



# Moderation resource for schools

Version 2.0 | Updated 2019



# Acknowledgement

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**Prepared for:** Education Council Joint Working Group to Provide Advice on Reform for Students with Disability

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**Suggested citation:** Sharma, U., Arthur-Kelly, M., de Bruin, K., and Menagé, C. (2017). Nationally Consistent Collection of Data on School Students with Disability: Moderation resource for schools. 2nd edn. <https://www.nccd.edu.au>

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## Introduction

All schools in Australia participate annually in the Nationally Consistent Collection of Data on School Students with Disability (NCCD). Through this process, data is collected about students across Australia who receive an adjustment to participate in education because of disability. The NCCD relies on the professional judgement of principals, teachers and other school staff about the level of adjustments<sup>1</sup> provided to students with disability to access and participate in education on the same basis as other students, as well as their broad category of disability. This is consistent with the obligations of all schools under the *Disability Discrimination Act 1992* (DDA) and the Disability Standards for Education 2005 (the Standards).

All schools across Australia have been required to participate in the NCCD since 2015. The purpose of this resource is to assist schools in undertaking within-school moderation to support them in making consistent and reliable decisions about students' level of adjustment and category of disability. This may be used to inform policy decisions about how to best support students with disability. The moderation resource should be used in conjunction with the current [NCCD guidelines](#)<sup>2</sup>.

This resource has three parts.

- **Part A:** Understanding moderation and key principles – a general overview of moderation, suggested membership of the moderation team and advice on the best time to moderate.
- **Part B:** NCCD moderation process – a sample moderation process that a school might use to undertake moderation.
- **Part C:** Reference material – links to key resources that schools should refer to during the process of moderation to improve the consistency and reliability of their data.

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<sup>1</sup> 'An adjustment is a measure or action taken to assist a student with disability to participate in education and training on the same basis as other students. An adjustment is reasonable if it achieves this purpose while taking into account the student's learning needs and balancing the interests of all parties affected, including those of the student with disability, the education provider, staff and other students' (DET, n.d., p2) 'Adjustment' means one of: support provided within quality differentiated teaching practice; supplementary adjustments; substantial adjustments; or extensive adjustments, as defined in the *NCCD guidelines* (<https://www.education.gov.au/nationally-consistent-collection-data-students-disability-guidelines>).

<sup>2</sup> [https://www.nccd.edu.au/sites/default/files/nccd\\_guidelines.pdf](https://www.nccd.edu.au/sites/default/files/nccd_guidelines.pdf)

# Part A: Understanding moderation and key principles

## A.1. What is moderation?

Moderation is one of the most important tools that teachers use to align professional judgements about student achievement. When undertaking moderation, teachers engage in professional conversations and calibrate their judgements by selecting and reviewing a sample of student work or other student data. The moderation process enables teachers to develop a shared understanding of curriculum and student achievement and enhances fairness and consistency in teacher judgements.

The NCCD moderation process can be understood as an extension of existing school moderation practices. When moderating school-based decisions for the NCCD, teachers engage in professional dialogue about students' level of adjustment and category of disability to make decisions that are consistent, reliable and defensible. Professional dialogue is characterised by interactions that are collegial (eg value the input of all), respectful (eg resolve differences in a professional manner) and draw on evidence (eg informed by data to support decision-making). Collegial discussions throughout the school year can enable school staff to learn from one another when identifying and making decisions about appropriate support for their students. This in turn validates decisions about the NCCD and reduces variability in data reported.

In the NCCD moderation process, staff review all evidence and build a shared understanding of:

- the **level of adjustment** being provided for each student to meet the identified educational needs arising from their disability
- the **broad category of disability** for which support is provided.

The NCCD captures the ongoing work undertaken by teachers and school staff throughout the year in providing personalised learning and support for students with disability. It reflects the valuable knowledge teachers acquire about students' educational needs and the decisions they make about how these needs can be best supported.

## A.2. Why moderate for the NCCD?

There are many benefits of moderation:

1. It helps to increase reliability and consistency of teachers' professional judgements.
2. It facilitates conversations that draw upon teachers' knowledge of their students and practice regarding personalised learning and support (DET, 2005).
3. It assists schools in aligning the decisions about which students to include with requirements under the Standards. It also ensures consistency in determining reporting on the definitions and descriptors of the levels of adjustment and categories of disability in the NCCD model.
4. It increases schools' confidence in the decisions being made for the NCCD.

### A.3. Who should be involved in NCCD moderation?

Many schools will already have a team in place to manage the NCCD process and may already be engaging in some form of moderation process. NCCD moderation requires the participation of two or more individuals who are involved in the educational planning for and support of students with disability at a school. In small schools where it is not possible to form a moderation team within the school, external moderators may be invited to support in the process (eg an NCCD coordinator from another school or an individual from the system level). It is important to highlight that strong, strategic and effective school leadership involvement at this stage of the NCCD will add value to the overall process. All members of the moderation team should have a good understanding of the following:

- the [\*Disability Discrimination Act 1992\*](#)<sup>3</sup>
- the [\*Disability Standards for Education 2005\*](#)<sup>4</sup>
- the [\*NCCD model\*](#)<sup>5</sup>
- the [\*criteria for a student's inclusion in the NCCD\*](#)<sup>6</sup>
- the levels of adjustment and broad categories of disability as defined in the current [\*NCCD guidelines\*](#)<sup>7</sup>.

### A.4. When should NCCD moderation occur?

Schools should engage in moderation well before the official data entry period. By engaging in the structured moderation process well before the data entry date, schools are better able to address any significant discrepancies in judgements that could affect the consistency and reliability of data.

The moderation process and timeline is shown in Figure 1 on the next page.

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<sup>3</sup> <https://www.legislation.gov.au/Series/C2004A04426>

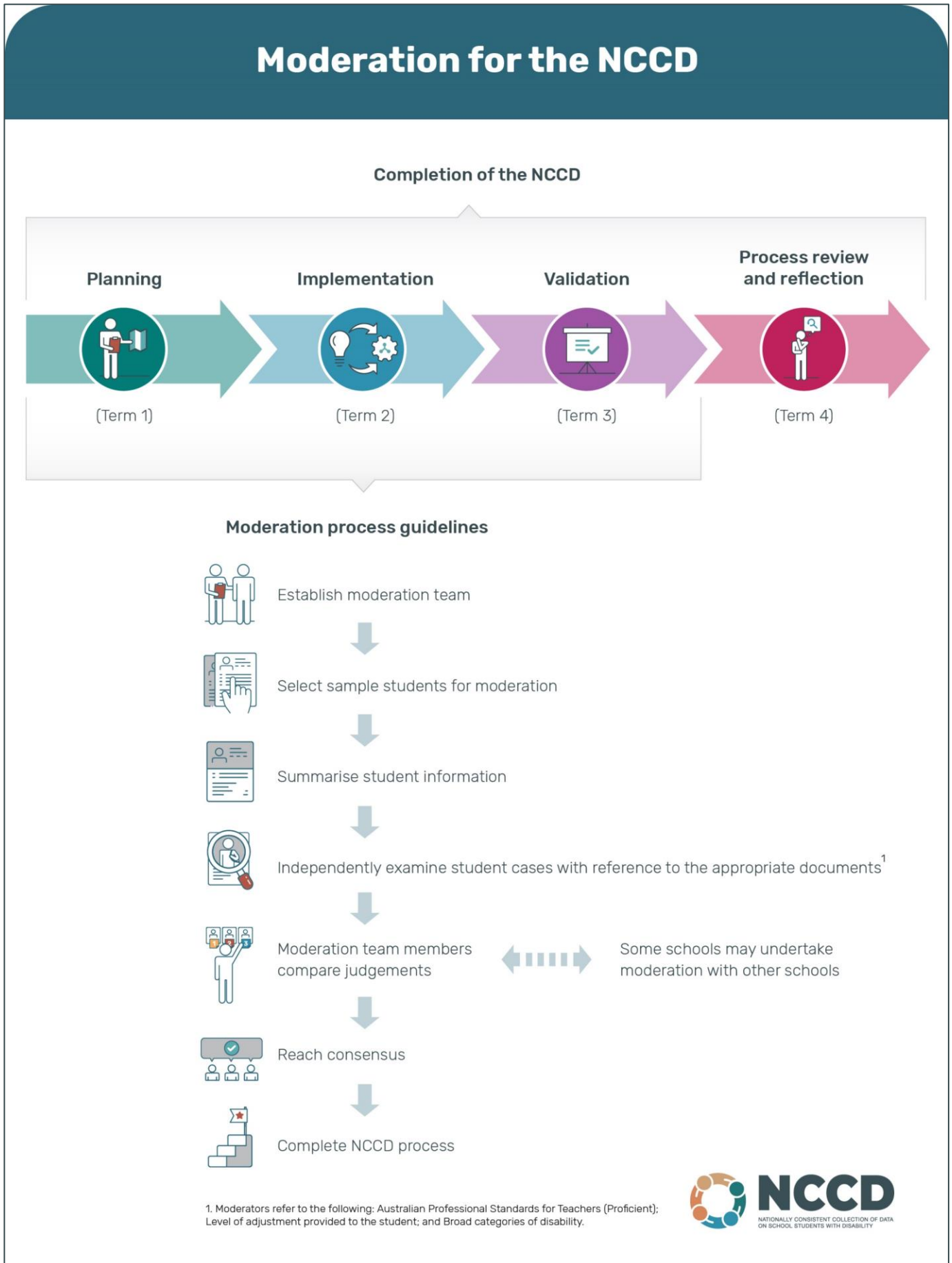
<sup>4</sup> <https://docs.education.gov.au/node/16354>

<sup>5</sup> <https://www.nccd.edu.au/wider-support-materials/what-nccd-model-1?parent=%2Funderstanding&activity=%2Fwider-support-materials%2Fwhat-nccd-model-1&step=-1>

<sup>6</sup> <https://www.nccd.edu.au/wider-support-materials/when-student-eligible-be-included?parent=%2Funderstanding&activity=%2Fwider-support-materials%2Fwhat-nccd-model-1>

<sup>7</sup> [https://www.nccd.edu.au/sites/default/files/nccd\\_guidelines.pdf](https://www.nccd.edu.au/sites/default/files/nccd_guidelines.pdf)

Figure 1: Contextualising the NCCD moderation within the NCCD process and the school year



## Description of image

Figure 1 shows the timing of the NCCD moderation process within the school year and the completion of the NCCD process. There is a horizontal arrow pointing to the right with four icons denoting the four school terms.

- Term 1 is labelled Planning.
- Term 2 is labelled Implementation.
- Term 3 is labelled Validation.
- Term 4 is labelled Process review and reflection.

Beneath this horizontal arrow there is a vertical flow chart that contains the seven steps of the NCCD moderation process, linked by arrows to show the process of the moderation is linear.

### Moderation process guidelines:

1. Establish moderation team
2. Select sample students for moderation
3. Summarise student information
4. Independently examine student cases with reference to the appropriate documents<sup>8</sup>
5. Moderation team members compare judgements
  - a. Optional: Some schools may undertake moderation with other schools
6. Reach consensus
7. Complete NCCD process

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<sup>8</sup> Moderators refer to the following: Australian Professional Standards for Teachers (Proficient); Level of adjustment provided to the student; and Broad categories of disability.



## Part B: NCCD moderation process

The process described in Figure 1 is provided as a guide to support schools when undertaking moderation for the NCCD. Schools may find it useful to adapt the moderation process outlined in this resource to suit their local context.

### B.1. Establish a moderation team (or utilise existing arrangements)

This team should comprise of a minimum of two professionals familiar with the NCCD process and may involve one or more **staff member(s)** responsible for overseeing programming/support arrangements for individual students (eg classroom teacher(s), the head of learning support, the head of house, a year level coordinator, a homeroom teacher, an assistant principal, a school welfare officer or counsellor).

### B.2. Select sample students for moderation

The moderation team should select a small sample of students to moderate. These students should be drawn from those who will be included in the school's NCCD reporting. If possible, a minimum of eight students should be selected and these should ideally include:

- i. students receiving varying levels of adjustment across the four levels (from Quality differentiated teaching practice to Extensive) and
- ii. students from a range of NCCD categories of disability.

In smaller schools, all students receiving adjustments because of disability should be considered. A higher sample size should be used in larger schools.

### B.3. Summarise student information

(At this point, the moderators do not make a decision about the NCCD level of adjustment or category of disability.) From the sample selected, a team member summarises the documented evidence and data for each sample student. This may include evidence:

- i. about the adjustments provided to the student to address the specific individual education needs arising from the disability, for example:
  - provision of extra time
  - explicit teaching
  - modified curriculum and assessments
  - the use of a hearing augmentation system (eg FM system)
  - the implementation of personal/health care, provision of well-being supports.

When summarising adjustments, note the following points in relation to the frequency, intensity and range of adjustments being provided:

- Is the adjustment/support provided occasionally, periodically or every day?
- Is the adjustment/support made only during parts of the day or continuously over the whole day?
- Is the adjustment/support provided during some activities and key learning areas or across all activities and key learning areas?
- What evidence is available to determine the level of adjustment?

- ii. about the student's diagnosed or imputed disability
- iii. that will be used to support decision-making. This includes evidence in four general areas:
  - consultation and collaboration with the student and parent, guardians or carers
  - assessed individual needs of the student
  - adjustments being provided to the student to address the disability
  - ongoing monitoring and review of the adjustments.

## B.4. Independently examine student cases

Each summarised student case should be **independently examined** by a minimum of two moderators. After the careful examination of **evidence** each moderator **decides**:

- i. the **level of adjustment** that is being provided for the student to address the functional impact of a disability, and
- ii. the identification of the NCCD **broad category of disability** that is the main driver or focus of the adjustments being provided for the student to support their learning.

## B.5. Moderators compare judgements

Moderators **meet to discuss and compare their judgements and the data/evidence that informs their judgements** for the selected students. This crucial step is the point at which the moderation team determines the consistency of judgements between themselves. Moderators may find it helpful to use a table to record judgements. [Table 1](#) (on page 12) presents an example of two moderators independently rating eight students. A blank version of this sample table is provided in [Appendix 1](#) as a template school teams may use to compare judgements, or to modify if the team consists of more than two members.

## B.6. Reach consensus

To reach consensus, moderators discuss those judgements where there were disagreements and draw upon evidence to support their position. The desired outcome of the moderation process is to resolve all disagreements and reach a consensus about the level of adjustments and category of disability.

To reach consensus regarding level of adjustment, moderators should:

1. review the level of adjustment descriptors available on the [NCCD Portal](#) (see also [Appendix 2](#)) and
2. carefully examine evidence in terms of frequency, intensity and range of adjustments provided for individual cases.

To reach consensus regarding student category of disability, moderators should:

1. review the category of disability resource available on the [NCCD Portal](#) (see also [Appendix 3](#)) and
2. examine evidence in terms of imputed and diagnosed disability within the NCCD model for individual cases.

Where moderators are unable to reach consensus, the involvement of an external moderator from the system level is recommended. This individual could be a representative from the sector or the NCCD coordinator from another school as appropriate to the jurisdiction and sector.

The example presented in [Table 1](#) (on the next page) indicates that there were some disagreements between moderators on both level of adjustment and category of disability prior to engaging in discussions. In most cases, these disagreements were resolved and consensus achieved after the moderators discussed their judgements and provided evidence to support their decisions [see column 'Agree (after Moderation)']. For one student, however, (Student D) consensus could not be achieved for the level of adjustment. In that case, the school invited an independent external moderator to provide input to achieve consensus between the moderators.

Where disagreement exists and consensus is not reached, it is recommended that moderators note why the student was placed in a particular level of adjustment and disability category so that this information is available to inform the subsequent year's moderation process.

## B.7. Complete the NCCD reporting process

Once the moderation process has been completed for the selected sample, the team can be confident that they are making reliable and consistent judgements. They are now ready to proceed with completing the NCCD process for the remaining identified students.

**Table 1: Independent rating of six students by two moderators before and after NCCD moderation**

	Student identifier	Moderator 1: Level of adjustment	Moderator 2: Level of adjustment	Agree (before moderation) Y/N	Agree (after moderation) Y/N	Moderator 1: Category of disability	Moderator 2: Category of disability	Agree (before moderation) Y/N	Agree (after moderation) Y/N	Notes regarding decisions
1	Student A	Supplementary	Supplementary	Y	Y	Sensory	Sensory	Y	Y	
2	Student B	Supplementary	Substantial	N	Y	Cognitive	Cognitive	Y	Y	<ul style="list-style-type: none"> <li>• Checked NCCD Resource: level of adjustment</li> <li>• Supplementary</li> </ul>
3	Student C	QDTP <sup>9</sup>	QDTP	Y	Y	Cognitive	Cognitive	Y	Y	
4	Student D	QDTP	Supplementary	N	N	Social/Emotional	Cognitive	N	Y	<ul style="list-style-type: none"> <li>• External moderator called in for level of adjustment.</li> <li>• QDTP</li> </ul>
5	Student E	Extensive	Extensive	Y	Y	Physical	Physical	Y	Y	
6	Student F	QDTP	QDTP	Y	Y	Sensory	Sensory	Y	Y	
7	Student G	Substantial	Substantial	Y	Y	Sensory	Physical	N	Y	<ul style="list-style-type: none"> <li>• Checked NCCD Resources: Primary disability categories and sample case studies on NCCD website</li> <li>• Sensory disability</li> </ul>
8	Student H	Supplementary	QDTP	N	Y	Social/Emotional	Social/Emotional	Y	Y	<ul style="list-style-type: none"> <li>• Checked NCCD Resource: level of adjustment</li> <li>• QDTP</li> </ul>

<sup>9</sup> Quality Differentiated Teaching Practice

## Part C: Reference material

Below are reference materials that can assist those participating in the moderation process.

- Moderation template. See [Appendix 1](#)
- Selecting the level of adjustment. See [Appendix 2](#) (Also available as [Selecting the level of adjustment](#) on the NCCD Portal)
- Broad categories of disability. See [Appendix 3](#) (Also available as [Broad categories of disability](#) on the NCCD Portal)
- Examples of decision-making through [case studies](#) available on the NCCD Portal

### Bibliography

DECD 2016, [Moderation matters: A guide to leading collaborative moderation in schools](#), DECD, South Australia.

DET (2015) [Fact Sheet: Disability Standards for Education 2005](#). Canberra: DET.

Hipkins, R & Robertson, S 2011, [Moderation and teacher learning: What can research tell us about their relationships?](#), Wellington: New Zealand Council for Educational Research.

*Planning for personalised learning and support: A national resource*, Canberra: DET.

## Appendix 1: NCCD moderation template

	Student Identifier	Moderator 1: Level of Adjustment	Moderator 2: Level of Adjustment	Agree (before moderation) Y/N	Agree (after moderation) Y/N	Moderator 1: Category of Disability	Moderator 2: Category of Disability	Agree (before moderation) Y/N	Agree (after moderation) Y/N	Notes regarding decisions
1										
2										
3										
4										
5										
6										
7										
8										

# Appendix 2: Selecting the level of adjustment

	Support provided within quality differentiated teaching practice	Supplementary adjustments	Substantial adjustments	Extensive adjustments
<b>Level of adjustment descriptors</b>	<p>Students with disability are supported through active monitoring and adjustments that are not greater than those used to meet the needs of diverse learners. These adjustments are provided through usual school processes, without drawing on additional resources, and by meeting proficient-level Teaching Standards (AITSL).</p> <p>Adjustments are made infrequently as occasional action, or frequently as low level action such as monitoring. These adjustments may include:</p> <ul style="list-style-type: none"> <li>• explicit, minor adjustments, including targeted or differentiated teaching, assessments or activities</li> <li>• specific and relevant teaching strategies to support targeted areas of communication</li> <li>• active monitoring and supervision, meeting health, personal care and safety requirements through usual school processes</li> <li>• enabling access to learning through usual school processes (eg through a differentiated approach to teaching and learning) and existing facilities (eg existing modifications to buildings and learning environments).</li> </ul> <p>Students with a medical condition whose learning and support needs are met through usual processes (eg whole-school professional learning) and active monitoring by school staff are included in this category. These students may have a plan in place to support monitoring of their condition. Their identified needs would be subject to close monitoring and review.</p>	<p>Students with disability are provided with adjustments that are supplementary to the strategies and resources already available for all students within the school.</p> <p>Adjustments occur for particular activities at specific times throughout the week and may include:</p> <ul style="list-style-type: none"> <li>• adapted and additional instruction in some or many learning areas or specific activities</li> <li>• personalised and explicit instruction to support one or more areas of communication</li> <li>• planned health, personal care and/or safety support, in addition to active monitoring and supervision</li> <li>• adjustments to enable access to learning, such as:               <ul style="list-style-type: none"> <li>○ specialised technology</li> <li>○ support or close supervision to enable participation in activities or the playground</li> <li>○ modifications or support to ensure full access to buildings and facilities.</li> </ul> </li> </ul>	<p>Students with disability who have more substantial support needs are provided with essential adjustments and considerable adult assistance.</p> <p>Adjustments to the usual educational program occur at most times on most days and may include:</p> <ul style="list-style-type: none"> <li>• additional support or individualised instruction in a highly structured manner, including adjustments to most courses, curriculum areas, activities and assessments</li> <li>• personalised and explicit instruction to support one or more areas of communication</li> <li>• planned health, personal care and/or safety support or intervention, in addition to active monitoring and supervision</li> <li>• adjustments to enable access to learning such as:               <ul style="list-style-type: none"> <li>○ specialised equipment</li> <li>○ specific planning for access to activities or facilities</li> <li>○ closely monitored playground supervision</li> <li>○ modification to school environments, such as buildings and facilities</li> <li>○ environmental adjustments to support participation in learning</li> <li>○ provision of specialist advice on a regular basis</li> <li>○ support from specialist staff.</li> </ul> </li> </ul>	<p>Students with disability and very high support needs are provided with extensive targeted measures and sustained levels of intensive support. These adjustments are highly individualised, comprehensive and ongoing.</p> <p>Adjustments to the regular educational program occur at all times and may include:</p> <ul style="list-style-type: none"> <li>• intensive, individualised instruction or support in a highly structured or specialised manner for all courses and curricula, activities and assessments</li> <li>• intensive, individualised instruction to support multiple areas of communication</li> <li>• planned, highly specialised and/or intensive health, personal care and/or safety support or intervention</li> <li>• enabling access to learning through:               <ul style="list-style-type: none"> <li>○ specialised equipment</li> <li>○ highly modified classroom and/or school environments</li> <li>○ extensive support from specialist staff.</li> </ul> </li> </ul>

INFORMATION TO SUPPORT LEVELS OF ADJUSTMENT DESCRIPTORS

Support provided within quality differentiated teaching practice

Supplementary adjustments

Substantial adjustments

Extensive adjustments

Typical adjustment

Quality differentiated teaching practice caters to the needs of a diverse student population. Students at this level do not require the adjustments that are captured in the other three levels.

Adjustments at this level generally:

- are explicit, albeit minor, adjustments to teaching and school practice that enable students with disability to access learning on the same basis as their peers
- have been made in a school as part of developing or maintaining a culture of inclusion.

Specific examples of adjustments at this level could include:

- adjustments to teaching and learning, such as:
  - a differentiated approach to curriculum delivery and assessment that anticipates and responds to students' learning differences
  - personalised learning that is implemented without drawing on additional resources
- adjustments to enable access to learning, such as:
  - whole-school professional learning for the management of medical conditions such as asthma, diabetes or anaphylaxis that require active monitoring. This forms part of a school's general, ongoing practice to equip teachers and education staff with the skills and knowledge to support students' health need
  - building modifications that already exist in the school and cater for a student's physical disability where no additional action is required to support the student's learning.

Specific examples of adjustments at this level could include:

- adjustments to teaching and learning, such as:
  - modified or tailored programs in some or many learning areas
  - modified instruction using a structured task-analysis approach
  - separate supervision or extra time to complete assessment tasks
- the provision of course materials in accessible forms
- programs or interventions to address the student's social/emotional needs
- adjustments to enable access to learning, such as:
  - the provision of intermittent specialist teacher support
  - specialised technology
  - modifications to ensure full access to buildings and facilities
  - support or close supervision to participate in out-of-school activities or the playground
  - provision of a support service that is provided by the education authority or sector, or that the school has sourced from an external agency.

Adjustments at this level generally:

- are considerable in extent
- occur within highly structured situations.

Specific examples of adjustments at this level could include:

- adjustments to teaching and learning, such as:
  - frequent (teacher directed) individual instruction
  - access to bridging programs
  - adapted assessment procedures (e.g. assessment tasks that significantly adjust content and/or the outcomes being assessed)
  - regular direct support
- adjustments to support communication, such as:
  - adjustments to delivery modes
  - significantly modified study materials
  - adapted assessment procedures (eg assessment tasks that significantly adjust mode of presentation and format)
- adjustments to support health, personal care or safety, such as:
  - frequent assistance with mobility and personal hygiene
  - close supervision in highly structured situations
  - the provision of additional supervision on a regular basis
- adjustments to enable access to learning, such as:
  - close playground supervision may be required at all times
  - regular visiting teacher or external agency support
  - access to a specialised support setting
  - essential specialised support services for use of technical aids.

Specific examples of adjustments at this level could include:

- adjustments to teaching and learning, such as:
  - personalised modifications to all courses and programs, school activities and assessment procedures
  - intensive individual instruction
  - highly individualised learning programs and courses using selected curriculum content tailored to their needs
  - learning activities specifically designed for the student
  - the provision of highly structured approaches
- adjustments to support communication, such as:
  - provision of much more accessible and relevant curriculum options
  - the use of alternative communication modes
- adjustments to enable access to learning, such as:
  - constant and vigilant supervision
  - extensive support from specialist staff; the use of highly specialised assistive technology
  - the use of technical aids.

Some students may receive their education in highly specialised facilities.

Student characteristics

Through support provided within quality differentiated teaching practice, a student is able to participate in courses and programs at the school and use the facilities and services available to all students, on the same basis as students without a disability.

Examples might include:

- students with medical conditions such as asthma, diabetes and anaphylaxis, that have a functional impact on their schooling, but whose disability-related needs are being addressed through quality differentiated teaching practice and active monitoring
- a student with a mental health condition who has strategies in place to manage the condition in consultation with medical professionals, that can be provided within quality differentiated teaching practice
- a student with a medical condition or a mental health condition that has a functional impact on their schooling and requires ongoing monitoring but who does not require a higher level of support or adjustment during the period they are being considered for the data collection
- a student who has been provided with a higher level of adjustment in the past or may require a higher level of adjustment in their future schooling.

Students at this level often require support in accessing the curriculum at the appropriate year level (ie the outcomes and content of usual learning programs or courses).

Examples might include:

- students who have particular difficulty acquiring new concepts and skills outside a highly structured environment.

The needs of some students at this level may be related to their personal care, communication, safety, social interaction or mobility, or to physical access issues, any of which may limit their capacity to participate effectively in the full life of their school.

Examples might include:

- students who require curriculum content at a different year level to their same-age peers
- students who will only acquire new concepts and skills, or access some of the outcomes and content of the usual learning program, courses or subjects, when significant curriculum adjustments are made to address their learning needs
- students who have limited capacity to communicate effectively
- students who need regular support with personal hygiene and movement around the school.

These students may also have considerable, often associated support needs, relating to their personal care, safety, self-regulation or social interaction, which also impact significantly on their participation and learning.

Students at this level may be dependent on adult support to participate effectively in most aspects of their school program.

Without highly intensive intervention, these students may otherwise not access or participate effectively in schooling.

Many students at this level will have been identified at a very young age and may also:

- have complex, associated support needs with regard to their personal care and hygiene, medical conditions and mobility
- use an augmentative communication system
- have particular support needs when presented with new concepts and skills.



## Appendix 3: Broad categories of disability

Definitions from the <i>Disability Discrimination Act 1992</i> and the <i>Disability Standards for Education 2005</i>	Australian Human Rights Commission interpretation of the DDA definition	Primary disability categories used in the NCCD
b) total or partial loss of a part of the body	Neurological Physical Physical disfigurement The presence in the body of disease-causing organisms	Physical
e) the malfunction, malformation or disfigurement of a part of the person's body		
c) the presence in the body of organisms causing disease or illness		
d) the presence in the body of organisms capable of causing disease or illness		
a) total or partial loss of the person's bodily or mental functions	Intellectual	Cognitive
f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction	Learning disabilities	
a) total or partial loss of the person's bodily or mental functions	Sensory	Sensory
f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction		
g) a disorder, illness or disease that affects the person's thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour	Psychiatric	Social/Emotional