



Examples of evidence to support a student's inclusion in the NCCD

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Contents

Evidence to support inclusion in the NCCD	3
Evidence of assessed individual needs of the student	3
Evidence that adjustments are being provided to the student to address their individual needs based on their disability	4
Evidence that adjustments provided to the student have been monitored and reviewed..	5
Evidence of consultation and collaboration with the student and/or parents, guardians and carers, and professionals	5

Evidence to support inclusion in the NCCD

When making decisions about reporting to the NCCD each year, schools must identify evidence about personalised adjustments and supports. The evidence identified must relate to the school context and the learning and support processes and practices that are in place to meet the individual needs of students with disability.

Schools will draw on evidence from across four key areas when making their decisions:

- assessed individual needs of the student
- adjustments being provided to the student to address the disability – this includes support provided within quality differentiated teaching practice
- ongoing monitoring and review of the adjustments
- consultation and collaboration with the student and/or parents, guardians and carers, and associates.

The list of evidence below provides examples of the types of evidence that could be gathered to demonstrate how a student is being supported at school. Evidence can cover broad areas of support and adjustments or smaller, context-specific supports or adjustments at a particular time or in a particular setting.

Evidence of assessed individual needs of the student

This evidence demonstrates that the student's needs for adjustment have been identified and arise from a disability. Evidence of this aspect can include:

- results of diagnostic or summative school and/or standardised assessments over time documenting an ongoing learning or socio-emotional need arising from a disability (eg continued and high level behaviour incidents, reading assessments or end-of-unit assessments)
- documentation of ongoing learning needs that have a limited response to targeted intervention over time and cannot be attributed to external factors, such as English as an additional language or dialect, socio-economic or non-disability related causes
- parental report of disability in conjunction with evidence of an assessed individual need
- specialist diagnoses or reports, for example from a medical practitioner such as a paediatrician, or other medical specialist such as a guidance officer/counsellor, speech pathologist or audiologist
- profiles or assessment reports that identify the functional needs of a student with disability.

Evidence that adjustments are being provided to the student to address their individual needs based on their disability

Teachers document adjustments in a number of ways. Evidence of the provision, frequency and intensity of adjustments can include:

- individualised/personalised learning planning (eg individual education plan, learning plan, curriculum plan, communication plan, behaviour plan, transition plan, or goals and strategies in program planning)
- adjustments to teaching noted on teacher unit, weekly or term planning
- adjusted timetable or staff timetables
- record of educational and/or social-emotional interventions provided
- therapy or disability-specific programs in place with an educational focus (eg orientation and mobility program)
- records of meetings to plan for adjustments with specialist staff (eg advisory visiting teachers, guidance officers/counsellors, psychologists, speech-language pathologists or physiotherapists)
- records of advice sought or conversations with the student or parent, guardian or carer
- adjustments or supports required in assessment settings
- adjustments to learning materials (eg alternative format, adjusted worksheets, reworded tasks)
- manual handling/personal care/health plans
- specific resources developed to support individualised learning (eg visual supports, augmentative and alternative communication supports, accessible materials)
- personalised organisational devices (eg diary use, pictorial sequences)
- documentation of environmental adjustments beyond those already in place in the school (eg personalised learning spaces, soundfield amplification systems)
- risk management plans for curriculum activities and for emergency situations (eg fire drills or medical emergencies).

Evidence that adjustments provided to the student have been monitored and reviewed

Documentation that may support school judgements about the monitoring and review of adjustments can include:

- records of meetings to review adjustments with parents, guardians or carers, and specialist staff, where appropriate
- an individual education plan with learning goals and interventions that have been regularly monitored and reviewed
- student progress data, which may include both formative and summative assessments
- progress or file notes by teacher, specialist staff or paraprofessionals
- behaviour documentation including observational records and monitoring data
- evidence of interventions provided over time, with monitoring of the effectiveness of the intervention and changes to intervention occurring as required
- health plan, provided by medical specialist, that is reviewed regularly.

Evidence of consultation and collaboration with the student and/or parents, guardians and carers, and professionals

Documentation is used to support school judgement that consultation and collaboration about adjustments has occurred. This can include:

- documented meetings, phone calls, conversations between school and parent, guardian or carer (minutes or notes)
- documented meetings, phone calls, conversations between school and allied health or other invested professionals
- documented student plans signed by parent, guardian, carer and/or student
- individualised/personalised learning planning (eg individual education plan, learning plan, curriculum plan, communication plan, behaviour plan, transition plan, or goals and strategies in program planning)
- record of formal parent–teacher interviews
- parent–teacher communication books
- emails between student and/or parents, guardians and carers, and professionals.