologist (in conjunction with a Speech Language Pathologist) detailing the diagnosis of a language disorder based on the following:
 - a descriptive analysis of a student's communication profile (including comprehension, language production and use, speech processing and speech production) that demonstrates a substantial reduction of the student's capacity for communication, social interaction or learning
 - Scores obtained from a standardised individual test of expressive and/or receptive language development are quantifiably below those expected for age (2 standard deviations below mean i.e. 70 or below)
 - the severity of the language disorder cannot be attributed to an intellectual, physical or sensory impairment or to social/emotional or socio-cultural factors.
- Formal assessment, by a speech language pathologist including information from a standardised individual assessment which is not older than one year, detailing the severity of the disorder and the impact on the student's ability to achieve academically.

Or

- Formal assessment by a psychologist which has details incorporated from the speech pathology assessment report that is not older than one year detailing the severity of the disorder and impact on the student's ability to achieve academically.
- *A Student Education and Impact Statement* that captures information from the Teacher, Learning Support Teacher or a School Psychologist that details the student's learning needs in the areas described above.

Note: A review of the extent of the language disorder and support needs to occur every 2 years for students in primary school settings (unless otherwise specified for a small number of students where a review after 12 months is indicated through the DE application process) and once on entry to high school (unless otherwise specified for a small number of students). At the time of the review, the supporting speech language pathology assessment should be no more than 12 months old.

PHYSICAL DISABILITY

ELIGIBILITY

A student is considered to have a physical disability where:

- the student has a current physical condition involving the motor system that significantly limits their level of functioning and independence in mobility or personal care;

AND

- their ability to physically undertake essential learning tasks.
 - The student requires assistance with personal care and /or mobility
 - Gross motor and fine motor development is significantly impaired

VALIDATION

- A report from a specialist medical practitioner, and/or therapist, detailing the nature and extent of the student's condition, and the impact on the student's ability to participate at school.
- A *Student Education and Impact Statement* that captures information on the adjustments required to enable the student to access the curriculum.

Note: Reports must be recent enough for a valid determination to be made.

HEARING IMPAIRMENT OR DEAFNESS

ELIGIBILITY

A child or young person is considered to have a hearing impairment where there is a sensorineural hearing loss or on-going conductive loss impacting on speech, language, auditory processing, cognitive, social or educational development.

- A hearing loss, in the better ear, at 2 or more adjacent frequencies greater than or equal to 30db (frequencies measured- 500, 1000, 2000, 3000, 4000).
- Conductive hearing loss needs to be ongoing which is substantiated by a letter from an ENT specialist or an audiologist.
- Deaf students who require alternative/augmentative methods of communication or rely on sign language – Auslan or signed English.

VALIDATION

- An audiologist report. An otolaryngologist or Ear Nose and Throat Specialist may also provide this assessment.
- In addition, a functional report from a specialist teacher of the Deaf outlining the impact of the hearing impairment on the child's learning.
- A *Student Education and Impact Statement* that captures information on the adjustments required to enable the student to access the curriculum.

Note: Reports must be recent enough for a valid determination to be made. Hearing loss needs to be within speech range (500 to 4000 hz).

VISION IMPAIRMENT OR BLINDNESS

ELIGIBILITY

The student is considered to have a vision impairment where there is a permanent vision loss in both eyes that impacts significantly on the student's learning:

- Vision loss is 6/24 (corrected) or less in the better eye; or
- Visual fields reduced to a measured arc of less than 20 degrees.
- Blind or functionally blind. Student requires oral instruction and demonstrations in a non-visual format. Student requires all written work in Braille or auditory format.

VALIDATION

- An assessment and report by an ophthalmologist.
- In addition, a functional report from a specialist teacher of the Vision Impaired outlining the impact of the vision impairment on the child's learning.
- A *Student Education and Impact Statement* that captures information on the adjustments required to enable the student to access the curriculum.

Note: Reports must be recent enough for a valid determination to be made.

AUTISM SPECTRUM DISORDER

ELIGIBILITY

- A student is considered to have Autism Spectrum Disorder where a student meets the diagnosis criteria for Autism Spectrum Disorder that is consistent with the DSM 5 or ICD 10².

AND

- the student displays significant deficits in adaptive behaviour established by a score of 70 or below on two or more domains on an approved standardised test of adaptive behaviour. It is required that a teacher completes the adaptive behaviour questionnaire.³

VALIDATION

- Documented evidence of a diagnosis provided by a psychologist, a child psychiatrist, paediatrician, child health medical officer, or other medical professional.
- A *Student Education and Impact Statement* that clearly outlines the type and level of adjustments that are required to enable the student to access the curriculum.

Note: The review of the diagnosis is to occur as per the assessor's recommendations and future options will be guided based on the review assessment.

² A student is considered to meet the Autism Spectrum Disorder where:

The student has a previously established diagnosis as described in DSM-IV or ICD 10 for the following Pervasive Developmental Disorders:

- Autism
- Rett's Disorder
- Childhood Disintegrative Disorder
- Asperger's Syndrome
- Pervasive Developmental Disorder Not Otherwise Specified.

³ The global/overall scores on the standardized tool does not fulfill this requirement

MENTAL HEALTH DISORDER

ELIGIBILITY

A student is considered to have a Mental Health Disorder where a student meets the diagnostic criteria for Mental Health Disorders that is consistent with the DSM 5 or ICD 10.⁴

- They exhibit significantly disturbed behaviours diagnosed at a level of frequency, duration and intensity that seriously affects their educational functioning.

AND

- The condition requires intervention from a mental health/medical professional and they are receiving the needed intervention/supports.

VALIDATION

- A report, within a 12 month time frame from a specialist medical practitioner, psychologist, child psychiatrist or paediatrician which details the DSM 5 or ICD 10 diagnosis and nature of the behaviours.⁵
- Documented evidence of individual ongoing psychological and/or pharmacological intervention by a mental health practitioner (this may include the school psychologist).
- A *Student Education and Impact Statement* that clearly outlines type and substantial/extensive level of adjustments that are required to enable the student to access the curriculum.

Note: These students will need a disability confirmation sheet to be completed annually.

⁴ Behavioural disorders – ODD, Conduct Disorder and ADHD are excluded for funding. It is expected that all adjustments to learning are implemented by school as required for children with learning issues and learning disability and therefore learning disability is excluded from this funding.

⁵ Reports provided by CAMHS may be signed by other mental health specialists in the CAMHS team

CHRONIC MEDICAL CONDITION

ELIGIBILITY

A student is considered to have a disability due to a chronic medical condition where:

- their level of functioning and independence and ability to undertake essential learning tasks is significantly limited.

AND

- the student is highly dependent on others to access the learning environment/curriculum.

VALIDATION

- A written statement from a medical practitioner outlining the diagnosis and providing detail of the impact of the disorder on the student's educational functioning. The severity of medical condition could vary the impact of the disorder on functioning, thereby requiring regular reviews. Of note, there will be some conditions that are severe and pervasive that do not require regular reviews to establish impact of the disorder on learning.
- *A Student Education and Impact Statement* documenting the impact of the medical condition on the student's learning.

Note: These students will need a disability confirmation sheet to be completed annually.