

A revised categorisation framework for students of determination (2019-20)

The accurate identification of students of determination and the development of provision that reduces the barriers they experience within their education is a central focus of the work of private schools in Dubai. The following information is provided to assist schools with this process:

- terminology and descriptors to support the identification of 'students of determination' while ensuring alignment with the 12 specific types of 'disability' included within the unified categorisation of 'disability' as provided by the ministry of education
- information about some of the barriers to learning that are experienced by students of determination
- practical reference to examples of strategies and tools that can guide schools to meet the needs of students who experience barriers to learning.

This information should be used by schools to:

- identify the category of 'disability' and the name of the specific 'condition, difficulty or disorder' that is assigned to each student of determination
- provide information as required by regulatory authorities
- promote effective planning for students of determination to reduce the barriers to learning that they may experience
- inform the development and implementation of processes and procedures for inclusive education improvement.

The identification of barriers to learning among students of determination should be conducted in parallel with their strengths and interests, so that schools can develop a more comprehensive understanding of their needs and abilities and implement a more personalised approach.

Students of determination

A student of determination is a student with a long-term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, restricts the student's full and effective participation in education on an equal basis with peers of the same age. Students of determination are identified through one or both of the procedures listed below:

- through the work of a specialist and/or a knowledgeable school team, as displaying almost all of the characteristics of a particular category of impairment, delay or disorder
- formally diagnosed by a qualified and licensed medical professional as having a long term difficulty, impairment or disorder.

Learning opportunities for students of determination will be restricted if they are exposed to attitudinal, social and environmental barriers. Schools have a duty to take action to reduce or remove these barriers to ensure that all students of determination can access education on an equitable basis with their mainstream peers.

Categories of disability and barriers to learning

The following framework is based upon the UAE unified categorisation of disability. It provides schools with an important structure to support the identification of students of determination.

Common barriers to learning	Categories of disability (aligned with the UAE unified categorisation of disability)
Cognition and learning	1. Intellectual disability (¹ including Intellectual disability - unspecified) 2. Specific learning disorders 3. Multiple disabilities 4. Developmental delay (younger than five years of age)
Communication and interaction	5. Communication disorders 6. Autism spectrum disorders
Social, emotional and mental health	7. Attention Deficit Hyper Activity disorder 8. Psycho - emotional disorders.
Physical, sensory and medical	9. Sensory impairment 10. Deaf-blind disability 11. Physical disability 12. ² Chronic or acute medical conditions

The following information expands upon each of the '**12 categories of disability**' (identified above). It provides specific examples of the different types of difficulties, conditions or disorders associated with each category and identifies some of the barriers to learning that may be experienced by students of determination.

This information provided should serve as a particularly important point of reference for schools. It will support the implementation of procedures to assess and identify the needs of students of determination and will promote the development of provision that maximises opportunities for learning and inclusive practice.

¹ **Intellectual disability (unspecified)** is identified as a distinct category within the UAE unified categorisation of disability. However, due to the common 'barriers to learning' experienced by students with 'intellectual disabilities' both are combined for use by schools.

² An additional category '**chronic or acute medical conditions**' has been added under 'physical, sensory and medical' to ensure a comprehensive coverage of student need.

Cognition and learning

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.

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.

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.

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
- lack of independence and reliance on others to satisfy basic needs such as feeding and toileting
- 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. Recognising that difficulty with self-expression does not diminish the student's communicative intent, schools must maximise 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.

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.

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.

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.

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.

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.

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.

Communication and interaction

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.

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.

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.

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.

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 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 ; the use of evidence-based approaches or augmented communication strategies such as Makaton sign language; the TEACCH approach, or picture exchange communication systems (PECS).

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.

Social, emotional and mental health

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

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.

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.

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.

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.

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
- 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).

Physical, sensory and medical

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.

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.

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.

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.

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.

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 develop additional home/school learning options.

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.

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.