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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD</td>
<td>attention deficit disorder</td>
</tr>
<tr>
<td>ADHD</td>
<td>attention deficit with hyperactivity disorder</td>
</tr>
<tr>
<td>AEP</td>
<td>alternative education placement</td>
</tr>
<tr>
<td>APD</td>
<td>antisocial personality disorder</td>
</tr>
<tr>
<td>APE</td>
<td>adaptive physical education</td>
</tr>
<tr>
<td>ASD</td>
<td>autism spectrum disorder</td>
</tr>
<tr>
<td>AU</td>
<td>Autistic</td>
</tr>
<tr>
<td>AUT</td>
<td>Autism</td>
</tr>
<tr>
<td>AYP</td>
<td>annual yearly progress</td>
</tr>
<tr>
<td>BD</td>
<td>behaviour disorders;</td>
</tr>
<tr>
<td>CBA</td>
<td>curriculum based assessment</td>
</tr>
<tr>
<td>CD</td>
<td>conduct disorder</td>
</tr>
<tr>
<td>CP</td>
<td>cerebral palsy</td>
</tr>
<tr>
<td>CSA</td>
<td>childhood sexual abuse</td>
</tr>
<tr>
<td>CSE</td>
<td>case study evaluation</td>
</tr>
<tr>
<td>D&amp;E</td>
<td>diagnosis and evaluation</td>
</tr>
<tr>
<td>DB</td>
<td>deaf-blind</td>
</tr>
<tr>
<td>DCD</td>
<td>developmental coordination disorder</td>
</tr>
<tr>
<td>D</td>
<td>Deaf</td>
</tr>
<tr>
<td>DD</td>
<td>developmentally delayed</td>
</tr>
<tr>
<td>DIP</td>
<td>Differentiated Instruction Plan</td>
</tr>
<tr>
<td>EO</td>
<td>Education Officer</td>
</tr>
<tr>
<td>EBD</td>
<td>emotional and behavioural disorders</td>
</tr>
<tr>
<td>EC</td>
<td>early childhood</td>
</tr>
<tr>
<td>ECI</td>
<td>early childhood intervention</td>
</tr>
<tr>
<td>EI</td>
<td>early intervention</td>
</tr>
<tr>
<td>ESL</td>
<td>English second language</td>
</tr>
<tr>
<td>GSE</td>
<td>generic special education</td>
</tr>
<tr>
<td>GT</td>
<td>gifted and talented</td>
</tr>
<tr>
<td>HI</td>
<td>hearing impaired</td>
</tr>
<tr>
<td>IEE</td>
<td>independent education evaluation</td>
</tr>
<tr>
<td>IEP</td>
<td>individualized education programme</td>
</tr>
<tr>
<td>LD</td>
<td>Learning Difficulty</td>
</tr>
<tr>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<td>-------------</td>
</tr>
<tr>
<td>MDT</td>
<td>multidisciplinary team</td>
</tr>
<tr>
<td>MR</td>
<td>mentally retarded or mental retardation</td>
</tr>
<tr>
<td>MED</td>
<td>mentally or emotionally disturbed (sometimes referred to as dual diagnosis)</td>
</tr>
<tr>
<td>O</td>
<td>orientation and mobility</td>
</tr>
<tr>
<td>O&amp;M</td>
<td>orientation and mobility</td>
</tr>
<tr>
<td>OCD</td>
<td>obsessive compulsive disorder</td>
</tr>
<tr>
<td>P</td>
<td>pervasive development disorder</td>
</tr>
<tr>
<td>PDD</td>
<td>pervasive development disorder</td>
</tr>
<tr>
<td>PLAAFD</td>
<td>present level of academic achievement and functional performance</td>
</tr>
<tr>
<td>PT</td>
<td>physical therapy</td>
</tr>
<tr>
<td>S</td>
<td>school based support team</td>
</tr>
<tr>
<td>SED</td>
<td>seriously emotionally disturbed</td>
</tr>
<tr>
<td>SEN</td>
<td>special educational needs</td>
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<tr>
<td>SENCO</td>
<td>special education needs coordinator</td>
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<tr>
<td>SPLD</td>
<td>specific learning disability/difficulty</td>
</tr>
<tr>
<td>T</td>
<td>traumatic brain injury</td>
</tr>
<tr>
<td>VI</td>
<td>visually impaired</td>
</tr>
<tr>
<td>W</td>
<td>Weschler Intelligence Scale for Children- Revised</td>
</tr>
<tr>
<td>WISC-R</td>
<td>Weschler Intelligence Scale for Children- Revised</td>
</tr>
<tr>
<td>WISC-III</td>
<td>Weschler Intelligence Scale for Children-Third Edition</td>
</tr>
<tr>
<td>WRAT 4</td>
<td>Wide Range Achievement Test – Fourth Edition</td>
</tr>
</tbody>
</table>
Definitions

(A) Children have a **learning difficulty** (LD) if they:
* have a *significantly* greater difficulty in learning than the majority of children of the same age; or
* present with persistent emotional/behavioural difficulties which *significantly* and adversely affect educational performances and progress; or
* have a physical, health or sensory impairment which *significantly* hinders them from performing educationally or hinders them from making use of educational facilities of a kind generally provided for children of the same age; or
* have communication difficulties in oral expression or listening comprehension which affect interaction with others and *significantly* and adversely affect educational progress.

(B) **Special Educational Provision** means:
* educational provision which is *additional to* or otherwise *different from* the educational provision made generally for children of the same age. This necessitates that there is substantial change in the content, methodology, or delivery of instruction.

(C) **Exclusion** means that, for the purposes of this Code of Practice, a child may not be identified for Special Educational Needs primarily because
* the language or form of language of the home is different from the language in which they will be taught.
* the child has experienced educational disadvantage due to lack of learning opportunities such as frequent school changes, poor attendance, or multiple teachers in the same year.
* there has been an inappropriate curriculum and/or inadequate instruction.
* there has been cultural, environmental, or economical disadvantage.

(D) A **special school** is a school catering for students who have special educational needs due to severe learning difficulties, physical disabilities or behavioural problems. Special schools may be specifically designed, staffed and resourced to provide the appropriate special education for children with additional needs. Students attending special schools generally do not attend any classes in mainstream schools.

Special schools provide individualised education, addressing specific needs. Student/teacher ratios are kept low, often 10:1 or lower depending upon the needs of the children. These schools will also have other facilities for the development of children with special needs, such as soft play areas, sensory rooms, or swimming pools, which are vital for the therapy of certain conditions. It is expected in the near future to lower the afore-mentioned ratio or to create other accommodations for these students.
Introduction:

A country's educational progress is best indicated by the quality of its special education, on which realization of equal educational opportunity is based. Special education deals with meeting the needs of children who experience learning challenges with formal education. Provisions for special education make it possible for each child to work towards achieving his/her individual potential. At the top of the government’s educational agenda is a focus on providing for these children with the hope of creating equal opportunities for all of its citizens; and in recent years it has been promoting special education in an effort to boost national competitiveness.

One of the major goals of special education (beyond developing skills and imparting information) is the ultimate adjustment of the person with a special need to the general society. Unfortunately, this goal has created a problem in the organization of special classes and schools. One frequent criticism of special education programmes is that they tend to segregate children. Efforts are now being made to organize programmes that integrate these children into the mainstream classroom.

Special education is a product of human compassion and is sustained by the need to reduce social and economic problems. Democratic ideals attract further attention to the importance of special education, which is protected by legislation to safeguard the rights and interests of those persons with special educational needs (SEN).

"Inclusion and participation are essential to human dignity and to the enjoyment and exercise of human rights. Within the field of education, this is reflected in the development of strategies that seek to bring about a genuine equalization of opportunity. Experience in many countries demonstrates that the integration of children and youth with special educational needs is best achieved within inclusive schools that serve all children within a community. It is within this context that those with special educational needs can achieve the fullest educational progress and social integration. While inclusive schools provide a favourable setting for achieving equal opportunity and full participation, their success requires a concerted effort, not only by teachers and school staff, but also by peers, parents, families and
volunteers.” (Salamanca statement and Framework for Action on Special Needs Education 1994, p. 11)

In order to enable students with learning challenges to receive an education that meets their needs, the Ministry of Education and all stakeholders will continue to develop legislation and policies, provide continuous training opportunities for classroom teachers, increase the number of opportunities to train persons in specialist areas and prepare reports on special education to provide these students with professional support and services. Consequently, the government of Antigua and Barbuda has mandated the establishment of a Special Education Diagnostic Centre where professionals would cater to the formal assessments of students with identified needs. As such, this Code of Practice is designed to regulate the process of managing the education of children with SEN. This Code of Practice is subject to periodical updates or revisions as needed.

Types of Special Educational Needs

Common special needs include challenges with learning, communication challenges, emotional and behavioural disorders, physical disabilities, and developmental disorders. Children who are considered as Special Needs Children are those who present with:

- Autistic Disorder
- Attention Deficit/Hyperactivity Disorder (AD/HD)
- Cerebral Palsy
- Deafness/Hearing Loss
- Downs Syndrome
- Emotional Disturbance
- Epilepsy
- Learning Difficulties
  - dyslexia—which refers to difficulties in reading;
  - dysgraphia—which refers to difficulties in writing; and
  - dyscalculia—which refers to difficulties in math.
- Mental Retardation
- Pervasive Developmental Disorder (PDD)
- Severe and/or Multiple Disabilities
Speech and Language Impairments
Spina Bifida
Traumatic Brain Injury
Visual Impairments

Students with these kinds of special needs are likely to benefit from additional educational services such as different approaches to teaching, use of technology, a specifically adapted teaching area, or resource room.

Intellectual giftedness is a difference in learning and can also benefit from specialized teaching techniques or services or different educational programmes which are provided for separately. Gifted and talented students may also have emotional or behavioural problems but the term "special education" is generally used to specifically indicate instruction of students whose special needs reduce their ability to learn effectively in a mainstream classroom.

Supporting Data:

In January 2010, the Measurement and Evaluation Unit assessed all 1122 students from Grades 1 (571) and 2 (551) in public schools using the Wide range Achievement Test 4 (WRAT4). The WRAT4 is a norm-referenced test that measures the basic academic skills of word reading, sentence comprehension, spelling, and mathematics computation. These numbers, however, do not reflect students in the Adele school for Special children nor the Unit for the blind and deaf. The table below shows that the percent of children below grade level are well over the normal range in each area according to international standards.

<table>
<thead>
<tr>
<th>Areas Tested with WRAT 4</th>
<th>Grade 1</th>
<th>Grade 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word Reading</td>
<td>66%</td>
<td>76%</td>
</tr>
<tr>
<td>Sentence Comprehension</td>
<td>92%</td>
<td>87%</td>
</tr>
<tr>
<td>Spelling</td>
<td>69%</td>
<td>75%</td>
</tr>
<tr>
<td>Math</td>
<td>63%</td>
<td>82%</td>
</tr>
</tbody>
</table>

Table 1: Percent of students below grade level
Source: WRAT 4 Results Antigua and Barbuda, February 2010.

This data signifies a cause for concern and while it does not definitively point to any 'specific' learning difficulty, it is indicative of possible learning difficulties that our students may have. Internationally, it is reported that 15% of school age population has a learning difficulty. This means that in a class of every 10 person 1 child has a learning difficulty.

The data below indicates that quite a number of students in the education system have been identified as having special educational needs. The table below provides some indication of the situation in Antigua and Barbuda in some of our institutions regarding SEN. The absence
of reliable data arising from our inability to adequately screen and assess students accounts for this.

Precise data is not available since one of our current challenges resides in not having the necessary infrastructure of personnel to conduct educational assessments.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Challenges</th>
<th># students</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td><strong>Public Institutions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antigua and Barbuda Centre for Dyslexia Awareness</td>
<td>Dyslexia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adele School</td>
<td>Multiple disabilities</td>
<td>43</td>
<td>23</td>
</tr>
<tr>
<td>School for the Deaf</td>
<td>Deafness</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>TN Kirnon – Unit for the Blind</td>
<td>Blindness</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>45% of other Public Institutions</td>
<td>Varying challenges</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Private Institutions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victory Centre</td>
<td>Multiple</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Visionaries for Christ</td>
<td>Multiple</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>20% of other Private Institutions</td>
<td>Varying</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Data collection from 28 schools, 2012

**The Education Act 2008**

This is our guiding legal document on SEN at a national level. The excerpt regarding SEN provisions are included below.

(1) The **system of public education** shall be organised in three stages, that is to say- (a) primary education which shall consist of full time education suitable to the requirements of junior pupils; (b) secondary education, which shall consist of full time education suitable to the requirements of senior pupils who are under the age of eighteen years; (c) further education, which shall consist of- (i) full time education beyond secondary education or in addition to it; (ii) part-time education;(iii) any other provision for students who have attained the age of sixteen years.
(2) In addition to the three stages of public education mentioned in subsection (1), there may be provided special schools suitable to the requirement of pupils who are identified as having special educational needs. The Education Act 2008 of Antigua and Barbuda makes provision for those students in this category.

**SPECIAL EDUCATION**

83. Special education

(1) The Director of Education shall provide special education programmes for students of compulsory school age who by virtue of intellectual, communicative, behavioural, physical or multiple exceptionalities are in need of special education.

(2) A student who is entitled to a special education programme shall have the programme delivered in the least restrictive and most enabling environment to the extent that resources permit and it is considered practicable by the Director of Education in consultation with professional staff of the school and the Ministry of Education and the parents, having due regard for the educational needs and rights of all students.

(3) A special education programme may take the form of an individual education plan in that the plan is tailored to the specific or individual needs of the student.

(4) Where it has been determined that a student will require an individualise education plan, the costs of developing, providing and maintaining that plan shall be apportioned between the student if over 18 years of age, or the parent of the student as the case may be and the Ministry of Education in such manner as may be prescribed by regulations made under this Act.

84. Determination of special educational needs

(1) Before a determination is made under subsection (2) below, the following procedures shall be followed—

(a) the student shall be referred to the Director of Education for a determination of the assessments that may be required to be performed;

(b) the parent of the student shall receive written information concerning the procedures outlined in this section;

(c) prior written informed consent by a parent for the administration to the student of the psychological and other specialized tests that are not routinely used by teachers shall be obtained;

(d) where possible, the assessment shall be multi-disciplinary;

(e) the results of the assessment reports shall be provided and explained to the parent;

(f) a parent and, where appropriate, the student shall be consulted prior to the determination of and during the implementation of the special education programme; and

(g) the parents shall be provided with information concerning the right of appeal to the Education Appeal Tribunal.

(2) Subject to subsection (1) above, the principal in consultation with professional staff and parents or, where a child is not in attendance at a school, the Director of Education, in consultation with professional staff and parents, shall determine—
(a) whether a student is a student with special educational needs; and, if so
(b) what special education programme is appropriate to meet the needs of that student.
(3) Parents shall have the right to request for their children, a determination in accordance with this section.
(4) A principal may invite a parent to be a member of a school based support team that is established for the provision of a special education programme for a student.
(5) The school based support team referred to in subsection (4) above, shall comprise persons selected on the basis of their expertise by the principal of a school to advise on a programme specified to the needs of a particular student or group of students.
(6) Where there is more than one parent for a child, consultation with one parent shall be deemed to be compliance with any consultation requirements of this section.

85. Special needs appeals
(1) If a disagreement arises respecting a decision concerning—
   (a) the identification of a student as a student with special educational needs;
   (b) the individual education plan established for a student;
   (c) a request by a parent for a determination pursuant to subsection 84(3);
   (d) the implementation of the individual education plan in an environment other than the regular class;
   (e) the non-implementation of an individual education plan in a school where the student would normally attend; or
   (f) the apportionment of costs, including non-educational costs, between the Ministry of Education and the parents of the student for the provision of an individual education plan;
the parent, student, or Board of Management may, within fourteen (14) days of the decision, appeal the matter to the Education Appeal Tribunal established pursuant to this Act.
(2) A decision under subsection (1) above, shall be communicated in writing to the parents, student or Board of Management as the case may be.
(3) When an appeal is made to the Education Appeal Tribunal, the student shall be enrolled in the programme determined in accordance with section 84 until the Education Appeal Tribunal makes its decision.

86. Council on Special Education
(1) The Minister may establish a Council on Special Education to advise him or her on guidelines for the implementation of this Division.
(2) Where a Council on Special Education is established, the Minister may by order provide for its—
   (a) membership;
   (b) procedures for its business; and
   (c) its powers and functions.
(Source: Education Act 2008)
Responsibilities of all parties

I. Responsibilities of Schools

Provision for pupils with special educational needs is a matter for the school as a whole. The school’s principal, the Special Educational Needs Coordinator (SENCO), School-Based Support Team, and all other members of staff have important responsibilities. The division of day-to-day responsibilities is a matter for individual schools to be decided in light of a school’s circumstances and size, priorities and ethos. At times of inspection, schools will be monitored for compliance in relation to the SEN Code of Practice.

A. School Policies in Compliance with SEN Code of Practice

Each school is required to review the Antigua & Barbuda SEN Code of Practice to ensure compliance with legal requirements. Additionally, schools are encouraged to draft and adopt their own unique SEN policy in light of their circumstances and ethos. Individual school policies, however, must be consistent with the national SEN Code of Practice. School policies may only provide more protections and services for students with Special Educational Needs, not less.

It is the duty of the School Principal, or designee, to verify that every teacher possesses and understands school policy for SEN. Additionally; it is that person’s responsibility to ensure that a register of students with SEN is submitted to the Director of Education of the Ministry of Education on at least an annual basis.

B. Appointment of Special Educational Needs Coordinator (SENCO)

The Principal of each school shall be responsible for assuring that a member of staff be designated as the school’s Special Educational Needs Coordinator (SENCO). Careful thought should be given to the SENCO’s timetable in light of the Code of Practice and in the context of the resources available to the school. Experience shows that primary school SENCO’s require time for planning and coordination away from the classroom: maintaining appropriate individual and whole school records of children within the various Phases of SEN intervention, observing pupils in class without a teaching commitment, managing and training Special Support Assistants, communicating with parents and external agencies, arranging meetings, and liaising with colleagues to support transitions of students with SEN entering from the Early Intervention Programme or into secondary schools. For larger secondary schools, the SENCO may become a full-time post given the numbers of identified students and the additional complexity of arranging accommodations for external examinations.
Because the role of SENCO is time-consuming requiring a high level of leadership and responsibility, the SENCO should be considered for inclusion as a member of the school’s senior management team. Although in very small schools the principal or deputy may need to take on the role of SENCO, such a decision should be considered very carefully.

C. School-Based Support Teams (SBST)
Each school must maintain a multi-disciplinary School-Based Support Team (SBST). Under individual school’s SEN policy, the SBST may be named differently but still always functions as the main problem-solving and decision-making team for students who may have Special Educational Needs. Decisions for students with SEN should never be made unilaterally, both by school leadership or parents, and only through consensus of the SBST. In instances when consensus cannot be achieved, provision is made for appeals and complaints as outlined in the Education Act 2008 Section 85. The composition of the SBST can be determined by individual school sites but must minimally include the Special Educational Needs Coordinator (SENCO), one of the child’s classroom teachers, a qualified specialist with understanding/capacity in the area of suspected need, and the child’s parent. (The Team may proceed without the parent only in the case that there has been no response from the parent following three reasonable and documented attempts to gain participation.)

D. Student Support Services
One of the responsibilities of the Special Education Diagnostic Centre is to provide student support services. Generally, students will be referred to the centre after the school has done all it can to assist and does not have the necessary resources to go further. Students can also be referred to the Centre when in need of immediate remediation, eg: a student with Emotional Behavioural Difficulties (EBD) who has had an episode that the school cannot handle. The diagnostic centre, therefore, will have to be equipped with the necessary resource personnel such as an educational psychologist.

2. Responsibilities of Parents/Guardians

- Parents/guardians have a key role in the special education process. They are expected to work in partnership with the school and other SEN personnel.

- Parents/guardians should ask for an explanation of any aspect of the programme that they do not understand.
• Parents/guardians must ensure that the goals and objectives of the programme are specific and measurable. This will ensure that everyone teaching their child/children is working toward the same goals.

• Parents/guardians must ensure that their child is included in the regular school activities/programme as much as is appropriate, including lunch, breaks, and non-academic areas such as art, music and physical education.

• Parents/guardians need to monitor their child/children’s progress and periodically ask for a report.

*In the event that the parent does not give consent (a right given under the Daka Framework for Action) an appeal can be made to the courts to have this right lifted.*

**Procedures for identification, assessment and provision of services in School-Aged Settings:**

**Introduction: Graduated Response/Three Phases**

In order to help children with learning or behavioural difficulties, schools should practice a graduated response that encompasses an array of intervention strategies prior to identifying a student as having special educational needs. This approach recognizes that there is a continuum of intervention strategies and, only where necessary, enlists specialist expertise.

There are three phases in the graduated response. These are Phases 1, 2, and 3 (outlined below). The school should make full use of all on-site resources (Phases 1 and 2) before expecting to call upon outside resources (Phase 3). **Phase 1 students are not classified as having SEN. Only the names of children identified at Phase 2 or Phase 3 levels are to be maintained on an official SEN school register.** An “At-Risk” register identifying children monitored by Phase 1 or 2 plans should be maintained by the SENCO at the individual school site. Only when a student has been identified through means of formal assessment and a Multi-Disciplinary Team determination process at the beginning of Phase 3, should they be placed on an official Special Educational Needs register centrally maintained by the Ministry of Education.

**Phase 1: Early Screening and Progress Monitoring**

The importance of early identification, assessment, and provision for any child who may have special educational needs cannot be over-emphasized. The earlier action is taken, the more responsive the child is likely to be and the more readily the delay may be amenable to remediation. Also, *assessment* should not be regarded as a single event which occurs prior to
Phase 3 but rather as a continuing process which begins with the gathering of a wide variety of data beginning at Phase 1. Duties of schools at Phase 1 are:

1. Upon entry into Kindergarten classrooms, all students should be screened in multiple learning areas to determine whether any concerns might exist. This may be done using published developmental screening instruments or by recorded teacher observation no later than within the first half-term of instruction. Results of this screening should be combined with multiple sources of evidence of children’s performance including records passed from preschool settings or gained from parent input.

In later years, the process of screening should continue using progress monitoring strategies. For instance, schools might consider any student falling within the annual assessment as requiring further attention. Additionally, schools are encouraged to implement a system of continuous progress monitoring of all children using criterion-referenced or curriculum-based measures. Only when a child is not progressing satisfactorily despite the style of teaching being differentiated should they be considered for more intensive strategies.

Assessing students with learning difficulties can be a challenge. However, we must remember that assessment provides the child with an opportunity to demonstrate knowledge, skill and understanding. For most learning disabled students, last on the list should be a pencil/paper task. A number of strategies that support and enhance assessment of learning-disabled students are suggested. These include:

**Presentation**
- A presentation is a verbal demonstration of skill/knowledge and understanding. The child describes shows and offers to answer questions about his/her task. Presentation can also take the form of discussion, debate or purely question/response. Some children will need to speak in a small group or in a one to one setting as learning difficulty (LD) students are often intimidated in this setting. However, with ongoing opportunities, they will begin to shine.

**Conference**
- A conference is a one to one between the teacher and the student. The teacher will prompt and cue the student to determine the level of understanding and knowledge. Again this takes the pressure away from written tasks. The conference should be somewhat informal to put the student at ease. The focus should be on the student sharing ideas, reasoning or explaining a concept. This is an extremely useful form of formative assessment.

**Interview**
- An interview helps a teacher to clarify the level of understanding for a specific purpose, activity or learning concept.

**Observation**
- Observing a student in the learning environment is a very powerful method to assess. It can also be the vehicle for the teacher to change or enhance a specific teaching strategy. Observation can be done in small group setting while the child is engaged in learning tasks. Things to look for include: does the child persist? give up easily? have a
plan in place? look for assistance? try alternate strategies? become impatient? look for patterns? Teachers need to be prepared for what they are specifically looking for in an observational setting.

**Performance Task**
- A performance task is a learning task that the child will do while the teacher assesses his/her performance. For instance: the teacher might want to check some math problem solving by asking if 6 people fit in one car, how many cars will be needed to transport 42 people? During the task, the teacher could be looking for attitudes, skill, ability and evidence of risk-taking.

**Self-Assessment**
- We always want our students/children to be able to identify their own strengths and weaknesses. Self-assessment will lead the student to a better sense of understanding of his/her own learning. The student may need some guiding questions such as:
  - What did I do well on?
  - How can I improve upon_____?
  - Where was my biggest strength/weakness

2. When classroom teachers or other’s concern (underpinned by evidence regarding a student’s lack of progress despite receiving differentiated learning opportunities) occurs, the following actions should be followed and documented by the classroom teacher on a simple, concise Differentiated Instruction Plan (DIP):
   1. Use existing information from the child’s educational experience to document starting points or baseline for the development of an appropriate differentiated curriculum for the child.
   2. Develop teaching strategies to be used (e.g. provide different learning materials, special equipment or manipulative, increased direct instruction time, smaller group instruction, etc.) for no more than two or three short-term measurable targets as identified on the DIP.
   3. Establish who will be responsible for the interventions (teacher, classroom teaching assistant, parent, or student) and a reasonable time frame whereupon the DIP will be reviewed to measure student progress.
   4. Clearly state success (exit) criteria for each target.

3. This DIP will be developed by the classroom teacher. If needed, the teacher may wish to ask for intervention suggestions from the school’s (SENCO) or other SEN specialists, when available.

4. Phase 1 DIPs should be reviewed at least once each term, or possibly more frequently for some children. Reviews need not be unduly formal. Parents’ input regarding their child’s progress should be solicited, and their participation should be encouraged as part of the review process. Whenever possible or reasonable, the child should also take part in the review process and be involved in setting or evaluating progress toward targets.
5. Exception: In extreme cases or times of crisis the SENCO may recommend a student’s status be expedited to Phase 2 or assessment within Phase 3.

B. Phase 2: School-Based Support Team (SBST) Individual Intervention Plans

The triggers for Phase 2 should be that, despite receiving a differentiated programme and concentrated support under Phase 1, the child: (i) continues to make little or no progress in specific academic areas of literacy and numeracy, (ii) continues working at national curriculum standards significantly below that expected of children of a similar age, (iii) has emotional or behavioural difficulties which substantially and chronically interfere with the child’s own learning or the learning of others, (iv) has sensory or physical needs and requires additional specialist equipment or regular contact by a specialist service, or (v) has ongoing communication difficulties that impede the development of social relationships and cause substantial barriers to learning.

When more focused intervention planning is required based on the above criteria, the duties of schools at Phase 2 are:

1. The multi-disciplinary School-Based Support Team (SBST) should convene a meeting to consider all the information gathered during Phase 1 and make recommendations for more time-intensive or focused interventions on behalf of the student. The composition of the SBST can be determined by individual school sites but must minimally include the Special Educational Needs Coordinator (SENCO), one of the child’s classroom teachers, qualified specialist (attached to the Education Diagnostic Centre) with understanding/capacity in the area of suspected need, and the child’s parent. (The Team may proceed without the parent only in the case that there has been no response from the parent following three reasonable and documented attempts to gain participation.)

2. Proposed interventions should be recorded on an Individual Intervention Plan which includes the same components as the Phase 1 plan, but which clearly indicates a change in measurable targets, development of alternative strategies, or increased intensity or frequency of interventions.

3. At this Phase, a more careful assessment of the child’s learning strengths and weaknesses or behavioural needs may be required. If a designated specialist specifically observes the student, gathers questionnaire data from teachers and/or parents, or individually administers any tests as part of this process, signed informed parental consent should always be obtained by the school. This written consent is not required for the gathering of “functional” data gained by such means as conversations among professionals and with parents, record reviews, or whole-classroom or school-wide environmental observations.

4. Phase 2 Individual Intervention Plans should be reviewed at least once each term, or possibly more frequently for some children. Reviews need not be unduly formal. Parents’ input regarding their child’s progress should be solicited, and their participation should be
encouraged as part of the review process. Whenever possible or reasonable, the child should also take part in the review process and be involved in setting or evaluating progress toward targets.

**Referral for Formal Assessment**

When regular reviews of Phase 2 interventions continue to describe a child's learning difficulty and reveal lack of progress towards targets despite interventions, the School-Based Support Team (SBST) may refer a child for formal comprehensive assessment or evaluation to determine eligibility for special educational service provision. Such referral should be accompanied by documentation of these required components:

1. **Review of Existing Data**
   - Relevant health and medical history, including results of recent hearing and vision screenings.
   - Documentation of the primary language of the child and the home.
   - Results of any previous educational assessments, including instruments administered by an advisory specialist when available.
   - Input from the classroom teacher(s) in regard to level of educational attainment in comparison to the National Curriculum based on criterion-referenced assessments. Relevant classroom or school behavioural observations should be noted.
   - Views of the parent or caregiver, and of the child when appropriate.
   - Observations and input from involved SEN professionals.
   - Observations and input from involved community-based service providers, where appropriate.
   - Brief review of Phase 1 and Phase 2 plans and outcomes.

2. **Informed Parental Consent**
   - Based on review of existing data, the SBST will state the need to collect additional formal assessment data. When stating this need, it should be clearly documented which types of additional assessments or tests are being requested. Once the parent is provided with this information, signed parental consent is required prior to proceeding.

3. **Time Limits**
   - The formal assessment of a student, including the subsequent multi-disciplinary team meeting to review results and make eligibility determination, must be completed within 60 school days from receipt of parental consent. This 60-day timeline may be extended up to an additional 30 days, provided it is in the best interest of the child and the parents and school agree in writing to such an extension. Extension can also be made if a parent fails to make his/her child present on the days scheduled for assessment.
C. Phase 3: SEN Eligibility and Individual Education Plans

Within 60 school days and following formal comprehensive assessment of a student, the School-Based Support Team (SBST), with all required multi-disciplinary team members present, will meet to review results and determine eligibility for provision of Phase 3 special educational needs service.

1. Determination of SEN Eligibility will be made consistent with the Definition of Special Educational Needs. The Team will verify this by documentation which specifies:

   - verification that a student has a learning difficulty in one or more of the areas defined

The School-Based Support Team must identify that a student meets the criteria in one of the following educational categories of disability:

- **Autistic Spectrum Disorder** – A developmental disability which significantly affects verbal and nonverbal communication and social interaction and that adversely affects educational performance.

- **Emotional/Behavioural/Social Disorder** – A condition whereby a child exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects the child’s performance in the educational environment: a) an inability to learn which cannot be explained by intellectual, sensory or health factors, b) an inability to build or maintain satisfactory interpersonal relationship with peers and teachers, c) inappropriate types of behaviour or feelings under normal circumstances, d) a general pervasive mood of unhappiness or depression, and/or e) a tendency to develop physical symptoms or fears associated with personal or school problems.

- **Hearing Impairment** – A loss of hearing which interferes with the child’s performance in the educational environment and requires the need of special or related services.

- **Vision Impairment** – A loss of vision acuity which interferes with the child’s performance in the educational environment and requires the need of special or related services.

- **Intellectual Disability** (Indicate Mild, Moderate, or Severe) – An impairment of general intellectual functioning falling beyond two standard deviations below the mean for children of the same age that exists and that adversely affects the child’s performance in the educational environment.

- **Significant Multiple Disabilities** – Learning and developmental problems resulting from multiple disabilities to include two (2) or more of the following conditions that require the provision of special education and related services:
severe sensory impairment, intellectual disability, emotional disability, autistic spectrum disorder, and orthopedic impairment. (Significant Multiple Disabilities most often will require special day school provision.)

Motor Coordination Impairment – A developmental motor coordination delay or impairment (e.g. dyspraxia) that adversely affects a child’s performance in the educational environment. This category may include motor dysfunction caused by neurological or orthopedic anomaly, disease, and other disorders.

Other Health Impairments – Limited strength, vitality, or alertness (including heightened alertness to environmental stimuli) due to chronic or acute health problems which adversely affect a student’s educational performance. The type must be specified and confirmed in writing by a registered physician.

Specific Learning Disability – Persisting and significant achievement deficits which manifest when learning to read words, comprehend written passages, compute mathematics, reason with mathematics, or produce written expression and which is related to a specific disorder in one or more of the basic psychological processes, in significant contrast to measured intellectual ability. This category includes such neuropsychological conditions described as perceptual disabilities, minimal brain dysfunction, dyslexia, dyscalculia, and aphasia. It does not include learning problems primarily the result of vision, hearing, motor coordination impairment, emotional difficulties, intellectual disability or educational disadvantage.

Speech/Language Impairment – Performance by a child on a norm-referenced language test that measures at least one and one-half standard deviations below the mean for children of the same chronological age or whose speech articulation or stuttering, out of context, is unintelligible to a listener who is unfamiliar with the child and interferes with educational performance to the extent that it calls attention to itself, interferes with communication, or causes a child to be distressed.

Description of educational provision required for the student to meet the National Curriculum which is additional to or otherwise different from the educational provision made generally for children of the same age.

Consideration of the impact of any exclusionary factors as outlined previously.

Signed statement of agreement or disagreement by all Team participants.

2. Within 30 school days following initial determination of eligibility for Special Educational Needs services, the SBST will develop and review an Individual Educational Plan (IEP) which outlines provision of services. The IEP should describe how the student learns, how the
student best demonstrates that learning and what teachers and service providers will do to help the student learn more effectively. Key considerations in developing an IEP include assessing students in all areas related to the known disabilities, simultaneously considering ability to access the general curriculum, considering how the disability affects the student’s learning, developing goals and objectives that correspond to the needs of the student, and ultimately choosing a placement in the least restrictive environment possible for the student.

Required IEP components are:

- Statement of present levels of academic achievement and functional performance (PLAAFP), including strengths and needs.
- Measurable annual goals that address the needs identified in the PLAAFP statement.
- Clear description of special educational needs services to be provided, including time to be provided each week, location and responsible school personnel.
- Clear description of supplementary aids, services, or classroom adaptations which are to be provided.
- Documentation of any accommodations or exemption for external assessments.
- For students who are 14 years and older, documentation of a transition plan which includes post-secondary goals related to education, training, employment or independent living skills. A statement should include what in-school and inter-agency supports will be provided to achieve these goals.
- Signed participation from Team members.

3. As long as a student qualifies for special education, the IEP must be regularly maintained and updated over the student's primary educational years (i.e. up to the point of secondary/high school graduation, or prior to the 18th birthday). An IEP is meant to ensure that the student receives an appropriate placement, not "only" in special education classrooms or special schools. It is meant to give the student a chance to participate in "normal" school culture and academics as much as is possible for that individual student. In this way, the student is able to have specialized assistance only when such assistance is absolutely necessary, and otherwise maintains the freedom to interact with and participate in the activities of his or her more general school peers.

As such, each Phase 3 IEP will be reviewed within one year from the previous review. A new document will be subsequently developed reflecting necessary revisions to required IEP components based on the student's needs.

**Periodic Re-Assessment Requirement for Continuation or Exit from SEN Services**

For many students with milder disabilities, it would be desirable that, with quality service provision, a student might be removed from the SEN register over time. Nonetheless, careful periodic reassessment of student needs is required for continued quality educational planning.
Within one year prior to exit from any Key Stage, or more frequently, students served on Phase 3 IEPs must be routinely reassessed to determine whether they continue to require special educational needs provision. Review of existing data as outlined in will determine whether any additional formal testing is required as part of the reassessment. A statement as to continued need or ability to exit from SEN services will be made.

Identification, Assessment and Provision in Early Years Settings

A. Introduction: Graduated Response/Three Phases

It should be understood that children will progress at different rates within different areas during the foundation stage. It should not be assumed, therefore, that children who are making slower progress must necessarily have special educational needs. But, such children will need carefully differentiated learning opportunities to help them progress. Frequent and careful monitoring of children’s progress should be maintained.

Consistent with this Code of Practice, a graduated response should govern levels of intervention when a child’s rate of progress in a developmental area is inadequate. The preschool provider should make full use of all on-site resources and document differentiated instruction attempts (Phase 1) before expecting to call upon outside resources.

When it is documented that differentiated educational interventions yield limited or no progress, the additional expertise of early intervention specialist teachers, speech and language therapists, educational psychologists, or occupational therapists available through the Diagnostic Centre may be called upon (Phase 2). These specialists may give advice on the use of new strategies, materials, or training supports for particular learning activities. An “At-Risk” register identifying children monitored by Phase 2 plans should be maintained by the Education Officer (EO) SEN

Only when an early year’s child has been identified through means of formal assessment and a Multi-Disciplinary Team determination process at the beginning of Phase 3, should they be placed on an official Special Educational Needs register centrally maintained by the Ministry of Education. In extreme cases or times of crisis, the EO SEN may recommend a child’s status be expedited to Phase 2 or assessment within Phase 3.
B. Referral for Assessment
The triggers for referral for formal multi-disciplinary assessment could be that, despite receiving individually differentiated instruction, the child:

- continues to make little or no progress in specific areas of development over a long period of time.
- continues working at an early years curriculum level substantially below that expected of children of a similar age.
- has emotional or behavioural difficulties which substantially and regularly interfere with the child’s own learning or that of others
- has physical or sensory needs, and requires additional equipment or regular visits for direct intervention or advice by practitioners from a specialist service.
- has on-going communication or interaction difficulties that impede the development of social relationships and cause substantial barriers to learning.

Consistent with this Code of Practice, informed parental consent is required prior to completing any formal assessments. The formal assessment of a student, including the completion of reports and conducting the subsequent multi-disciplinary meeting to determine eligibility for Phase 3 SEN services, must be completed within 60 school days. This 60-day timeline may be extended up to an additional 30 days, provided it is in the best interest of the child; and the parents and school agree in writing to such an extension.

When a child under five years of age has been referred to the Diagnostic Centre, it is probable that the parents or the Health Services will have first identified substantial special needs. The child is likely to have a particular condition or major health problem that has caused concern at an early stage. Assessment of children less than 5 years of age need not follow the same procedures that are applicable to assessments outlined for children who are older.

C. SEN Eligibility and IEP Service Provision in the Early Years
Each multi-disciplinary evaluation to determine Early Years SEN eligibility must include the administration of a comprehensive developmental assessment. In addition, at least one more specialized norm-referenced instrument must be given by a qualified examiner to substantiate need within areas which appear to be specifically delayed.

Determination of eligibility and the rules governing Individual Education Plan (IEP) development and implementation are consistent with this Code of Practice.

The Team will verify eligibility by documentation which specifies:
Verification by the Diagnostic Centre Team that a student meets criteria in one of the following educational categories of disability:

- **Autistic Spectrum Disorder** – A developmental disability which significantly affects verbal and nonverbal communication and social interaction and that adversely affects educational performance.

- **Hearing Impairment** – A loss of hearing which interferes with the child’s performance in the educational environment and requires the need of special or related services.

- **Vision Impairment** – A loss of vision acuity which interferes with the child’s performance in the educational environment and requires the need of special or related services.

- **Early Years Moderate Delay** – Performance by an Early Years child on a norm-referenced test that measures at least one and one-half standard deviations, but not more than three standard deviations below the mean for children of the same chronological age in two or more of the following areas: (a) cognitive development, (b) physical development, (c) communication development, (d) personal, social or emotional development, or (e) adaptive development. The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment. If there is a discrepancy between the measures, the assessment team shall determine eligibility based on a preponderance of the information presented.

- **Early Years Severe Delay** – Performance by an Early Years child on a norm-referenced test that measures more than three standard deviations below the mean for children of the same chronological age. The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment. If there is a discrepancy between the measures, the assessment team shall determine eligibility based on a preponderance of the information presented.

- **Early Years Motor and Coordination Delay** – Performance by an Early Years child on a norm-referenced motor abilities test that measures at least one and one-half standard deviation below the mean for children of the same chronological age. This category may include motor delay caused by neurological or orthopedic anomaly, disease, and other disorders. Eligibility is appropriate only if a comprehensive developmental assessment or norm-referenced assessment and
parental input indicate that the child is not eligible for services under another Early Years category.

- Early Years Speech/Language Delay – Performance by an Early Years child on a norm-referenced language test that measures at least one and one-half standard deviations below the mean for children of the same chronological age or whose speech articulation or stuttering, out of context, is unintelligible to a listener who is unfamiliar with the child. Additionally, this may include children experiencing dysphagia which requires treatment for swallowing. Eligibility is appropriate only if a comprehensive developmental assessment or norm-referenced assessment and parental input indicate that the child is not eligible for services under another Early Years category.

- Early Years Behavioural Delay – A condition whereby a child exhibits one or more of the following characteristics over a reasonable period of time and to a marked degree that adversely affects the child’s performance in the educational environment: a) an inability to build or maintain satisfactory interpersonal relationship with peers and teachers, b) inappropriate types of behaviour or feelings under normal circumstances, c) a general pervasive mood of unhappiness or depression, and/or d) a tendency to develop physical symptoms or fears associated with personal or school problems.

- 0-3 Medically, Genetically, or Congenitally “At-Risk” – Due to confirmed medical, genetic, or congenital report, a child between the ages of 0-3 who may be at risk for more serious developmental delay without special or related services. (Examples: Prader-Willi Syndrome, Down Syndrome, trauma or medical complication at birth or in early childhood, or significant prematurity.)

- Description of educational provision required for the student to meet the Early Years Curriculum which is additional to or otherwise different from the educational provision made generally for children of the same age.
- Consideration of the impact of any exclusionary factors as outlined in Section I.C.
- Signed agreement or disagreement by all Team participants.

Determination of eligibility and the rules governing Individual Education Plan (IEP) development and implementation are consistent with that of school-age Code of Practice (I.E). Children under the age of 3-9 will be served under a less complex Individual Play Plan (IPP) developed under the guidance of the Early Intervention Programme. Where children from birth through five have such severe and complex needs that they require specialized settings or extraordinary allocation of human or financial resources to meet their educational goals,
the authority for such placements and financial commitments resides with the Education Council.

**C. Transition Planning Prior to School-Age Services**

The Early Intervention Programme should, within at least the term prior to a child transferring from Early Years to primary school setting, conduct a review of the Individual Education Plan in order to consider the most appropriate SEN provision at school-age. Arrangement for the transfer of all EIP records for children maintained on either the Phase 2 or Phase 3 register for Early Years should be made at that time.

**IV. Equities for Children with Special Educational Needs**

**A. Relationship with and Requirements of Private/Parochial Schools**

Currently, there is no legal underpinning within Education Law requiring private schools to identify and provide for students with Additional Educational Needs, including those with Special Educational Needs. Therefore, private schools are encouraged to use best practice approaches outlined within this document on behalf of their students; however, they are exempt from requirements of the SEN Code of Practice until such time that the law is duly amended.

**B. Accommodations and Exemptions for Assessments**

Accommodations are specific practices and procedures that provide students with equitable access during instruction and assessment. Accommodations are made in order to provide a student equal access to learning and equal opportunity to demonstrate what is known. They are intended to reduce or even eliminate the effects of a student’s SEN needs.

Accommodations can be changes in the presentation, response, setting, and timing/scheduling of educational activities. There should be a direct connection between a student’s disability or need and the accommodation(s) provided to the student during educational activities, including assessment.

Students should receive the same accommodations for classroom instruction, classroom assessments, and external assessments. No accommodations should be provided during assessments that are not also provided during instruction. However, not all accommodations for instruction are appropriate for use during a large-scale standardized assessment
Accommodations may not provide verbal or other clues or suggestions that hint at or give away the correct response to the student. Therefore, it is not permissible to simplify, paraphrase, explain, or eliminate any test item, prompt, or multiple-choice option. Additionally, accommodations provided for one student may not impede or impact other students in the testing room. It is the responsibility of the Testing Administrator to see that each student who qualifies for testing accommodations receives these accommodations while also ensuring that other students who do not receive accommodations are not affected.

Three levels of accommodations exist. However, at this time, only Standard Accommodations and Exemptions will be considered related to students’ participation in large-scale external assessments:

1. **Standard Accommodations** are provisions made in how a student accesses and demonstrates learning that does not substantially change the instructional level, the content, or the performance criteria. Students who have a Phase 1, Phase 2, or Phase 3 plan may be considered for standard accommodations.

   Depending on standardized administration requirements of the tests’ publishers, examples of standard accommodations might include extended testing time, separate location or preferential seating, small group or individual administration, more breaks, read aloud or sign instructions for math or writing items, special lighting, special furniture or pencil, more breaks or shorter sessions, repeat directions, write answers directly into test booklet, record or dictate answers to multiple choice responses to a scribe, or use color overlay.

   * Although English as a Second Language learners (ESL) are not covered under this Code of Practice, they may also be considered for standard accommodations.

2. **Non-Standard Accommodations** (not currently offered) are provisions that involve substantial changes in what a student is expected to learn and/or in the way that learning is demonstrated. Such changes are made to provide a student with meaningful and productive learning experiences, environments, and assessments based on individual needs and abilities. Non-standard accommodations affect the comparability of test scores, and results will be disaggregated from those of same-aged peers when reporting.

   Only students with Phase 3 IEP’s may be given non-standard accommodations. School-Based Support Teams should exercise caution in considering whether a student requires non-standard accommodations in order to access the test. Students considered for these accommodations should be using such alternative accommodations consistently in their daily instruction.
Depending on standardized administration requirements of the tests’ publishers, examples of non-standard accommodations might include using assistive technology (spell check, grammar check, or predict-ahead software), recording of responses or dictating to a scribe on writing tests, or reading or signing for items on reading tests.

3. **Exemptions** are intended for students who experience significant intellectual disability or other impairments which prevent meaningful participation in testing. In the case of exemption from external assessments, students nonetheless should be engaged in on-going criterion-referenced assessments as part of their instruction which document progress within the National Curriculum.

*Although English as a Second Language (ESL) learners are not covered under this Code of Practice, they may be considered for exemption if they have been enrolled for less than one academic year and the School-Based Support Team documents that they are unable to meaningfully participate.*

**C. Parent Complaints and Appeals**

If a parent or court-appointed guardian (or any other member of the SBST) appeals a decision made by the School-Based Support Team within a government school or has a complaint regarding the actual provision of services, this should be directed for the purposes of mediation to the Education Officer for Special Educational Needs, Ministry of Education. This Officer will reconvene the Team to attempt resolution of the complaint or appeal. Written notice of the results of that conference will be provided to the petitioner and the Director of Education of the Ministry of Education.

Should a mediated agreement not be achieved, the petitioner has final right of appeal to the Director of Education. This request for appeal must be submitted in writing to the Director of Education within 10 school days of the mediation session provided by Education Officer for Special Educational Needs. The Director of Education will hear arguments for both sides of disagreement within a reasonable timeframe. Within 10 school days of this hearing, a finally exhaustive written decision will be issued to the petitioner and school.

**D. Requirements for Placement of Children in SEN**

For a small number of children with special educational needs, IEP goals cannot be appropriately addressed within full-time inclusive mainstreamed school settings. This is due to the nature and severity of the student’s disability. In all cases, a child shall never be placed within a SEN School without a Multi-Disciplinary case conference which includes the parent. (The Team may proceed without the parent only in the case that there has been no response
from the parent following three reasonable and documented attempts to gain participation. In such cases, results and any determinations by the Team should be sent to the parent.

A SEN School is designed for school-aged children who exhibit significant learning difficulties resulting from lowered intellectual functioning, autism disorder, or multiple disabilities (including medical, sensory or health conditions). Students eligible for placement must, in addition, be assessed to have significant delay in adaptive functioning in one or more of the developmental areas of:

- Physical/Motor Skills
- Communication (Receptive, Expressive, Written)
- Social/Emotional Functioning
- Daily Living Skills

Only students who have received formal comprehensive assessment, followed by the development of a Phase 3 IEP, will be considered for enrollment at such a school. Referrals may come from a number of sources, including parents, private schools, other government schools, or from the Diagnostic Centre. Although entitlement for services in a SEN School is provided for nationals of Antigua & Barbuda, other students will be considered for enrollment depending on the availability of space within a particular classroom.

A decision to have a child placed at a SEN school must be made by a multi-disciplinary School-Based Support Team. In addition, representatives from the school will need to become knowledgeable of the child's specific educational needs and be present at any SBST meeting in which the educational placement is considered.

E. Retention/Delayed Entry and Advanced Promotion of Students

Increasing emphasis on educational standards and accountability has kindled debate regarding the use of grade retention as an intervention to remedy academic deficits. Over a century of research in numerous other jurisdictions has clearly shown no positive long-term effects of retention or delayed entry into school, and in fact, students who have been retained or delayed in their school entry have a higher probability of behaviour problems upon entering adolescence, lower achievement levels in middle and senior high school years, poorer socio-emotional adjustment, and significantly greater likelihood of dropping out of school prior to graduation. Therefore, recommendations for retention or delayed entry into school should be considered seriously and may only be indicated when there has been lack of opportunity for instruction such as significant interruption in attendance.

For children experiencing academic or behavioural difficulties, both retention and social promotion are ineffective remedies unless planned intervention strategies are implemented.
Whenever a student is recommended for retention by a teacher, principal, or parent, it would be assumed that at least Phase 1 or Phase 2 plans under either the SEN Code of Practice have been developed and attempted. Therefore, the SBST of the school must convene to make the final determination for retention or delayed entry into school. If insufficient assessment information exists for the student, the SENCO should order and coordinate an expedited comprehensive assessment prior to the SBST meeting.

Notes from the subsequent determination meeting must clearly indicate what specific interventions (designed to address the factors that have placed the student at risk for school failure) will be initiated. Decisions of the SBST are subject to the Complaints and Appeals process outlined in Section V, Part C.

In cases where advanced placement to a higher year level is considered to be an appropriate intervention, the SBST must follow the same procedure as outlined for consideration for retention, giving particular attention to prevailing social or emotional factors which would argue for such advancement. A plan clearly indicating any supports which will be provided to the child following such a decision must be developed.

References

