



**Amendment 1: Inclusion Policy chapter for Distance Learning (DL). This is in compliance with all the existing policies and with Risk Assessment Policy and Child protection and safeguarding policy**

|                                      |   |
|--------------------------------------|---|
| <b>Background</b>                    | During pandemic, students of determination have lost sense or routine, direction. TCS policy is in compliance with KHDA's School-Home Provision_ guidelines for DL in students of determination and TCS Risk Assessment policy  |
| <b>Risk Assessments</b>              | To prepare effectively for the return of pupils TCS initially carried out a whole school risk assessment for ensuring the school is ready for the return of pupils with special needs<br>Updating individual risk assessments to inform decisions about whether a child with SEND should access school or remain at home.   |
| <b>Distance Learning</b>             | <ol style="list-style-type: none"><li>1. Parent IEP meetings</li><li>2. Behavioral and counseling meetings</li><li>3. Assessment meetings</li><li>4. Wellbeing meetings with parents and students of determination</li></ol>  |
| <b>Academics</b>                     | Curriculum adaptations and modifications during DL includes <ul style="list-style-type: none"><li>→ Counseling parents and involving them to teach the child</li><li>→ Parent now has to take the place of teachers</li><li>→ Guiding parents how to choose priorities among many options for students of determination</li><li>→ Family therapy as required</li><li>→ Wellbeing of family reflects parent cooperating during IEP meetings which involve curriculum adaptations</li><li>→ Differentiated paper and alternative methods of assessment for students of determination</li><li>→ Assessment for higher grade students for CBSE provisions and exemptions</li><li>→ Scholarships and concessions provided by the school for G&amp;T</li><li>→ Project work and independent learning methods and exciting learning environment for G&amp;T students</li></ul> |
| <b>Steps for Inclusion during DL</b> | →Ensure all staff has access to mental health and wellbeing support – including SLT – to help themselves and to help them support pupils.   |



# المدرسة المركزية The Central School

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|----------------|---|
|                | <ul style="list-style-type: none"><li>→Communicate, communicate and listen – we are all learning with this.</li><li>→Have explicit learning about stress, mental health and self-care.</li><li>→Discuss expectations.</li><li>→Capture the positives from remote learning.</li><br/><li>→Ensure all staff have up-to-date training on safeguarding – overall support</li><li>→Keep in regular contact with parents and caregivers.</li><li>→Be human.</li></ul> |
| KHDA reference | <a href="https://www.khda.gov.ae/CMS/WebParts/TextEditor/Documents/School-Home-Provision-Report-En.pdf">https://www.khda.gov.ae/CMS/WebParts/TextEditor/Documents/School-Home-Provision-Report-En.pdf</a>   |
| Ethics         | <b>DEIW will act according to the code laid down by <a href="#">DHA</a>.</b>  |



### Section-A

|                       |   |                           |                           |
|-----------------------|---|---------------------------|---------------------------|
| <b>Title</b>          | <b>Inclusion Policy</b>                   | <b>Designation</b>        | <b>Inclusion Champion</b> |
| <b>Name of Writer</b> | <b>S. R. Joshi</b>                        | <b>Next Review Date</b>   | <b>28.04.2023</b>         |
| <b>Review Date</b>    | <b>12.04.2022</b>                         | <b>Department/Section</b> | <b>The Central School</b> |
| <b>Reference Code</b> | <b>TCS/DEIW/Inclusion policy/22-23/31</b> |                           |                           |

### Section-B

|                   |  |
|-------------------|--|
| <b>Background</b> | <p>The right to education is reflected in international law in Article 26 of the Universal Declaration of Human Rights and Articles 13 and 14 of the International Covenant on Economic, Social and Cultural Rights.</p> <p>The right to education has been reaffirmed in the 1960 UNESCO Convention against Discrimination in Education, the 1981 Convention on the Elimination of All Forms of Discrimination Against Women,[7] the 2006 Convention on the Rights of Persons with Disabilities,[8] and the African Charter on Human and Peoples' Rights.</p> <p>Sarva Sikhsha Abhiyan (Education to all) Movement, the 86<sup>th</sup> Amendment to the Constitution of India making free and compulsory education to the children between 6-14 years of age.</p> <p>The Federal Law No. 29, 2006 and Dubai Law No. 2, 2014, and KHDA Inclusion Policy Framework 2017 promotes highly inclusive ethos and is committed to offering an inclusive curriculum to all of its students, to meet their needs or abilities and to ensure the best possible progress for all, the outcome of which will be evident in the values, culture and achievements of the school</p> |
| <b>Purpose</b>    | <p>Equal opportunities, protection of rights, full participation and barrier free environment.</p> <ol style="list-style-type: none"><li>1. To provide optimum development &amp; well-being for Students of determination.</li><li>2. To Students of determination adjust to themselves &amp; the society.</li><li>3. To help Students of determination understand themselves in relation to the world.</li><li>4. To aid Students of determination in efficient decision making.</li><li>5. To help Students of determination plan for a productive life in their social context by focusing on their assets, skills, strengths &amp; possibilities for further development.</li><li>6. To bring about changes in the attitude &amp; behavior towards the students of determination.</li></ol>  |



**Operational  
Definitions**

Students of Determination: Students with special needs

Inclusion: To accept a child without discrimination to race, caste, class, creed, heredity, language, religion, economics, limitations in physical, mental, sensory ability.

Special Educational Needs and Disability (SEND): are needs that are different from those of the majority of students. The students are referred to as “Students of determination”. They include those who need additional support or challenge in their learning. Special educational needs and disability could mean a child has difficulties with:

1. all of the work in school
2. reading, writing, numeracy or understanding information
3. expressing themselves or understanding what others are saying
4. making friends or relating to adults
5. complying with school rules\
6. organizing themselves
7. some kind of sensory or physical needs that may affect them in some or all school activities. A child must not be regarded as having a learning difficulty solely because the language or medium of communication at home is different from the language in which she or he is or will be taught

**Categories of disability and barriers to learning**

| Common barriers to learning         | Categories of disability<br>(aligned with the UAE unified categorisation of disability)  |
|-------------------------------------|--|
| Cognition and Learning              | <ol style="list-style-type: none"><li>1. Intellectual disability (including Intellectual disability - unspecified)</li><li>2. Specific learning disorders</li><li>3. Multiple disabilities</li><li>4. Developmental delay (younger than five years of age)</li></ol> |
| Communication and Interaction       | <ol style="list-style-type: none"><li>5. Communication disorders</li><li>6. Autism spectrum disorders</li></ol>  |
| Social, emotional and mental health | <ol style="list-style-type: none"><li>7. Attention Deficit Hyper Activity disorder</li><li>8. Psycho - emotional disorders.</li></ol>  |



**Common  
Barriers to  
Learning:**

**Cognition and  
Learning**

Physical, sensory and medical condition.

9. Sensory impairment
10. Deaf-blind disability
11. Physical disability
12. *Chronic or acute medical conditions*

1. General barriers to learning (Intellectual disability)

Intellectual disability is a disability characterised by significant limitations in both intellectual functioning (reasoning, learning, problem-solving) and in adaptive behaviour, which cover a range of everyday social and practical skills. When a person over the age of five is unable to participate in an appropriate assessment that might otherwise identify a diagnosis of an intellectual disability, a diagnosis of *unspecified intellectual disability* may be provided. Based on the severity of the intellectual disability, mild, moderate, or severe barriers to learning may be present.

a. Mild intellectual disability (Mild barriers to learning)

Students who experience mild barriers to learning will have below average cognitive functioning and are likely to make slower than expected progress over time. This will cause these students to attain below expected levels (two to three years below) in most areas of the curriculum. Some students may be diagnosed with a mild intellectual disability.

Particular barriers to learning may include:

- delayed academic, behavioural, social, and emotional development
- difficulty expressing ideas and feelings
- limited ability to abstract and generalise knowledge and skills
- a limited attention-span and poor retention ability
- slow speech and language development
- difficulties adapting to change and an underdeveloped sense of spatial awareness
- low self-esteem and emotional resilience.

These students are likely to require more concrete (hands-on/practical) approaches when compared to their peers. It is expected that most students identified with mild barriers to learning will usually have their needs met within the context of an appropriately differentiated classroom shared with same-age peers.



b. Moderate intellectual disability (Moderate barriers to learning)

Students who experience moderate barriers to learning will have significantly below average cognitive functioning and are likely to make very slow progress over time. This will cause them to attain significantly below expected levels in most areas of the curriculum (three to five years below), despite appropriate interventions. Many are likely to be diagnosed with a moderate intellectual disability.

Particular barriers to learning may include:

- significantly delayed academic, behavioural, social, and emotional development
- delayed speech and language
- low levels of concentration
- difficulty generalising and transferring knowledge across situations
- challenges processing input from more than one sensory source at a time.

These students will require interventions that are 'additional to' or 'different from' the provision required for most students within the general classroom setting. It is expected that high quality, inclusive schools will develop the knowledge, understanding and skills required to improve provision to meet the needs of students identified with moderate barriers to learning.

c. Severe intellectual disability (Severe barriers to learning)

Students who experience severe learning barriers will have very low cognitive functioning and are likely to make very small, incremental steps of progress over time. This will cause them to attain significantly below expected levels in most areas of the curriculum and possibly at an early years/primary level, despite appropriate interventions. Almost all will be diagnosed with a severe intellectual disability.

Students with severe learning disabilities exhibit a wide and diverse range of characteristics, but particular barriers to learning may include:

- Extremely delayed academic, behavioural, social, and emotional development
- Poor independence in activities of daily living (ADLs)
- difficulties in mobility



- problems with generalising skills (and knowledge/understanding) from one situation to another
- Significant speech and/or communication difficulties
- Behavioural problems
- Limited communication skills that may present as challenges with speech, body language, facial expression and the ability to interpret and/or produce images and text.

Students identified with severe barriers to learning will require significant levels of provision and intervention that are 'additional to' or 'different from' the provision required to meet the needs of almost all other students within the school. Recognizing that difficulty with self-expression does not diminish the student's communicative intent, schools must maximize opportunities to enable the student to communicate. This approach should underpin the design and delivery of teaching and learning experiences. Modified curricular frameworks should enable students to become increasingly independent in using skills for life. This is likely to require further specialist provision, for example from speech and language or occupational therapy services.

## 2. Multiple disabilities (Multiple barriers to learning)

A student who experiences a number of severe barriers to learning, such as a sensory disability and a physical disability, may be identified as having a multiple disability. Students are identified with a multiple disability when severe barriers caused by more than one type of disability, disorder or condition are present. The particular combination of challenges experienced by a student who experiences multiple barriers to learning will vary but will always have a very significant impact upon their personal and educational functioning. This may mean that they make tiny steps of progress over time.

Particular barriers to learning may include:

- restricted mobility, often requiring the use of a wheelchair
- limited verbal communication, and may result in the student relying on signs, symbols or gestures to communicate their needs
- behaviour that is under developed and inconsistent with chronological age
- impulsive behaviour and high frustration levels
- difficulty forming interpersonal relationships
- limited self-care and independent living skills





- a variety of medical problems; examples may include seizures, sensory loss, hydrocephalus, and scoliosis.
- significant difficulties with physical coordination and activities that require fine and gross motor skills
- generalisation of knowledge and skills
- retaining basic number and literacy skills.

Students who experience multiple learning barriers greatly benefit from interaction with others within inclusive school communities. The classroom and wider school environment should enable the student's full, safe and accessible engagement in learning activities and in the life of the school. The student may require personal support to assist mobility or access to assistive devices. Specialist interventions such as occupational therapy or physiotherapy are likely to be particularly important. The impact of related health conditions may lead to higher than typical school absence rates. The school should work closely with the parents to develop additional home/school learning options.

### 3. Developmental delay (Barriers with typical development)

There are many different types of developmental delays in infants and young children. These include problems with language or speech, vision, movement/motor skills, social and emotional skills and thinking/cognitive skills.

#### a. Global developmental delay (Global developmental barriers)

Young children who experience global developmental barriers have difficulties progressing in most developmental domains. Some children eventually catch up and no longer experience any developmental difficulties. As time passes, many will be diagnosed with a global developmental delay and, as they get older and are able to participate in standardised assessment procedures, may be diagnosed with intellectual disabilities.

Particular barriers to learning may include:

- delays in motor skills; a delay in gross motor skills may affect a child's ability to crawl, walk, run and move around safely, whereas a delay in fine motor skills may impact upon the child's ability to use a crayon or paintbrush, manipulate scissors, construct puzzles or fasten buttons
- delays in speech and language which may impact a child's ability to understand. It may also restrict children's abilities to communicate their needs and feelings and limit the development of their negotiation, cooperation and





interaction skills

- delays in cognition may make it difficult for a child to pay attention, even for short periods, create an inability to sit still for any length of time, and be reflected in poor memory, for example when recalling learned facts or multi-step instructions
- delays in social/emotional development may present as the child being unable to answer questions or have difficulty engaging in short conversational interchanges; they may use language solely to get needs met.
- difficulties in managing their emotional responses may limit their abilities to regulate their behaviour
- delays in their ability to fulfil daily living (adaptive functioning) activities which may affect the child's ability to fulfil personal hygiene needs, clothing routines and feeding.

Early and targeted intervention is important to minimise any potential delay in development. It is expected that most children who experience developmental barriers will have many of their development needs met within the context of an appropriately differentiated early education setting. This provision may be supplemented by targeted support or therapeutic interventions such as speech and language or physio/occupational therapy.

b. Specific developmental delay (Specific developmental barriers)

Children who are delayed in one specific area in development (whilst other areas develop at the expected rate), experience specific developmental barriers. As these children get older, and are able to participate in standardised assessment procedures, they may be diagnosed with specific learning disorders.

It is expected that most children who experience specific developmental delay will have their needs met within the context of an inclusive early years education setting. Early and targeted intervention is important to minimise any potential delay in development.

4. Specific learning disorder (Specific barriers to learning)

A specific learning disorder is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. The disorder may manifest itself in an impaired ability to listen, think, speak, read, write, spell or understand mathematical calculations.



**a. Dyslexia (Specific barriers with reading)**

Some students who experience specific barriers with reading, despite expected or above expected levels of cognitive ability, may be diagnosed with dyslexia.

Particular barriers to learning include difficulties with:

- remembering what is seen or heard
- identifying sounds in words and putting things in sequence (e.g. information, letters, stories, numbers, the days of the week, the months of the year)
- reading speed, understanding what is being read
- following directions
- personal organisation
- spelling, copying words and numbers from a book or board
- recalling the names of words or objects.
- specific barriers with reading range from mild to severe.

It is expected that almost all of these students will have their needs met within an appropriately differentiated classroom. Students who experience significant barriers with reading greatly benefit from access to specific and targeted evidence-based interventions.

**b. Dysgraphia**

(Specific barriers with writing)

Some students who experience specific barriers with writing, despite expected or above expected levels of cognitive ability, may be diagnosed with dysgraphia.

Particular barriers to learning may include:

- written presentation with a mixture of upper/lower case letters, irregular letter sizes and shapes, and unfinished letters
- difficulties with using writing as a communication tool
- reduced quality in the content of their written work due to the high levels of effort needed to complete the writing process
- unusual writing grips, odd wrist, body and paper positions, which may result in discomfort while writing
- repeated mistakes; excessive erasing may be evident as may a misuse of lines and



margins.

- poorly organised writing on a page; a student may struggle with organising their ideas, sentence and/or paragraph structure and have limited expression of their ideas
- reluctance to complete writing tasks or a refusal to do so.
- specific barriers with writing ranging from mild to severe

It is expected that almost all of these students will have their needs met within an appropriately differentiated classroom. Students who experience this level of need will benefit from access to specific and targeted evidence-based interventions.

### **c. Dyscalculia**

(Specific barriers with mathematical concepts)

Some students who experience specific barriers with mathematical concepts, despite expected or above expected levels of cognitive ability, may be diagnosed with dyscalculia.

Particular barriers to learning may include:

- an inability to conceptualise number, number relationships and outcomes of numerical operations (estimating)
- difficulties with computation, direction, mental mathematics, money, reading and writing numbers,
- remembering sequences like, rote counting, rules and formulae
- understanding the concept of time, the ability to apply time management strategies and time management
- weaker ability to comprehend mechanical processes as they often lack ‘big picture’ thinking
- poor sense of direction
- personal organisation.

Specific barriers with mathematical concepts range from mild to severe. It is expected that almost all of these students will have their needs met within an appropriately differentiated classroom. Students who experience more significant barriers greatly benefit from access to specific and targeted evidence-based interventions.



**d. Specific barriers with coordination (Dyspraxia)**

Some students who experience specific barriers with physical coordination, despite expected or above expected levels of cognitive ability, may be diagnosed with dyspraxia.

Particular barriers to learning may include:

- difficulty coordinating their movements, perceptions and thoughts
- difficulty running, jumping, hopping and catching a ball in physical activity
- physically managing themselves in the classroom; the student may bump into and drop things and tend to find drawing and writing difficult
- difficulty maintaining an erect posture, either when sitting or standing
- experiencing high levels of fatigue due to the effort needed for physical control and movement
- difficulties with writing, due to posture and position challenges.
- mild to severe difficulties with physical coordination.

It is expected that almost all students with dyspraxia will get their needs met within an appropriately differentiated classroom. Students who experience significant barriers greatly benefit from therapeutic support through physio/occupational therapy.

**5. Communication disorders (Communication barriers)**

A communication disorder is an impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems. A communication disorder may be evident in the processes of interpretation, hearing, language, and/or speech.

**a. Expressive language disorder (Specific barriers with verbal expression)**

Some students who experience significant barriers expressing themselves using verbal language may be diagnosed with an expressive language disorder. Students' understanding of language is likely to be at a significantly higher level than their ability to communicate with the spoken word.

Particular barriers to learning may include:



- a reluctance to talk; they may resort to pointing or gesturing to get their message across
- a lack of variation in their verbal intonation or volume
- limited imaginative play and social use of language
- difficulties describing, defining, explaining and in retelling stories/events
- limited vocabulary may result in the students using empty phrases and non-specific words
- related difficulties with writing, spelling, composing sentences/compositions and answering questions
- omission of function words such as ‘the’ and ‘is’, and grammatical markers such as tense endings
- difficulties in formulating full sentences and in the understanding of multiple word meanings
- difficulties establishing and maintaining peer relationships.

It is expected that most students who experience barriers with verbal expression will have most of their needs met within an appropriately differentiated classroom. The student will require the school to monitor and support their emotional and social wellbeing, and embed key support strategies within their approaches to teaching. Affected students may also benefit from access to specific and targeted evidence-based interventions within school and/or from speech and language therapy.

b. Receptive language disorder (Specific barriers with understanding verbal language)

Some students who experience significant barriers understanding verbal language may be diagnosed with a receptive language disorder.

Particular barriers to learning may include:

- problems processing and retaining auditory information and following instructions and directions
- challenges with understanding what is said in group discussions
- difficulty answering open questions
- difficulty filtering out background noise
- limited verbal reasoning and difficulties remembering strings of words
- difficulty taking turns in conversation as a result of limited comprehension
- poor understanding, poor use of tone, facial gesture and body language, and/or poor eye contact



- difficulty establishing and maintaining peer relationships.

It is expected that most students who experience barriers with understanding verbal language will have most of their needs met within an appropriately differentiated classroom. These students will require schools to monitor and support their emotional and social wellbeing, and embed key support strategies within their approaches to teaching. Students may also benefit from access to specific and targeted evidence-based interventions within school and/or from speech and language therapy.

c. Global language delay (General barriers with language)

Students who experience significant barriers with using and understanding verbal language may be diagnosed with a global language delay. These students may experience a combination of barriers to learning as described in the sections above (expressive and receptive language disorders).

It is expected that most students with global language delay will have most of their needs met within an appropriately differentiated classroom. Many students are likely to require access to specific and targeted support in school and to therapeutic interventions such as speech and language therapy.

d. Speech fluency disorder (Specific barriers with speech fluency)

Students who experience persistent barriers with speech fluency (stuttering) may be diagnosed with a speech fluency disorder. Many young children go through a stage between the ages of two and five when they 'stutter', repeating certain syllables, words or phrases, prolonging them, or stopping, making no sound. In many cases, stuttering goes away on its own by age five. Sometimes it continues as the student gets older.

Particular barriers to learning may include:

- increased prolongations of words and speech may start to be especially difficult or strained
- rising pitch or loudness due to vocal tension
- an avoidance of situations that require talking or change a word for fear of stuttering
- problems with the development of peer relationships



- reluctance to contribute actively within the classroom, and to articulate their thoughts, feelings, ideas and concerns.

It is expected that most students who experience speech fluency difficulties will have most of their needs met within an appropriately differentiated classroom. Early intervention, including access to speech and language therapy are important. The student will require the school to monitor and support their emotional and social wellbeing, and embed key support strategies within their approaches to teaching.

#### Speech sounds disorder

(Specific barriers with speech sounds)

Most typically developing students will be able to say all expected speech sounds by eight years of age. Students who do not say sounds by the expected age should have their hearing checked to ensure that they are hearing the sounds/words correctly. Students with persistent barriers with making speech sounds may be diagnosed with a speech sounds disorder.

Particular barriers to learning may include:

- substituting one sound for another, leaving sounds out, adding sounds, or changing sounds
- having difficulty making themselves understood
- additional challenges with reading
- difficulties forming peer relationships and solving social problems.

It is expected that most students who experience specific barriers with saying speech sounds will have most of their educational needs met within an appropriately differentiated classroom. Early intervention, including access to speech and language therapy are important. The student will require school to monitor and support their emotional and social wellbeing, and embed key support strategies within their approaches to teaching.

#### Social communication disorder (Barriers with social communication)

Students who experience significant barriers with social communication may be diagnosed with a social communication disorder. These students experience difficulty using language in social situations but are not impaired in their understanding of word structure, grammar, or in general cognitive ability.





Particular barriers to learning may include:

- difficulty holding conversations and working in collaboration with others
- limited negotiation skills and challenges with solving social problems
- difficulty understanding social cues and reading body language/facial expressions
- difficulty sharing information with others verbally
- difficulty changing speech, and adapting behaviour to suit different social contexts
- limited understanding when meaning is implied but not explicitly stated through using inference and deduction.

It is expected that students with social communication difficulties will have most of their educational needs met within an appropriately differentiated classroom. They will benefit from access to social skills support programmes and may require support from school counsellors to manage anxiety levels and solve social problems.

#### 6. Autism spectrum disorder (Barriers with social interaction, communication and flexibility)

Autism spectrum disorder (ASD) is a complex developmental condition that involves persistent challenges in the areas of social interaction, communication, and restricted or repetitive behaviour/s.

Autism spectrum disorder – level 1

(Mild barriers with social interaction, communication and flexibility)

Students who consistently struggle to initiate appropriate social interactions and find it difficult to respond to others in an expected or successful manner may be diagnosed with an autism spectrum disorder (level 1).

Particular barriers with learning include:

- difficulty engaging with and contributing to conversation
- inflexible and rigid thinking and behaviour causing problems with organisation and planning
- difficulties in understanding abstract ideas and concepts
- limited ability to infer meaning from social cues, hints or hidden meaning in texts
- decreased interest in social interactions or activities which may impact on ability to form relationships with peers
- limited ability to identify and solve social problems.
- high levels of anxiety, which can affect behaviour, learning, and emotional wellbeing.

It is expected that most students who experience mild barriers with social



***Social, emotional  
and mental  
health***

interaction, communication and flexibility will have most of their educational needs met within an appropriately differentiated classroom. These students will benefit from an ‘autism friendly’ learning environment, and may require support from school counsellors to manage anxiety levels and solve social problems. They may also benefit from access to programmes to develop their social skills or behaviour related therapeutic support.

**Autism spectrum disorder – level 2**

(Moderate barriers with social interaction, communication and flexibility)

Students who experience significant and persistent difficulties initiating appropriate social interactions and find it difficult to respond to others in an expected or successful manner may be diagnosed with an autism spectrum disorder (level 2).

Particular barriers to learning include:

- rarely initiating or responding to social interactions voluntarily
- speaking only in simple sentences and limiting interactions to narrow personal interests
- unusual non-verbal communication
- significant difficulty coping with change
- restricted and/or repetitive behaviours which affect functioning in a variety of contexts.

Students who experience moderate barriers with social interaction, communication and flexibility are likely to require significant support to reduce (but not eliminate) the impact of their considerable challenges with verbal and non-verbal social communication skills. It is very likely that these students will require access to interventions that are ‘additional to’ or ‘different from’ the provision required by the majority of students’ needs within the typical classroom setting. This may involve a multi modal approach to educational provision, including: inclusive learning opportunities; a modified curriculum; specialist support services such as applied behaviour analysis and speech and language therapy.

It is expected that high quality, inclusive schools will develop the knowledge, understanding and skills required to develop provision that meets the needs of students who experience moderate barriers with social interaction, communication and flexibility



### Autism spectrum disorder – level 3

(Extremely complex barriers with social interaction, communication and flexibility)

Students who experience extremely complex barriers with verbal and non-verbal social communication skills may be diagnosed with autism spectrum disorder (level 3).

Particular barriers to learning may include:

- very limited range of recognisable speech or a complete absence of speech
- a dependence upon key visual symbols or sign language gestures to communicate
- limited interactions that are usually only made to get their personal needs met
- very inflexible behaviour and extreme difficulty and distress coping with change.

The challenges experienced by students who experience severe barriers with communication and interaction mean that they require access to very substantial and specialist support.

### 7. Psycho-emotional disorders (Emotional and psychological barriers)

#### a. Depression (Significant barriers with feeling positive and motivated)

Students who experience persistent feelings of hopelessness and inadequacy, typically accompanied by a lack of energy and interest in life, may be diagnosed with depression.

Particular barriers to learning may include:

- noticeable changes in their involvement and engagement in social activities
- loss of interest in school
- reduced/poor academic performance
- frequently feeling sad, tearful or crying
- persistent boredom and/or low energy
- social isolation
- poor communication
- extreme sensitivity to rejection or failure
- increased irritability
- anger, hostility or self-destructive behaviour.
- difficulty forming and/or maintaining relationships.



It is expected that most students who experience persistent and significant barriers with feeling positive and motivated will have most of their needs met within an appropriately differentiated classroom. Teachers should incorporate specific accommodations and support strategies within their teaching approaches. Students who experience persistent and significant barriers with feeling positive and motivated may make frequent complaints of physical illnesses such as headaches and stomach pains, and may have frequent absences from school.

Students who are disruptive at school may also be suffering from depression. However, because they may not always seem 'sad', parents and teachers may not realise that troublesome behaviour is a sign of depression. Consequently, it is important that schools carefully consider their monitoring of behaviour records and ensure that these students have access to school behaviour support and counselling services. These students may also be further supported through access to therapy and/or medical advice or treatment.

b. Bi-polar disorder (Signification and persistent barriers regulating mood)

Students who experience significant shifts in mood, energy, thinking, and behaviour; moving from experiencing highs of 'mania' on one extreme, to the lows of depression on the other, may be diagnosed with bi-polar disorder. More than just a fleeting good or bad mood, the cycles of bipolar disorder last for days, weeks, or months. Unlike ordinary mood swings, the mood changes of bipolar disorder are so intense that they interfere with the student's ability to function.

Particular barriers may include:

- daily and seasonal fluctuations in mood and energy (being more attentive to classwork at certain times and less attentive at others)
- being a perfectionistic and having difficulty in transition times during the school day
- appearing grumpy and very sleepy during the first half of the day due to disaffected sleeping patterns
- having difficulty interacting with peers because of poor social skills (being bossy and misperceiving the behaviours and intentions of others).

It is expected that most students who experience persistent and significant barriers with the regulation of mood will have most of their needs met within an appropriately differentiated classroom. Teachers should incorporate specific accommodations and



support strategies within their classroom practice. These students are likely to benefit from access to school counselling services and may require access to additional therapy and/or medical advice treatment.

c. Oppositional Defiance Disorder (Significant Barriers with being cooperative and staying calm)

Students who experience frequent and significant barriers to being cooperative and calm may be diagnosed with Oppositional Defiant Disorder (ODD).

Particular barriers to learning may include:

- uncooperative, defiant, and hostile patterns of behaviour, particularly toward authority figures
- frequent temper tantrums
- excessive arguing, especially with adults
- frequent questioning of rules/defiant behaviour
- blaming others for their mistakes or negative behaviour
- low levels of self-esteem and emotional resilience
- difficulty forming and sustaining positive relationships with both peers and adults; this may impact negatively upon their ability to reach their academic potential and puts them at risk of developing additional emotional health difficulties.

It is expected that most students who experience barriers with being cooperative and calm will have most of their needs met within an appropriately differentiated classroom. Teachers should incorporate specific accommodations and support strategies within their teaching approaches. These students are likely to benefit from access to school counselling and behaviour support services, and may be further supported through access to therapy and/or medical treatment.

d. Obsessive/Compulsive disorder (Barriers with managing thoughts and compulsions)

Students who experience barriers managing obsessions and compulsions may be diagnosed with obsessive/compulsive disorder. These students constantly experience unwanted thoughts, images or impulses that are difficult to suppress. This causes them great stress and worry (obsessions) and as a result, they display repetitive, ritualised actions in an effort to manage the anxiety they experience (compulsions).



Particular barriers to learning may include:

- sustaining attention and focus due to intrusive thoughts and difficulties focusing upon the task in hand
- struggling with the perfectionism of needing to do things the ‘correct’ way
- avoiding situations that they feel are ‘unhygienic’ to avoid ‘contamination’; they may not want to sit on the floor, or pick things up that touched the floor, or get their hands dirty
- unusual tapping and touching patterns which arise due to compulsions to repeatedly and persistently engage in unusual behaviour or in an effort to manage anxieties and cope with obsessive thoughts
- high levels of fatigue due to the effort of managing thoughts, feelings and anxiety.

It is expected that most students who experience significant barriers with the management of unwanted thoughts and compulsions will have most of their needs met within an appropriately differentiated classroom. They are likely to require additional support from school counselling services and may require further supported through access to therapy and/or medical treatment.

e. Post-traumatic stress disorder (PTSD) (Barriers dealing with trauma and arousal)

Students who experience, witness or hear about a traumatic event may be severely and intensely affected emotionally, socially and/or physically. These students may experience barriers with dealing with trauma and arousal and may be diagnosed with post-traumatic stress disorder.

Particular barriers to learning may include:

- repeatedly displaying themes of the trauma in play, writing or drawing
- avoiding situations or things that remind them of the trauma
- decreased interest in activities and difficulties concentrating
- fearfulness, sadness, irritability, anger or aggression
- ‘shutting down’, with ‘emotional numbing’ or detachment from others
- decline in academic performance and impairments in social functioning
- becoming withdrawn from teachers and friends and/or increased school absences
- physical symptoms such as headaches and stomach-aches
- being easily startled, for example when hearing sudden, loud noises
- being frequently ‘on alert’, hyper-vigilant or ‘wound up’
- telling stories of nightmares or vivid memories related to the trauma



***Physical, sensory  
and medical***

- difficulty sleeping resulting in irritability at school.

It is expected that most students who experience significant barriers in dealing with trauma and arousal will have most of their needs met within an appropriately differentiated classroom. Teachers should incorporate specific accommodations and support strategies within their teaching approaches. These students are likely to benefit from access to school counselling and behaviour support services, and may be further supported through access to therapy and/or medical treatment.

8. Attention Deficit and Hyperactivity Disorder (Barriers with attention and self-regulation)

ADHD – inattentive type

(Barriers with maintaining focus and attention)

Some students who experience significant barriers with maintaining attention and focus may be identified with the inattentive type of ADHD. Students with this type of ADHD are likely to be less disruptive and active in the classroom than those who have the hyperactive-impulsive type.

Particular barriers to learning may include:

- difficulties following routine tasks – has to be constantly reminded about routines because they appear to have forgotten
- difficulties with completing tasks even when motivated and engaged
- difficulties in paying attention during teacher-talk, resulting in mistakes when completing tasks
- difficulty sustaining concentration
- actively avoiding tasks which require sustained concentration and thought
- difficulties with organising their thoughts and following a sequenced plan for action
- a dislike for and actively avoiding tasks which require sustained concentration and thought
- difficulty in following instructions and may appear as if they are day dreaming.

It is expected that most students who experience significant barriers in maintaining focus and attention will have most of their needs met within an appropriately differentiated classroom. Teachers should incorporate specific accommodations





and support strategies within their teaching approaches. These students are likely to benefit from access to school counselling and behaviour support services, and require support through access to therapy and/or medical treatment.

#### ADHD – hyperactive type

(Barriers with managing hyperactivity and impulsivity)

Some students who experience significant barriers with managing hyperactivity and impulsivity may be identified with the hyperactive type of ADHD.

Particular barriers to learning may include:

- frequently fidget and find it difficult to sit still; constantly leaving their seat
- difficult to complete quiet tasks (such as reading)
- talk at a rapid pace, blurting out comments at inappropriate times or interrupting conversations or speaking out of turn
- extreme amounts of energy
- difficulty waiting for a turn or standing in line
- difficulty with self-management and organisation.

It is expected that most students who experience significant barriers when managing hyperactivity and impulsivity will have most of their needs met within an appropriately differentiated classroom. Teachers should incorporate specific accommodations and support strategies within their teaching approaches. These students are likely to benefit from access to school counselling and behaviour support services, and may require further support through access to therapy and/or medical treatment.

#### ADHD - combined type

(Barriers with focusing attention and managing hyperactivity)

Students who experience considerable barriers with attention and managing hyperactivity may be identified with the combined type of ADHD. They will display a combination of behaviours described for both the inattentive, and hyperactive types of ADHD (above).



### Sensory impairments (Barriers with using the senses)

A sensory impairment refers to a loss of vision or hearing that cannot be corrected by using lenses or through devices such as hearing aids.

#### a. Visual impairment (Barriers with vision)

Students who experience barriers with vision that is not corrected by using lenses may be diagnosed with a visual impairment.

Particular barriers to learning include:

- difficulty accessing or reading printed or written words, diagrams or images
- poor writing skills
- clumsy movement and challenges moving around safely in the classroom and around the school
- underdeveloped social skills as a result of not being able to respond to visual cues
- disordered motor skill development as a result of limited motivation to move toward that which cannot be seen or inhibition to move for fear of the unknown.
- poor hand-eye coordination
- under developed conceptual understanding as a result of limited developmental opportunities for exploration with the environment, resources and materials
- restricted language development as a result of restricted opportunities for active interaction with others
- limited independence in life skills as a result of restricted incidental learning through observation
- reduced ability to engage in typically expected activities alongside typically developing peers may also restrict a student's self-esteem and emotional resilience
- under-developed organisational skills.

Barriers with vision will occur across the range of intellectual abilities and associated difficulties are in a continuum that ranges from mild to severe. It is expected that many students who experience significant barriers with vision will have most of their needs met within an appropriately differentiated classroom. They will also require monitoring and support from counselling services. Teachers should ensure that the classroom is designed and managed in a way that ensures the student's health and safety. This may include the provision of personal assistance and providing access to



assistive devices and/or technological support. Schools who provide placements for students with more significant barriers with vision are likely to require support from specialist teachers and/or advisory services.

b. Hearing impairment (Barriers with hearing)

Hearing impairment, whether permanent or fluctuating, may be identified when it adversely affects a student's educational performance. Typically, hearing loss is categorised as slight, mild, moderate, severe or profound, depending on how well an individual can hear the frequencies that are commonly associated with speech.

Particular barriers to learning include:

- delay in the development of receptive and expressive communication skills (speech and language)
- learning problems that result in reduced academic achievement
- limited vocabulary which in turn may affect their reading ability
- difficulty understanding verbal and written mathematical problems, due to a need attempt to simplify these by converting them into understandable linguistic forms
- restricted ability to focus partial hearing when exposed to background noise or poor acoustics
- difficulty hearing their own voices when they speak. They may speak too loudly or not loud enough and may sound like they are mumbling because of poor tone, inflection, or rate of speaking
- difficulty hearing word endings such as -s or ed, leading to misunderstandings and misuse of verb tense and pluralisation
- understanding and writing complex sentences resulting in weaker comprehension and production of shorter and simpler sentences
- difficulties understanding words with multiple meanings. For example, the word 'bank' can mean the edge of a stream or a place where we put money
- experiencing feelings of isolation.

Barriers with hearing will occur across the range of intellectual abilities and associated difficulties are in a continuum that ranges from mild to severe. It is expected that many students who experience significant barriers with hearing will have most of their needs met within an appropriately differentiated classroom. They will also require monitoring and support from counselling services. Teachers should



incorporate specific accommodations and support strategies within their approaches to teaching and management of the classroom to ensure beneficial acoustics and the optimal positioning of the teacher. Schools who provide placements for students with more significant barriers with hearing are likely to require support from specialist teachers and/or advisory services and embed assistive systems of communication.

c. Deaf-blind (Barriers with seeing and hearing)

Deaf/blindness is a combination of sight and hearing loss and is sometimes called dual-sensory impairment.

Usually, affected students will not experience a complete absence of hearing or vision, but both senses will be reduced enough to cause difficulties with everyday activities. An individual who is deafblind is likely to require significant and substantial specialist support, need support to ensure mobility, use alternative and augmentative communication system and require access to adaptive technology and equipment.

d. Physical disability (Barriers with physical movement)

The key issue to be considered when identifying a physical disability is mobility; the ability of a person to move around in their environment. Physical disability ranges from mild to severe and for some students mobility is significantly impaired. Some specific examples include muscular dystrophy, cerebral palsy or spina bifida.

d.1 Muscular dystrophy (Barriers with muscle size and strength)

Students who experience barriers relating to serious muscle wasting or weakness may be diagnosed with muscular dystrophy.

Particular barriers to learning may include:

- muscle weakness in the hips, pelvis, and legs may cause the student to have difficulty standing, sitting and walking
- difficulties moving around safely as a result of an unsteady gait; they may appear clumsy and be prone to falling over
- difficulty expressing complex feelings related to their condition and may behave in an angry, frustrated, stubborn or withdrawn manner
- muscle weakness and fatigue can make it difficult for students to keep up with the physical demands of handwriting, completing assignments and organising materials
- depression and anxiety, as a result of their deteriorating conditions, may become



apparent in a few ways: lethargy, withdrawal, irritability, lack of interest and poor academic performance

- quiet voices due to the weakness of their respiratory and upper airway muscles.

It is expected that many students who experience barriers relating to muscle wasting and weakness will have many of their needs met within an appropriately differentiated classroom. The classroom and wider school environment should enable the student's full, safe and accessible engagement in learning activities and in the life of the school. The student may require personal support to assist mobility or enable access to assistive devices. Specialist interventions such as occupational or physiotherapy are likely to be particularly important. The impact of related health conditions may lead to higher than typical school absence rates; school should work closely with the parents to development additional home/school learning options.

#### d.2. Cerebral Palsy (Barriers with posture, movement and coordination)

Students who experience serious barriers with their posture, balance and ability to move, communicate, eat, sleep and learn may be diagnosed with cerebral palsy. Those affected may experience uncontrolled or unpredictable movements, muscles can be stiff, weak or tight and in some cases, have shaky movements or tremors.

Particular barriers to learning may include:

- difficulty standing, sitting and walking due to variations in muscle tone, such as being either too stiff or too floppy
- communication difficulties as a result of limited coordination of the muscles around the mouth, tongue and those required for breathing
- motor planning difficulties (organisation and sequencing movement)
- perceptual and language difficulties; which can impact on literacy, numeracy and other classroom skills and activities
- difficulties in fine motor and gross motor coordination and communication
- short attention span and fatigue
- fatigue as a result of sustained concentration for movement and the sequencing of actions
- epilepsy - seizures can affect speech, intellectual and physical functioning
- general barriers with learning (intellectual disability).

It is expected that many students who experience barriers with posture, movement and



coordination will have many of their needs met within an appropriately differentiated classroom. The classroom and wider school environment should enable the student's full, safe and accessible engagement in learning activities and in the life of the school. The student may require personal support to assist mobility or access to assistive devices. Specialist interventions such as occupational or physiotherapy are likely to be particularly important. Medical interventions, such as corrective surgery, may lead to higher than typical school absence rates; the school should work closely with the parents to develop additional home/school learning options.

#### d.3. Spina Bifida (Barriers with leg movement)

Students with spina bifida may experience a range of difficulties in their use of their legs and spine because of weak muscles and associated nerve damage. These problems may include a curved spine (scoliosis), abnormal growth or dislocation of the hip, bone and joint deformities, muscle contractures and other orthopaedic concerns.

Particular barriers to learning may include:

- motor problems: the ability to move, use tools, read and write
- difficulty with concentration and as a result may struggle to keep pace in class
- appearing fidgety and impulsive and struggling to organise themselves
- difficulty making decisions
- fluid build-up in the brain causing seizures
- problems with vision
- general learning difficulties.

It is expected that many students who experience significant barriers with walking and mobility will have many of their needs met within an appropriately differentiated classroom. The classroom and wider school environment should enable the student's full, safe and accessible engagement in learning activities and in the life of the school. The student may require personal support to assist mobility or access to assistive devices. Specialist interventions such as occupational or physiotherapy are likely to be particularly important. The impact of related health conditions may lead to higher than typical school absence rates; the school should work closely with the parents to develop additional home/school learning options.

#### 12. Chronic or acute medical conditions (medical barriers)

Students with chronic or acute medical needs will experience significant barriers to



learning because of reduced strength, alertness, stamina or concentration and they are identified as having a special educational need. Examples of chronic or acute health problems include heart defects, epilepsy, cancer or brain tumour. Particular barriers to learning may include:

- short attention span
- high levels of fatigue,
- slowness in response,
- reduced motor coordination and control
- slowed speech
- reduced comprehension
- reduced stamina and ability to persevere.

It is expected that most students with acute medical conditions will have most of their needs met within an appropriately differentiated classroom. Some students will experience chronic pain because of their condition and/or will take high doses of medications that may have additional side effects such as nausea or drowsiness. It is likely that the student's learning experiences will be interrupted due to necessary frequent absences from school due to hospitalisation/medical needs. The school should accommodate this and take steps to reduce the impact of such on the student's learning and outcomes.

**Standards:** Standards laid by Dubai Inclusion policy framework (DIPFr)

**Giftedness:** 'a student who is in possession of untrained and spontaneously-expressed exceptional natural ability in one or more domain of human ability.' These domains will include intellectual, creative, social, physical abilities.

**Talented:** 'a student who has been able to transform their 'giftedness' into exceptional performance'. Talented students will always demonstrate exceptional levels of competence in the specific domains of human ability.

**High Ability Student:** A student who might be gifted and/or talented in academics or in co-curricular activities.

**Individualized Educational Plan/Program:** is continuous process that changes the regular prescribed curriculum and/or any learning task by modifying or adapting it in terms of the content or delivery of instruction to meet the learning requirements of students with learning difficulties including children with disabilities.

**Group Remedial Program:** A group of students recognized on the basis of academic





|                                   |   |
|-----------------------------------|---|
|                                   | <p>requirements and/or any learning tasks needs differentiated delivery of instructions to meet the classroom standards.</p> <p>*Note: The above definitions are taken from KHDA “revised categories” of barriers of students of determination.</p>   |
| <b><i>Aims and Objectives</i></b> | Refer the sub-heading “Purpose”   |
| <b><i>Admission of SoD</i></b>    | <p>At The Central School, Dubai, we adhere to the Federal Law 29 (2006) and Law no 2 (2014) and Right to Education (RTE), 2009 regarding the education and outcomes of individuals with Special Educational Needs and Disabilities.</p> <p>Applicants with special educational needs are assessed by the school’s Head of Inclusion. The Principal along with the Head of Inclusion and the HoS discusses the need of the student with the parent and they agree upon the placement and accommodations required.</p> <p>Parents are encouraged have an interview with the Head of Inclusion for case history recording at the time of admission and provide all old and as well as new medical and developmental/psychological records. During the interview the child will be assessed on developmental/intellectual and educational assessments. The reports will be submitted during the interview is purely for the identification and early intervention and to ensure that the student is taken care of at the entry point.</p> <p>Students who experience SEND will receive “sibling priority” for admission.</p> <p>Please refer to the following table for age of admission as directed by KHDA and the exemption for Students of Determination</p> <p>Exemption: The SEND students are recommended to join their peers otherwise only 2 years gap is allowed.</p> |



| Age of the students as on December 31 for schools beginning in September and as on July 31 for schools beginning in April |                  |  |             |             |
|---|------------------|--|-------------|-------------|
| Level   | Grade/Year       | Minimum age<br>(for students coming from outside UAE -<br>with transfer certificate) | Minimum Age | Maximum age |
| A   | Pre-KG/FS 1      |  | 3           | 4           |
| B   | KG 1/FS 2        |  | 4           | 5           |
| C   | KG 2/Year 1      |  | 5           | 6           |
| D   | Grade 1/Year 2   |  | 6           | 8           |
| E   | Grade 2/Year 3   | 6  | 7           | 9           |
| F   | Grade 3/Year 4   | 7  | 8           | 10          |
| G   | Grade 4/Year 5   | 8  | 9           | 11          |
| H   | Grade 5/Year 6   | 9  | 10          | 12          |
| I   | Grade 6/Year 7   | 10   | 11          | 13          |
| J   | Grade 7/Year 8   | 11   | 12          | 14          |
| K   | Grade 8/Year 9   | 12   | 13          | 15          |
| L   | Grade 9/Year 10  | 13   | 14          | 17          |
| M   | Grade 10/Year 11 | 14   | 15          | 18          |
| N   | Grade 11/Year 12 | 15   | 16          | 19          |
| O   | Grade 12/Year 13 | 16   | 17          | 20          |

DEIW recommends Learning Support Assistant (LSA) for the management of the child in the classroom.

**Wave Policy:  
Identification  
and Assessment**

Standard-1 of DIPFr: ‘special educational need’ does not define the student. It is a need for action to be taken by the school. As soon as identification is done, the child is followed by intervention who may have special education needs. According to the wave policy, students are classified into:

**Wave 1** – classroom teacher responds to a child’s learning needs. The child is closely monitored and work is differentiated within the class. This could include a teacher aide working in the classroom with a small group or with an individual child. Teachers differentiate their lessons within their lesson planning, through provision maps, parent meetings and children’s personal classroom targets. Intervention provided, if any, within the classroom.

**Wave 2** – conditions of eligibility:

1. Any student who is scoring “D” grade in internal assessment and/or scoring “E” in at least one subject in core subjects (English, Math, Science, Social (UAE/Indian) and/or Arabic) needs additional support.
2. The student, on standard Intellectual Assessment, may have average IQ.



3. CAT-4 results: Extreme spatial and/or verbal bias

Such student will be provided with Group Intervention Program (GRP) and this provision goes beyond the “regular” classroom. This may also possibly involve some external assessment and possible cost of support such as withdrawal for remedial sessions in small groups to support literacy and/or mathematics with the DEIW staff or in super study period with the subject teacher.

**Wave 3 – conditions of eligibility:**

1. Any student who is scoring “E” in more than one subject in core subjects (English, Math, Science, Social (UAE/Indian) and/or Arabic) and/or
2. Having sub-average intelligence on standard Intellectual Assessment
3. CAT-4 results: Low even bias

**Gifted and Talented: Conditions of eligibility**

1. Superior intelligence on standard IQ tests (above 110 to 130 = talented and 130< gifted)
2. CAT4= High even bias and/or



School: Test School

Group: Year 7

Date of test: 13/09/2019

Level: D

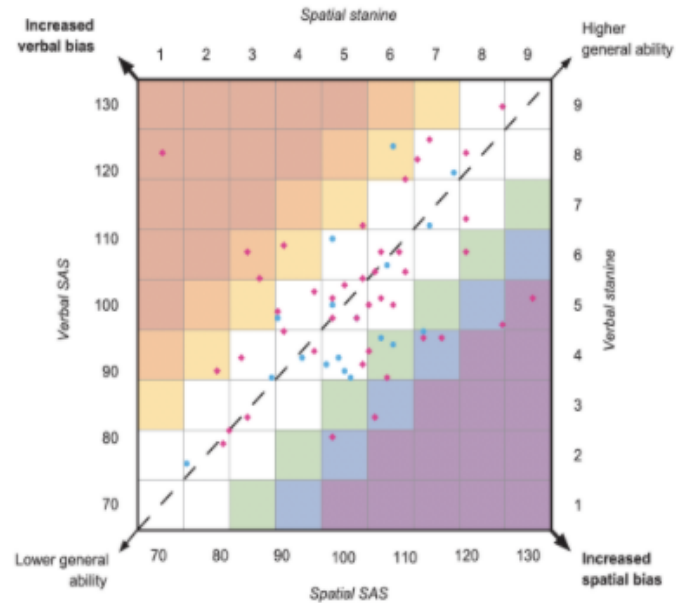
No. of students: 60

### Student profiles

The analysis of CAT4 scores allows all students to be assigned a profile; that is they are assigned to one of seven broad descriptions of their preferences for learning. The Verbal Reasoning and Spatial Ability Batteries form the basis of this analysis and the profiles are expressed as a mild, moderate or extreme bias for verbal or spatial learning or, where no bias is discernable (that is, when scores on both batteries are similar), as an even profile.

The diagram shows the distribution of students across the seven profiles which are indicated by the coloured bands.

- Extreme verbal bias
- Moderate verbal bias
- Mild verbal bias
- No bias
- Mild spatial bias
- Moderate spatial bias
- Extreme spatial bias
- Males
- Females



Such student, if need be so, will be referred to for additional support/assessment from outside agency specialists such as speech therapists, occupational therapists or psychologists and/or any child who requires a one-to-one Learning Support Assistant in order to access the curriculum. The student registered in Wave-3 list will not be detained in any of the grades, however she/he will be registered under the provisions of CBSE-provisions and exemptions for persons with disabilities.

The child would have an Individualized Educational Program (IEP)/ Advanced Learning Plan (ALP). They may be withdrawn from lessons for remedial sessions or specialist therapist support on a one-to-one or small group basis.

The Students in Wave-3 category will be provided with curriculum adaptation in the form of accommodations or modifications where ever applicable.

The students in Phase-1 and Phase-2 will be provided with differentiated paper according



to the IEP and for Phase-3 and Phase-4 they shall be supported on the basis of CBSE provisions and concessions with parents' consent.

If need be they will be encouraged to apply for Arabic language exemptions with parents' consent.

The students will be exited from the individualized services if:

1. Teacher is presented with sufficient evidence of improvement (approaching expectations)
2. In internal assessment the student should be scoring "B" on differentiated question paper.
3. DEIW phase-wise coordinator is monitoring the progress

***Process of Identification and Assessment***

DEIW-TCS recognizes the developmental factor and has introduced two identification checklists

1. Screening and Identification Kindergarten (Phase-1) - 27 items – forced choice
2. Early Identification and screening Checklist (Phase 2, 3 & 4) – 22 items- forced choice
3. Internal Assessment scores → Summative and Periodic tests.

Teachers are required to observe the classroom behaviors of their classes for at least two months before reporting to the DEIW. The above mentioned checklists are assessed in the form of Google forms.

Students who are scoring more than 10 are considered to be Wave-3 and more than 5 are considered to be in Wave-2. However, this is contingent; we might proceed with intervention process IEP.

Students who are identified are then assessed on Psycho-educational testing for differential diagnosis and to rule out intellectual disability.

There would be 4 cycles of IEPs considering every quarter of the academic year. However, one month in every quarter will be window period, where academic assessments might precede the intervention program. For every cycle the preceding assessments would become the screening. This would give the DEIW a clear monitoring



of progress and maintenance of the residual abilities in children of determination. This will also help the teacher to observe the performance of the child and upon improvement they may exit the child from the intervention program.

In the case of gifted and talented, DEIW-TCS defines these terms under one umbrella terms as “high ability” students. The identification process is through a behavioral checklist for high ability students. The checklist consists of 5 domains namely: Learning Characteristics; Math and Science Ability; Creativity; Leadership; Motivation Characteristics with Likert 6-point scale.

Assessment of academics: NIMSALT  
Internal academic assessment  
GL Assessment  
ASSET  
CAT4

Psychological Assessments: Standard Progressive Matrices (SPM)  
Colored Progressive Matrices (CPM)  
Binet-Kamat Test of Intelligence (BKT)  
Seguine Form Board (SFB)

Behavioral Assessments: Indian Scales for Assessment of Autism (ISAA)  
CARS  
Vanderbilt Teacher Checklist for ADHD (Teachers)  
Emotional self-awareness scale.  
Behavioral checklist for G&T (Teachers)

Developmental Assessments: Developmental Screening Test (DST)  
Vineland Social Maturity Scales (VSMS)  
Gessell’s Drawing Test (GDT)

### Guidelines

1. Law No. (2) of 2014 Concerning Protection of the Rights of Persons with Disabilities in the Emirate of Dubai
2. General Rules for the Provision of Special Education Programs and Services (Public & Private Schools), United Arab Emirates.  
<https://www.moe.gov.ae/English/SiteDocuments/Rules/SNrulesEn.pdf>
3. CBSE Child protection policy.
4. DEIW\_Child protection and safeguarding policy\_22-23
5. DEIW\_Dicipline Policy\_22-23
6. DEIW\_Happiness and Wellbeing Policy\_22-23
7. DEIW\_Speech and Language Therapy Policy\_22-23
8. DEIW\_ADHP-22-23
9. DEIW\_Policy against malpractice\_22-23
10. Executive Council Resolution No.(2)of2017 Regulating Private Schools In the Emirate Of Dubai
11. Dubai Inclusive Education Policy Framework, 2017
12. National Educational policy (NEP), 2020



|   |  |
|---|--|
|   |  |
| <b>Confidentiality and Record Keeping</b> | <p>Along with the framework laid down according to the Executive Council Resolution No. (2) of 2017.</p> <p>The following are exceptions:</p> <ol style="list-style-type: none"><li>1. When the life of the client is at risk</li><li>2. When reporting in regard to professional reference</li><li>3. Parents who need to be informed</li><li>4. Self-injurious behavior</li><li>5. Current medical/mental status of the client/counselee</li></ol> <p>IEPs, Phase wise progress reports.</p>   |
| <b>Provisions provided</b>                | <p>The DEIW works across the whole school to promote inclusion for all children through:</p> <ol style="list-style-type: none"><li>1. Literacy and Numeracy Interventions</li><li>2. Behavioral Management strategies</li><li>3. Learning Support Assistants</li><li>4. English Language Learners</li><li>5. Assessment, recommendations and processing for CBSE provisions and benefits for persons with disabilities according to PWD Act, 2016.</li><li>6. Gifted and Talented projects.</li><li>7. Psychological assessments for staff and students.</li></ol> |
| <b>Inclusion Support Team</b>             | <p>We recognize that in order for pupils with special needs to progress, a key issue is “partnership”. DEIW works together with others to promote inclusion for all children. The inclusion support team includes:</p>   |





|                              |  |
|------------------------------|--|
|                              | <p>Principal/Governer<br/>Head of Inclusion/ Inclusion Champion<br/>Phase wise DEIW Coordinator<br/>LSA<br/>School medical office<br/>External agencies</p>  |
| <b>Monitoring and review</b> | <p>The DEIW monitors the movement students of determination within the system in school. The department functions effectively with a detailed Action Plan (Please see appendix 3.) providing a regular summary of the impact of the policy on the practice of the school.</p> <p>The department is also instrumental in providing strategies to teachers and supporting all involved in drawing up and carrying out Individual Learning Plans for the determined students.</p> |
| <b>Ethics</b>                | <p><b>DEIW will act according to the code laid down by <a href="#">DHA</a>.</b></p>  |
| <b>Date:</b><br>22.04.22     | <p><b>Written by</b><br/><b>S.R. Joshi</b><br/><b>Inclusion Champion</b><br/><b>Department of Empowerment to Inclusion and Well-being</b></p> <p><b>Checked by: <i>Seem Umar, Vice Principal</i></b></p> <p style="text-align: right;"><i>Signature of Principal</i></p>   |