Documented Plans used in Education

A GUIDE FOR FAMILIES

Developed by Dolly Bhargava
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Developed by
Dolly Bhargava
(Master Special Education and Speech Pathologist)

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Foreword

Documented plans, commonly called Individual Education Plans (IEP) or something similar, have been around since the earliest times of school inclusion and are even compulsory in some parts of Australia. The intention behind them was to ensure that the child with a disability was looked at in terms of his or her individual needs with the plan aimed at meeting those needs.

There are a number of reasons for using Documented Plans. Firstly, they can help to make a school accountable to responding to the unique needs of a student. They can also help parents to ensure there is focus on a key issue that might otherwise be overlooked. Meetings with educators and schools about Documented Plans can also be used strategically to build positive partnerships with the school and toward changing the school culture. They can also assist educators by providing some practical guidance and clarity in how they respond to the diverse needs of their students.

There is a risk however that if IEPs are not developed with the goals of identifying and meeting individual needs, then there can be unintended consequences.

Documented Plans may be potentially discriminatory and place an unhelpful focus on a child's difference and can frame the challenges of inclusion as being problems 'in the child'. This can potentially steer children away from inclusion in the mainstream lesson. Documented Plans also potentially create an undue dependence on teachers and aides rather than exploring other strategies for inclusion.

Documented Plans can present a challenge to inclusion, and there are many other ways to navigate the education system to get the outcomes you want for your child.

For many parents, Documented Plans are a positive tool to help them frame, monitor and achieve those outcomes. For many educators, the Documented Plan presents an opportunity to get some clarity on the practical steps they need to respond to the diverse needs of their students.

This resource is designed to help readers get the most, and the best, out of the whole process involved in a child's Documented Plan.

Taryn Harvey | Chief Executive Officer
Developmental Disability WA

Dr Bob Jackson PHD
Adjunct Associate Professor
Curtin University
Why have we developed this guide?

All families can and should contribute to their child’s education. You are the one constant in your child’s educational journey, while teachers and even schools can change from year to year. You have an intimate knowledge of your child’s strengths, needs, interests and development. It is vital that you share this knowledge and work together in partnership with your child’s school, to develop a personalised education plan or a Documented Plan that details the best course to educate a child.

A Documented Plan that is developed through family-school partnership has a number of benefits for your child. The benefits include greater participation by your child in educational activities, more positive attitudes towards school and learning, more regular school attendance, higher achievement and test scores, better behaviour and increased social skills (Christenson & Reschly, 2009; Department of Education & Training, 2014; and Henderson & Mapp, 2002).

The ‘Parent Guide to Documented Plans used in Education’ provides you with an overview of this partnership process. With this understanding you will be able to navigate the Documented Plans development process with your child’s school as an empowered partner. Information on your rights and responsibilities, your child’s rights, and the school’s responsibilities to meet the needs of your child are also discussed.
What is a documented plan?

A Documented Plan spells out your child’s learning needs, the supports and services required to address those needs. It also includes the methods that will be used to track your child’s progress. It is an umbrella term for a range of plans that can be used by schools to match the educational programs to the needs of a child or a small group of children who have similar needs. A child or a small group of children who have similar needs will have only one or two of the following Documented Plan at any one time.

- Individual Education Plan
- Personal Learning Plan
- Individual Transition Plan
- Social Competency Plan
- Individual Attendance Plan
- Risk Management Plan
- Individual Behaviour Management Plan
- Individual Transition Plan

PLEASE NOTE:

Children with health care needs such as severe Asthma, Type 1 Diabetes, Epilepsy, Anaphylaxis and other complex medical conditions require a Health Care Authorisation. A Health Care Authorisation is not a Documented Plan instead it is an agreed health management plan developed by parents, the school principal and relevant staff for the child. The plan contains relevant medical information, describes the assistance or health care procedures that may be required whilst a child is at school, on excursions and in other variations in school routines such as sport. The plan must also detail procedures to be followed if an emergency arises.
Who is eligible to have a documented plan?

The Department of Education of Western Australia states that not all children are required to have a documented plan. It is for those children who are achieving at a level significantly below that of their age peers and fall into one or more of the categories listed below:

• Children whose attendance is of concern and requires an individualised approach to improve their attendance rate.

The Student Attendance Policy requires schools to monitor and manage attendance in order to maximise the opportunities of all children to learn.

• Children who have difficulty with managing their behaviour and require an individualised behaviour management program or children who have been given an exclusion order as a consequence of a serious breach of school discipline.

The Behaviour Management in Schools policy requires schools to be responsible for the creation and maintenance of a safe and positive learning environment and the development of processes for the effective management of behaviour.

• Children with disabilities who are eligible for or receiving supplementary resource provision through Individual Disability Allocation (IDA).

IDA is a model of informed practise that matches the student's disability, degree of disability, teaching and learning adjustments they require and the school type to the amount of funding the school is provided to support the student. The school then determines how the fund will be used for example, provision of additional Education Assistant time.

• Children in the care of the Chief Executive Officer of the Department of Child Protection and Family Support who have unique educational needs, and meeting those needs requires planning and support.

Based on a memorandum of understanding between the Department of Child Protection and Family Support and the Department of Education collaborative practises between the two departments will be utilised to ensure the child's best interests, promote safety and wellbeing of the child and the family.
What are the different types of documented plan?

Below is a brief description of the various types of Documented Plans. As stated previously a child or a small group of children who have similar needs will have only one or two of the listed Documented Plans at any one time.

<table>
<thead>
<tr>
<th>Type</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Education Plan (IEP)</td>
<td>An IEP is a school-based document that gives information about how a child is currently doing, what programs and/or services that will be used to address their educational needs (DETWA, 2009).</td>
</tr>
<tr>
<td>Personal Learning Plan (PLP)</td>
<td>A PLP is a school-based document that is developed by the child so that they have greater ownership of what they are going to learn, how they are going to learn and why they need to learn it (DEEWR, 2011).</td>
</tr>
<tr>
<td>Individual Transition Plan (ITP)</td>
<td>An ITP is a school-based document that gives information about what programs and services are needed to plan and prepare the child for life after school (SSEND, 2014).</td>
</tr>
<tr>
<td>Social Competency Plan (SCP)</td>
<td>A SCP is a school-based document that gives information about what programs and services are needed to promote a child’s positive sense of self, develop respectful relationships, and build their capacity to recognise and manage their own emotions and make responsible decisions so that they can participate effectively in the school program (DETWA, 2015a).</td>
</tr>
<tr>
<td>Individual Behaviour Management Plan (IBMP)</td>
<td>An IBMP is a school-based document that summarises the child’s behaviours that are causing concern, information about the agreed programs and services that will be used to help them manage his/her own behaviour (DETWA, 2008).</td>
</tr>
<tr>
<td>Risk Management Plan (RMP)</td>
<td>A RMP is a school-based document that summarises the child’s behaviours that are considered to present a physical risk to the safety of staff or other children and information about the agreed programs and services that will be used to help the child to manage his/her own behaviour (DETWA, 2008).</td>
</tr>
<tr>
<td>Individual Attendance Plan (IAP)</td>
<td>An IAP outlines goals, strategies and supports needed to overcome barriers to school attendance and increase a child’s rate of school attendance (DETWA, 2015b).</td>
</tr>
</tbody>
</table>
REMEMBER

The AIM of the Documented Plans is to enable and help your child reach their potential.
Who is involved in the development of a documented plan?

Documented Plans are developed through a collaborative consultation process, where contributions are sought from various team members. Each member can share their special expertise about the child’s needs. The gathered information helps develop a comprehensive picture of your child’s educational needs and informs the development of the Documented Plan.

Team members may include some or all of the following depending on each child’s needs:

• You,
• Your child,
• Advocate chosen by the parent or carer,
• Allied health professionals (e.g. speech pathologist, occupational therapist, physiotherapist, psychologist),
• Your child’s teaching staff (e.g. Class teacher/s, Education assistant/s, English as a Second Language specialist teacher, Getting it Right specialist teacher),
• School counsellor,
• Aboriginal Islander Education officer,
• Students at Educational Risk coordinator,
• School administration staff (e.g. principal, deputy principal),
• State-wide specialist services, and
• Interpreter if the parent/s have a hearing impairment or speak limited English.

In addition to the people listed above, you and the school can invite other people to the meeting. Work collaboratively with the school to finalise who should be involved in the Documented Plan team. Sometimes having a team with too many people can impact people’s ability to participate and contribute effectively.

How often do you have a documented plan meeting?

Documented Plans enable schools to demonstrate that their obligation to:

• Be accountable for providing an appropriate educational program for all students as required by the School Education Act (1999), and
• Plan for and provide teaching and learning adjustments for students with disabilities as required by the Disability Discrimination Act (1992) and Disability Standards for Education (2005).
The school must initiate and conduct a meeting to develop and/or review your child’s Documented Plan/s at least once every twelve months. This allows the team to determine whether your child’s current program is effective and if not, then it provides the opportunity to address the lack of expected progress.

You can ask for a meeting at any time if you feel they are needed to address concerns or issues that you have about your child’s attendance, school work, behaviour or how they are fitting in with other children. Please contact your child’s teacher to arrange a meeting.

What are the phases involved in the development of a documented plan?

The development and effectiveness of a Documented Plan is a team effort. As a parent you are an important member of this team as you know your child better than anyone else. Your input throughout the Documented Plan development process is invaluable. To help you understand the Documented Plan development process please refer to the illustration below.

Information on how you can contribute to each phase in the Documented Plan development process are provided on the following pages.

1. Case Conference
2. Share Gathered Information
3. Identify Outcomes
4. Set Targets
5. Write or Modify Documented Plan
6. Implement Documented Plan
7. Review Documented Plan
Phase 1 – Case Conference
A case conference is a meeting that provides an opportunity for the school, your child if appropriate, parents and any professionals involved with your child to come together to discuss your child’s needs.

Your child’s teacher or a school representative will contact you to organise the case conference. The case conference should be scheduled at a date, time and place mutually agreeable to you and the school. The teacher will also inform you of the purpose of the meeting and confirm the list of people that will be attending the meeting as discussed with you. If you are unable to attend the case conference, the school needs to seek other methods to help you participate, such as individual or conference phone calls and video conferencing.

Productive and successful case conference require careful preparation on the part of all team members. Hence, it is important for you to prepare in advance for the Documented Plan meeting, so that you can advocate effectively for your child.

To help you get ready for the case conference use the checklist on the following page. Please note not all the items will be relevant to you.
### Getting Ready for the Case Conference

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss with your child about how they think school is going, what they would like to change and what they need to be successful at school. Record their feelings, concerns and ideas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss with other significant people in your child’s life such as family members, siblings and other carers about their views on your child’s strengths and areas of need. Record their feelings, concerns and ideas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflect and record your child’s strengths, areas of need – academically, socially and physically</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflect and record how your child interacts with others outside of school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflect and record strategies that do or don’t seem to be working at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflect and record any questions you would like to ask, goals and ideas you would like to propose for the documented plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results of your child’s most recent assessments conducted by professionals that maybe assisting your child (e.g. paediatric neurologist, psychiatrist, speech pathologist, occupational therapist, physiotherapist and psychologist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports, programs and recommendations by professionals assisting your child, that could be implemented at school (e.g. paediatric neurologist, psychiatrist, speech pathologist, occupational therapist, physiotherapist and psychologist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistive technology or apps you would like to demonstrate at the case conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Phase 2 – Share Gathered Information

Before the case conference your child’s teacher would also have gathered information on your child’s current level and performance to share at the conference. Your child’s teacher may have referred to previous assessments, reviewed previous reports, conducted further educational assessments and observed your child’s current performance in the learning program.
If your child has a NDIS My Way Plan/Individualised NDIS plan please share it along with any other gathered information with your team. By sharing this information it will enable the team to have a comprehensive picture of what your child is doing at present, their strengths, areas of need and how these areas of need are affecting their progress.

Below are examples, of areas of need/s:

<table>
<thead>
<tr>
<th>Area of Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills</td>
</tr>
<tr>
<td>Social skills</td>
</tr>
<tr>
<td>Academic skills</td>
</tr>
<tr>
<td>Independent skills</td>
</tr>
<tr>
<td>Physical skills</td>
</tr>
<tr>
<td>Emotional and behavioural regulation skills</td>
</tr>
<tr>
<td>Work skills</td>
</tr>
<tr>
<td>Health and wellbeing</td>
</tr>
</tbody>
</table>

As a team prioritise the areas of need in order, where your child is experiencing difficulties or the area that is of the greatest need at this current point in time.

**Phase 3 – Identify Outcomes**

Now that you have identified the priority areas of need/s in the previous phase the next step as a team is to identify outcome/s within each area. Outcomes are typically broad general statements of what you want your child to achieve. Outcomes help establish the overall direction for and focus for the selected Documented Plan.

To identify the outcome the following questions are addressed by the team:

What is your child’s current level of performance in the particular area of need/s?
How has your child in the past performed in this particular area?
Is the outcome achievable for your child?
Is this outcome manageable in the class, school or home at this time?
What might impact on achieving the outcome?

Often Documented Plans have too many outcomes. This can be confusing to you and the teachers and put unrealistic expectations on your child. To keep the number manageable, as a team consider setting one to two outcomes for each “big” area of need. Below are examples of what an outcome could look like.
<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Example of skills within area of need</th>
<th>Example of an outcome</th>
</tr>
</thead>
</table>
| Communication skills                 | • Listening to the speaker  
  • Following directions  
  • Expressing needs and wants  
  • Answering questions | Lucy will develop the skills to use her communication book to make requests.          |
| Social skills                        | • Taking turns  
  • Having a conversation  
  • Making friends  
  • Understanding non-verbal language | Gary will appropriately greet his peers.                                             |
| Academic skills                      | • Reading  
  • Writing  
  • Maths  
  • Spelling | Jenny will develop her ability to count.                                                |
| Independent skills                   | • Using money  
  • Using technology  
  • Using transport  
  • Looking after belongings | Minnie will use technology to access leisure activities                              |
| Physical skills                      | • Improving fine motor skills  
  • Improving gross motor skills  
  • Engaging in physical activity  
  • Physically accessing the environment | Jacob will walk using his walker.                                                   |
| Emotional and behavioural regulation skills | • Identifying emotions  
  • Expressing emotions  
  • Managing emotions  
  • Control impulses | Benito will recognise when she is becoming angry and use appropriate strategies to manage her anger. |
| Work skills                          | • Initiative  
  • Team work  
  • Self-management  
  • Planning and organising | Nina will complete a work task independently.                                       |
| Health and wellbeing                 | • Physical health  
  • Mental health  
  • Self esteem  
  • Relationships | Jodie will participate in physical education activities regularly.                    |
Phase 4 – Set Targets

Targets or goals are the building blocks or steps towards achieving an outcome. A target or goal spells out the criteria or standards that can be used to measure if your child is indeed making progress towards achieving the outcome. A useful way of setting goals that are powerful is to use the SMART acronym.

The figure below is an overview of SMART goal setting:

Creating Smart Goals

**STEP 1**
Specific Goal
Be clear about what exactly you want

**STEP 2**
Measurable Goal
Think of how you will know if you have reached your goal or not

**STEP 3**
Achievable Goal
Think is your goal do-able

**STEP 4**
Relevant Goal
Think is your goal going to help you reach your dream?

**STEP 5**
Timely Goal
Make a timeline so you know how much time you have to achieve your goal. Decide on a start and finish date.
The table below provides a detailed description of each letter in the SMART acronym:

| **Specific** | Specific - To set a specific goal, answer the following questions:  
• Who? Identify the team of people who will be involved in the goal process.  
• What? Identify what needs to be accomplished.  
• Where? Identify the location/s where the goal will be accomplished.  
• When? Identify a timeframe for the goal accomplishment.  
• Why? Identify the reasons, purpose of benefits of accomplishing the goal. |
| **Measurable** | To set a measurable goal, answer the following questions:  
• How much? Identify actions, products or effort that can be used to track and measure your child’s progress.  
• How many? Identify actions, products or effort that can be used to track and measure your child’s progress.  
• How will your child know that they are making progress? Identify ways that you can let your child realise their progress so that they can stay motivated and on track. |
| **Attainable** | To set an attainable goal, answer the following questions:  
• What are the attitudes, abilities and skills needed to achieve your goal? Identify your child’s capacity to do what is being asked of them.  
• What are the steps that need to be undertaken to achieve the goal? Identify a step by step plan to achieve the goal. |
| **Realistic** | To set a realistic goal, answer the following questions:  
• What is the reason, purpose, or benefit of accomplishing the goal? Identify the relevance and importance of the goal to your child.  
• What effect will achieving your goal have on your child’s life or on others? Identify the relevance and importance of the goal to the various members of the team. |
| **Timely** | To set a timely goal, answer the following questions:  
• How long will it take to accomplish this goal? Identify a timeframe for the goal.  
• When is the completion of this goal due? Identify a target date for the achievement of the goal. |
Below are examples of what a target or goal could look like.

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Example of an outcome</th>
<th>Examples of a goal or target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills</td>
<td>Lucy will develop the skills to use her communication book to make requests.</td>
<td>During morning tea and lunch time Lucy will request a particular food item by locating the corresponding picture symbol from an array of 5 picture symbols on her communication book by pulling off the picture symbol and giving it to her teacher, without prompts, 90% of the time.</td>
</tr>
<tr>
<td>Social skills</td>
<td>Gary will greet his peers.</td>
<td>Gary will look at his peer and sign ‘hello’ when given 3 out of 4 opportunities during morning circle with gestural prompting by a staff member.</td>
</tr>
<tr>
<td>Academic skills</td>
<td>Jenny will improve her ability to count.</td>
<td>Given direct instruction and visual supports Jenny will be able to count by ones the numbers 1 - 10 with 90% accuracy during a Maths activity.</td>
</tr>
<tr>
<td>Independent skills</td>
<td>Minnie will use technology to access leisure activities</td>
<td>Minnie will use a single switch mounted on a switch-mounting arm positioned to the right side of her head to access the foot spa 8 out of 10 times.</td>
</tr>
<tr>
<td>Physical skills</td>
<td>Jacob will walk using his walker.</td>
<td>Jacob will initiate 3 steps with his walker to touch the Smart board when given 3 out of 5 opportunities in a day.</td>
</tr>
<tr>
<td>Emotional and Behavioural regulation skills</td>
<td>Benito will recognise and use appropriate strategies to manage her anger.</td>
<td>Given a class situation when Benito is evidencing anger, she will ask for a break by pointing to the ‘I want a break’ cue card with verbal prompting by a staff member 90% of the time.</td>
</tr>
<tr>
<td>Work skills</td>
<td>Lucy will complete a work task independently</td>
<td>When given a paper filing task at the school office Nina will remain on task for a minimum of 5 minutes independently with no verbal prompting.</td>
</tr>
<tr>
<td>Health and Wellbeing</td>
<td>Jodie will participate in physical education activities regularly.</td>
<td>Jodie will participate for ten minutes with her peers in at least one fitness session every day.</td>
</tr>
</tbody>
</table>

The benefit of setting targets or goals is that it will help determine if your child is making progress or not.
Phase 5 – Write or Modify Documented Plan

Your child's teacher is usually the person who will write or modify the Documented Plan. As a minimum the Documented Plan will include:

- Your child’s name, date of birth, school, year level, and gender,
- Date of the Documented Plan meeting,
- The names and signatures of all the people who attended the Documented Plan meeting,
- For each of the agreed goals an outline of the teaching instructions, strategies and resources that will be provided to your child to help them achieve the goal,
- Name and role of the various team members who will be responsible for implementing various aspects of the Documented Plan, and
- The commencement date and proposed dates for monitoring, reporting and reviewing the Documented Plan.

You may get the final Documented Plan at end of the meeting or it may be sent home to you once it has been written up by your teacher. You can ask the school administrator for time to read the document carefully, decide whether you agree or disagree with each aspect of the plan and then finally sign it. If you agree with the Documented Plan please sign it and return it to your child’s teacher.

Dealing with disagreements at the school level

In a situation where you disagree with some or most aspects of the Documented Plan you can state your disagreement on the Documented Plan. If you would like to raise an issue or make a complaint, the school should always be your first point of contact. Schools need to know if you have any concerns about your child’s education. You can arrange a meeting to speak to your child’s teacher.

If you still have a concern after talking to your child’s teacher/s you may want to speak to the Assistant Principal or Principal.

Dealing with disagreements at the regional level

If the matter is not resolved by speaking to the Assistant Principal or Principal at your school, you can contact the Coordinator of Regional Operations at your Regional Education Office for assistance in resolving the issue. This will involve an independent review of the situation and may include mediation. The Coordinator of Regional Operations can be contacted through your Regional Education Office. Numbers are listed in the telephone directory under the Department of Education.

Dealing with disagreements at the central level

In exceptional circumstances where a complaint relates to the alleged improper conduct of a department employee, the formal complaint should be forwarded to:

PRIVATE AND CONFIDENTIAL
Executive Director
Professional Standards and Conduct
Department of Education
151 Royal Street
EAST PERTH WA 6004
Phase 6 – Implement Documented Plan
As agreed the team members who were recorded as being responsible for implementing various aspects of the Documented Plan will commence implementing the Documented Plan.

Phase 7 – Review Documented Plan
The team members will periodically review your child’s progress and make necessary adjustments to the Documented Plan. For example, if learning is proceeding at a faster rate or at a slower rate than had been anticipated in the plan then the goals, teaching strategies, instructions and resources may need to be altered. You should be informed and consulted with of any adjustments made to the Documented Plan.

Conclusion
Always remember to dream for your child. Your vision for the future is how you will develop the path to achieving those dreams. Bring your dreams to all meetings and be prepared to share them with the team. Success is achieved when everyone is reaching for the same goal! (Parents Reaching Out, 2013).
Sample Documented Plans

Please note: every school has the flexibility to design their own Documented Plans. Hence, the plans may look different from school to school or state to state. However, all Documented Plans no matter what they look like need to outline a plan to meet your child’s individual needs as well as specifying the resources and strategies required to meet those needs.

Sample 1 - Addressing the child’s academic needs

WA Local Secondary School

Student: James Smith  
D.O.B: 03.12.2004  
Review Date: Term 2 2016

Class: Yr 7A  
Meeting Date: 25.02.2016  
Teacher: Mrs. Diane Jones

Parent/Guardian: David Smith (Dad)  
Marie Smith (Mum)

Others present: Mrs. Lucy Hope (Deputy Principal)  
Ms. Evelyn Heacox (Speech Therapist) from Speech Therapy Services

Teacher’s Signature:  D. Jones

Date: 28.02.16

Parent’s Signature:  D. Smith  M. Smith

Date: 29.02.16
### Student: James Smith  
### Teacher: Mrs Diane Jones  
### Learning Area: English

<table>
<thead>
<tr>
<th>WA Curriculum Learning Outcome</th>
<th>Entry skills</th>
<th>Goal/objective</th>
<th>Strategies &amp; resources to meet goal/objective</th>
<th>Strategies to monitor progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Literacy</strong>&lt;br&gt;Interpreting, analysing, evaluating ACELY1723</td>
<td>James has a Mild Intellectual Disability. James can currently read a two paragraph story written at the third grade level. Based on Bloom’s Taxonomy of Cognitive Skills Assessment James is able to recall facts (Level 1) about the story and respond to the following Level 1 questions with 90% accuracy: What is ...? How is ...? Where is ...? When did..... happen? How did.... happen? Who were the main ...? Who was ....?</td>
<td>Given a two paragraph story written at the third grade level James will identify at least three differences (Bloom’s Taxonomy of Cognitive Skills Level 2) between the two main characters each day for five consecutive days independently by end of Term 1, 2016 with 90% accuracy.</td>
<td><strong>Resources</strong>&lt;br&gt;1. Compare and contrast template with two questions: What are the similarities? What are the differences? 2. Scaffolding checklist (e.g. gender, age, interests)</td>
<td>During the session the EA will collect data on the type and level of prompting that was offered to James to complete the task. At the end of the session the Education Assistant will share this information with the class teacher. Based on his progress the level of challenge of Bloom’s Taxonomy of Cognitive Skills Level 2 comprehension questions will be adjusted.</td>
</tr>
</tbody>
</table>
Sample 2 - Addressing the child’s emotional needs

WA Local Primary School

Student: Lucy Tate  
D.O.B: 07.07.2010  
Review Date: Term 2 2016

Class: Yr 1  
Meeting Date: 25.02.2016  
Teacher: Mrs. Lauren Venn

Parent/Guardian: Peter Tate (Dad)  
Others present: Mr Ian Moon (Principal)  
Mrs. Jenny Tate (Grandmother)  
Ms. Tonya Card (Speech Therapist) from Speech Therapy Services  
Mr. Ken Bravo (Occupational Therapist) from Occupational Therapy

Teacher’s Signature:  
Parent’s Signature: 
Date: 29.02.16  
Date: 28.02.16
### WA Curriculum Learning Outcome

**Literacy**

Interpreting, analysing, evaluating

ACELY1787

**Content Description**

Explore different ways of expressing emotions, including verbal, visual, body language and facial expressions

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<table>
<thead>
<tr>
<th>Entry skills</th>
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<th>Strategies &amp; resources to meet goal/objective</th>
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</thead>
</table>
| Lucy has Autism and a sensory processing disorder which currently presents itself as her being hypersensitive to auditory and visual information. Within a 50 minute classroom session she experiences a sensory overload makes her feel overwhelmed. At present she communicates her emotions by closing her eyes, placing her hands on her ears and screaming. | Lucy will request a break when feeling overwhelmed by picking up her break card and giving it to the Education Assistant (EA) for 5 consecutive days when physically prompted by the Education Assistant by the end of Term 1, 2016 with 90% accuracy. | **Resources**
1. Reducing the amount of visual stimulation in the classroom.
2. Reducing the amount of visual information presented at a time.
3. Offering Lucy noise cancelling headphones whilst she is working.
4. A completed escalation profile with input from Lucy’s family, therapists and school staff supporting Lucy with information on non-verbal and verbal signs that signal Lucy’s distress.
5. Break card with a picture of a relaxed Elsa from Frozen™ with the text ‘I need a break’.
6. A calm down area outside the classroom that is labelled with a picture of Olaf from Frozen™ with the text ‘Chill out area’.
7. Timer for the chill out area. | During the session the EA will collect data on the type and level of prompting that was offered to Lucy to give the break card to the EA. At the end of the session the EA will share this information with the class teacher. Based on her progress she will be introduced to other skills such as recognising that she needs a break and giving the break card without prompting from the EA. |

**Strategies**

1. EA will monitor Lucy for any distress signs.
2. When Lucy begins to display distress signals, EA will physically prompt Lucy to give her the break card.
3. The EA and Lucy will leave the classroom quietly and go to the chill out area.
4. Lucy will sit there for five minutes.
5. When the timer rings Lucy and the EA will return to class quietly.
Sample 3 - Addressing the child’s social needs

WA Regional Education Support Centre (ESC)

Student: Ben Sampson
D.O.B: 01.01.2001
Review Date: Term 2 2016

Class: Yr 9
Meeting Date: 25.02.2016
Teacher: Mrs. Jacob Leong

Parent/Guardian: Ruth Jennings (Foster carer)
Others present: Mr Ian Moon (Principal)
John Jennings (Foster carer)
Mr. Lucas So (ESC Physiotherapist)

Teacher’s Signature: _____________
Date: 29.02.16

Parent’s Signature: ______________
Date: 28.02.16
<table>
<thead>
<tr>
<th>WA Curriculum Learning Outcome</th>
<th>Entry skills</th>
<th>Goal/ objective</th>
<th>Strategies &amp; resources to meet goal/ objective</th>
<th>Strategies to monitor progress</th>
</tr>
</thead>
</table>
| Skills for Physical Activity  | Ben has spastic cerebral palsy and a Moderate Intellectual disability. One of the difficulties he experiences is a limited range of motion with his upper limbs. Ben loves basketball but currently can’t access it at school as there are no adaptations to meet his needs. He also has difficulties with taking turns with his peers. | During a 5 minute structured basketball play with a peer, Ben will take at least three turns at throwing the basket in the hoop at least one time a day over three consecutive days. | • Light weight and small sized basket balls  
• Bucket to place basket balls  
• Sturdy chair that can be placed next to the wheel chair  
• Adjustable hoop | During the session the EA will collect data on the type and level of prompting that was offered to James to complete the task. At the end of the session the Education Assistant will share this information with the class teacher. Based on his progress the level of challenge of Bloom’s Taxonomy of Cognitive Skills Level 2 comprehension questions will be adjusted. |
| Content Description          | Students demonstrate the movement skills and strategies for confident participation in physical activity | |

Students

- Ben has spastic cerebral palsy and a Moderate Intellectual disability. One of the difficulties he experiences is a limited range of motion with his upper limbs. Ben loves basketball but currently can’t access it at school as there are no adaptations to meet his needs. He also has difficulties with taking turns with his peers.

Goal/ objective

- During a 5 minute structured basketball play with a peer, Ben will take at least three turns at throwing the basket in the hoop at least one time a day over three consecutive days.

Resources

- Light weight and small sized basket balls
- Bucket to place basket balls
- Sturdy chair that can be placed next to the wheel chair
- Adjustable hoop

Strategies

- Place a bucket of the lighter weight and small sized basket balls on a chair next to Ben’s wheel chair so he can easily access them.
- Lower the height of the hoop
- Guide Ben to take turns with another peer in a wheel chair of throwing the basketball in the hoop. By taking turns it will enable Ben to have a rest between shots.
References


