



**St Michael's**  
Lutheran Primary School

## Learning Support Policy

Adopted by St Michael's School Council  
February 2014



## Contents

1	St Michael's mission statement	3
2	IB learner profile	3
3	Introduction	4
4	Access to the curriculum	4
5	Four principles of good practice	6
6	St Michael's learning support	6
7	Learning support procedure	7
8	Documentation	8
9	Instructional support team	8
10	Individual learning plan	9
11	Appendix – glossary of terms	10

## 1. St Michael's Mission Statement



## 2. IB learner profile

Students in IB World Schools come from a variety of backgrounds and will exhibit a range of learning profiles supported by the IB's approaches to teaching and learning. IB learners strive to be:

Inquirers	We nurture our curiosity, developing skills for inquiry and research. We know how to learn independently and with others. We learn with enthusiasm and sustain our love of learning throughout life.
Knowledgeable	We develop and use conceptual understanding, exploring knowledge across a range of disciplines. We engage with issues and ideas that have local and global significance.
Thinkers	We use critical and creative thinking skills to analyse and take responsible action on complex problems. We exercise initiative in making reasoned, ethical decisions.
Communicators	We express ourselves confidently and creatively in more than one language and in many ways. We collaborate effectively, listening carefully to the perspectives of other individuals and groups.
Principled	We act with integrity and honesty, with a strong sense of fairness and justice, and with respect for the dignity and rights of people everywhere. We take responsibility for our actions and their consequences.
Open-minded	We critically appreciate our own cultures and personal histories, as well as the values and traditions of others. We seek and evaluate a range of points of view, and we are willing to grow from the experience.
Caring	We show empathy, compassion and respect. We have a commitment to service, and we act to make a positive difference in the lives of others and in the world around us.
Risk-takers	We approach uncertainty with forethought and determination; we work independently and cooperatively to explore new ideas and innovative strategies. We are resourceful and resilient in the face of challenges and change.
Balanced	We understand the importance of balancing different aspects of our lives—intellectual, physical, spiritual and emotional—to achieve well-being for ourselves and others. We recognize our interdependence with other people and with the world in which we live.
Reflective	We thoughtfully consider the world and our own ideas and experience. We work to understand our strengths and weaknesses in order to support our learning and personal development.

### **3. Introduction**

At St. Michael's we cater for the wide spectrum of student learning needs along a continuum that encompasses cognitive, social, emotional and physical development. Acknowledgement of difference and diversity is essential when providing Christ-centred quality education. All students should receive meaningful and equitable access to the curriculum with an aim to develop all attributes of the learner profile. At St. Michael's, we aim to cater for all students' learning needs through identifying their learning style, scaffolding learning, differentiation and adjusting the curriculum to develop all students' potential. This requires collaborative planning involving teachers, parents and the student along the learning continuum.

At St. Michael's there is a commitment to early intervention. Therefore, we focus a great deal of our learning support resources towards identification of needs and remedial intervention in the early years. Starting with learning area content that aligns with students' chronological age, teachers:

- plan dignified teaching and learning programs that are respectful of the students' age
- develop rigorous teaching and learning programs that will challenge and engage the
- students
- ensure all students progress through the Australian Curriculum.

Personalising the teaching and learning program enables teachers to:

- select age-equivalent content that is meaningful and respects students' individual needs, strengths and interests
- use their knowledge of students' learning needs to make adjustments in relation to curriculum, instruction and/or environment to enable access to the teaching and learning program.

### **4. Access to the curriculum**

Students with disability have access to the same opportunities and choices in their education that are available to a student without disability. They are entitled to rigorous, relevant and engaging learning opportunities drawn from the Australian Curriculum and set in age-equivalent learning contexts.

Students will not necessarily have the same experiences but are entitled to equitable opportunities and choices to access age-equivalent content from all learning areas of the Australian Curriculum, although the way in which they access it and the focus of their learning may vary according to their individual learning needs, strengths, goals and interests.

#### **Inclusion**

Inclusion aims to increase access and engagement for all students by identifying and removing barriers. This requires collaboration, mutual respect, support and problem-solving between all stakeholders. Successful inclusion promotes successful educational outcomes in dynamic learning communities.

## **Learning diversity**

When accommodating for the special educational needs of learners within the International Baccalaureate programme, we acknowledge the work of Gardener on multiple intelligences and Sternberg's Triarchic model of thinking styles. These writers reinforce the notion that, as well as having the ability to do something differently, learners also have the ability to think differently, and to apply these thoughts in a different way to others in their cohort. Accordingly, teachers at St. Michael's need to be sensitive to diversity and flexible in their thinking in order to accommodate the differences in student performance.

In order to support teachers in meeting their obligations under the *Disability Standards for Education 2005* (Commonwealth of Australia, 2006) (the Standards) we ensure that all students with disability are able to participate in the Australian Curriculum on the same basis as their peers through rigorous, meaningful and dignified learning programs. The *Disability Discrimination Act 1992* and the Standards are intended to give students with disability the same rights as other students, including the right to education and training '*on the same basis*' as students without disability.

At St Michael's we meet our obligations under the Standards by giving consideration to '*reasonable adjustments*' to ensure that students with disability are provided with opportunities to participate in education and training on the same basis as students without disability. Before any adjustments are made, '*consultation*' takes place between the school, student and parents or carers.

## **Differentiation and adjustments**

Differentiated instruction can be demonstrated in a teacher's response to the diverse learning needs of a student. Differentiation is the process of identifying, with each learner, the most effective strategies for achieving agreed goals. (Tomlinson, 2008) Differentiation can help learners have access to the curriculum through relevant modifications and adjustments according to the needs of the individual, based on assessment which should be diverse and relevant to the learner. Teachers refer to the Australian Curriculum learning area content that aligns with their students' chronological age as the starting point in planning teaching and learning programs.

Teachers take account of the range of their students' current levels of learning, strengths, goals and interests and personalise learning where necessary through a range of adjustments to the teaching and learning program, according to individual learning need, by:

- drawing from learning area content at different levels along the Foundation to Year 10 sequence
- using the general capabilities and/or cross-curriculum priorities to adjust the learning focus of the age-equivalent learning area content
- aligning individual learning goals with age-equivalent learning area content
- teachers assess students' progress through the Australian Curriculum in relation to achievement standards
- some students' progress will be assessed in relation to their individual learning goals.

## **5. Four principles of good teaching practice**

At St. Michael's, we acknowledge four principles of good teaching practice that promote equal access to the curriculum for all learners across the continuum. These principles are based on elements of good practice that are essential to the development of the whole person.

### **Affirming identity and building self-esteem**

St Michael's promotes and provides a school environment which welcomes and embraces diversity of learners and cultural perspectives. We value collaboration with parents as essential to achieving this educational goal.

### **Valuing prior learning**

New learning and understanding is most effective when based upon teacher knowledge of a student's prior learning and current conceptual understanding. Psychologist Vygotsky (1978) describes a "zone of proximal development" which lies just beyond the zone of prior learning where students can work with support. It is only when a teacher has knowledge of a student's prior learning and current conceptual understanding that this "zone of proximal development" can be identified and meaningful learning can take place.

### **Scaffolding**

Scaffolding includes the use of graphic organisers, visual aids, demonstrations and dramatizations to support students to increase their independence as learners.

### **Extended learning**

St Michael's acknowledges the need for students to achieve their potential by combining high expectations with an environment which provides cognitively rich materials and experiences. Assistive technology and software may be valuable.

## **6. St Michael's learning support framework**

At St Michael's, we aim to meet the special educational needs of our students within the Response to Intervention model (RTI). RTI is designed to bring together information about a child's strengths and needs with evidence based instructional approaches that support the child's learning. It hinges on a collaborative approach that requires educators, parents and students to recognise and respond to individual needs of learners. Educators have to think about the child first and match the supports and services to the child's strengths and needs. This information is gathered through a range of inclusive assessments including pre-testing for prior knowledge, summative and formative assessments, in-school standardised testing, NAPLAN and external professional assessments (psychological, speech, occupational therapy, Autism Spectrum Disorder, etc.).

At St Michael's we aim to be proactive, not reactive. We believe in providing all students access to a rigorous standards-based curriculum and research based instruction. Intervening at the earliest indication of need is a necessary step to ensure student success.

Student results improve when on-going academic and behavioural performance data inform instructional decisions. Collaboration among educators, families and community members is the foundation for effective problem solving and instructional decision-making. Ongoing and meaningful family engagement increases successful outcomes for students.

A comprehensive system of four waves of intervention addresses the full range of student needs. The four waves of intervention complement and overlap one another. Students may move through them in a linear fashion or may spend time in one or two. They move across the four waves as their needs dictate. The four waves include the quality in-class educational programme, small group support, individual support and support provided by external agencies.

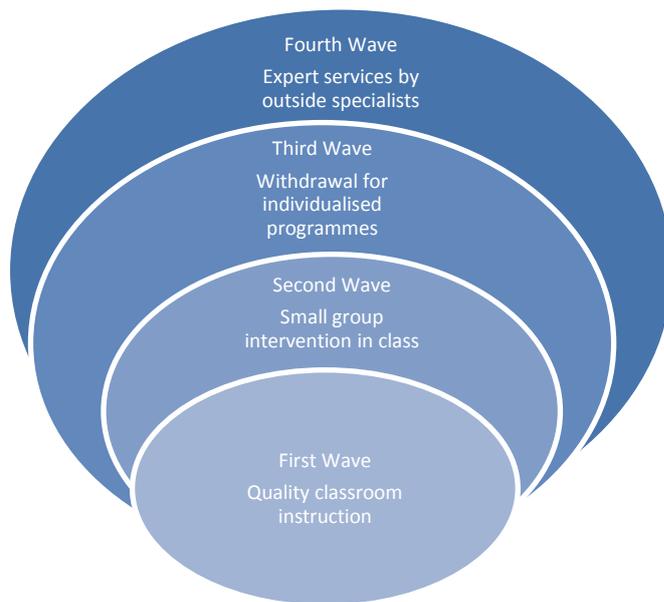


Figure 1 (Day, H, 2013); Four waves of intervention

## 7. Learning support procedure

### Response to Intervention

#### Wave One

The general education classroom offers a high quality learning environment that nurtures all children with a focus on high-end learning opportunities. The classroom teacher assesses individual student needs, identifies student needs, identifies targeted goals, monitors data on students' progress and uses this data to inform instructional strategies. The classroom teacher is responsible for support and differentiation.

#### Wave Two

Small groups work within the classroom where additional support is provided by the teacher working with the Learning Support Teacher/LSO.

#### Wave Three

More intense and individualised services are provided to meet the needs of the child and are documented in an Individual Learning Plan.

Programmes may include;

- Minilit/Multilit
- Morphographic Spelling Programme
- small group, short-term, intensive literacy/ numeracy intervention.

#### **Wave Four**

Expert services provided by outside agencies. These are accessed and paid for by parents and carers to provide for the individual student's needs and abilities. Services may be administered at school or off-site as negotiated by parents/caregivers. Professional services may include speech therapy, occupational therapy, literacy/numeracy tutors and are best organised in conjunction with the classroom teacher and learning support staff, particularly in the case of services from agencies such as Autism SA and Cora Barclay.

### **8. Documentation**

A Cause for Concern Form may be completed when a classroom teacher believes further intervention or a change in the school's response to a student's needs is required (e.g., moving to the next wave of intervention). Details of areas of concern and supporting evidence are documented. Each individual case is then considered at a meeting of the Instructional Support Team and a wave placement is determined.

Templates for individual learning plans and other relevant document are stored in S:\Forms and template originals. Individual student data, including psychologist and other external specialist reports, and individual learning plans and, are stored in T:\Learning support\AA Student files. Bi-annual standardised testing results and NAPLAN test results are stored in folders in the JP learning support office adjacent the Foundation classrooms.

### **9. The Instructional Support Team (IST)**

The IST provides a forum for collaborative problem-solving. The IST meets once each term in an effort to be proactive towards meeting the learning support needs of students. Teaching students is not solely the responsibility of the class teacher or the learning support teacher. A collaborative approach between all educators provides high quality instruction relevant to student needs. This team may consist of the following personnel:

- Principal
- Deputy Principal/PYP Coordinator
- Learning Support staff
- Community Carer
- Class teachers.

It should be noted that not all members of the team will attend each meeting. Attendance is determined on the issues to be discussed.

#### **Learning Support Staff**

Learning support staff play a key role in providing needed interventions with research-based direct instruction. They collaborate with all staff to promote understanding of:

- factors affecting students' learning
- how to best respond to a child's learning needs
- how to differentiate and match teaching approaches to student need
- assistive technology in the classroom
- the Individual Learning Plan.

## 10. The Individual Learning Plan

There are 4 categories of ILP – literacy, numeracy, behaviour and disability.

ILPs are established for students who:

- have a range of adjustments to enable their access to the curriculum
- have particular learning difficulties or significant learning delays as indicated by a psychology report or in-school standardised testing. A Cause for Concern form will have been completed by the classroom teacher.
- have a Performance IQ of 140+ as indicated by a psychological report
- display extreme behaviours
- have a disability that may hinder learning.

An ILP will contain:

- SMART goals for the student
- an indication of the adjusted year level standards at which the student is working within their zone of proximal development.

An ILP will be established by the class teacher with input from the student's parents, learning support teacher or other professionals where appropriate. Prior to the meeting with parents, the student's academic record and SMART goals will have been documented by the class teacher. The parents will then be invited to collaborate and review the ILP with a focus on their child's strengths, abilities, interests, confidence and motivation.

## 11. Appendix

### Glossary of terms

**ADD/ADHD:** While every student can sometimes be boisterous, excitable and inattentive, students with ADHD experience high levels of inattention and/or hyperactivity and impulsiveness at home, school and in the community. ADD refers to those students whose main challenge is that of inattentiveness. While research into the causes of ADHD and ADD remain inconclusive, they are considered to have a neurobiological basis and a student will have to meet a set of key criteria in order to be identified with ADHD or ADD.

**Autism:** A pervasive developmental disorder involving disturbances in cognition, interpersonal communication, social interactions and behaviours (in particular obsessional, ritualistic, stereotyped and rigid behaviours).

**CALD** (Culturally and Linguistically Diverse): Can refer to individual people, communities or populations who are Culturally and Linguistically Diverse.

**Cataract:** A cloudiness or opacity of the lens of the eye which may cause vision problems. Cataracts are typically associated with ageing but may occur at birth.

**Cerebral palsy:** A non-progressive movement disorder, resulting from an injury to the immature brain in a foetus or infant.

**Chronic:** Of lengthy duration or recurring frequently, often with progression seriousness.

**Cognitive Behaviour Therapy (CBT):** A short-term goal-oriented psychological treatment. The two guiding principles are that: how we behave (including how we feel) is learned through experience, and therefore may often be changed or unlearned; and thought processes directly impact on the person. The person is encouraged to examine their negative perceptions and interpretations of their experiences. They are also taught problem-solving techniques.

**Conduct disorder:** A repetitive and persistent pattern of aggressive or otherwise antisocial behaviour, usually recognised in childhood or adolescence.

**Depression:** A common mental disorder marked by persistent sadness, loss of interest or pleasure in activities, and by decreased energy. Often involves suicidal thoughts or self-blame. It is differentiated from normal mood changes by the extent of its severity, the symptoms and the duration of the disorder.

**Diagnosis:** A decision based on the recognition of clinically relevant symptomatology, the consideration of causes that may exclude a diagnosis of another condition, and the application of clinical judgement.

**Disability:** In the context of health experience, the International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environment and personal factors). In this survey a person has a disability if they report that they have a limitation,

restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. This includes:

- loss of sight (not corrected by glasses or contact lenses)
- loss of hearing where communication is restricted, or an aid to assist with, or substitute for, hearing is used
- speech difficulties
- shortness of breath or breathing difficulties causing restriction
- chronic or recurrent pain or discomfort causing restriction
- blackouts, fits, or loss of consciousness
- difficulty learning or understanding
- incomplete use of arms or fingers
- difficulty gripping or holding things
- incomplete use of feet or legs
- nervous or emotional condition causing restriction
- restriction in physical activities or in doing physical work
- disfigurement or deformity
- mental illness or condition requiring help or supervision
- long-term effects of head injury, stroke or other brain damage causing restriction
- receiving treatment or medication for any other long-term conditions or ailments and still restricted
- any other long-term conditions resulting in a restriction.

**Dyscalculia:** Despite the provision of appropriate learning opportunities, students with dyscalculia will experience persistent challenges when dealing with numbers. Dyscalculia is to mathematics what dyslexia is to literacy:

it is the general term used to describe a specific learning difficulty in mathematics. Significant difficulties will vary from student to student so that some students will be able to multiply but not divide and vice versa, and others may be able to do maths at a high level but find it difficult to subtract simple numbers. What is experienced as a success one day may appear to have been forgotten the following day. The challenges do not always reflect the student's cognitive abilities and students will display strengths in other areas.

**Dyslexia:** see SPELD SA/Information/FAQ Dyslexia

- Below is are the definitions on the 'Dyslexia Australia' website

The Oxford English Dictionary defines dyslexia as a disorder involving difficulty in learning to read words, letters and other symbols.

Dyslexia literally means 'trouble with words'. It is the term used to describe difficulties with spelling, writing and reading. The challenges can come in many different forms and are not limited to reversals of letters and words, a common misconception.

Definition used in Australia:

Dyslexia is the capacity to process information differently, enabling innovative thought and perception. It is characterised by a visual and experiential learning style. Methods using this learning style allow dyslexic people to realise their capabilities and minimise the negative impact commonly developed by conventional methods. (concept by C. Fraser. Wording by B. Baird and C. Fraser)

**Dyspraxia:** Developmental dyspraxia is best described as an immaturity in the way the brain processes information. This immaturity results in messages not being properly or fully transmitted and is associated with perception, language and thought, resulting in challenges with planning what to do and how to do it.

The material for this table has been reproduced with the kind permission of the Dyspraxia Foundation, [www.dyspraxiafoundation.org.uk](http://www.dyspraxiafoundation.org.uk).

**Early interventions:** Timely interventions which target people displaying the early signs and symptoms of a specific learning difficulty, mental health problem or a mental disorder. Early intervention also encompasses the early identification of patients suffering from a first episode of disorder.

**Epilepsy:** A tendency to have recurrent seizures (fits) indicating a disorder that arises in the brain or affects it secondarily, through a wide range of causes.

**Glaucoma:** An eye condition in which vision is impaired by raised pressure within the eye, resulting in damage to the optic nerve.

**Intellectual disability:** A type of disability that involves a deficit in cognitive ability (i.e., the brain is not working to its full age-appropriate capacity). The severity of an intellectual disability can range from minor to profound, and may be caused by genetic or environmental factors.

**Learning disability:** A disability grouping used to define persons with significant difficulty in the acquisition and use of listening, speaking, reading, writing, and/or mathematical skills.

**Mental health:** A state of emotional and social wellbeing in which the individual can cope with the normal stresses of life and achieve his or her potential.<sup>18</sup> It includes being able to work productively and contribute to community life. Mental health describes the capacity of individuals and groups to interact, inclusively and equitably, with one another and with their environment in ways that promote subjective wellbeing, and optimise opportunities for development and the use of mental abilities.<sup>5</sup> Mental health is not simply the absence of mental illness. Its measurement is complex and there is no widely accepted measurement approach to date. The strong historical association between the terms 'mental health' and 'mental illness' has led some to prefer the term emotional and social wellbeing, which also accords with holistic concepts of mental health held by Aboriginal peoples and Torres Strait Islanders and some other cultural groups, or alternatively, the term mental health and wellbeing.

Mental health problems may affect up to one in ten students in schools, and teachers are often the first to realize that a young person is in need of serious help. The emotional well-being of students and their good mental health is essential if students are to learn, develop and eventually become adults who can cope with life and its struggles. Mental health conditions include a wide range of conditions, including, but not limited to, schizophrenia, bipolar disorder, depression, conduct

disorder, self-harm, post-traumatic stress disorder, eating disorders, and obsessive compulsive disorder (OCD).

**Mobility:** Mobility comprises the following tasks:

- getting into or out of a bed or chair
- moving about the usual place of residence
- going to or getting around a place away from the usual residence
- walking 200 metres
- walking up and down stairs without a handrail
- bending and picking up an object from the floor
- using public transport.

The first three tasks contribute to the definitions of profound and severe core-activity limitation.

**Mobility:** The ability to move around the home or other environment, including the use of public transport and/or driving a vehicle.

**Physical disability:** A type of disability that involves conditions attributable to a physical cause, that impact on one's ability to perform physical activities. It includes the effects of paraplegia, quadraplegia, cerebral palsy, and spina bifida.

**Psychiatric disability:** A type of disability involving mental health conditions which have recognisable symptoms and behaviour patterns that impair personal and/or occupational/educational functioning. Examples include schizophrenia, depression and anxiety-related disorders.

**Sensory disability:** A type of disability related to one of the senses (e.g., hearing, sight, and speech).

**Speech disability:** A disability group encompassing loss of speech, impairment and/or difficulty in being understood.

**Stroke:** When an artery supplying blood to the brain suddenly becomes blocked or bleeds, often causing paralysis of parts of the body or speech problems.

**Visual disability:** A disability grouping that encompasses blindness and vision impairment which is not corrected by prescription glasses or contact lenses.

**Neuroplasticity:** The ability of the nervous system to change its structure and function.

**Language Disorder:** Language disorders or language impairments are disorders that involve the processing of linguistic information. Problems that may be experienced can involve grammar (syntax and/or morphology), semantics (meaning), or other aspects of language. These problems may be receptive (involving impaired language comprehension), expressive (involving language production), or a combination of both. Examples include specific language impairment and aphasia, among others. Language disorders can affect both spoken and written language, and can also affect sign language; typically, all forms of language will be impaired.

Note that these are distinct from speech disorders, which involve difficulty with the act of speech production, but not with language.