South Kalgoorlie Primary School

Students at Educational Risk

Policies and Procedures

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Contents

Effective Teaching at South Kalgoorlie Primary School

South Kalgoorlie Primary School is committed to cultivating a high-impact teaching culture that maximises learning outcomes for every student. Our staff uphold the following principles, informed by the Department of Education Western Australia's Teaching for Impact framework:

- **All staff believe every student can succeed and actively seek ways to unlock that success through tailored instruction and inclusive practice**.
- **Differentiation is essential**: Teachers recognise developmental variation and adjust teaching to meet individual needs.
- **Instruction is evidence-based**: Teaching practices are grounded in high-impact strategies that challenge and engage students, with scaffolding to ensure access and achievement.
- **New learning builds from prior knowledge**: Lessons are designed to connect with students' existing understanding, enabling deep conceptual development.
- **Culture, identity and context matter**: Teaching is culturally responsive, respectful of student backgrounds, and inclusive of diverse learner profiles.
- **Progress is monitored deliberately**: Teachers collect and analyse student learning data to assess the impact of instruction and make informed adjustments.
- **Feedback drives growth**: Feedback is explicit, timely and purposeful, allowing students to reflect, set goals and take ownership of their learning journey.
- **Relationships underpin achievement**: Positive, respectful relationships are prioritised to ensure students feel safe, supported and ready to engage.
- **Collaboration amplifies impact**: Staff work collectively, sharing expertise and accountability for continuous improvement and student success.
- **Learning environments are safe and inclusive**: Classrooms are emotionally and physically safe, structured for learning, and responsive to the wellbeing needs of students.

In alignment with the Department of Education WA's *Teaching for Impact framework* (2020), this policy reflects the shared beliefs, practices, and professional knowledge that define effective teaching in Western Australian public schools. The framework asserts that: "Effective teachers believe they can unlock the learning potential of every student… They share the responsibility for student success with schools, families and the broader community".

By embedding these principles into our approach, we ensure that every student, particularly those at educational risk, is supported through culturally responsive, differentiated, and data-informed teaching strategies. This policy reinforces our commitment to equity, inclusion, and lifelong learning.

Purpose

At South Kalgoorlie Primary School, we are committed to ensuring that every student has equitable access to education and the support they need to thrive. Our approach is guided by the Western Australian Curriculum and the Department of Education's *Students at Educational Risk Policy and Procedures*.

The purpose of our SAER processes is to ensure that students who are at risk of not achieving their potential are identified at the earliest possible indication of concern, and that appropriate, coordinated measures are implemented to support their learning and wellbeing. This includes a whole-school approach to identifying and responding to the needs of all students, with particular attention to children in care.

This principle reinforces our shared responsibility to create safe, inclusive, and responsive learning environments. Children in care must be identified as being at educational risk, and schools are required to develop and maintain Documented Education Plans that reflect their individual needs. These plans must be recorded on Kaartdijin (Compass) and reviewed regularly to ensure they remain relevant and effective.

By embedding these policies into our daily practice, we strengthen our commitment to transparency, accountability, and meaningful collaboration with families, carers, and partner agencies.

Every concern for a student at educational risk begins with the Case Management Cycle, a structured thinking process that guides staff through:

- Assessing the student's needs and context
- Planning targeted support or adjustments
- Acting on agreed strategies
- Reviewing progress and impact

This cycle applies to all SAER students, even if a formal Documented Plan is not required. It ensures that the school gathers relevant data, prioritises needs, coordinates roles, and monitors outcomes.

A Documented Plan may be developed after the Case Management Cycle, but only for students with the most complex and high-risk needs. The plan serves as written evidence of the support being provided and is shared with relevant stakeholders.

The Department of Education WA encourages the use of a single documented plan which reflects a holistic, integrated approach to supporting students. This shift:

- Encourages schools to consider the whole child, rather than isolating academic, behavioural, or wellbeing needs
- Streamlines planning and documentation for clarity, consistency, and compliance
- Supports collaborative, multi-domain strategies that align with inclusive education principles

Documented Plans may still include elements of IEPs, IBPs, or ITPs, but these are now embedded within a single, unified planning framework (*refer to appendix – Documented Plans*).

Provision

South Kalgoorlie Primary School provides a range of supports for students at educational risk, including:

- Developing and implementing Documented Plans for individuals and small groups
- Making teaching and learning adjustments to ensure access to the curriculum
- Providing targeted individual and small group interventions
- Allocating available resources and engaging appropriate agencies
- Participating in professional learning to address specific student needs

- Consulting with school-based and external stakeholders during planning
- Engaging in professional discussions with colleagues to share strategies and insights

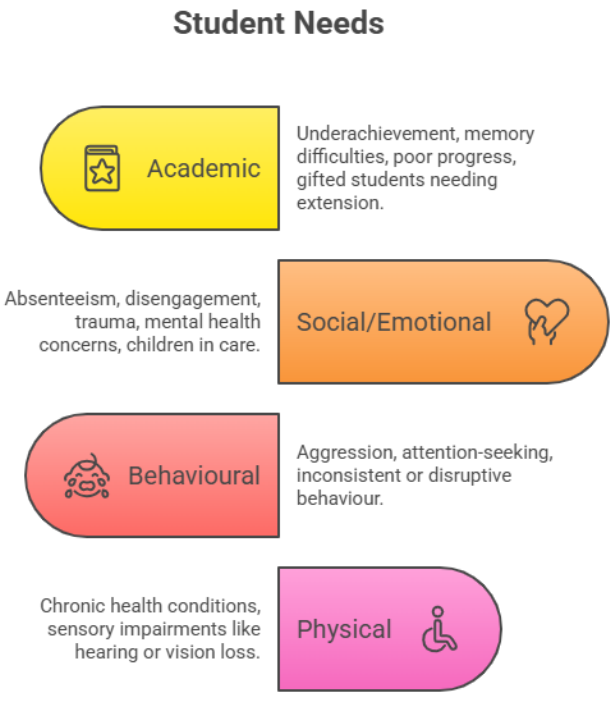
Monitoring and Reporting

Monitoring and reporting of SAER students includes:

- Professional observations and anecdotal records by teachers, education assistants, and the Learning Support Coordinator
- Regular review of Documented Plans to ensure goals and strategies remain relevant
- Parent meetings and ongoing communication to maintain collaborative support
- Written academic and progress reports
- Attendance and behaviour data recorded in Kaartdijin (Compass)
- Student work samples as evidence of progress and areas of need
- Case management by the LEARNING SUPPORT COORDINATOR, including coordination of a multi-agency approach where appropriate
- Inclusion on the SAER Register for tracking and support planning
- Tiered identification and intervention framework to promote inclusion and facilitate diagnosis where required

Categories of Students at Educational Risk

Students may be identified as at risk due to one or more of the following factors:



Important Notes

This policy operates within the guidelines of the Western Australian Curriculum and all relevant Departmental policies and procedures. Supporting students at educational risk is a whole-school responsibility, and all staff play a role in ensuring that every child is given the opportunity to succeed.

Enrolment Framework for Students with Disability in Public Schools

The *Framework for Students with Disability in Public Schools* ensures that students with disability have equitable access to education in line with the *Disability Discrimination Act 1992* and the *Disability Standards for Education 2005*. It includes providing reasonable adjustments for students with disability at the school where they are enrolled and the procedures schools must follow. Students with disability should have the same opportunities and choices in their education as students without disability.

Education Provision Options

Students with disability may be enrolled in:

- Local schools with appropriate teaching and learning adjustments
- Local schools with access to specialist disability support services
- Specialist programs for eligible students with:
    - Autism
    - Hearing impairments
    - Speech and language impairments
- Education support programs in:
    - Education support schools
    - Education support centres
    - Identified mainstream schools with endorsed programs

Enrolment Procedures

School Officers and Principals must:

- Apply the *Enrolment in Public Schools* procedures alongside this framework
- Refer to the visa subclass list (internal link) when enrolling students with visas. Enrolment conditions and the payment of tuition fees may apply to students with a visa. Overseas feepaying students with a visa may be required to pay a disability support fee in addition to the tuition fee.
- Use Section 3.5 of the enrolment procedures to resolve disputes
- Ensure that reasonable adjustments are not used as grounds to decline enrolment

Support Services

Schools can access:

- Schools of Special Educational Needs
- School Psychology Service

These services support students with diagnosed or imputed disabilities and help tailor adjustments to individual needs.

Key Considerations

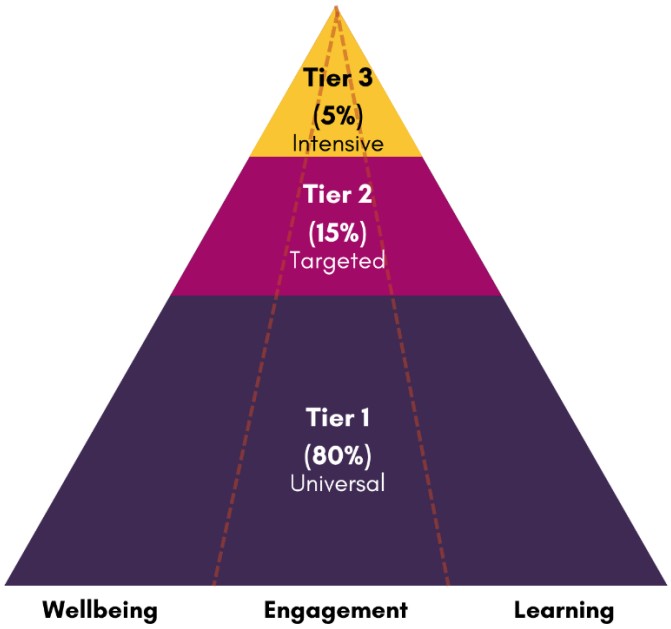
- Most students with disability enrol at their local school
- The need for equipment or adjustments does not justify refusal of enrolment
- Education support enrolment is not appropriate for students who can engage with the mainstream curriculum with adjustments

Multi-Tiered System of Support

At South Kalgoorlie Primary School, we consider student needs through:
◦ Wellbeing (student safety, student health and social emotional learning)
◦ Engagement (attendance, retention, behaviour and teaching strategies)
◦ Achievement (academics)

MTSS is a framework that supports schools to:

- Consider student needs holistically across the domains of engagement, learning and wellbeing
- Use data to develop differentiated supports to students targeted to their identified needs
- Provide interconnected interventions in response to these needs
- Tier these interventions based on the complexity of the needs of students.



MTSS uses a tiered approach to support students based on their level of need:
Tier 1 (Universal): General strategies applied to all students.
Tier 2 (Targeted): Targeted support in small groups for at-risk students.
Tier 3 (Intensive): Individualised interventions for high-need students and are documented in a plan.

Tier 1 (Universal): General strategies applied to all students.
Universal teaching and learning involves the whole class. All students have opportunities to learn alongside their peers, with common learning intentions and expectations of success. Reasonable adjustments, including scaffolding and guidance, are made as required.

Characteristics:

- Provided to all students
- Focus on positive support, attendance encouragement and academic encouragement

Examples:

- Whole-class social-emotional learning (SEL) activities
- Attendance incentive (e.g., reward days)
- Clear behaviour expectations displayed in classrooms

Tier 2 (Targeted): Targeted support in small groups for at-risk students.

Targeted support takes place when students have knowledge or skill gaps that prevent them from responding to quality Tier 1 teaching and learning. It involves smaller group settings with students receiving additional targeted support to achieve common goals.

Characteristics:

- For students who has not responded to Tier 1 supports
- More targeted, small group interventions

Examples:

- Check-In/Check-Out systems
- Small group academic tutoring
- Social skills workshops for students displaying mild behavioural issues

Tier 3 (Intensive): Individualised interventions for high-need students and are documented in a plan.

Tier 3 interventions are designed for students who require highly individualised and sustained support due to significant and complex needs across wellbeing, engagement, or achievement domains. These supports go beyond what is offered in Tier 1 and Tier 2 and are documented in a personalised plan.

Characteristics:

- Delivered one-on-one or in very small groups.
- Based on comprehensive data analysis and collaboration with families, specialists, and support staff.
- Often involve external agencies or multidisciplinary teams.
- Support is intensive, frequent, and monitored closely for effectiveness.
- Plans are reviewed regularly and adjusted as needed.

Examples:

- Individual Behaviour Support Plans for students with persistent or severe behavioural challenges.
- Case management involving school psychologist, chaplain, and external services (e.g., CAMHS, Department of Communities) coordinated by Learning Support Coordinator.
- Modified curriculum or alternate learning programs tailored to individual academic needs.
- Intensive attendance support plans with family engagement and wraparound services coordinated by Deputy (Attendance).
- Safety plans for students with high-risk behaviours or mental health concerns.
- One-on-one social-emotional mentoring or counselling.

Documentation and Monitoring:

- All Tier 3 supports are formally documented.
- Plans include goals, strategies, responsible staff, timelines, and review dates.
- Progress is tracked using data from multiple sources (e.g., attendance, behaviour logs, academic assessments) via SAER Registry, Attendance Registry.
- Regular case conferences are held to evaluate progress and adjust interventions.

Criteria for Identifying a SAER Student

A student should be added to the SAER list when they meet one or more of the following criteria:

Category	Indicator	Threshold	Example
Attendance	Regular absences or chronic lateness	Attendance below 80% over a term	*Student attends school only 3 days a week*
Behaviour	Repeated behavioural incidents disrupting learning	3 or more behavioural incidents per week	*Physical altercation with peers 4 times in a month*
Academic Performance	Significant decline in academic outcomes	Drop of more than as 20% across two assessments	*Grade drops from B to D in Maths within one term*
Social-Emotional Wellbeing	Emotional distress, anxiety or withdrawal	Document emotional outbursts or isolation for over two weeks	*Student cries frequently in class, avoids peers*
Safety Concerns	Risk of self-harm or harm to others	Any reported or observed incident	*Student makes verbal threats towards peers*
Digital/Device Misuse	Excessive non-education use of devices in school	More than 3 incidents in one week	*Student caught gaming during class repeatedly*
Family Environmental Factors	Significant family disruptions affecting attendance	Persistent non-attendance following parental separation	*Student has not attended for two weeks after family breakdown*

SAER Placement Comparison Table

	Tier 1	Tier 2	Tier 3
Attendance	Attendance below 80% despite whole-school attendance strategies	Attendance drops below 70% despite targeted interventions	Chronic absenteeism (<50%0 despite intensive support
	Chronic lateness (3+ times/week) despite punctuality initiatives	Frequent unexplained absences (2+ per week) despite mentorship and parental involvement	Long-term school refusal despite multi-agency and re-engagement plans
	Absenteeism patterns persist despite class incentives and visual trackers	Moderate improvement but not consistent after regular mentoring sessions	Total disengagement from education despite intensive re-engagement efforts
Behaviour	Minor disruptions (talking out of turn) despite positive reinforcement	Repeated low-level conflicts despite small group social skills training	Ongoing aggressive or harmful behaviour despite Individual Behaviour Plans (IBP)
	Inconsistent adherence to class rules despite restorative circles	Frequent minor incidents (3+ per week) despite behaviour support plan	Escalation to high-risk behaviours (physical aggression, verbal threats) despite crisis management protocols
	Low-level peer conflict despite class social norming activities	Ongoing peer disputes despite targeted conflict resolution workshops	Safety incidents (elopement, physical violence) despite crisis management and external support
Academic	Work completion rate below 70% despite structured routines	Persistent academic decline despite targeted intervention	Severe academic regression despite Individualised Education Plans and specialist involvement
	Low engagement in class tasks despite differentiated instruction	Continued poor performance after one-on-one tutoring and small group academic support	No progress in basic literacy/numeracy despite intensive, personalised interventions
	Withdrawal from group activities despite SEL lessons	Lack of progress in core subjects after small group interventions	Complete refusal to participate in any academic tasks, even with one-on-one support

	Tier 1	Tier 2	Tier 3
Social/Emotional	Mild anxiety or reluctance to participate in class discussions despite supportive	Continue social isolation after small group social skills training	Persistent self-harm ideation or threats despite one-on-one counselling and crisis intervention plans
	Low emotional regulation despite whole-class mindfulness practices	Emotional outbursts despite targeted regulation groups	Severe anxiety attacks or panic episodes despite intensive mental health support
Safety Risk	None (Tier 1 generally does not involve significant safety concerns)	Social withdrawal persists despite individualised support and mentorship	Threats to harm self or others despite safety planning and multi-agency coordination
	N/A	Escalation to moderate risk behaviours	High-risk incidents (self-harm, physical violence) that continue despite specialist interventions
	N/A	Repeated unsafe behaviour after implementing crisis de-escalation techniques	Involvement with law enforcement or crisis services due to violent or dangerous conduct

Roles and Responsibilities

Teachers:	• Review and Update SAER Profiles
	  ○ At the start of each year, review SAER learner profiles for students with Documented Plans *(see appendix - SAER Learner Profile).*
	  ○ Use performance data, diagnostic assessments, and anecdotal evidence to identify additional students for the SAER Register.
	  ○ Submit updates on additional and current students to the SAER Register via the Learning Support Coordinator (LSC).
	• Complete Adjustment Documentation
	  ○ For every student identified as SAER, complete the *Student Adjustment Checklist (see appendix – NCCD Student Adjustment Checklist)*
	• Monitor and Report Progress
	  ○ Track and report educational progress to:
	  ▪ Learning Support Coordinator
	  ▪ Line Manager
	  ▪ Parents/Carers
	• Refer and Collaborate *(see appendix – SAER Referral Flowchart)*
	  ○ Refer students to external agencies only after consultation with LSC.
	  ▪ Teachers will complete referrals to Child Development Centre, Population Health (School Nurse)
	  ▪ Learning Support Coordinator will complete referrals for School Psychology Service, SSEN, School-based Occupation Therapy.
	  ○ Liaise with the Learning Support Coordinator and School Psychologist for Tier 2 and Tier 3 students.
	  ○ Communicate any professional learning needs related to SAER to your Line Manager.

Education Assistants:	• Collaborate on Adjustments
	  ○ Work closely with the classroom teacher to identify and implement appropriate teaching and learning adjustments for students at educational risk.
	• Deliver Targeted Interventions
	  ○ Facilitate individual and small group intervention sessions (e.g. MultiLit, MiniLit, oral language programs) as directed by the teacher or LSC
	• Monitor and Report Progress
	  ○ Track student engagement and progress during support sessions.
	  ○ Provide timely feedback to the classroom teacher to inform planning and documentation.
	• Record Observations
	  ○ Document observations of student behaviour, engagement, and wellbeing in both classroom and playground settings when requested.
	• Participate in Case Conferences
	  ○ Attend case conferences and planning meetings where appropriate, contributing insights and observations to support student outcomes.

Line Managers:	• Support Tier 1 SAER Processes
	  ○ Guide and mentor classroom teachers through Level 1 of the SAER process, ensuring compliance and clarity.
	  ○ Assist with interpreting data, identifying students, and applying adjustments.
	• Collaborate on Class Profiles
	  ○ Work with teachers to review and monitor their SAER class profile.
	  ○ Support the identification of students at educational risk using performance data, diagnostics, and anecdotal evidence.
	• Attend Parent Meetings
	  ○ Participate in parent/carer meetings at the request of the classroom teacher, especially where SAER concerns are discussed.

Learning Support Coordinator:	• Oversee SAER Policy Implementation
	  ○ Monitor the application of SAER policies, procedures, and processes.
	  ○ Build staff capacity in understanding, interpreting and enacting this policy and the accompanying process and procedures
	  ○ Ensure consistency and compliance across classrooms and tiers.
	• Support Documented Planning
	  ○ Collaborate with teachers to develop effective Documented Plans for students requiring Tier 1, 2, or 3 support.
	  ○ Provide targeted assistance with SEN Planning tools upon request.
	  ○ Review and sign off on all Documented Plans prior to filing.
	• Maintain Documented Plans
	  ○ Ensure each student with a Documented Plan has a dedicated electronic file containing:
	  ▪ Relevant supporting documentation
	  ▪ Review and update Documented Plans at least twice per term.
	• Conduct Observations and Monitor Tier 2 Students
	  ○ Complete timely classroom observations for all Tier 2 SAER students.
	  ○ Provide feedback to inform planning, adjustments, and escalation decisions.
	• Maintain and Analyse SAER Register
	  ○ Ensure the SAER Register is accurate and up-to-date.
	  ○ Analyse SAER data to identify trends, inform planning, and guide resource allocation.
	• Facilitate Referrals and Escalation
	  ○ Provide leadership and procedural support when referring students to external agencies or escalating to Tier 2/3 interventions.
	• Coordinate Tier 3 Support
	  ○ Liaise with the School Psychologist regarding Tier 3 caseloads and referrals.
	  ○ Manage case management and interagency collaboration based on student needs and SAER timelines and procedures.
	• Lead Professional Learning and NCCD Compliance
	  ○ Deliver targeted PL to build staff capability in inclusive practice and SAER processes.
	  ○ Use completed Student Adjustment Checklists to meet NCCD documentation requirements.

School Psychologist:	• Follow SAER Policy and Procedures
	  ○ Adhere to the *Students at Educational Risk Handbook* when engaging with referred students.
	  ○ Ensure all actions align with DOE WA guidelines and ethical standards.
	• Provide Consultative Support
	  ○ Be available to staff for consultation related to student wellbeing, engagement and learning.
	  ○ Act as consultant to staff to support Tier 2 and Tier 3 planning
	• Participate in Case Management
	  ○ Attend case conferences, as organised by Learning Support Coordinator, and contribute to collaborative planning.
	  ○ Liaise with the LSC to keep stakeholders informed on each case.
	• Ensure Informed Consent and Record Keeping
	  ○ Obtain written informed consent from parents/carers prior to formal observations, consultations, or assessments.
	  ○ Maintain accurate records of all student-related contact, in line with confidentiality and DOE record keeping requirements.
	• Provide Feedback and Strategic Input
	  ○ Deliver timely, accurate feedback to parents, teachers, and the LSC.
	  ○ Share current research and professional knowledge with school leadership and staff.
	  ○ Contribute to SAER policy development as requested by the Principal and LSC.
	• Support Assessment and Referral Processes
	  ○ Observe referred SAER students to determine needs.
	  ○ Assess and report on Tier 3 SAER students in accordance with the SAER Process.
	  ○ Liaise with DOE specialist services and external agencies to support teacher planning.
	  ○ Provide information and referral pathways to external providers where appropriate.
	• Collaborate to Improve Student Outcomes
	  ○ Work alongside LSC, teachers, EAs, and leadership to enhance inclusive practice and student wellbeing.

Parents:	• Engage in Collaborative Planning
	  ○ Attend scheduled meetings and case conferences to support shared understanding and planning.
	  ○ Provide relevant information or professional documentation to assist the SAER team in identifying and responding to student needs.
	• Communicate with School Staff
	  ○ Share any factors that may impact their child's learning, wellbeing, or engagement at school.
	  ○ Maintain open communication with teachers, Learning Support Coordinator, and leadership as needed.
	• Support Learning Across Contexts
	  ○ Contribute to a positive partnership between home and school to ensure consistent support.
	  ○ Engage with staff to co-develop home/school programs that reinforce learning goals and adjustments.

Case Management

Teachers meet the needs of most students through effective teaching practices and positive teacher student relationships, as described in *Teaching for Impact*. They routinely address individual needs in a range of ways.

When meeting the needs of students, teachers have discussions with students about their learning, engagement and wellbeing; they differentiate their classroom practice; they have meetings with parents and carers; they have discussions with their colleagues to share understandings; and they liaise with professionals outside the school who are involved with the student and their family.

None of these interactions in and of themselves constitute a case management process or require a documented plan. They are simply part of the routine work that teachers undertake to address individual student needs. As such, the only documentation required would be a record of the issues discussed (e.g. in their daily workbook or work diary) and any outcomes agreed.

Case Management is a formalised process used to support students with multiple or complex needs who require a high level of care and coordinated support. It ensures that interventions are strategic, collaborative, and responsive to each student's unique circumstances.

When is Case Management Appropriate?
The Case Management process is used when students present with complex issues and require a level of co-ordination beyond the student's teacher(s), a judgement may be made that a case management approach is required. This may include other stakeholders within or outside the school. Case Management should be considered when a student's needs may include those with one or more of the following characteristics /risk factors:

- a diagnosed or imputed disability
- significant health care conditions
- a child in care
- complex and challenging behaviours
- persistent absence from school
- the subject of multiple interagency involvement
- involved in the judicial system
- present a risk of harm to themselves or others

Roles and Responsibilities
<u>Case Manager – Learning Support Coordinator</u>

- Provides oversight and coordination
- Manages documentation and ensures accountability
- Monitors progress and follow-up actions

<u>Case Management Team</u>

- Includes individuals with direct impact on the student's wellbeing and learning
- Works collaboratively to develop, implement, and monitor the support plan
- Communicates with broader staff as needed
- May include both internal and external members
- Typical Members:
    - Principal
    - Learning Support Coordinator
    - Attendance Deputy
    - Classroom Teacher
    - Parents/Carers
    - Allied Professionals
    - Educational Psychologist

When establishing a case management team, consideration needs to be given to those who play a critical role in the management of the student and therefore need to be part of the team, and others who are involved with the student but who need to be informed of outcomes decided by the case management team.

Consideration must be given to what constitutes realistic staff time commitments and workload expectations when decisions are made about the composition of the case management team. It is important to understand that it may not be practical for all the student's teachers to be part of the case management team, but they may need to be included in any communications about the issues being addressed and the strategies being pursued.

Consideration also needs to be given to parent/carer engagement and student participation in the case management process. Enabling students through agency and voice to contribute to their own learning and related supports, allows opportunity for communicating ideas and opinions and empowers students to influence decision-making on issues that impact their learning and schooling experiences.

Case Management Cycle

Phase 1: Assess – gather data, strengths, needs, challenges

- Class teacher and Allied Professionals gather and analyse student data (e.g., attendance, behaviour, wellbeing, academic performance); Learning Support Coordinator to support
- Consider contextual factors (e.g., family, environment, circumstances)
- Identify strengths and prioritise needs based on risk and urgency

Phase 2: Plan – SMART goals, actions, responsibilities, review date

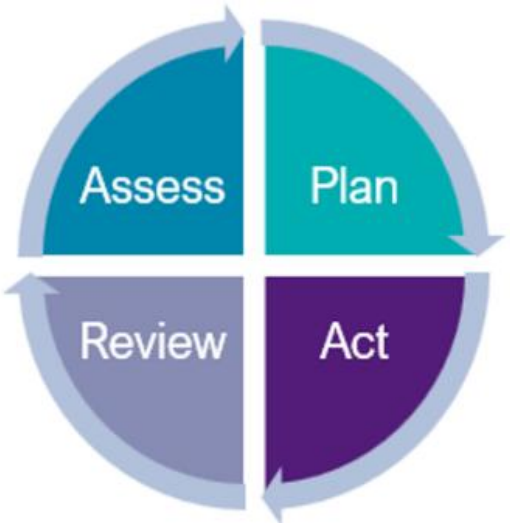
- Engage in collaborative problem-solving with staff, student, family, and agencies
- Set SMART goals, allocate responsibilities, and agree on timelines
- Document the plan and share with all stakeholders
- Set a review date

Phase 3: Act – implement, strategies, monitor progress

- Staff implement assigned actions within agreed timeframes
- Record progress in the school's recordkeeping system (e.g., Kaartdijin (Compass), OSI)
- Case Manager monitors follow-up and addresses barriers
- Collect data to evaluate impact

Phase 4: Review – evaluate outcome, adjust or exit

- Evaluate the plan's implementation and effectiveness
- Review data and adjust interventions if needed
- Decide whether to continue, modify, or exit the case management process



Comparison: Case Management cycle, Case Management Process, and Documented Plan

Aspect	Case Management Cycle	Case Management Process	Document Plan (DOE 2025)
Definition	The structured 4-phase framework: Assess → Plan → Act → Review	The practical system, routines and roles schools use to apply the cycle	A formal written record of interventions, required only for students who meet DOE thresholds
Purpose	Ensures consistency in identifying, supporting and reviewing SAER students	Coordinates how staff implement the cycle in practice (referrals, meetings, documentation)	Captures agreed actions and responsibilities in writing for high need student
Key Features	• Assess, Plan, Act, Review stages • Universal framework • Applied to all SAER cases	• Referral processes • Meeting schedules & Case Notes • Escalation Pathways • School-specific routines	• Summary of strengths, needs, challenges • SMART goals • Actions & responsibilities • Review date and plan owner • Replaces IEPs, Behaviour, Attendance, Transition Plans

SAER Compliance Calendar

	Timeline	Action	Who Leads	Notes
Term 1	Week 1–2	PL on inclusive practice / SAER processes	LSC	All staff to be included Targeted sessions for new and returning staff
		Review class SAER profiles and update SAER Register	LSC, Teachers + Line Managers	*Refer to appendix - SAER Learner Profile and Class Profile* Use performance data, diagnostics, anecdotal notes
	Week 3–4	Documents plans – goals to be discussed and draft plans created	LSC + Teachers	*Refer to appendix – Documented Plans Section* SEN Planning support available on request
		Referrals completed & submitted	Teachers + LSC	*Refer to appendix - SAER Referral Flowchart* CDC, GP, School Nurse, etc
		Children in Care - complete and submit cover sheet & document plan; update on SIS	LSC + Teachers	*Refer to appendix – Children in Care* **Plans must be developed within 30 working days of student starting school or notified of care
	Week 5–6	Initial Documented Plans drafted and signed	LSC + Teachers	*Refer to appendix - Documented Plans Section*
	Week 7–8	Tier 2 classroom observations	LSC	Feedback informs escalation and planning
	Week 9–10	Documented Plan review #1	Teachers + LSC	Update adjustments and goals
Term 2	Week 1–2	SAER Register audit	LSC	Ensure new referrals and exits are captured
		Mid-year NCCD data check	LSC + Teachers	*Refer to appendix – Nationally Consistent Collection of Data (NCCD)* Use Adjustment Checklists to verify levels To be completed prior to student census
	Week 3-4	Tier 2 classroom observations	LSC	Feedback informs escalation and planning
	Week 5–6	Documented Plan review #2	Teachers + LSC	Parent meetings Update adjustments and goals
	Week 9-10	Documented Plan review #3	Teachers + LSC	Update adjustments and goals

	Timeline	Action	Who Leads	Notes
Term 3	**Week 1-2**	Finalise NCCD submission	LSC	*Refer to appendix – Nationally Consistent Collection of Data (NCCD)* Ensure all documentation is complete
	Week 3-4	Tier 2 classroom observations	LSC	Feedback informs escalation and planning
	Week 5–6	Documented Plan review #4	Teachers + LSC	Update adjustments and goals
	Week 7-8	SAER Register update	LSC + Teachers	Capture new referrals and transitions
	Week 9-10	Documented Plan review #5	LSC + Teachers	Include EA feedback where relevant
Term 4	**Week 1–2**	Tier 2 observation cycle	LSC	Feedback informs escalation and planning
	Week 5–6	Review class SAER profiles and update SAER Register	LSC + Teachers	*Refer to appendix - SAER Learner Profile and Class Profile* Use performance data, diagnostics, anecdotal notes
	Week 7–8	Documented Plan review #6	Teachers + LSC	Parent meetings Update adjustments and goals
		SAER handover documentation	LSC + Teachers	Prep for handover and transition planning
	Week 9–10	SAER Register final audit	LSC	Archive and prepare for rollover

***** Tier 3 Case Conferences & Classroom Observations will be scheduled throughout each term based on student need, staff referral and case complexity***

Appendices

SAER Staff Checklist – South Kalgoorlie Primary School

Identification

- ☐ I actively monitor academic, behavioural, social, and emotional indicators of risk.
- ☐ I use available screening data (NAPLAN, On Entry, PAT, SOCS, etc.) to support referrals.
- ☐ I understand the categories of disability (NCCD) and apply this knowledge when reviewing student needs.

Referral Process

- ☐ I consult with the Learning Support Coordinator before initiating Tier 2/3 supports.
- ☐ I complete the necessary Referral Forms with relevant evidence and observations.
- ☐ I ensure parental consent is obtained where required.

Planning and Intervention

- ☐ I provide Tier 1 supports (differentiated instruction, positive behaviour strategies) in my classroom.
- ☐ I engage with Tier 2/3 interventions when appropriate, in consultation with the Learning Support Coordinator.
- ☐ I develop or contribute to Documented Plans (IEP, IBP, ITP, Engagement Plans, etc.) as needed.
- ☐ I ensure adjustments are evidence-based, purposeful, and reviewed regularly.

Documentation and Compliance

- ☐ I maintain secure, up-to-date records in student SAER files or digital folders.
- ☐ I use DOE tools like the SEN Planning tool for students with disability or imputed disability.
- ☐ I contribute to NCCD data by accurately recording support levels and adjustments.

Review and Monitoring

- ☐ I review Documented Plans at least twice per term (or more frequently if needed).
- ☐ I provide timely feedback to students and monitor progress using formative assessment.
- ☐ I participate in case conferences and transition planning when scheduled.

Collaboration and Support

- ☐ I engage in professional dialogue with colleagues about effective strategies.
- ☐ I liaise with the Learning Support Coordinator, School Psychologist, and EAs to align support.
- ☐ I contribute to creating a safe, inclusive classroom that promotes student engagement.

SAER Learner Profile

2025 SAER Learner Profile

Student's name:								**DOB:**	/ /	
Current Year Level		**Teacher Name:**								
Background:	**Indigenous**	**Y / N**	**EALD**	**Y / N**	**Language:**					
Attendance	**2025**		**T1**		**T2**		**T3**		**T4**	

Diagnosis:					
	Diagnosed	Imputed	**Medical:**		
DRS Funding:	Level	**Checklist Completed**	**Y / N**	**SPS Case File**	**Y / N**
NCCD Category	Physical	Cognitive		Sensory	Social/Emotional
NCCD Adjustment	QTD	Supplementary		Substantial	Extensive
Wear Glasses:	**Y / N**	Short sighted *(for board and distance work)*		Far sighted *(for book work)*	

Documented Plan	Individual Education	Behaviour	Attendance Improvement
	Transition to Fulltime	Risk Management	Toileting
Tier 2 Intervention	**Academic**		
	Social/Wellbeing		
	Engagement		
Tier 3 Intervention	**Academic**		
	Social/Wellbeing		
	Engagement		
Referrals	Student Support Officer	School Psychology Service	Child Development Centre
	Child Health Nurse	Occupational Therapy	
Recommendations	GP	Paediatrician	Optometrist
	Speech Therapist	Occupational Therapy	Tutoring

Private Therapy Services			**NDIS Funding:**	**Y / N**	
Occupational Therapy	Y / N	On-site	Off-site	Frequency:	
Speech Therapy	Y / N	On-site	Off-site	Frequency:	
Counselling	Y / N	On-site	Off-site	Frequency:	
	Y / N	On-site	Off-site	Frequency:	

Student Strengths Checklist

	Verbal Skills	Visual Skills
Working Memory	☐ Follows multiple-step verbal directions as easily as peers	☐ Keeps their place when directing attention between two places
	☐ Maintains attention appropriately when on the mat or when the teacher is teaching	☐ Copies from the board as quickly and accurately as peers
	☐ Is not easily distracted by background or unexpected noise	☐ Is not easily distracted by what is happening around them
	☐ Can recall all important verbal information (e.g. repeating instructions, telling a story).	☐ Does not give up on tasks easily
	☐ Can complete simple mental maths sums accurately (in relation to own skill)	☐ Does not repeat or skip letters/words during sentence writing
Processing Speed	☐ Follows instructions in a timely manner	☐ Completes set work on time
	☐ Responds to questions within appropriate timeframe	☐ Writes an appropriate amount (in relation to own skills)
	☐ Can complete simple mental maths sums quickly (in relation to own skill)	☐ Can label (objects, letters, colours) as quickly as peers
	☐ Recites learned knowledge 'automatically' and with few errors	☐ Can compare and find visual information as easily as peers (game snap, word searches, spot the difference, pattern recognition)
	☐ Makes decisions as quickly as peers	☐ Performs well (in relation to own skills) under timed conditions
Reasoning	☐ Can use 'common sense' and general knowledge to answer new questions or solve problems (relative to own skills and age)	☐ Can solve puzzles and problems using visual information as well as peers (relative to own skills)
	☐ Gives information in a sequential and logical manner (appropriate to age)	☐ Can identify visual patterns and sequences as well as peers
	☐ Can compare and contrast information (describe similarities and differences) as well as peers	☐ Learns concepts better with the use of visual and concrete materials
	☐ When speaking, provides sufficient and relevant information to the person to be understood (compared to same age peers)	☐ Can follow visual instructions and assemble objects (blocks, puzzles, chatterboxes) as well as peers
	☐ Has an appropriate vocabulary for their age	☐ Learns classroom routines quickly

	Word Reading	Oral Language	
Phonemic Awareness	☐ Can identify individual sounds in words (e.g. the third sound in memory is /m/)	☐ Can identify syllables in words	**Phonological Awareness**
	☐ Can break words down into their individual sounds (c-a-t, th-ough-t)	☐ Demonstrates rhyme awareness and production	
	☐ Can blend sounds together to form words (e.g. h-a p-ee makes the word 'happy')	☐ Can sort by alliteration (words with the same initial or final sound)	
	☐ Can delete phonemes in words (say splash without saying /p/)	☐ Can generate alliteration (words with the same initial/final sound)	
	☐ Can manipulate individual sounds in words (say s/l/a/sh. Now make the /s/ a /f/ - what does it say)	☐ Can manipulate sounds in words (say cowboy without saying 'cow')	
Phonics	☐ Knows all the phoneme-grapheme correspondences that are being taught and used in class	☐ Has a vocabulary range when speaking that is appropriate for their age	**Vocabulary**
	☐ Can decode non-words accurately using the phoneme-grapheme correspondences that they know	☐ Can describe events, objects, people and places as well as most peers	
	☐ Can decode words by applying phonic patterns that they have learned (e.g. r controlled vowels /ur/ or magic e)	☐ Has a range of word choices for any situation and makes context-appropriate uses of them	
	☐ Can decode long or unfamiliar words by segmenting into syllables or individual sounds to then blend together	☐ Understands that there are multiple meanings of words and can understand age-appropriate 'play on words' jokes	
	☐ Knows all phoneme-grapheme correspondences, patterns and phonics knowledge that they need to be fluent readers	☐ Uses compound words, pronouns, suffixes and prefixes in their spoken language as well as most peers	
Orthographic Mapping	☐ Can read familiar words with fluency (for age)	☐ Can summarise or retell events, stories or learned concepts in their own words as well as most peers	**Oral Comprehension**
	☐ Can read non-words with familiar sounds and phonic patterns with fluency (for age)	☐ Can appropriately answer literal questions about known topics or information they have been told	
	☐ Has an appropriate number of words that they can read as if "on sight" (in relation to phonic knowledge)	☐ Can appropriately answer inferential questions about known topics or information they have been told	
	☐ When reading long or unfamiliar words they are likely to identify or emphasise parts that they know (catatonic)	☐ Can appropriately answer inferential questions about known topics or information they have been told	
	☐ Repeated exposure to a word over time appropriately increases fluency in reading that word	☐ Has back and forth conversations with peers and adults appropriately and with age-appropriate responses	

	Execution	Orthography	
Letter Formation	☐ Can trace the letters of the alphabet correctly	☐ Can encode words using the phoneme grapheme correspondences that they know	Spelling - Phonemic
	☐ Can form the letters of the alphabet correctly with a visual prompt for reference (e.g. alphabet desk mat)	☐ Can encode words by applying phonic patterns that they have learned (e.g. r controlled vowels /ur/ or magic e)	
	☐ Can form the letters of the alphabet correctly and independently	☐ Encodes unfamiliar words using appropriate syllabic and phonemic knowledge	
	☐ Handwriting is the correct size and placement	☐ Phoneme-grapheme correspondences make sense & follow placement 'rules' (e.g. no double consonant at beginning of a word)	
	☐ Handwriting is legible	☐ Makes appropriate progress on sound focused spelling lists (e.g. o_e, oa and oe)	
Qty & Speed of Writing	☐ Attempts written tasks	☐ Can encode words using learned morphemes and base words	Spelling - Morphology
	☐ Writes an appropriate amount under untimed conditions	☐ Uses learned suffixes and pre-fixes when encoding words	
	☐ Writes an appropriate amount under timed conditions	☐ Encodes unfamiliar words using base words, suffixes and prefixes	
	☐ Writes an appropriate amount on tasks compared to peers	☐ Can create non words using the meaning of base words and affixes	
	☐ Writes at a speed comparable to peers on tasks	☐ Uses knowledge of morphology and word origin in writing	
Writing Structure	☐ Writes simple sentences (single main clause)	☐ Sentences contain simple connectives (and, then)	Grammar, punct. & expression
	☐ Writes compound sentences (two clauses that are linked)	☐ Sentences contain simple punctuation (capitals and full stops)	
	☐ Writes complex sentences (main independent clause with one or more dependent clauses)	☐ Sentences contain a range of connectives and words that make grammatical sense	
	☐ Can edit work appropriately with teacher direction	☐ Sentences contain a range of punctuation marks that increase the expression of the sentence (, or " or : or ? or !)	
	☐ Can edit work independently after making a first draft	☐ Sentences use a range of strategies to communicate varied expression to the reader	

Instructional Adjustment Strategies	☐ Explicit instruction ☐ Scaffolded teaching ☐ Rephrase instructions ☐ Incidental learning ☐ Provision of feedback ☐ Decrease content ☐ Assess in a variety of ways	☐ Longer processing time ☐ Repeated verbal instructions ☐ Visual supports ☐ Assistive technology ☐ Audio/video recorded material ☐ Enlarge content (font, page, size) ☐ Highlight key information	☐ Written instructions ☐ Short/minimal verbal instruction ☐ Precise modelling of skills ☐ Various delivery of assessment ☐ Various prompting of cues ☐ Chunk content ☐ Templates to support content
Environmental Adjustment Strategies	☐ Seating arrangement ☐ Parent communication ☐ Support staff ☐ Classroom management ☐ External service providers	☐ Plan group arrangements ☐ Classroom furnishings ☐ Peer support ☐ Personalised behaviour management ☐ Personalised schedule/diary checklist	☐ Time specific tasks ☐ Administration staff ☐ Minimal extrinsic incentives ☐ Alternative setting
Curriculum Adjustment Strategies	☐ Tasks that are age appropriate ☐ Tasks matching ability and interests ☐ Tasks that motivate and engage ☐ Tasks that are functional	☐ Contextualised learning opportunities ☐ Adapted testing and assessments ☐ Relevant and meaningful experiences ☐ Tasks addressing sensory needs	
Behaviour Management Strategies	☐ Incentives offered ☐ 123 magic (3 warnings) ☐ Reward systems ☐ Help/break card	☐ General praise of individual ☐ General praise of class/whole group ☐ Comprehension of task ☐ Time requirements/reminders	

General Comments	

Class Profile

OFFICIAL

CLASS PROFILE

SOUTH KALGOORLIE PRIMARY SCHOOL – CLASS PROFILE

TEACHER: YEAR LEVEL: CLASS: DATE:

Student's Name	General Academic			LITERACY			NUMERACY			ESL EALD	SAER	Peer Difficulties	Disability	PLANS	S/E Concerns	Beh Concerns	Attendance	Religion	Aboriginal, TSI	*Additional Information? Do you think this student will require referrals or additional external agency support? Do you require support from your line manager or SAER involvement?*
	At Risk	IEP	PEAC	Low, Expected, Above	IEP, GEP	Mini/Macq-Lit	Low, Expected, Above	IEP, GEP	Small Group Support	Yes/No	Yes/No	Yes/No	Yes/No	IBP, ITP, AIP, RMP	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	

Parent Meetings and Case Conferences

Parent meetings and case conferences are key tools for supporting students at educational risk across all tiers. They promote collaboration, clarity, and compliance, ensuring that interventions are well-targeted and documented in Kaartdijin (Compass) for SAER and NCCD reporting.

Parent Meetings
Used across Tier 1, 2, and 3, parent meetings are informal or semi-formal conversations between school staff and families. They build rapport, share updates, clarify expectations, and address emerging concerns.

- Organised and led by classroom teacher; seek support from Learning Support Coordinator or Line Manager if needed
- Tier 1: Used to support early intervention, clarify adjustments, and strengthen home-school partnerships
- Tier 2: Monitor progress and trial supplementary adjustments
- These meetings are typically held for collaboration, documented plan meetings, and progress reviews prior to formal reporting
- Brief Chronicle Entry (Record of Parent Communication) in Kaartdijin (Compass)

Case Conferences
Formal, structured meetings which are coordinated by the Learning Support Coordinator for Tier 3 students with complex needs. They involve school leadership, families, and external agencies to plan supplementary, substantial or extensive adjustments.

- Focus on collaborative planning, risk management, and compliance with Disability Standards
- Fully documented in SAER Register with action items, responsibilities, and follow-up dates
- Brief Chronicle Entry (Record of Parent Communication) in Kaartdijin (Compass)
- *Critical for SAER and NCCD accountability*

Documented Plans

Documented plans are essential tools for supporting students at educational risk by providing a structured, personalised approach to teaching and learning. They enable staff to identify and respond to individual student needs (academic, behavioural, social, emotional, or environmental) through clearly defined short- to medium-term outcomes. These plans ensure that adjustments and interventions are purposeful, evidence-based, and aligned with Department of Education WA policy. Whether in the form of an Individual Education Plan (IEP), Individual Behaviour Plan (IBP), Risk Management Plan (RMP), Attendance Improvement Plan (AIP) or Transition to Fulltime Education Plan (TFEP), documented plans promote consistency, accountability, and collaboration across staff, families, and support services. They also serve as key evidence for compliance with the Disability Standards for Education (2005) and the Nationally Consistent Collection of Data (NCCD), reinforcing our commitment to inclusive, high-impact practice.

We are required by the Department of Education to develop a documented plan for a student who:

- is identified as requiring substantial or extensive adjustments through the Nationally Consistent Collection of Data (NCCD) on School Students with a Disability
- receives an Individual Disability Allocation
- has persistent absences
- is in the care of the CEO of the Department of Communities
- has chronic, long term or significant health care conditions
- has complex and challenging behaviours
- presents a risk of harm to themselves or others.

To create a documented plan, consult with stakeholders such as:

- Student, if appropriate
- School staff
- Specialist services - the School Psychology Service and the Schools of Special Educational Needs
- Parents
- Other external agencies, providers or practitioners identified by the parent.

Student Profile

- Name, year level, date of birth
- Summary of strengths, needs, and challenges

Plan Objectives

- Outcomes the plan aims to achieve
- Priorities to be addressed

Actions and Adjustments

- Specific strategies and supports
- Health and safety considerations
- Responsible staff members
- Completion timelines

Review and Monitoring

- Review date
- Progress tracking methods

Plan Ownership

- Role/position of the plan owner
- Point of contact for coordination

Stakeholder Consultation

- Record of input from student, parents, staff, specialists, and external agencies

A student's plan will vary depending on the nature and extent of their support needs. For example, plans for students requiring significant or extensive adjustments because of a disability, or those presenting a high risk of harm to themselves or others, will typically require more detailed and structured plans. Appropriate support and workload are important considerations as outlined in clause 68.4 of the *General Agreement 2023*.

In some circumstances, there will be a need for regular communication and coordination between the parties involved. In circumstances where students have multiple or more complex needs, a higher level of care and more coordinated support may be required through a structured process of Case Management.

Students who are being reported against the English as an additional language or dialect (EALD) progress map are considered as having a plan.

You are not required to provide a plan for other students:

- identified as having their learning needs met within quality differentiated teaching practice or requiring supplementary adjustments through the NCCD process
- with D or E grades, unless there are other supports or educational adjustments required
- whose academic, personal, social and wellbeing needs are being met through regular school and classroom programs.

In alignment with *Student Wellbeing and Care: Future Directions*, guidance available via Ikon clarifies expectations around documented planning and case management for students with additional needs. Documented plans or case management are not required when a student's needs can be met through the normal processes of good teaching practice. Where a documented plan *is* required, staff should develop a single, holistic plan that considers the whole child and prioritises strategies that meaningfully address the underlying causes of concern; rather than creating multiple, fragmented plans. Plans should be clear, concise, and purposeful, containing only the minimum information necessary to enable staff to understand what actions are needed to meet the student's needs. This approach supports consistency, reduces duplication, and ensures that planning remains focused, actionable, and responsive to the student's context.

A documented plan involves a clear, structured process to support a student with identified needs and should contain the minimum documentation required to enable those managing or teaching the student to understand the issues involved in meeting the student's needs, and to enable effective coordination of the actions of all parties involved. It should be practical and readily understandable to all school staff and the child's parents/carers.

GERO Document Plan Template

Department of Education
GOVERNMENT OF WESTERN AUSTRALIA

Shaping the future

Documented Plan

Student Name	
Year	
Date	
Case Manager	
Plan Owner	

Student Profile

Strengths	
Needs	
Challenges	
Priorities	
Considerations	

Plan Outcomes and Actions

SMART Outcomes		
Actions	**Responsible Staff/Agency**	**Timeline**

Review Details

Next Review Date:		**Frequency of Review:**	
Decision at Review		**Plan Owner:**	

Children in Care

As outlined in the *Memorandum of Understanding: Educational Access and Support for Children in Care* between the Department of Education and the Department for Child Protection and Family Support:
"The safety and wellbeing of children is of paramount importance. Children in the CEO's care have unique vulnerabilities. Collaborative practices between agencies improve safety and wellbeing for children and families."

Identify Children in Care
Children in care are under the age of 18 and either:

- in provisional protection and care
- the subject of a protection order (time-limited) or protection order (until 18)
- the subject of a negotiated placement agreement
- provided with placement services under section 32(1)(a) of the *Children and Community Services Act 2004* or
- an unaccompanied humanitarian minor whose care has been delegated to the CEO under the *Immigration (Guardianship of Children) Act 1946*

You do not need to provide a plan for students who:

- are in Kindergarten
- are no longer in care or have a special guardianship order (SGO)
- are 18 years or older
- have an approved Notice of arrangements (NOA)
- are not in care, but whose family is receiving support services from the Department of Communities
- are in care, but not of the CEO of the Department of Communities in Western Australia.

Documented Plans
Plans must be developed within 30 working days of receipt of a 'Form 587 – School Notification and Education Planning for a Child in the Care of the Department of Communities', stating that a child is in care.

For children with no education concerns or do not meet other criteria for Documented Plan: document the reason for the decision and complete a Documented education plan for children in care coversheet

- sign and date the documented plan coversheet
- Learning Support Coordinator to email the documented plan coversheet to the student's Department of Communities child protection worker within 30 working days of notification that a student is in care
- record the date the plan was sent to the Department of Communities in your student information system
- provide the documented plan coversheet to any other relevant parties
- review the documented plan coversheet at least twice per year, usually in Terms 1 and 3.

For children with education concerns or meet other criteria for Documented Plan: develop a Documented Plan and complete a Documented education plan for children in care coversheet

- sign and date the Documented education plan for children in care coversheet
- Learning Support Coordinator to email the documented plan and the coversheet to the student's Department of Communities child protection worker within 30 working days of notification that a student is in care

- record the date the plan was sent to the Department of Communities in your student information system
- provide the documented plan and the coversheet to other relevant parties and service providers, with parent or carer permission
- review the documented plan at least twice per year, usually in Terms 1 and 3.

Record Details in Student Information System

Learning Support Coordinator/Admin will record details in student information system (for example, SIS Classic, Compass), including:

- if the student is still in care
- the date the documented plan was sent to the Department of Communities
- the date the documented plan is due for review.

Review Documented Plan

Learning Support Coordinator/Admin and Teacher must review the:

- documented plan and coversheet at the start of each year, after school receive notification that the student is still in care
- documented plan and coversheet at least twice a year, usually in Terms 1 and 3
- details recorded in student information system every month.

Admin will receive an automated email when a documented plan is due for review.

- Email a copy of the documented plan and coversheet to the Department of Communities after each review.
- Record the date the plan was sent to the Department of Communities in the student information system.

Document Education Plan for children in care coversheet template

<table>
<tr><td>Department of Education</td><td>Date of document: / /
Student name: _____
DOB: / /
Year level: _____
School: _____
Diagnosed disability: ☐</td><td>Principal/Deputy: _____ ☐
Teacher: _____ ☐
Child protection worker: _____ ☐
Carer(s): _____ ☐
_____
Other: _____ ☐
(Please indicate who was consulted)</td></tr>
<tr><td colspan="3">Planning</td></tr>
<tr><td colspan="2">Academic</td><td>Wellbeing
(For example: attendance; social skills/relationships; behaviour)</td></tr>
<tr><td colspan="2">☐
There are no current concerns relating to the student's learning needs. Individual teaching and learning adjustments are not required at this time.</td><td>☐
There are no current concerns relating to the student's wellbeing. Individualised strategies are not required at this time.</td></tr>
<tr><td colspan="2">☐
The student requires curriculum adjustments and an individual plan is necessary (see attached)**.</td><td>☐
The student requires adjustments to meet their personal and/or social needs. An individual plan is necessary (see attached)**.</td></tr>
<tr><td colspan="3">Scheduled review date: / /</td></tr>
</table>

Documented Plan – Individual Education Plan

1. Gather Background Information
- Review previous assessments (e.g. psychologist, speech pathologist, OT reports).
- Consult teachers, parents/caregivers, and the student (where appropriate).
- Look at past IEPs or documented plans.
- Identify areas of strength and areas requiring support.

2. Define the Student Profile- can copy from previous IEPs and update as needed
- Name, year level, date of birth
- Diagnoses (if applicable)
- Learning strengths
- Challenges/barriers to learning
- Preferred learning styles or strategies

3. Set the Curriculum Outcomes as needed (English, Maths &/or Personal and Social)
- Select no more that 2-3 outcomes per context in each learning area that student is having difficulty

4. Set SMART Goals (Specific, Measurable, Achievable, Relevant, Time-bound) for each outcome
- Focus on one behaviour or skill per goal
- Realistic and achievable in a short time frame

Example goal:
- *By the end of Term 3, John will correctly solve 3-digit subtraction problems involving regrouping (with no zeroes), with support, at least 80% of attempts during class activities and assessments.*
- *By the end of Term 3, Samantha will contribute a relevant comment or answer a question about a character or event during shared reading in 80% opportunities.*

5. List Strategies and Adjustments

For each goal (if same strategies for multiple goals, then can be listed under Learning Area Strategies):
- Teaching strategies
- Supports in place (e.g. visuals, EA support, reduced workload)
- Adjustments to assessment (e.g. extra time, oral response)

6. Set Review Date

Minimum of once per reporting period, however, typically, once per five weeks or as required.
- Record progress at each review.
- Adjust goals if necessary.

7. Finalise and Share
- Ensure parents/caregivers have input and agree with the plan.
- Get signatures from all involved.
- Upload to Kaartdijin (Compass)
- Ensure all staff working with the student are aware of the Documented Plan.

SEN Planning

To create Individual Education Plans (IEP) and Group Education Plans (GEP), log into *Reporting to Parents* and select *SEN Planning*.

What is RTP SEN Planning?

RTP SEN Planning is a module within the Reporting to Parents system that allows educators to:

- Create and manage individual learning plans for students with special educational needs.
- Align plans with the Western Australian Curriculum.
- Record levels of adjustment and planning activities for students.
- Use group plans for students with similar needs

Key Features of the SEN Planning Interface:

- Students Planning Tab: Where individual SEN plans are created and managed.
- Group Plans Tab: Allows creation of reusable plans for groups of students.
- Objectives & Strategies Tabs: Manage banks of goals and strategies linked to curriculum areas.
- Goals Tab: Aligns teacher/school goals with curriculum content descriptors.
- Moderation Tab: Supports annual moderation of NCCD (Nationally Consistent Collection of Data) levels

Support Resources Available:

The RTP SEN Support Page includes:

- Step-by-step video tutorials (e.g., adding students, linking curriculum).
- Guidance on using the HELP tab within RTP.
- Access to the RTP Connect Community for collaboration and updates

IEP SMART Goal Examples

By _____ **(TIME FRAME)**

Record the expected date by which the goal will be mastered. Example: "By the end of the IEP cycle" or "By _____ date."

+

student will _____ **(GOAL)**

Name the specific skill the child will master in the expected time frame. Goals must be small and achievable.

+

in _____ **(SETTING/CONTEXT)**

Where will the skill be measured? In the classroom? Therapy? Conversational speech?

+

as measured by _____ **(ASSESSMENT)**

How will progress be measured? By teacher report? By data collection?

+

with _____ **(ACCURACY LEVEL)**

How accurate must the child be? (Example: 90%, 4 of 5 trials, on 3 of 4 observed opportunities.)

+

and _____ **(SUPPORTS)**

What kind of support can the child receive? (Example: prompts, cues)

By _____ (TIME FRAME), student will _____ (GOAL), in _____ (SETTING/CONTEXT), as measured by _____ (ASSESSMENT), with _____ (ACCURACY LEVEL), and _____ (SUPPORTS).

ABLEWA Abilities Based Learning Education WA

ABLEWA (Abilities Based Learning and Education, Western Australia) is designed to support teachers in assessing students according to their individual abilities rather than age or year level expectations. It provides explicit guidance materials and resources that help teachers plan and deliver teaching programs tailored to each student's learning needs. This approach ensures that students who are working significantly below the standard curriculum still have meaningful, achievable learning goals.

The ABLEWA goals sit developmentally below the commencement of the Western Australian Curriculum, making them suitable for students with disabilities or complex learning needs who require highly differentiated instruction. These goals focus on foundational skills in areas such as communication, personal and social capability, and early literacy and numeracy.

By using ABLEWA, teachers can:

- Assess students' abilities accurately using developmental stages rather than age-based expectations.
- Plan targeted teaching strategies that align with individual readiness.
- Monitor progress over time, supporting inclusion and engagement in learning.

ABLEWA Assessment Tool - https://ablewa.arcassess.education/account/login
ABLEWA assessment tool, is an online observation survey designed to identify students' readiness to learn across the seven learning domains:

• Critical and Creative Thinking	• Digital Literacy
• English – Reading and Writing	• English – Speaking and Listening
• Mathematics	• Movement and Physical Activity and
• Personal and Social Capability	

After completing the online assessment, teachers generate a Learning Readiness Report. This report outlines the skills and abilities a student is currently developing, identifies the skills they are likely to learn next, and provides teaching and learning strategies aligned to their level of readiness. Assessments are conducted in rounds each semester. If a student is assessed more than once within the same round, the most recent assessment will override the previous one (although a hard copy of earlier reports can be retained for reference).

A Profile Report maps a student's learning level and progress across two consecutive assessment rounds, providing a clear picture of growth over time.

Online Professional Learning - https://deecdvic.tech-savvy.com.au/login/signup.php
It is recommended that teachers undertake the online professional learning course before using the assessment tool as it contains information regarding how to use the assessment tool.

Users registering for the first time will require an enrolment key. The enrolment key for ABLEWA is **ABLEWA33.**

In-school support can be provided by the Learning Support Coordinator.

Nationally Consistent Collection of Data (NCCD)

The Nationally Consistent Collection of Data (NCCD) on School Students with Disability is an annual collection of information about Australian school students with disability. Data reporting is a requirement under the *Australian Education Regulation 2023*. The NCCD helps schools, education authorities, and governments better understand the needs of students with disability and how they can be best supported at school. Part of the Student Characteristics funding for the following year is determined by the level of adjustments provided to students with disability, including those who are not funded under the Individual Disability Allocation (IDA).

A student is included in the NCCD when all of the following apply:

- The student meets the definition of a person with disability as under the Disability Discrimination Act 1992.
- The functional impact of the student's disability results in the school actively addressing their individual education needs by providing reasonable adjustments
- There is evidence at the school that the student has been provided with adjustment/s for a minimum period of 10 weeks of school education (excluding school holiday periods) in the 12

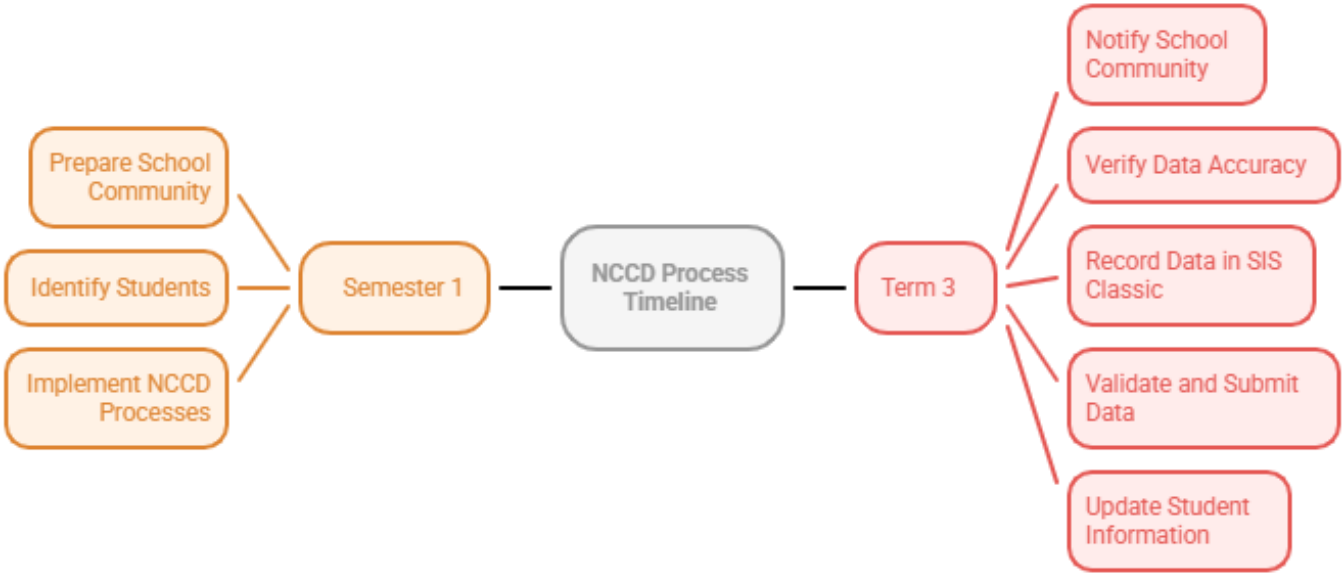
Timeline

In Semester 1, the Learning Support Coordinator will:

1. Prepare school and school community for the NCCD process.
2. Identify students with a disability receiving adjustments.
3. Implement NCCD processes in preparation for data collection at the Semester 2 student census date.

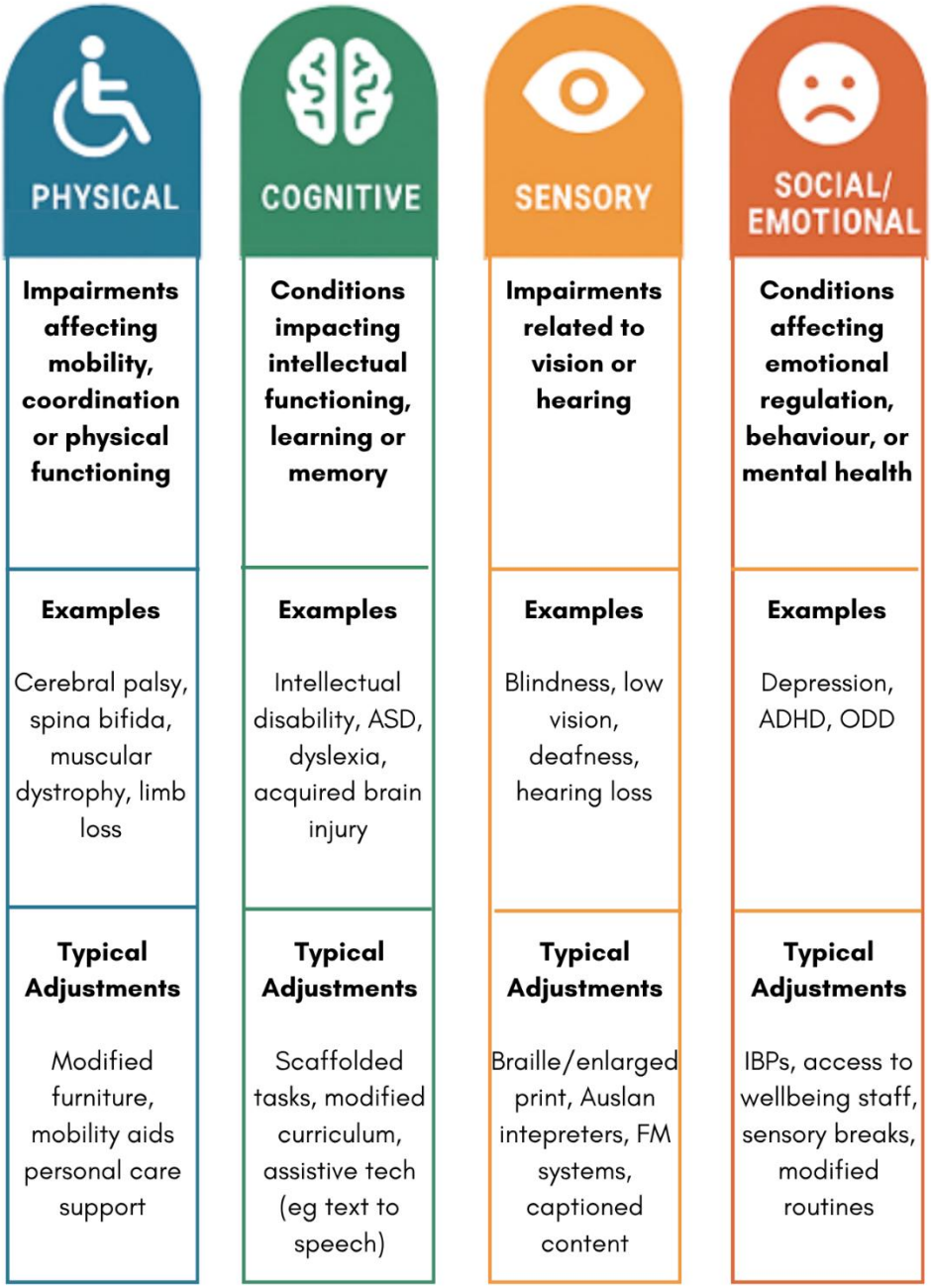
In Term 3, the Principal, or Learning Support Coordinator, will:

- notify the school community that the NCCD is occurring
- verify the accuracy of data, using the Evidence checklist
- make sure the verified NCCD data is recorded in the 'user defined information' fields in SIS Classic before the Semester 2 student census date.
- validate and submit school NCCD data as part of the Semester 2 student census process.
- *update student information in SIS Classic if a student is no longer eligible for inclusion in the NCCD.*



Identify the category of disability

- Identify the broad category of disability for the students, using the Definitions of disability and the NCCD categories. These categories help schools determine the nature of adjustments required to support students.



- The NCCD categories align with the IDA funding categories:

Cognitive:	• global developmental delay • intellectual disability • autism spectrum disorder.
Social/emotional:	• severe mental disorder.
Sensory:	• deaf and hard of hearing • vision impairment.
Physical:	• physical disability • severe medical health condition.

A student may fall into more than one category, and adjustments must be based on functional impact—not diagnosis alone. Formal diagnosis is helpful but not required; imputed disability is valid when supported by evidence and consultation.

Identify adjustments

- Identify the adjustments being made for students.
- The adjustments must have been provided:
  - for a minimum period of 10 weeks
  - in the 12 months preceding the next student census date.

The NCCD level of adjustment is comparable to the below IDA levels:

- Supplementary: Levels 1 and 2
- Substantial: Levels 3 and 4
- Extensive: Levels 5, 6 and 7.

Note: There is no current IDA level for Quality Differentiated Teaching Practice. Students receiving this type of adjustment typically should not be receiving an IDA.

The NCCD website (https://www.nccd.edu.au/) provides essential guidance and resources to help schools support students with disability through the Nationally Consistent Collection of Data. It explains how to identify and document educational adjustments, meet legal obligations under the Disability Discrimination Act and Disability Standards for Education, and use data to inform inclusive practice and funding decisions. With step-by-step tools, case studies, and professional learning modules, the site empowers educators to embed NCCD processes into everyday teaching, planning, and school improvement—ensuring compliance, clarity, and better outcomes for all students.

CATEGORIES OF ADJUSTMENT

The *Nationally Consistent Collection of Data on School Students with Disability (NCCD)* identifies four levels of adjustment. These reflect the intensity and type of support provided to enable students with disability to access education on the same basis as their peers:

1. **Quality Differentiated Teaching Practice (QDTP)**
   - Adjustments are embedded in everyday teaching practice.
   - Teachers use flexible strategies to support learning diversity.
   - No formal plan required, but professional judgement and evidence are essential.

2. **Supplementary Adjustments**
   - Additional support is provided intermittently or at specific times.
   - May include small group instruction, modified tasks, or assistive technology.
   - Documented in IEPs or Engagement Plans; evidence required for NCCD inclusion.

3**. Substantial Adjustments**
   - Frequent and significant adjustments are needed across most learning areas.
   - May involve curriculum modification, regular support personnel, or environmental changes.
   - Requires formal planning and collaboration with support services.

4. **Extensive Adjustments**
   - High-level, intensive support is required at all times.
   - May include full curriculum replacement, constant adult support, or specialised equipment.

- Adjustments are complex, ongoing, and documented through multiple plans and reviews.

Each level must be supported by documented evidence over a minimum of 10 weeks in the 12 months preceding census day. This includes plans (IEP, IBP), meeting notes, parent communication, and professional observations.

NCCD Student Adjustment Checklist

Student Name:			Year:	Date:
	Quality Teaching Strategies	Supplementary Adjustments	Substantial Adjustments	Extensive Adjustment
PLANNING	☐ Do you group students according to educational need?	☐ Do you provide extra time to complete work tasks?	☐ Do you use a number of support services to implement the curriculum eg: therapists, consulting teachers, school psychologists?	☐ Do you require a high level of input from support services to implement the education plan eg therapists, school psychologist and external agencies?
	☐ Do you link new information to background knowledge?	☐ Do you involve support services in planning eg: LSC?	☐ Do you regularly meet the school team and support services to discuss individual learning needs?	☐ Do you collaborate with departmental support and therapists daily/weekly?
	☐ Do you negotiate with students, whenever possible, regarding their adjustments?	☐ Do you use a risk management plan?	☐ Do you collaborate with departmental support staff eg: behaviour centre, SEND	☐ Do you collaborate on teaching and learning strategies with external agency support frequently?
	☐ Do you use whole class programs to address specific student needs eg: PATHS program?	☐ Do you use a health care plan?	☐ Do you collaborate with external agencies at least monthly?	☐
	☐ Do you use strategies to support the students' organisational skills?	☐ Do you use student specific data collection?	☐ Has an emergency/critical incident plan been developed as part of a treatment plan?	☐
	☐ Do you cater for student's learning strengths when planning adjustments?	☐ Do you provide students with work ahead of time?	☐	☐
	☐ Have you met with parents to discuss the child's program?	☐ Do you regularly review and refine adjustments?	☐	☐
	☐ Have you met with previous teachers to discuss transition?	☐ Do you prearrange frequent breaks for the student?	☐	☐
	☐	☐ Do you collaborate with departmental support staff?	☐	☐
	☐	☐ Do you integrate key speech and or occupational therapy strategies into your lesson?	☐	☐
	☐	☐ Do you organise case conferences?	☐	☐
TEACHING	☐ Do you break down instructions into small steps?	☐ Is teaching are reinforcing resilience embedded in all programs?	☐ Do you use an interpreter for the students to access the curriculum?	☐ Do you develop, monitor and review individualised strategies for resilience for students in collaboration with support staff?
	☐ Do you highlight key word/concepts?	☐ Do you decrease the amount of oral and written information?	☐ Do you allow frequent breaks from work tasks throughout the day?	☐ Do you provide individual/physical prompting pervasive throughout the day?
	☐ Do you modify the complexity of the task to meet different student needs?	☐ Do you reduce the amount of workload expectation of the student?	☐ Do you provide an individualised program for part of the day?	☐ Do you use concrete materials to implement the curriculum?
	☐ Do you reward students individually?	☐ Do you limit amount of choice?	☐ Do you provide intensive individualised social skills instruction eg: one on one task analysed mastery of individual skills?	☐ Do you use individual teaching strategies eg: discrete trial training, TEACCH, Applied behaviour Analysis?
	☐ Do you use a cool off strategy?	☐ Do you use key cues – pictorial/colour coding or tactile?	☐ Do you use another form of communication eg: augmentative communication, Auslan, PECS?	☐ Do you provide an alternative curriculum eg: functional/life skills program?
	☐ Do you use a class based behaviour management plan?	☐ Do you assign a peer tutor to support the student?	☐ Do you use individualised visual/tactile supports for implementing the curriculum?	☐ Do you provide work skills/community access programs?
	☐ Do you use pre-teaching of vocabulary and concepts?	☐ Do you provide additional time to complete work tasks?	☐ Do you provide some level of support with personal care needs eg: toileting, dressing, eating?	☐ Do you provide sensory diets?
	☐ Do you use basic curriculum visual supports eg timetables, phonics charts, graphs	☐ Do you provide course information prior to the commencement of the course where appropriate?	☐ Do you provide support for students travelling to and from school?	☐ Do you use alternative methods of communication eg: Auslan, Braille, Augmentative communication?
	☐ Do you use multi-level instructions?	☐ Do you provide a study guide for students with key terms and concepts where appropriate?	☐ Do you provide individualised instruction over a number of areas of the curriculum for part of the day?	☐
	☐ Do you use a variety of teaching styles eg: modelling, rephrasing, repetition, chunking?	☐ Do you use a Sound Amplification System (SAS)/FM system?	☐ Do you provide individualised toileting support?	☐ Do you use 1 or 2 stage instructions throughout the day?
	☐ Do you present information in a variety of modes?	☐ Do you provide access to online versions of course outlines and/or relevant material where appropriate?	☐ Do you use individual prompting throughout the school day to target a range of social skills?	☐ Do you use intensive reinforcement schedules eg: every 1–5 minutes?
	☐ Do you use pair/group discussion?	☐ Do you teach self-regulation strategies in your class program?	☐ Do you use strategies such as role-play, social stories, levels of prompting and task analysis to explicitly teach social skills?	☐ Do you create opportunities for generalization daily?
	☐ Do you create the opportunity for student/teacher discussions?	☐	☐ Do you break down target skills into 1 or 2 stage instructions?	☐ Do you have an intensive individualised behaviour management plan that requires additional training?
	☐ Do you link pedagogies to curriculum goals?	☐	☐ Do you use a reinforcement schedule to teach targeted skills?	☐ Do you have an intensive individualised risk management plan that requires additional training?
	☐ Do you adjust the pace of presentation?	☐	☐ Do you require support in addition to the classroom teacher to manage a health condition on a daily basis?	☐ Do you have an intensive individualised health care plan that requires additional training?
	☐ Do you use cooperative learning groups?	☐	☐ Do you implement therapy program goals in the individual education plan?	☐ Do you include highly individualised self-care strategies in the curriculum eg: toileting, hygiene, eating, dressing?
	☐ Do you use transition cues eg: topic changes?	☐	☐ Do you use highly individualised strategies including functional behaviour analysis and input from support services to support complex behavioural needs, including self-harm?	☐ Do you use approved restraint techniques at least once per day?
	☐ Do you use preferred activities to motivate students?	☐	☐ Do you teach, monitor and review strategies for resilience for students in collaboration with support staff?	☐ Do you require one on one physical support for the student to access the curriculum?
	☐ Do you take into account different learning styles in your course/teaching delivery?	☐	☐ Do you use strategies to manage sensory input/integration?	☐ Do you use highly individualised strategies including functional behaviour analysis and input from support services to support complex behavioural for mental health needs?
	☐ Do you build background by linking concepts to student's background, past learning and key vocabulary?	☐	☐ Do you provide alternative programs to suit individualised?	☐ Do you use significantly reduced learning outcomes in all learning areas?
	☐ Do you link to real world purposes?	☐	☐	☐ Do you use real life or photograph symbols pervasive throughout the day?

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	Quality Teaching Strategies	Supplementary Adjustments	Substantial Adjustments	Extensive Adjustment
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	☐ Do you use strategies to support the students' organisational skills?	☐ Do you use student specific data collection?	☐ Has an emergency/critical incident plan been developed as part of a treatment plan?	☐
	☐ Do you cater for student's learning strengths when planning adjustments?	☐ Do you provide students with work ahead of time?	☐	☐
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Referrals

At South Kalgoorlie Primary School, we are committed to supporting the diverse needs of our students through timely and appropriate interventions. Referrals are a key part of our Student at Educational Risk (SAER) framework, enabling staff to access internal and external support services for students experiencing challenges in learning, behaviour, emotional regulation, or social development. This process ensures concerns are addressed collaboratively, with documented evidence and clear communication pathways.

When to Refer a Student
Staff should consider referring a student when they are showing ongoing difficulties in learning, behaviour, emotional regulation, or social interaction, or when concerns arise that require input from Allied Services such as the Child Development Centre, School Psychologist etc.

Common areas of concern include learning difficulties, behavioural issues, emotional or mental health needs, speech and language concerns, and family or social issues that impact the student's ability to engage in learning. Referrals may also be initiated when there are requests for access by external providers, such as NDIS therapists.

Concerns can arise in various settings including the classroom, playground, specialist areas, or during transitions. A referral should be made as soon as consistent patterns of concern are observed and documented, and after classroom strategies and adjustments have been trialled and recorded.

Submitting the Referral

1. Discuss concerns with the Learning Support Coordinator; guidance can be sought from Line Managers.
2. Complete the appropriate referral form from Kaartdijin (Compass) > School Resources > Referral Forms.
3. Attach all relevant documentation and observations and forward the referral form to the Learning Support Coordinator, who will then forward it to the relevant service provider.
4. The Learning Support Coordinator will record the referral as a Chronicle Entry in Compass under "Allied Services Referrals" and upload a copy of the completed referral form.

South Kalgoorlie Primary School SAER Flowchart
Concerns for student raised by a staff member or parent.....

All concerns about students should be discussed with your Line Manager or Learning Support Coordinator (LSC) as soon as possible

At risk of suicidal ideation or non-suicidal self-injury?

- Report immediately to Admin
- Refer to School Psychologist

Attendance rate is below 90% or suddenly decreases

- Discuss with Line Manger
- Attendance plan

Identified as EAL/D

- Use EAL/D Progress Maps
- Discuss with Line Manger

Speech and Language delays

- Discuss with LSC
- Refer to CDC

Physical concerns

- Discuss with LSC
- Refer to CDC
- Refer to School OT Services

Emotional and Wellbeing concerns

- Discuss with LSC
- Refer to School Psychologist
- Refer to Drumbeat/MindUp

Health concerns

- Discuss with LSC
- Suggest parents take to GP
- Refer to Health Nurse
- CPFS Concern Referral

Behavioural concerns

- Discuss with LSC
- Collect data using behaviour frequency chart
- Analyse data with Line Manager to develop/implement one or more of the following:
  * reward chart
  * informal behaviour contract
  * Individual Support Plan
  * Escalation Profile
- Refer to SSEN:BE

Academic concerns

- Discuss with LSC
- Refer to School Psychologist

Difficulties participating in Classroom

- Discuss with Line Manger/LSC

Social concerns

- Discuss with Line Manger/LSC
- Refer to Drumbeat/MindUp
- Refer to School Psychologist

Sensory concerns

- Discuss with LSC
- Refer to CDC
- Refer to School OT Services

Internal Service Providers for Additional Support

Learning Support Coordinator

- The Learning Support Coordinator oversees internal referrals and coordination of support services for Students at Educational Risk.
- Referral form is available on Kaartdijin (Compass) > School Resources > Referral Forms.

Student Support Officer (SSO)

- Renea Craig is our Student Support Officer.
- The SSO may assist with programs and activities, pastoral care and support, and any issues identified by the school.
- Referral form is available on Kaartdijin (Compass) > School Resources > Referral Forms.

Community Health Nurse

- A community nurse from Population Health comes to the school to provide 4-year-old health checks and to conduct a basic screen of students' ears, hearing and vision.
- Referrals can be completed for any students throughout the year that need a basic screen of students' ears, hearing and vision.
- Ensuring eye sight and hearing is within normal ranges is a key step in furthering may investigative pathways, such as cognitive assessment, DLD, SLD and behavioural disorders
- Referral forms can be found in the Health Nurse Pigeonhole in SKPS Staffroom.

School Psychologist

- The school employs a part-time School Psychologist through the School Psychologist Service.
- The school psychologist can help identify students, support teachers with classroom strategies and the assessment of students who may qualify for Schools Disability Resourcing.
- All consultations and referrals to the School Psychologist are managed via the Learning Support Coordinator utilising an internal referral process

School of Special Educational Needs: Disability

- Assistance from a Consulting Teacher can be requested via Learning Support Coordinator
- http://det.wa.edu.au/oneclassroom/detcms/portal contains resources, teacher information etc

School of Special Educational Needs: Sensory

- Assistance from a Consulting Teacher can be requested via Learning Support Coordinator for students who have hearing and vision problems

School of Special Educational Needs: Medical and Mental Health

- Liaison for teachers when students are in hospital, being supported by CAMHS or unable to attend school for medical or mental health reasons

Speech and Language Outreach Centre

- Supports schools with strategic initiatives and professional learning to enable them to cater more effectively for students with speech and language difficulties

External Service Providers for Additional Support

Kalgoorlie Child Development Centre

- WA Country Health Service (WACHS) offers a range of free child development services for families of children from birth to 18 years of age. They support families of children who are experiencing developmental delays or difficulties in areas such as eating, hearing, talking, understanding, movement, hand skills, and social/play skills.
- Their team includes a range of health professionals such as allied health assistants, Aboriginal health workers or liaison officers, audiologists, community nurses, dietitians, occupational therapists, paediatricians, physiotherapists, podiatrists, psychologists, social workers, and speech pathologists.
- Referral form is available on Kaartdijin (Compass) > School Resources > Referral Forms.

School Dental Service

- The School Dental Service operates on-site at South Kalgoorlie Primary School and is open Monday to Friday.
- Dental nurses will visit classrooms to collect students for routine screening. If any treatment is required, parents will be contacted directly by the dental service.
- Permission notes returned by students should be placed in the Dental pigeonhole located in the SKPS staffroom.
- Students must not be sent to the Dental Office during school hours for issues such as toothaches, unless prior discussion with Admin has taken place.

Ear Bus Foundation

- Earbus Foundation provides a comprehensive ear health service and visits the Goldfields region at scheduled times throughout the year. During each visit, the Earbus team includes a Nurse Practitioner, Audiologist, and ENT Specialist.
- Students with signed consent forms are collected by Earbus staff during their visit to the school.
- Ear Bus Consent Forms are provided to all Aboriginal families upon enrolment. Additional copies are available from the School Officer upon request.

Child Protection and Family Services (CPFS)

- Child Protection and Family Services (CPFS) is a Western Australian government agency, formed from the former Department for Child Protection and Family Support. It is responsible for ensuring the safety and wellbeing of children and families, and provides services aimed at protecting vulnerable children from abuse and neglect.
- If you have concerns about the safety or wellbeing of a student, please speak to the principal immediately.

Mandatory Reporting of Child Sexual Abuse: Under Western Australian law, it is **a legal requirement for teachers to report** all reasonable beliefs of child sexual abuse to the Department of Communities. Principal should be notified that a mandatory report has been submitted. **Non-Teaching Staff to report concerns to Principal or Deputy Principal**.

Parent-initiated service providers to access students on the school site

Access to Specialised Support Services for Students with Disability
School staff must take reasonable steps to ensure that students with a diagnosed or imputed disability, as defined by the *Disability Discrimination Act 1992*, have access to specialised support services not provided by the Department. This includes services delivered:

- by external providers, such as allied health professionals
- through the National Disability Insurance Scheme (NDIS)

These services support the student's educational access and wellbeing and must be coordinated through the Learning Support Coordinator.

Request Process
All requests for access must:

- be directed in writing to South Kalgoorlie Primary School
- come from the student's parent or with their express consent.

Providers can only make a direct request if they have the consent of the student's parents.

To provide the required information, parents and providers can use the Parent-initiated service provider for students with disability request form .

1. Receive a written Parent Request form from the parent/carer.
2. Confirm the student has a diagnosed or imputed disability as defined by the *Disability Discrimination Act 1992*.
3. Consult with the student's parent/s, and provider if required, to confirm the:
   - alignment of education and service goals
   - benefits to the student's learning program
   - service delivery arrangements
   - responsibilities of all parties.
4. Determine whether to proceed:
   - consider parent request
   - inform parent of outcome
   - document reason for decision.
5. Complete a Service Schedule with the provider.

Providers do not have automatic access to the school and students, even if they:

- are funded by the NDIS or Medicare
- are working with another student at your school
- have access to students at another school
- are already working at your school without approval.

Consult with parents and provider

- Consult with the student's parents to discuss:
  - how the therapy service will be delivered to the student
  - if the service is best delivered in the school context
  - the access arrangements including when to withdraw access
  - when all parties will review the access.
  - The service provider can attend this consultation at their own cost, if needed.

Keep a record of the discussion on the student's file.

Consider the request for access

Providers have a shared interest in improving positive educational outcomes for students.
Make a decision on whether to give access, based on the:

- student's wellbeing and educational needs
- student's access to education
- goals set in the documented student plan
- impact on other students and staff
- timing and duration of the access needed
- ability of the student to access the service outside school hours or through existing Department programs
- provider's use of school facilities and resources
- duty of care to all students and staff.

Provider Obligations

Make sure the provider knows their obligations. This includes that they must immediately tell you about anything related to a student's welfare or safety, including:

- disclosures of child abuse
- child protection concerns
- suicidal behaviour
- non-suicidal self-injury
- risk of harm to others
- referrals to government agencies.

Providers must have a valid Working with Children (WWC) Check, or evidence they have submitted an application.

Service Schedule

Complete a Service schedule with the provider that sets out:

- who will provide the services
- the services the provider will deliver to the student
- where and when the provider will provide services to the student
- the frequency and duration of sessions
- when you can withdraw access to the student
- when school staff may need to supervise the provider with the student

The Service schedule also outlines the public liability insurance requirements of the provider.

If a provider needs access to more than one student, complete a service schedule for each student.

Parents is responsible to tell:

- the provider if access is approved or denied
- the provider if the student is not at school or cannot attend the service on a particular day
- the school if they change providers or stop using the service.

We do not need to complete a service schedule for services provided by other government agencies covered by a Department memorandum of understanding. This includes the:

- Child and Adolescence Mental Health Service (CAMHS)
- Department of Communities, Child Protection and Family Support
- Department of Justice.

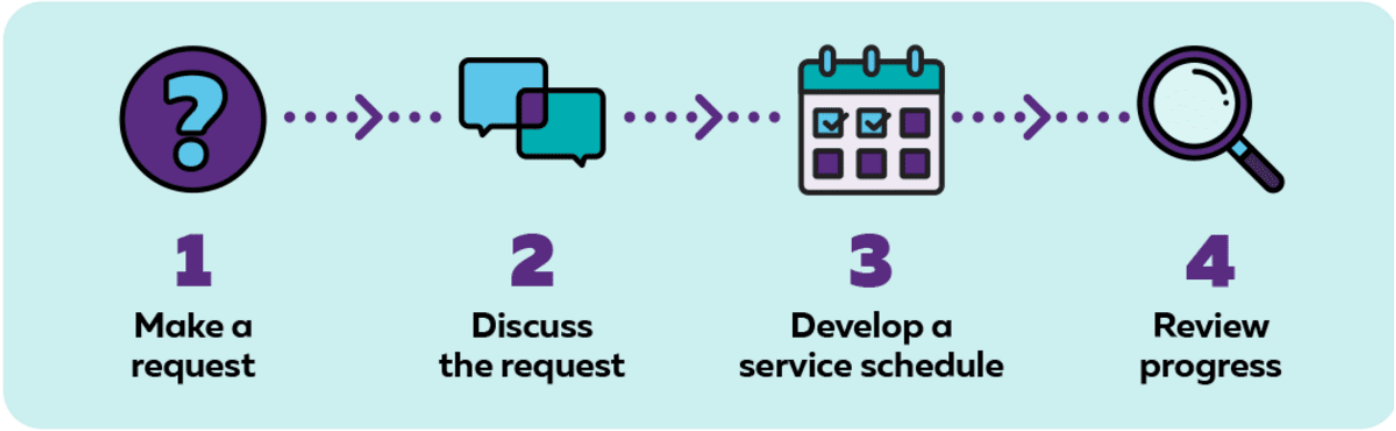
Parent -Initiated Service Providers in Schools Information Sheet

Schools and service providers have a shared interest in achieving positive educational outcomes for students with disability. Schools, families and service providers are committed to supporting students reach their potential, enjoy meaningful relationships and participate in their communities.

Parents and families may engage external service providers to deliver services to your children when they require additional health, disability and wellbeing support. In some circumstances, it may be appropriate for these services to be delivered at school to ensure your child receives the best support and can participate fully in school. Working together as a team, schools, parents and providers can achieve the best educational outcomes for students.

The services offered by the provider may align with or complement the reasonable adjustments being provided by the school to facilitate the student's access to education. If the service does not link with the student's learning needs or enhance access to education, the service may be better delivered outside of school hours.

Caregivers are encouraged to meet with staff at South Kalgoorlie Primary School to discuss engaging the services of a provider as this will help understand the needs of your child and determine the most appropriate arrangement for delivering support. Parents and families can request the delivery of services on a school site during school hours by following the steps outlined below.



Schools work with parents and providers to facilitate:

- shared goals and understandings through consistent messaging between all stakeholders in relation to achieving a student's educational goals.
- positive and safe environments for students, that are productive and goal oriented.
- opportunities for school staff and parents to better respond to a student's needs.

Request for Access

All requests for access must:

- be in writing
- come from the student's parent/caregiver or with the student's express consent.

Providers can only make a direct request if they have the written consent of the student's parents. Providers will not have automatic access to the school, even if they:

- are funded to provide services through the National Disability Insurance Scheme or Medicare
- have been provided access to students at another school
- are working with another student in the same school.

To provide the required information, parents and providers can use the Parent-initiated service provider for students with disability request form .

Parent obligations

- Parents are responsible for communication with the provider including advising the provider if their child will be absent for the planned session or if there are any changes to their child's goals

Provider obligations

- Providers are required to notify the student's family if there are any changes to the planned services such as a different staff member or change to a scheduled appointment.
- Providers must also immediately inform the schools about anything related to a student's welfare or safety.
- Providers must demonstrate that they have the necessary checks, protections and training in place before they can deliver a service to students in a school.
- Providers must have public liability insurance cover of not less than $20,000,000 for any one occurrence, unlimited in the aggregate. For more information on the public liability insurance requirements for providers, refer to the Insurance information for parent-requested therapy providers fact sheet.

We also request that providers read and become familiar with the Department of Education's:

- Code of Conduct
- Child Protection Policy
- Visitors and Intruders on Public School Premises
- Suicidal Behaviour and Non-Suicidal Self-Injury

Schools will require evidence providers have a current Working with Children Check; a Nationally Coordinated Criminal History Check or a NDIS Worker Screening Check.

Service Schedule

Department of Education

Shaping the future

Service schedule

Parent initiated service provider for students with disability

Note: This schedule relates to external service providers only. It is not required for the Department of Education's specialist schools and their teaching staff, who may provide services on school sites.

School details	
School name:	
Location address (not mailing):	Contact number:
Student details	
Name:	
Parent/carer details	
Name:	
Email address:	Contact number:
Service provider organisation details	
Organisation:	
Location address:	ABN:
Contact name:	
Email address:	Contact number:
Insurance provider:	Expiry date:
Public liability insurance: ☐ Yes Amount: Note: The school is obligated to ensure that any allied health/NDIS provider complies with the insurance requirements for external third parties accessing school sites during school hours has public liability insurance covering the legal liability of the third party, its employees and agents in connection with the purpose of the school visit, must be for an amount of not less than $20,000,000 for any one occurrence and unlimited in the aggregate.	

Is a copy of the provider's public liability insurance cover provided? Please select one: ☐ Yes ☐ No	Is the provider registered with the NDIS? Please select one: ☐ Yes ☐ No

Provider to complete	
Information about the support you (the provider) intend to provide	
What is the type of support you are seeking to provide?	
How does the support link to the student's documented education plan or goals?	
Is a copy of the student's service plan or therapy plan attached? Please select one: ☐ Yes ☐ No	
What is the frequency of service? ☐ Weekly ☐ Fortnighlty ☐ Monthly ☐ Other: _____	How long is the session time? ☐ 30 Minutes ☐ 45 Minutes ☐ 60 Minutes ☐ Other: _____
How long will the support need to be in place for? (e.g. from 12 February 2024 to 12 December 2024).	
Provider staff details (please list all staff who will be engaged in service delivery)	
Name:	Role:
Email address:	Contact number:
Photocopies attached: ☐ Working with Children (WWC) Check ☐ Nationally Coordinated Criminal History Check (NCCHC) – Department of Education ☐ NDIS Worker Screening Clearance Note: A WWC Check is required. In addition, either a NCCHC or NDIS Worker Screening Clearance is required.	
List any professional registrations (if relevant):	
Name:	Role:
Email address:	Contact number:
Photocopies attached: ☐ Working with Children (WWC) Check ☐ Nationally Coordinated Criminal History Check (NCCHC) – Department of Education ☐ NDIS Worker Screening Clearance	

Note: A WWC Check is required. In addition, either a NCCHC or NDIS Worker Screening Clearance is required.

List any professional registrations (if relevant):

School to complete

Support school staff may provide during school-based service delivery

Confirm the specific roles of staff in the school who may be involved with the student and assist the service delivery, for example a school nurse, school psychologist, education assistant.

Agreed school facilities/equipment to be used during school-based service delivery

Details of facilities and equipment to be used by the provider as part of the provision of services, as agreed by the school. Also include location of service delivery, including whether the service will be delivered in class or outside the classroom.

Agreed provider equipment to be used during school-based service delivery

Details of provider equipment to be used as part of the provision of services, as agreed by the school. Include details of any maintenance and relevant training the provider will undertake to ensure safe operation on school premises.

Supervision arrangements (only if required)

Details of school arrangements for any supervision required during the course of service delivery. E.g. another staff member may be required in the room to support the student to engage.

Sharing of information

Details of how and when the provider will share relevant confidential information.

Student specific information

List any relevant considerations, e.g. any health conditions which may lead to an emergency response, religious or cultural considerations, etc.

Provider acknowledgment

- ☐ Provider understands schools will require an on-site induction before any provider staff (including relief or temporary staff) access school sites and students. **Schools do not pay any costs for the provider to attend an onsite induction.**
- ☐ Provider must understand and comply with Department of Education policies and school procedures.
- ☐ Provider will notify the parent and school in writing should the details provided in the service schedule change.
- ☐ Provider will immediately inform schools about anything related to a student's welfare or safety. This includes concerns with suicidal behaviour and non-suicidal self-injury (NSSI).
- ☐ Provider will provide a written handover at the end of the agreement period that includes:
  - any ongoing risks for the student
  - recommendations for any further support for the student, their family or the school community
  - any further action to be taken by the agency.

Provider representative name:

Signature:	**Date:**

Parent acknowledgment

- ☐ Parent understands that principals may reconsider access for a provider at any time.
- ☐ Parent understands additional information about the decision making process is available on the Department of Education's public website.
- ☐ Parent is responsible for communication with the provider including advising the provider if their child will be absent for the planned session.
- ☐ Parent is responsible for communicating with the school to advise on any changes to provider, absence of provider or absence of their child.
- ☐ Parent understands the school will not cover any costs associated with the provider's access to the student at school.
- ☐ Parent gives consent for the release and exchange of information between the provider and the school.

Parent name:

Signature:	**Date:**

School acknowledgment

School acknowledges that approving this service schedule requires the school to:

- coordinate access to the student
- complete school processes and record the student's withdrawal from class
- provide access to agreed school facilities and equipment
- coordinate further communication, e.g. changes to the student's timetable or health and wellbeing.

Approved: ☐ Yes ☐ No

School representative name:

Signature:	**Date:**

Comment:

Definitions

Additional Needs	A student has a medical, health or learning difficulty that is impacting on their everyday life. The condition makes it more difficult to achieve their full potential and is different to students with Special Educational Needs.
Adjustment	In education, adjustments are actions taken to enable a student with a disability to access and participate in education on the same basis as other students.
Case	The individual set of circumstances involving a student that need to be planned for and managed.
Case Management	The collaborative process among stakeholders that will results in effective support for students with additional needs.
Case Manger	The individual in a school given responsibility for overseeing the management of a particular case.
Differentiation	The way in which schools tailor education to enable every student to achieve the highest standard possible. The rationale for differentiation is to raise standards by focussing the teaching and learning program on the aptitudes, interests and required level of students.
Disability	A range of conditions as described in the Disability Discrimination Act 1992. It includes mobility and physical disability, acquired brain injuries, vision and hearing impairments, psychological disorders and cognitive and learning disabilities.
Documented plan	A holistic, student-centred plan that outlines targeted strategies to address the underlying causes of a student's educational needs. It replaces separate plans (e.g. IEPs, IBPs) with a unified format that considers the whole child. Documented Plans include only the essential information needed for staff to understand and act on the student's support needs.
Equitable	Fair and impartial**.**
Everyday Transition	Short term movement between educational contexts, such as moving from one classroom to another, one class to another, or engaging in an out of routine activity such as a school event, an incursion or an excursion.
High Support Needs	Where a student's learning needs cannot be met by a standard school curriculum. The student requires an intensive and detailed level of teaching and learning adjustments to be able to engage in school-based activities and activities of daily living.
Imputed disability	An undiagnosed disability is identified through professional judgment, based on a body of evidence suggesting the presence of a disability. These students may not have a formal diagnosis but require support to access the curriculum. With

appropriate adjustments and evidence-based instruction, they can achieve age-appropriate outcomes.

Learning Differences

The diverse ways individuals learn and the rate at which they learn.

- Includes factors like: Learning styles (e.g. verbal, visual, kinaesthetic); Motivators, interests, aspirations; Cultural background; Personal strengths and weaknesses
- These are natural variations, not barriers or deficits.
- Some students might need more demonstration, repetition, or a different mode of instruction.
- *Not included in the NCCD (Nationally Consistent Collection of Data on School Students with Disability).*

Learning Difficulties

External factors that negatively impact learning.

- Examples include: Absenteeism; Ineffective instruction; Lack of access to curriculum; English as a second language (EAL/D); Socioeconomic disadvantage; Family trauma or instability
- These are not permanent or neurological and may be addressed through targeted intervention and support.
- *Not included in the NCCD (Nationally Consistent Collection of Data on School Students with Disability).*

Learning Disabilities

(also known as Specific Learning Disorders) are defined under the Disability Discrimination Act (DDA) and Disability Standards for Education as neurological, lifelong, and permanent. SLD are characterised *Diagnosed* using tools like the DSM-5 (neurodevelopmental disorders) and by persistent difficulty in acquiring academic skills, despite appropriate instruction and intervention.
Types include: Dyslexia (reading difficulties); Dysgraphia (writing difficulties); Dyscalculia (mathematical difficulties)

- Affects about 3–5% of the population.
- *Included in the NCCD.*

Long Term Transition

Transitions that involve a large and sustained change in educational context, such as moving to a new school, moving between school years or back into school after a significant life event, such as extended hospitalisation.

NCCD

The Nationally Consistent Collection of Data on School Students with Disability is an annual collection of information about Australian school students with disability. The NCCD enables schools, education authorities and governments to better understand the needs of students with disability and how they can be best supported at school.

Neurodiversity

The range of differences in individual brain function and behavioural traits, regarded as part of normal variation in the human population.

Neurotypical

Not displaying or characterised by neurologically atypical patterns of thought or behaviour.

On the same basis

Students with a disability are given the same opportunities as their peers. They are entitled to rigorous, relevant and engaging learning opportunities.

Orientation An event, or series of events, that are organised by a school so that students will feel comfortable being in a new and unfamiliar environment.

Person Centred Planning Where the student is placed at the centre of education planning and support and is treated as a person first. The focus is on what they can do, not their condition or disability. The planning is personalised, co-ordinated and enabling.

Reasonable Adjustment Measure or action taken to help a student with disability to take part in education courses and programs, on the same basis as a student without disability.

Risk Factors Those that may impact a student's ability to achieve their potential. These include but are not limited to:

- Irregular school attendance
- Social/emotional issues
- Medical conditions
- Diagnosed or Imputed Disability
- Environmental factors (school, family, community), including matters of Child Protection and Family Support
- English as an Additional Language or Dialect (EAL/D)

SAER Students with 'special education needs' are those with an imputed or diagnosed disability and or health related condition. It has an 'inclusive' approach where reasonable adjustments are made to allow a student with a disability to be educated 'on the same basis' as other students. Refers to students whose academic, social and/or emotional attributes are a barrier to engagement with the Western Australian Curriculum.

(Department of Education SAER Policy 1 January 2015)

SEN is the acronym for 'Special Educational Needs'.

Stakeholder The different parties, such as the student, family members, professional service providers, teachers and school support staff who have an investment in the way support for a student is planned for and managed.

Strength Based Approach When educators identify a students' strengths so they can build on these to create supportive learning environments and opportunities for success.

Student Profile Written and pictorial information that may include data and information provided by the student, parents/carers and education staff to provide greater understanding of the student. It should include strengths, challenges, interests and aspirations; how they communicate, a sensory profile, learning style and behavioural needs.

Transition Transition is a dynamic process of continuity and change and occurs over time. Successful transition is where teachers, parents, carers, professionals and school community work together and advocate for positive transition outcomes. It is where families have critical roles to play, schools plan for and

	support continuity, ongoing communication including Case conferences, the timely transfer of information, and transition processes imbedded in the school curriculum and culture.
Transition Plan	The negotiated actions, agreements and timelines designed to contribute to the successful transition of a student between school contexts.
Transition Timeline	Refers to an identified period of time where a student is moving from one situation to another and is where something changes. It may involve short-term (e.g., classroom to school assembly area, classroom to the oval, on and off the bus) and long-term transitions (e.g., home to kindergarten, pre-primary to Year 1, Year 6 to Year 7, Year 12 into community)