



# EDUCATIONAL Adjustments

DISABILITY FUNDING, MEETING LEARNER NEEDS

TASMANIAN EDUCATIONAL ADJUSTMENT DESCRIPTOR TOOL

## About the Educational Adjustment Descriptor Tool

The Educational Adjustment Descriptor Tool is used to ensure consistent levels of educational adjustments are provided for students with disability across all Tasmanian Government schools.

The purpose of this tool is to guide discussions and decisions in relation to the educational adjustments provided by schools for students with disability. This tool helps direct discussions for the moderation of students' needs for the Nationally Consistent Collection of Data (NCCD) process and Educational Adjustments resourcing. It also aims to help schools identify appropriate documented evidences of the adjustments implemented.

The NCCD is the collection of information on Australian school students with a disability based on educational adjustments.

Broad Levels of Adjustment are used to describe the intensity and frequency of these adjustments.

The Tasmanian Department of Education has developed additional descriptions that relate to Substantial and Extensive Levels of Adjustment. These are detailed further throughout this document.

## How to use this Descriptor Tool?

It is important to note, this Tool describes the educational adjustments the school has provided within the past 12 months for a period of 10 weeks or longer. For students commencing kindergarten, it will be based on anticipated educational adjustments within a kindergarten context. This tool focuses on the supports the school and staff are providing to ensure access and engagement for student learning.

This Tool is to be used in collaboration with Inclusion and Diversity Services Moderators and the school team to determine the level of educational adjustment provided to students with disability in Tasmanian Government schools.

This is a sequential self-navigation tool which helps guide users through the different decision points between each Level of Adjustment, to determine the Level of Adjustment that the school is providing for the student.

There are key words and phrases underlined throughout the document. Refer to the supporting glossary to clarify the underlined terms within this Descriptor Tool.

This Descriptor Tool can be used to help inform the student's learning plan cycle and the Learning Plan should reflect the adjustments provided for the student (above Quality Differentiated Teaching Practice).

It can also be used to guide conversations with parents and consult on appropriate adjustments and supports for students' learning programs.

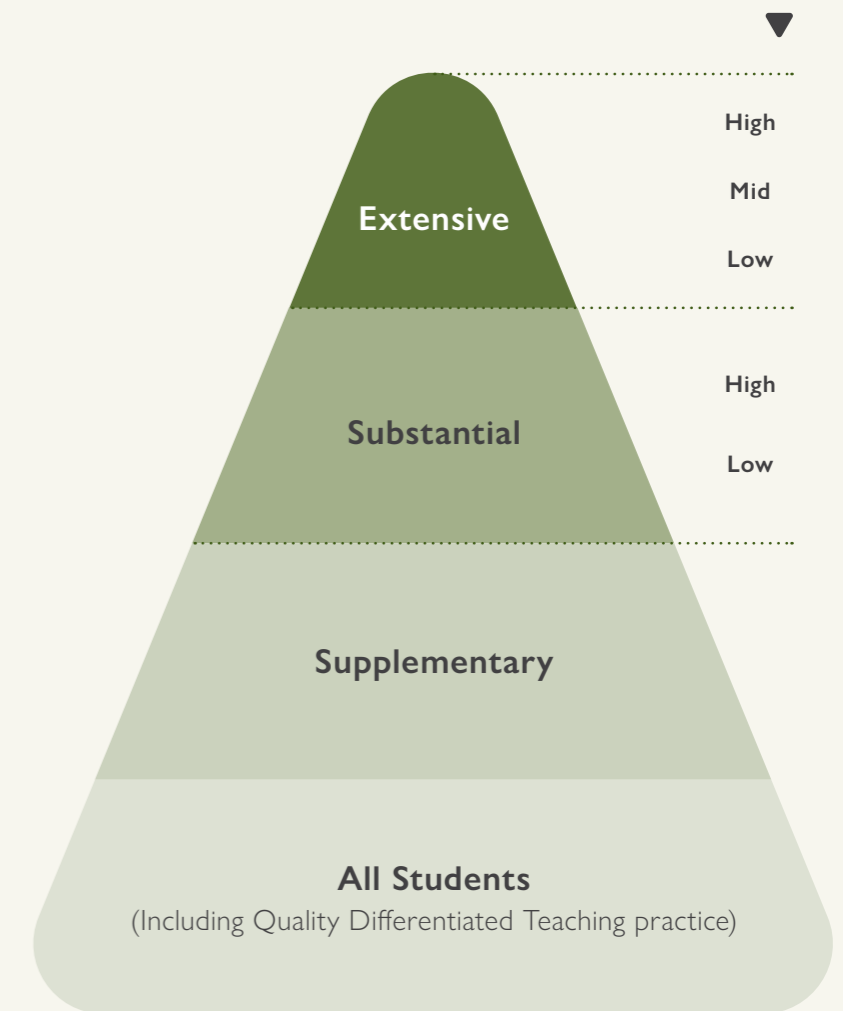
Over time, we hope to see students work towards their learning goals and become as independent as possible.

This is an annual process; for some students their level of educational adjustment will change over time based on their level of need.

## EDUCATIONAL Adjustments

NCCD Level of adjustment

Tasmanian Educational Adjustments



# Support provided within Quality Differentiated Teaching Practice (QDTP)

Nationally Consistent Collection of Data on School Students with Disability

## Quality Differentiated Teaching Practice Level of Adjustment Description:

Students with disability are supported through active monitoring and adjustments that are not greater than those used to meet the needs of diverse learners. These adjustments are provided through **usual school processes**, without drawing on additional resources, and by meeting proficient-level Teaching Standards (Australian Institute for Teaching and School Leadership).

Adjustments are made infrequently as occasional action, or frequently as low level action such as monitoring. These adjustments may include:

- explicit, minor adjustments, including targeted or differentiated teaching, assessments or activities
- specific and relevant teaching strategies to support targeted areas of communication
- active monitoring and supervision, meeting health, personal care and safety requirements through usual school processes
- enabling access to learning through usual school processes (e.g. through a differentiated approach to teaching and learning) and existing facilities (e.g. existing modifications to buildings and learning environments).

Students with a medical condition whose learning and support needs are met through usual processes (e.g. whole-school professional learning) and active monitoring by school staff are included in this category. These students may have a plan in place to support monitoring of their condition. Their identified needs would be subject to close monitoring and review.

## Guiding questions and examples:

- does the student have a medical condition such as asthma, diabetes and anaphylaxis, that has a functional impact on their schooling, but whose disability-related needs are being addressed through quality differentiated teaching practice and active monitoring? This could apply to students who require minimal support or self manage a piece of assistive equipment or technology e.g. hearing aides.
- does the student have a mental health condition and has strategies in place to manage the condition in consultation with medical professionals, that can be provided within quality differentiated teaching practice?
- a student with a medical condition or a mental health condition that has a functional impact on their schooling and requires ongoing monitoring but who does not require a higher level of support or adjustments during the period they are being considered for the data collection
- a student who has been provided with a higher level of adjustment in the past or may require a higher level of adjustment in their future schooling.

Evidence of adjustments can be documented in teacher planning.

Do the Educational Adjustments you provide for this student reflect Quality Differentiated Teaching Practice?

YES

**Yes, the student is supported through QDTP.**

Continue to provide educational adjustments and record this evidence.

NO

**No, the level of adjustment is greater.**

Proceed to [Section 2](#) to determine if Supplementary adjustments are provided for this student.

## Supplementary

Nationally Consistent Collection of Data on School Students with Disability

### Supplementary Level of Adjustment Description:

Students with disability are provided with adjustments that are supplementary to the strategies and resources already available for all students within the school.

Adjustments occur for particular activities **at specific times throughout the week** and may include:

- adapted and additional instruction in some or many learning areas or specific activities
- personalised and explicit instruction to support one or more areas of communication
- planned health, personal care and/or safety support, in addition to active monitoring and supervision
- adjustments to enable access to learning may include:
  - » specialised technology
  - » support or close supervision to enable participation in activities or the playground
  - » modifications or support to ensure full access to buildings and facilities.

### Guiding questions and examples:

Students often require support in accessing the curriculum at the appropriate year level (i.e. the outcomes and content of usual learning programs or courses).

Examples might include:

- students who have particular difficulty acquiring new concepts and skills outside a highly structured environment.

The needs of some students may be related to their personal care, communication, safety, social interaction or mobility, or to physical access issues, any of which may limit their capacity to participate effectively in the full life of their school.

Students receiving Supplementary level of adjustment require a Learning Plan.

**Do the Educational Adjustments you provide for this student reflect a Supplementary level of adjustment?**

YES

**Yes, the student is supported through Supplementary adjustments.**

Continue to provide educational adjustments and record this evidence.

NO

**No, the level of adjustment is greater.**

Proceed to [Section 3](#) to determine if Substantial adjustments are provided for this student.



## Substantial

Nationally Consistent Collection of Data on School Students with Disability

### Substantial Level of Adjustment Description:

Students with disability who have more substantial support needs are provided with essential adjustments and **considerable adult assistance**.

Adjustments to the usual educational program occur **at most times on most days** and may include:

- additional support or individualised instruction in a highly structured manner, including adjustments to most courses, curriculum areas, activities and assessments
- personalised and explicit instruction to support one or more areas of communication
- planned health, personal care and/or safety support or intervention, in addition to active monitoring and supervision.

- adjustments to enable access to learning may include:
  - » specialised equipment
  - » specific planning for access to activities or facilities
  - » closely monitored playground supervision
  - » modification to school environments, such as buildings and facilities
  - » environmental adjustments to support participation in learning
  - » provision of specialist advice on a regular basis
  - » support from specialist staff.

Students receiving Substantial level of adjustment require a Learning Plan.



Do the Educational Adjustments you provide for this student reflect a Substantial level of adjustment?

YES

**Yes,**  
Proceed to [Section 3A](#) to determine if Low Substantial adjustments are provided for this student.

NO

**No, the level of adjustment is less.**  
Return to [Section 2](#) to determine if Supplementary adjustments are provided for this student.

NO

**No, the level of adjustment is greater.**  
Proceed to [Section 4](#) to determine if Extensive adjustments are provided for this student.

# Low Substantial

Tasmanian Educational Adjustment Descriptor

## Low Substantial

- Students may be accessing some curriculum areas on the same basis as their peers depending on the specific nature and impact of the student's disability.
- Differentiated programs and personalised learning goals are provided in some curriculum areas where they are operating significantly below that of peers.
- School may provide alternative formats for assessment tasks to enable the student to demonstrate the achievement of their intended learning outcomes (e.g. literacy and numeracy).
- Frequent and personalised direct instruction may be provided to acquire new skills and concepts.
- School may provide personalised interventions and supports for social/emotional regulation.
- School provides additional support or supervision (teacher/teacher assistant), peer and cross-age tutoring at most times on most days.
- Regular small group/individualised support programs may be provided.
- School has developed the student's learning program with advice and guidance from a range of support professionals.
- May present with severe psychiatric condition that is monitored and supported by a medical professional.

**and,** Does the school provide adjustments across some, if not most, of the following areas: Teaching and Learning, Communication, Access, and Health and Personal Safety/Care?

## Guiding Questions:

- Is additional supervision provided so the student can access some curriculum areas at grade level (e.g. The Arts, Health and Physical Education)?
- Are other curriculum areas significantly differentiated from peers' learning (beyond QDTP and Supplementary)?
- Is the school providing support for the student to access assistive technology to support learning and assessment?
- Does the school provide more explicit teaching of new skills and practice/time for the student to consolidate learning?
- Does the school provide small group and individualised teaching for the student? Does the school provide more directional support at unstructured/break times?
- Does the school, at times, provide additional support for the student in unfamiliar environments?
- Does the school provide some explicit teaching and additional support for the student to have successful social interactions?

## Teaching and Learning

Some aspects of learning are described in a personalised Learning Plan with goals differentiated.

Teacher planning reflects adjustments made to enable access and participation alongside their peers.



- School may provide a significantly reduced workload.
- School differentiates learning tasks and assessment on the basis of the student's learning plan.
- School embeds personalised visual supports and cues within the learning program and organisational structures.
- Individualised and explicit teaching may be used to prepare the student for new learning experiences.
- School may differentiate the learning program through consultation with therapist, medical/mental health specialist, specialist teachers or consultants.

## Communication

- School may provide additional supports with written tasks and high level language.
- School provides the student with supported processing time and a planned approach in order to respond to communication.
- School provides explicit teaching and support for the student to understand non-verbal communications.
- School provides an Auslan assistant/interpreter, or support to use live transcribe on a mobile device.



### Access

- School may provide minor modifications and assistance for the student to access most school facilities and programs.
- School may provide additional supervision in specialised learning environments (e.g. cooking, Design Technologies, Physical Education).
- School may provide specialised adaptive technology or differentiated pedagogy with adult support to engage with curriculum and assessment processes.
- School may develop individualised strategies, learning zones, environmental adjustments to support participation in learning.
- School may provide Auslan and/or Braille interpreting.
- Additional supervision/support is provided to the student to assist with moving around the school.



### Health and Personal Safety/Care

- School may identify, or support the student, to manage personal care needs beyond what is typical for the student's age/grade cohort, individually or in small groups.
- School may provide explicit teaching for the student to develop the capacity to self-regulate and manage environmental conditions (e.g. emotional/sensory regulation, and/or personal comfort).
- School provides support at meal times as informed by a Speech and Language Pathologist in a documented plan.
- School provides support with behaviour regulation frequently, as documented in a plan.
- School provides medical interventions as identified in a documented plan.



## Do the Educational Adjustments for this student reflect a Low Substantial level of adjustment?

**YES****Yes, the student is supported through Low Substantial adjustments.**

Continue to provide educational adjustments and record this as evidence.

**NO****No, the level of adjustment is less.**Return to [Section 2](#) to determine if Supplementary adjustments are provided for this student.**NO****No, the level of adjustment is greater.**Proceed to [Section 3B](#) to determine if High Substantial adjustments are provided for this student.

# High Substantial

Tasmanian Educational Adjustment Descriptor

## High Substantial

- Students at this level require considerable differentiation of their learning program with learning goals linked to curriculum significantly lower than their grade level, and/or require significant adjustments by teachers to learning materials, delivery models/pedagogy, and assessment procedures.
- School may provide explicit teaching or assistance with some areas of personal care or hygiene routines.
- Frequent teacher directed individualised instruction and regular direct support, or close supervision is provided to enable participation in learning programs.
- Specialist staff support differentiation input into the learning program regularly.
- School may provide assistive technology or modified equipment to support access to learning programs and assessment.
- School may provide access to specialist programs which address specific skill development.
- School may provide additional supervision to enable participation at unstructured break times (e.g. before school, recess, lunch time, after school).
- May present with severe psychiatric condition that is monitored and supported by a medical professional.

## Guiding Questions:

- Does the school provide additional personalised assistance for the student to access learning areas?
- Does the school provide assistance to support recognition of, and access to, learning resources?
- Does the school provide assistance and additional targeted teaching or personal care routines? Is the student mostly independent with personal care routines in familiar settings?
- Is the student supported by external professionals, such as psychiatrist, private psychologist, audiologists, with regular consultations and collaborations?
- Is the student medicated for their mental health condition to optimise participation and engagement?
- Does the school consistently provide step-by-step instructions, additional modelling and guidance to the learner?
- Does the school provide additional explicit teaching so the student is able to attend to learning tasks (including individualised learning tasks)? Are the student's learning goals linked to learning area content several years lower than their grade level?
- Does the school provide significant additional processing time and support for the student to understand and express their views?
- Does the school provide explicit teaching and/or other social skill supports for the student to interact with peers?

**and,** Does the school typically provide adjustments across the majority of the following areas across most of the school day: Teaching and Learning, Communication, Access, and Health and Personal Safety/Care?

### Teaching and Learning

Most aspects of learning are described in a personalised Learning Plan with goals differentiated.

Teacher planning reflects adjustments made to enable access and participation alongside their peers.

School may provide:

- individualised learning program with tailored curriculum content and personalised assistance with learning experiences and assessment.
- significant direct teaching for new skills and step-by-step instructions. This may include visual supports, interpretation of the visual environment, magnification, text to speech.
- guided practice, modelling and adult/or peer assistance to maintain attention to tasks and work cooperatively.
- differentiated assessment on the basis of the student's Learning Plan.
- highly predictable and individual teaching strategies/structured learning experiences.
- considerable support with transitions from task to task, or changes to routines.
- individualised and explicit teaching to prepare the student for new learning experiences.
- frequent support to regulate emotions and interact positively with others.
- May be supported through: therapy in schools program, small group programs, or specialist programs within school.



### Communication

School may support the student to functionally communicate. Student may convey basic needs and wants, through the use of multi-modal communication (e.g. combination of verbal gesture, communication device, visuals etc.)

School may provide:

- explicit teaching and supports to enable the student to follow new or detailed instructions, including the use of personalised visual supports.
- explicit teaching to promote understanding of non-verbal communications.
- significant additional processing time in order to respond to communication.
- explicit teaching and interpretation, especially when introducing new concepts or to facilitate social interactions and social skills development (e.g. when non-verbal communication is not visible).
- school provides an Auslan assistant/interpreter, or support to use live transcribe on a mobile device.





### Access

School may provide well planned and organised learning spaces, with defined zones, which allow for additional movement and at times additional equipment. Student may be independently mobile/ambulatory or able to use mobility equipment (e.g. motorised wheelchair, walking frame).



School may provide:

- teaching and learning strategies which consider environmental modifications (e.g. glare management, lighting contrast, reduction of visual/auditory complexity).
- some support to assist the student to access learning environments (e.g. sloped boards, specialist equipment, and Orientation and Mobility specialist support).
- modification to facilities/amenities to ensure safe access and meet movement and support needs.
- access to appropriate learning spaces, with support, to meet their individualised need. Classroom organisation includes individualised supports to ensure clear and easy to follow routines and behavioural expectations.
- explicit teaching and support to use personalised assistive technology to engage with and demonstrate learning.
- Auslan and/or Braille interpreting.

### Health and Personal Safety/Care

School may provide targeted teaching, reinforcement and assistance to develop personal hygiene routines (including toileting) beyond what is typical for the student's age/grade cohort.



School may provide:

- support for the student to self-manage personal care routines in unfamiliar settings.
- support at meal times as informed by a Speech and Language Pathologist in a documented plan.
- support to develop the student's capacity to self-regulate and manage environmental conditions (e.g. emotional/sensory regulation, and/or personal comfort) as documented in a plan.
- support during unstructured activities/break times and transition points.
- frequent support with behaviour regulation, as documented in a plan.
- medical interventions as identified in a documented plan.

## Do the Educational Adjustments for this student reflect a High Substantial level of adjustment?

YES

**Yes, the student is supported through High Substantial adjustments.**

Continue to provide educational adjustments and record this as evidence.

NO

**No, the level of adjustment is less.**

Return to [Section 3A](#) to determine if Low Substantial adjustments are provided for this student.

NO

**No, the level of adjustment is greater.**

Proceed to [Section 4](#) to determine if Extensive adjustments are provided for this student.



## Extensive

Nationally Consistent Collection of Data on School Students with Disability

### Extensive Level of Adjustment Description:

Students with disability and very high support needs are provided with extensive targeted measures and **sustained levels of intensive** support.

These adjustments are highly individualised, comprehensive and ongoing. Adjustments to the regular educational program **occur at all times** and may include:

- intensive, individualised instruction or support in a highly structured or specialised manner for all courses and curricula, activities and assessments
- intensive, individualised instruction to support multiple areas of communication
- planned, highly specialised and/or intensive health, personal care and/or safety support or intervention
- enabling access to learning through:
  - » specialised equipment
  - » highly modified classroom and/or school environments
  - » extensive support from specialist staff.

Students receiving Extensive level of adjustment require a Learning Plan.

Do the Educational Adjustments for this student reflect an Extensive level of adjustment?

YES

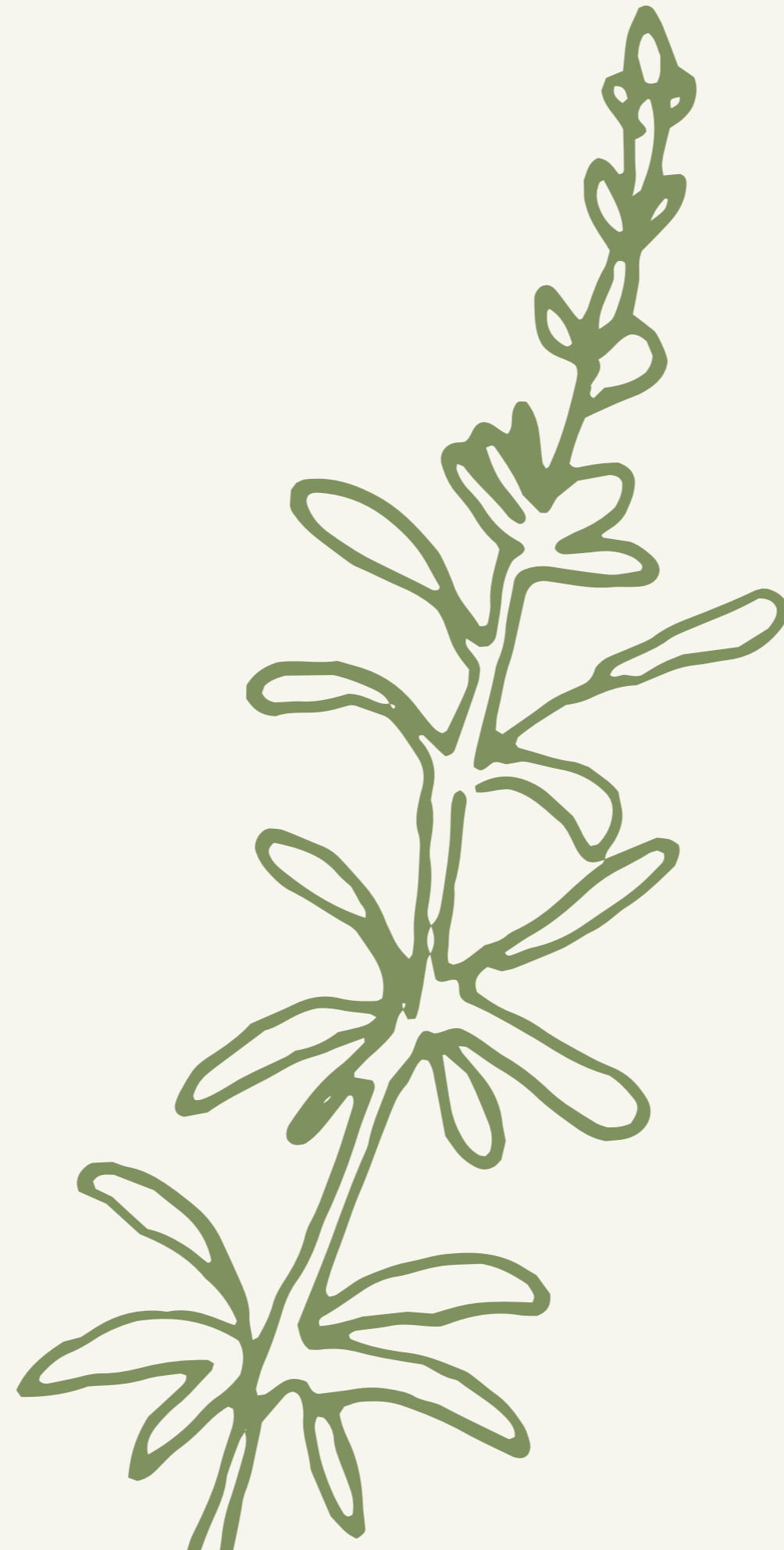
**Yes,**

Proceed to [Section 4A](#) to determine if Low Extensive adjustments are provided for this student.

NO

**No, the level of adjustment is less.**

Return to [Section 3](#) to determine if Substantial adjustments are provided for this student.



# Low Extensive

Tasmanian Educational Adjustment Descriptor

## Low Extensive

- The school provides extensive personalised learning and assessment as described in SMART goals within the Learning Plan.
- The school provides highly structured interventions and significant individualised supervision/support at all times.
- The school provides a learning program which includes significantly tailored curriculum content and high levels of assistance with most learning experiences.
- Teaching of new concepts is direct and explicit with increased opportunities to practise skills and review knowledge to develop understanding.
- The school provides highly structured approaches and assistive technology to meet particular learning needs.
- The school provides close individualised supervision to enable participation at unstructured break times (e.g. before school, recess, lunch time, after school).
- The school may provide supervision to support movement, communication, personal care and health.
- May present with severe psychiatric condition that is monitored and supported by a medical professional.

**and,** Does the school typically provide adjustments across the majority of the following areas across most of the school day: Teaching and Learning, Communication, Access, and Health and Personal Safety/Care?

### Teaching and Learning

All aspects of learning are described in a personalised Learning Plan and teacher planning reflects the different entry points from peers' learning.

School develops an individualised learning program which includes tailored curriculum content (e.g. Expanded Core Curriculum to enable access to the Australian Curriculum) and personalised assistance with all learning experiences and assessment.

Liaison with specialised support professionals to ensure input and advice into the personalised Learning Plan at least on a termly basis.

School provides:

- individualised direct teacher instruction for explicit teaching of new concepts.
- visual supports and cues which are embedded within the personalised learning program and organisational structures.
- individualised and explicit teaching to prepare the student for new learning experiences, as noted in supporting documentation.
- adult support for supervision of all learning tasks and to consolidate skills.



## Guiding Questions:

- Does the school provide sensory diets?
- Does the school use intensive reinforcement schedules (e.g. every 1-5 mins)?
- Does the school have an intensive individualised behaviour management plan that requires additional training (e.g. discrete trial training, FBA)?
- Does the school have an intensive individualised risk management plan that requires additional training, frequent implementation and intervention?
- Does the school provide finely sequenced individualised assessment and reporting?
- Does the school provide an alternative curriculum or other disability-specific curriculum?
- Are there some components of the learning program accessed alongside peers with additional supervision and support (e.g. art, music, P.E.)?
- Does the school use professionally prescribed specialised materials, or concrete materials not typically used with current year cohort, to implement the curriculum?
- Is this student exempt from, or do they have adjustments in relation to, formalised state/national assessment processes (on the basis of agreed DoE process)?
- Does the school provide individualised self-care strategies in the personalised Learning Plan?

### Communication

School may support the student to functionally communicate.

Support may include:

- explicit teaching and interpretation especially when introducing new concept or to facilitate social interactions and social skills development (e.g. when non-verbal communication is not evident).
- planning and programming of independently used high tech (e.g. Lamp), lite tech (e.g. PODD book) Augmentative and Alternative Communication (AAC) system or signing.
- adult assistance to use Augmentative and Alternative Communication (AAC) system (e.g. high tech, lite tech, Key Word Sign, Auslan or informal body language).
- use of Braille.
- School provides an Auslan assistant/interpreter, or support to use live transcribe on a mobile device.



## Access

Adult support may be provided for mobility to enable access to school facilities and/or amenities. Student may use manual or motorised chair or equipment, or use any of the following with guidance from Occupational Therapist/Physiotherapist, and/or Orientation and Mobility specialist:



- student may use mobility equipment independently.
- personalised seating modifications may be provided.
- personalised equipment or technical aids may be provided.
- student may use a guide or mobility equipment (e.g. walker, wheelchair, Braille, long cane).

School may provide:

- well planned and organised learning spaces, with defined zones to allow for additional movement and at times additional mobility or therapeutic equipment.
- teaching and learning strategies which consider environmental modifications (e.g. glare management, lighting contrast, reduction of visual/auditory complexity).
- alternative learning spaces, with support, to meet their individualised need.
- specialised assistive technology, adaptive technology and/or personalised mainstream technology, with support, to access the curriculum.

Consideration is made for specialised environmental modifications and alternative methods for access, participation and/or assessment.

## Health and Personal Safety/Care

School may provide:

- support at meal times as informed by a Speech and Language Pathologist in a documented plan.
- support to develop the student's capacity to self-regulate and manage environmental conditions (e.g. emotional/sensory regulation, and/or personal comfort).
- frequent support with behaviour regulation, as documented in a plan.
- regular toileting support (e.g. timed toileting, standing change) and/or supervision for hygiene.
- support with medication and/or medical intervention (e.g. medical condition that fluctuates) as documented in a plan.



Staff training may be required to support specialised health and personal care needs (e.g. medical response training, manual handling training).

## Do the Educational Adjustments for this student reflect a Low Extensive level of adjustment?

YES

**Yes, the student is supported through Low Extensive adjustments.**

Continue to provide educational adjustments and record this as evidence.

NO

**No, the level of adjustment is less.**

Return to Section 3B to determine if High Substantial adjustments are provided for this student.

NO

**No, the level of adjustment is greater.**

Proceed to Section 4B to determine if Mid Extensive adjustments are provided for this student.



# Mid Extensive

Tasmanian Educational Adjustment Descriptor

## Mid Extensive

- The school provides personalised modifications to all curriculum courses, programs, school activities, and assessment procedures.
- The school provides essential and planned personal care support in some areas **but not all** in relation to mobility, hygiene, toileting, communication, social interaction, meal management, and where appropriate, specialist medical intervention.
- The supports and adjustments are coordinated and delivered by a multidisciplinary team in conjunction with the student's family and relevant others.
- School provides close planned support for the student to use adaptive technology for learning and/or communication.
- Due to chronic medical conditions, the school may provide comprehensive and ongoing supervision and support in addition to highly personalised adjustments.
- The school provides constant individualised supervision to enable participation at unstructured break times (e.g. before school, recess, lunch time, after school).

**and**, Does the school provide adjustments across **all** of the following areas: Teaching and Learning, Communication, Access, and Health and Personal Safety/Care?

### Teaching and Learning

All aspects of learning and assessment are described in a highly personalised Learning Plan with high levels of input from specialist support professionals (e.g. therapy, allied health, medical professionals, and school-based professional support staff). The learning goals for the student are reflected in the teacher planning.

The school provides:

- an individualised learning program which includes significantly tailored curriculum content and high levels of personalised assistance with all learning experiences and assessment.
- intense teaching support that includes explicit teaching of daily living activities.
- curriculum planning at an age appropriate level but with significant modification required for access, output and assessment.
- tailored visual supports and cues which are embedded within the personalised learning program and organisational structures.



## Guiding Questions:

- Does the school collaborate with support professionals daily/weekly to develop, implement, monitor and review personalised Learning Plans?
- Does the school draw on the General Capabilities or other disability-specific curriculum within the Australian Curriculum or relevant framework?
- Does the school use individual teaching strategies / structured learning experiences?
- Does the school provide daily direct teacher instruction for **all** skills?
- Does the school provide comprehensive adult support to consolidate learning tasks, practice skills and/or provide interpretation of the environment (e.g. visual/auditory)?
- Does the school assess the student against their personalised learning plan SMART goals, using a variety of alternative assessment processes?
- Has an assistive technology assessment been undertaken by the Inclusion and Access Coordinator and/or any other DoE specialist (e.g. Vision Services / Hearing Services)?
- Is comprehensive adult support provided for personal care?

### Communication

School may support the student to functionally communicate.

Students may be communicating verbally, using some vocalisation or short phrases to communicate simple messages or may use facial expression and body language to indicate feelings and communicate simple messages.

Support for communication may include explicit teaching and interpretation especially when introducing a new concept or to facilitate social interactions and social skills development (e.g. when non-verbal communication is not visible).

School may provide an adult to support the use of highly specialised assistive technology/Augmentative and Alternative Communication (AAC) system (e.g. LAMP, Proloquo2go, PODD).

School may provide significant support through a communication partner.

School provides an Auslan assistant/interpreter, or support to use live transcribe on a mobile device.



## Access

Comprehensive adult support may be provided for mobility to enable access to school facilities and/or amenities. The student may use a mobility aid (e.g. motorised wheelchair, walking frame) under supervision. The student may have some control over hand movement and use of gestures.



The school may provide:

- modified facilities/amenities to ensure safe access to meet movement and support needs.
- more than one adult for movement, positioning and transfers.
- Orientation and Mobility and/or other specialist support.
- adult to support with weight bearing, movement along floor and/or transfers
- adult to support with use of hoist
- specialised adaptive technology and/or assistive technology (e.g. peripheral devices, screen readers, voice to text/text to voice, Braille, switching, and scanning devices) which enables access to and demonstration of learning.
- Auslan and/or Braille interpreting.

## Health and Personal Safety/Care

Medical and personal care requirements are detailed in Care Plans.

Specialist and individualised advice and training is likely required for school staff to meet support needs. One or two people may be required to support personal care.



School may provide:

- comprehensive adult support for eating and/or drinking as detailed in a documented plan by a Speech Language Pathologist or Medical Professional; this may include recommendations for a modified diet.
- support to finger-feed, spoon-feed, drink from a cup or straw.
- support with oral care for students with dysphagia (e.g. oral swab post meal, suctioning, artificial saliva management).
- adult assistance for personal care and toileting; this may include adult support to recognise need to toilet or change, adult support for standing or lying change, and/or catheter management.
- explicit teaching and co-active assistance for personal care such as hand washing and clothing adjustments.
- significant medication and/or medical intervention as documented in a plan.
- frequent support with behaviour regulation, as documented in a plan.

## Do the Educational Adjustments for this student reflect a Mid Extensive level of adjustment?

YES

**Yes, the student is supported through Mid Extensive adjustments.**

Continue to provide educational adjustments and record this as evidence.

NO

**No, the level of adjustment is less.**

Return to Section 4A to determine if Low Extensive adjustments are provided for this student.

NO

**No, the level of adjustment is greater.**

Proceed to Section 4C to determine if High Extensive adjustments are provided for this student.



# High Extensive

Tasmanian Educational Adjustment Descriptor

## High Extensive

- The school provides personalised modifications to all curriculum courses, programs, school activities, and assessment procedures.
- The school provides full personal care support in relation to **all of the following**: mobility, toileting, communication, meal management, and where appropriate, medical intervention.
- The school provides constant and vigilant assistance, **at all times**, with **all of the following**: wellbeing, movement, communication, personal care, health and safety. This includes intensive support for life threatening conditions.
- The school provides adjustments in addition to highly personalised learning program adjustments that are comprehensive and ongoing.
- High intensity supports and comprehensive adjustments are coordinated and delivered by a multidisciplinary team, in conjunction with the student's family and relevant others.

## Guiding Questions:

- Is there high level and regular (daily/weekly) input from allied health/medical professionals including liaison with external agencies?
- Is there use of specialised equipment (e.g. standing frame, seating, gravity chair)?
- Are the adjustments made constantly and consistently throughout the day?
- Are staff required to undertake specific training and credentialing in order to implement adjustments for this student?
- Does the school provide full assistance with all aspects of personal care (e.g. eating, hygiene, toileting, administering medication)?
- Are multiple people frequently required to assist the student with the full health and personal care and/or to access the environment?
- Has an assistive technology assessment been undertaken by the Inclusion and Access Coordinator and/or any other DoE specialist (e.g. Vision Services / Hearing Services) or allied health professional?
- Does an adult consistently support the student to learn and consolidate skills and/or provide interpretation of the environment (e.g. visual/auditory)?

**and**, Does the school provide adjustments across all the following areas at **all** times: Teaching and Learning, Communication, Access, and Health and Personal Safety/Care?

### Teaching and Learning

All aspects of learning are described in a personalised Learning Plan and noted in teacher planning. The structured learning program is completely individualised, including teaching strategies and assessment approaches:



- therapeutic recommendations form the basis of the Learning Plan.
- Learning Plan goals are focused on engagement (e.g. eye contact, co-active assistance), the student's interests, and awareness of self, environment and others.
- comprehensive adult support is provided at all times for all learning experiences.
- the school provides intense and direct teaching supports at all times.
- the learning program is developed and reviewed frequently with advice, guidance and input from a range of specialist support professionals.
- assessment processes are all individualised, with outcomes reported against SMART goals as identified in the Learning Plan.

### Communication

Comprehensive adult support is provided for communication. The student is not using verbal communication at this stage but may be using early developing communicative functions (e.g. facial expression, gesture, body language).



- Recommendations from Speech and Language Pathologist are embedded on a daily basis.
- School provides an adult communication partner to support student to use highly specialised assistive technology/Augmentative and Alternative Communication (AAC) system (e.g. eye gaze technology, interpreting behaviour).
- Adults provide intensive and ongoing teaching and individualised support to promote functional communication.



## Access

Comprehensive adult support is provided for the student to access the environment. More than one adult is frequently required for mobility and positioning to access all school facilities and amenities. The student may have some voluntary movement (e.g. gesturing or reaching with intent).



Recommendations from physiotherapy and/or occupational therapy are embedded on a daily basis.

The school provides:

- full adult support for propelling manual or motorised chair.
- full adult support to use hoist if required.
- two person assist for transfers.
- frequent postural repositioning.
- modified facilities/equipment to meet movement, communication and support needs.
- focussed adult support to monitor and adjust environmental conditions (e.g. noise, lighting, glare, warmth/cold).
- Specialised adaptive technology and/or assistive technology (e.g. peripheral devices, screen readers, text-to-voice, Braille, switching, and scanning devices) which enables access to and demonstration of learning.

## Health and Personal Safety/Care

Comprehensive adult support is provided for health and personal safety/care. Specialist and individualised advice and training is required for school staff to meet support needs.



More than one adult is frequently required for hygiene, toileting and medical management.

The school provides:

- full adult assistance for eating and drinking as documented in a plan by a Speech Language Pathologist or Medical Professional. This may involve:
- tube feeding (e.g. PEG feeds, nasogastric tube)
- full adult management of spoon, cup, placement of food (e.g. student is spoon fed)
- recommendations for a modified diet
- support with oral care for students with dysphagia (e.g. oral swab post meal, suctioning, artificial saliva management)

Toileting may include catheterisation, nappies, change table, hoist.

Comprehensive adult support is provided for specific daily medical supports/interventions due to life threatening circumstances which are detailed in a complex Care Plan and may include classified medications, airway management (e.g. suctioning, oxygen management), wound care or second skin management.

Vigilant and informed monitoring occurs at all times due to frequently occurring medical events.

## Do the Educational Adjustments for this student reflect a High Extensive level of adjustment?

YES

**Yes, the student is supported through High Extensive adjustments.**

Continue to provide educational adjustments and record this as evidence.

NO

**No, the level of adjustment is greater.**

Return to Section 4B to determine if Mid Extensive adjustments are provided for this student.

## Glossary for Descriptor Tool

Word / phrase	Working definition / wording / ideas / examples
<b>Adaptive technology</b>	Adaptive technology refers to special versions of already existing technologies or tools that provide enhancements or different ways of interacting to address the unique needs of the learner. They are designed to meet the needs of a person with a disability and are rarely used by people who do not have a disability. These may include things like braille keyboards, modified mouse, AAC device, FM device, Sound Field System, switches and other peripheral devices.
<b>Allied health</b>	The term Allied Health professionals generally refers to qualified practitioners such as Occupational Therapists, Physiotherapists, Audiologists, Optometrists, Dietitians and Speech Pathologists.
<b>Ambulatory</b>	Ambulatory refers specifically to the ability to walk, with or without aids such as a walker or crutches.
<b>Assistive technology</b>	<p>Any tool which promotes greater independence and enables student learning. Assistive technology improves, increases or maintains the functional capabilities of students with a disability. Assistive technology can be off-the-shelf, modified or custom made and can include mainstream technology or adaptive technology.</p> <p>Examples of assistive technology that are used regularly in classrooms include:</p> <ul style="list-style-type: none"> <li>• literacy software or built in settings that allow text to be read aloud to a student</li> <li>• software or settings that adjust the screen display to suit a student's needs</li> <li>• tools that allow magnification of content on a screen</li> <li>• word prediction software, C-Pen</li> <li>• speech-to-text tools that allow a student to dictate their writing</li> </ul>
<b>Augmentative and Alternative Communication (AAC) system</b>	A system to support or compensate an individual's communication of their thoughts, needs, wants and ideas with others. This can include high tech or lite tech options. E.g. vocalisations, pictures or related visual symbols (from photographs to print), braille, gesture (informal or formal such as Auslan or Key Word Sign), or various devices including ones activated by any body action including eye gaze.
<b>Auslan</b>	Auslan is an abbreviation for Australian sign language, a language developed by, and for, Australians who are deaf or hearing impaired. It is a visual form of communication that uses hand, arm and body movements to convey meaning. Auslan is the main sign language of the Australian Deaf community.
<b>Auslan interpreting</b>	Auslan interpreting is done by Auslan Interpreters and/or Auslan Assistants. They facilitate and interpret oral communication between deaf and hard of hearing students, their peers, teachers, and other staff.
<b>Braille</b>	Braille is a tactile code enabling blind and visually impaired people to read and write by touch, with various combinations of raised dots representing the alphabet, words, punctuation and numbers.
<b>Braille interpreting</b>	Interpreting Braille – for example if a student writes a Braille message, the interpreter will be able to read the message to someone who doesn't read Braille; they may also print the message above the Braille so that it can be read by others.
<b>Catheterisation</b>	A catheter is a flexible tube inserted into a person's bladder to empty it of urine. Staff receive specific training to assist with waste management.
<b>Co-active assistance</b>	Doing something together with the student in order to support them – used particularly with students who may have limited movement or who are learning a new skill. Co-active supports can include physical assistance, physical prompting, fading, scaffolding. The aim is to empower people with disability to participate as much as possible.
<b>Communication partner</b>	<p>A person who communicates with an individual with Complex Communication Needs.</p> <p>Informed Communication Partner – Those who support the acquisition and/or use of AAC. This requires them to interpret, support message construction and/or physically assist with the operation of the individual's mode/s of communication. They require specific skills in scaffolding and modelling and may require specific training to do so.</p> <p>General Communication Partner – Those people in the wider network who receive and respond to messages in a mode other than speech.</p>
<b>Concrete materials</b>	Concrete Materials typically refers to manipulatives which the student may use to enable greater understanding of a concept or learning activity – for example, using counters or blocks to assist with mathematical calculations; match to object labels.

Word / phrase	Working definition / wording / ideas / examples
<b>Credentialing</b>	Staff will undertake training and receive certification by an accredited health professional or organisation such as St John Ambulance. This may include, but is not limited to PEG feeding and/or catherisation. Credentialing is important in order to ensure staff competence to provide safe, high-quality care.
<b>Differentiated assessment</b>	Assessment may be planned and tailored to meet the needs of the learner to enable them to effectively demonstrate their learning – for example accepting a verbal response rather than a written answer, or allowing the use of a computer rather than a hand-written response, or allowing a student to present to a small group or peer rather than the whole class.
<b>Differentiated pedagogy</b>	The method and practice of teaching that makes adjustments in order to create meaningful and engaging learning experiences for all students. “Differentiation is what’s expected of good teachers... It is about making adjustments that personalise learning to reflect the needs, strengths and interests of students... A differentiated classroom is a flexible and dynamic context for learning.” - <i>from Good Teaching – Differentiated Classroom Practice Learning for All</i>
<b>Discrete trial training</b>	Discrete Trial Training is a teaching procedure which breaks skills down into smaller steps, so that the student can learn one part at a time, making a new skill easier to learn. Discrete Trial Training is planned, intensive, and generally involves several hours of direct 1:1 focussed instruction per day. Has also been referred to as task analysis.
<b>Dysphagia</b>	Refers to difficulty with swallowing or an inability to swallow. Dysphagia can arise from a wide range of neurological, structural, psychological and behavioural causes.
<b>Early developing communicative functions</b>	In the early stages of communication development students may use facial expression, gesture, body language and/or vocalisations to express how they feel and react to what is happening around them.
<b>Expanded Core Curriculum</b>	The ECC is a specialised set of curriculum components designed to support students with low vision or blindness. It is made up of the following areas: Compensatory or functional skills needed to access the general curriculum, sensory efficiency, orientation and mobility, social interaction skills, assistive technology, independent living skills, recreation and leisure skills, career education and self-determination.
<b>Eye gaze technology</b>	Eye gaze technology allows individuals to operate an electronic device such as a computer or communication device, using movements of their eyes. Eye gaze technology is useful for students with no or very limited muscular control.
<b>FBA</b>	Functional Behavioural Analysis is a process of analysing why a student engages in a certain behaviour. By carefully examining the antecedents and the function of a behaviour we can see why a student may be engaging in a behaviour and plan carefully to replace or modify the behaviour or the environment to fulfill the student’s need in a different way.
<b>Functionally communicate / functional communication</b>	Communication that has a purpose such as expressing needs and wants. Can occur through a variety of forms, including speech, picture exchange, gestures, sign language and assistive devices.
<b>Gravity chair</b>	A Gravity Chair is a seating option with a supportive foam positioning system that helps with postural control, whilst distributing weight and pressure evenly along the body.
<b>Guide</b>	A student with vision impairment may use a person to be their guide to navigate the environment safely and efficiently. There is a specific skill set and techniques which the guide uses to assist the person with vision impairment; an Orientation and Mobility specialist will help support and train the guide.
<b>High level language</b>	High level language refers to the skills that go beyond basic vocabulary, sentence structure and grammar skills. They are skills critical to academic and social success. These skills include, but are not limited to, understanding figurative language (idioms, metaphors and similes), and making inferences and predictions.
<b>High tech communication system</b>	An electronic communication system that requires a power supply e.g. LAMP, Prolquo2Go.

## Glossary for Descriptor Tool

Word / phrase	Working definition / wording / ideas / examples
<b>Inclusion and Access Coordinator</b>	Inclusion and Access Coordinators are DoE teachers across the state, whose primary role is to provide support to schools, teachers and students with high and additional needs - physical, cognitive, sensory, social/emotional and medical. The role is to ensure students and their teachers have access to resources to facilitate inclusion; this can include technology, accessible facilities and professional learning.
<b>Lite tech communication system</b>	A lite or low tech communication system does not require a power supply e.g. PODD book.
<b>Mainstream technology</b>	Mainstream technology refers to electronic devices, as well as computer programs and apps which are in common use in our mainstream school environments. This is in contrast to technology which is specialised and individualised for a student. Examples of mainstream technology include the accessibility features on mobile phones, iPads and computers, including Microsoft Learning Tools, text-to-voice features, screen readers, dictate options.
<b>Manual handling training</b>	Manual Handling describes any activity where a person lifts, lowers, pushes, pulls, carries, moves, holds or restrains an animate or inanimate object. It is recommended that all teachers and teacher assistants working with students with a disability or additional needs complete this training annually. Manual Handling training provides skills and understanding about safe ways to work with manual tasks in schools in order to maintain safety, comfort and dignity of student and support person.
<b>Medical events</b>	Significant medical events may include frequent seizure activity, aspiration.
<b>Mobility</b>	The term mobility refers to the ability to move; in this context we are referring to how the student moves around the school environment.
<b>Mobility equipment</b>	A device which assists people to move around their environment, for example K-walkers, a wheelchair, a long cane and/or mini guide. A mini guide is a mobility device that uses an ultrasonic beam to detect objects for individuals with vision impairment. The aid vibrates to indicate the distance to objects. A mini guide could be used to supplement the information provided by a cane.
<b>Modified diet</b>	Refers to modification of the texture of food or the consistency of fluids. These modifications are recommended by a Speech Pathologist to reduce the risk of choking and/or aspiration. This would be documented in a Meal Management Plan and specific training would be undertaken by staff to ensure student safety.  In the context of this document, this term is not referring to students who may be gluten/dairy intolerant, or those who have food preferences or food allergies.
<b>Multi-modal communication</b>	Encompasses a range of communication systems and strategies as options to enable the person the greatest degree of choice in using a preferred modality to communicate in any given situation. A multimodal communication system may include the written word, sound, physical gestures and images i.e. PowerPoint, video or an AAC device.
<b>Nasogastric tube</b>	A nasogastric tube is a flexible tube that carries food or medicine to the stomach through the nose. Staff receive specific training to learn how to undertake nasogastric feeds with a student.
<b>Oral care</b>	Refers to the practice of maintaining a clean and healthy mouth. Students with dysphagia are more susceptible to poor oral health. Oral care is essential for keeping teeth and gums healthy, preventing chest infections in people with swallowing difficulties, personal comfort, hygiene and overall appearance.
<b>Orientation and Mobility specialist</b>	An Orientation and Mobility specialist works with a student with vision impairment and develops a program to equip them to become an active traveller, who uses the sensory information available to make decisions and navigate safely through the environment using specific techniques and mobility tools with increased independence.
<b>PEG feeds</b>	A Percutaneous Endoscopic Gastrostomy is a flexible feeding tube which is placed through the abdominal wall into the stomach, so that food or medication can be transferred directly to the stomach. Staff receive specific training to learn how to undertake PEG feeds with a student.
<b>Peripheral devices</b>	Peripheral devices are devices which connect to a computer to assist the student to access their technology and learning – examples include switch, adaptive computer mouse, adapted keyboards.

Word / phrase	Working definition / wording / ideas / examples
<b>Personalised visual supports</b>	Personalised visual supports may be used in addition to whole of class visuals to assist students to follow routines, to complete differentiated learning activities, or to provide structure for their day. These are individualised and personalised to suit the purpose, the student and the task.
<b>Postural repositioning</b>	Students with physical disability may require adult support to adjust their posture, for example to sit well-aligned in a wheelchair to promote stability or to move from chair to floor in order to stretch and move muscles. This needs to be developed by a Physiotherapist and documented in a Manual Handling Plan.
<b>Prescribed specialised materials</b>	Equipment prescribed by professionals such as Occupational Therapists, Physiotherapists, Audiologists, Vision and Hearing Services, Speech Pathologists. For example, Refreshable Braille, AAC devices, hearing aids, FM systems, sound loops.
<b>Reinforcement schedules</b>	A Reinforcement Schedule is a carefully planned way of providing consistent reinforcement and feedback for desired behaviours; a rule states which instances of a behaviour will be reinforced and how often. A Psychologist would usually be involved in the design and implementation of this program in order to ensure success in modifying a student's behaviour.
<b>Scanning devices</b>	Scanning devices are for individuals with limited mobility. The technology is set up so a cursor scans through a number of options. The student selects their choice by activating the switch at the appropriate time to make their selection.
<b>Screen readers</b>	A screen reader is a software application that assists students to access learning on a computer by reading the computer screen. Screen readers work closely with the computer's operating system to provide information about icons, menus, dialogue boxes, files and folders.
<b>Second skin management</b>	The term Second Skin refers to medical dressings which assist wound healing and scar management of fragile skin. Second skin management requires adult support to change or manage as determined by a medical professional.
<b>Sensory diets</b>	A Sensory Diet is a program which provides sensory stimulation for students. It does not necessarily refer to food. Sensory Diets are usually designed by Occupational Therapists to ensure the student is getting the sensory input their body needs. Examples may include deep pressure, stomping, lifting heavy items, chew toys.
<b>Social skill supports</b>	Tools used to facilitate or support social interactions. Examples may include personalised social stories, social scripts, prompt cards, individualised Zones of Regulation.
<b>Specialised environmental modifications</b>	Specialised modifications to the environment specifically to assist the individual e.g. Auslan or Braille; Sound Field System; lift accessibility.
<b>Structured learning experiences</b>	e.g. Work systems, TEACCH, task analysis process, backward chaining, alternative learning media (e.g. braille, auditory, large print options)
<b>Support professionals</b>	This may include Occupational Therapist, Speech and Language Pathologist, Physiotherapist, Psychologist, Child Protection, Audiologist, Paediatrician, General Practitioner/Doctor, Medical Specialist, Vision and Hearing Services, Social Worker, DoE student support staff.
<b>Switching</b>	Switches provide access to technology and learning experiences for students who require a high level of physical support. They can be used to operate toys and equipment as well as computers.
<b>Transfers</b>	In the context of this document, transfers refers to assisting a person with limited mobility to move from one place to another; typically from wheelchair to classroom chair at a desk, or from wheelchair to the floor or play equipment, or transfers to assist with toileting. A Manual Handling Plan would be written by a Physiotherapist or Occupational Therapist to describe the manner in which this should occur in order to maintain safety of both student and adult.

EDUCATIONAL  
Adjustments

DISABILITY FUNDING, MEETING LEARNER NEEDS