



NCCD quick guide 2019

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Purpose of the *NCCD quick guide*

- Communicate the purpose of the Nationally Consistent Collection of Data on School Students with Disability (NCCD) from the school's perspective.
- Promote knowledge and understanding of the fundamentals of the NCCD, *Disability Discrimination Act 1992* (DDA) and Disability Standards for Education 2005 (the Standards).
- Provide guidance to school teams on the application of the NCCD model.
- Provide guidance on the scope of the four levels of adjustment.
- Provide guidance to school teams on using their professional judgement to make decisions including providing adjustments, determining the category of disability, identifying evidence and collecting data.
- Highlight key areas of reflection for supporting students with disability and completion of the NCCD.
- Demonstrate application of the NCCD model through case study examples.

Preparation

Schools have different levels of experience in regards to the NCCD. The following checklist can be used to establish a school's state of preparedness. The timeframe for the activities is ideally January–May (Term 1).

The checklist should be used in conjunction with the NCCD model and resources available on the NCCD Portal, and the [Key activities and timeframes](#)¹.

School completed	Activity
<input type="checkbox"/>	School key contact and leadership team established.
<input type="checkbox"/>	School principal understands their leadership role in establishing and maintaining effective learning and support processes that respond to specific school context.
<input type="checkbox"/>	School team ensures that the four elements of personalised learning are understood by all staff.
<input type="checkbox"/>	School team consolidates understanding of the DDA and requirements under the Standards.
<input type="checkbox"/>	School staff members have engaged in training on the Standards.
<input type="checkbox"/>	Key staff members have reviewed national support materials, including the Reflection Tool.
<input type="checkbox"/>	School commences discussions and establishes processes for the NCCD.
<input type="checkbox"/>	School team establishes processes for consultation with parents as required under the DDA, the Standards and personalised learning.
<input type="checkbox"/>	School commences identifying students who are currently receiving adjustments to address a disability, and the evidence as part of personalised learning to support their inclusion.
<input type="checkbox"/>	School team has mechanisms in place to ensure ongoing professional dialogue between colleagues to develop and maintain consistency of teacher judgement.
<input type="checkbox"/>	School team seeks assistance from its state or territory authority or sector representative as needed.

¹ <https://www.nccd.edu.au/process>

Role of the principal

- The school principal is the **facilitator of the NCCD process** ensuring that all staff are aware of the process and their obligations under the DDA and the Standards. This may require making time available for staff to undertake professional learning.
- The principal may **identify and nominate a team** that will be responsible for driving the NCCD process.
- The principal should ensure that **all staff are aware of and understand** the NCCD process.
- The school **must notify parents, guardians and carers** about the data collection under the NCCD. This notification ensures that those participating in the NCCD are made fully aware of the data collection. To assist schools with this communication, an information notice is available. Parental consent is not required for the NCCD.
- School principals are responsible for the accuracy of the data and **verifying** that there is **evidence** to support the inclusion of each student in the NCCD.

Background

What is the NCCD?

- The Nationally Consistent Collection of Data on School Students with Disability (NCCD) collects data about students with disability across Australia in a consistent, reliable and systematic way.
- The NCCD counts the number of school students with disability receiving educational adjustments to allow them to participate in education on the same basis as students without disability.
- The NCCD was progressively implemented over the period 2013–15. From 2015, all government and non-government schools participate annually in the NCCD.

What is the purpose of the NCCD?

- Build an evidence base that will provide teachers, schools and sectors with information on students with disability and the level of educational adjustment being provided.
- Inform policy development and future planning to better equip schools and education authorities/sectors to support students with disability.
- Enhance understanding of, and reinforce in schools, the requirements and responsibilities of school teams and the broader community under the DDA and the Standards.
- Capture the work of schools under the obligations of the DDA and the Standards that allows students with disability to access and participate in education on the same basis as other students.
- Provide an enhanced focus on the individual needs of each student by focusing on the level of educational support provided to them in the school context.

How will the data be used?

- The data collected by schools will:
 - inform better targeting of resources to support students with disability
 - inform future policy and program planning in relation to students with disability.
- The student with disability loading for Commonwealth funding for schools is based on the NCCD. The document [Fairer funding for students with disability](https://docs.education.gov.au/node/43566)² on the Australian Government Department of Education website provides more information.

Where does the data go?

- The data goes to the national collection agency, currently the Australian Government Department of Education (the Department).
- In some cases this will involve the school passing the data directly to the Department and in other cases the school will provide the data to its state and territory government agency or other relevant body, depending on the school's particular arrangements.
- From 2019, the Department is using a new technology solution to collect non-government Schools Census (including NCCD) data, called SchoolsHUB.
- For government schools, state and territory jurisdictions provide their NCCD data as part of the Government Schools Data Submission to the Australian Government.

Privacy

- Privacy is an essential part of the NCCD.
- Information provided to the Department for the purposes of the NCCD must not explicitly identify any student; for example, student names or student identifiers are not provided.

² <https://docs.education.gov.au/node/43566>

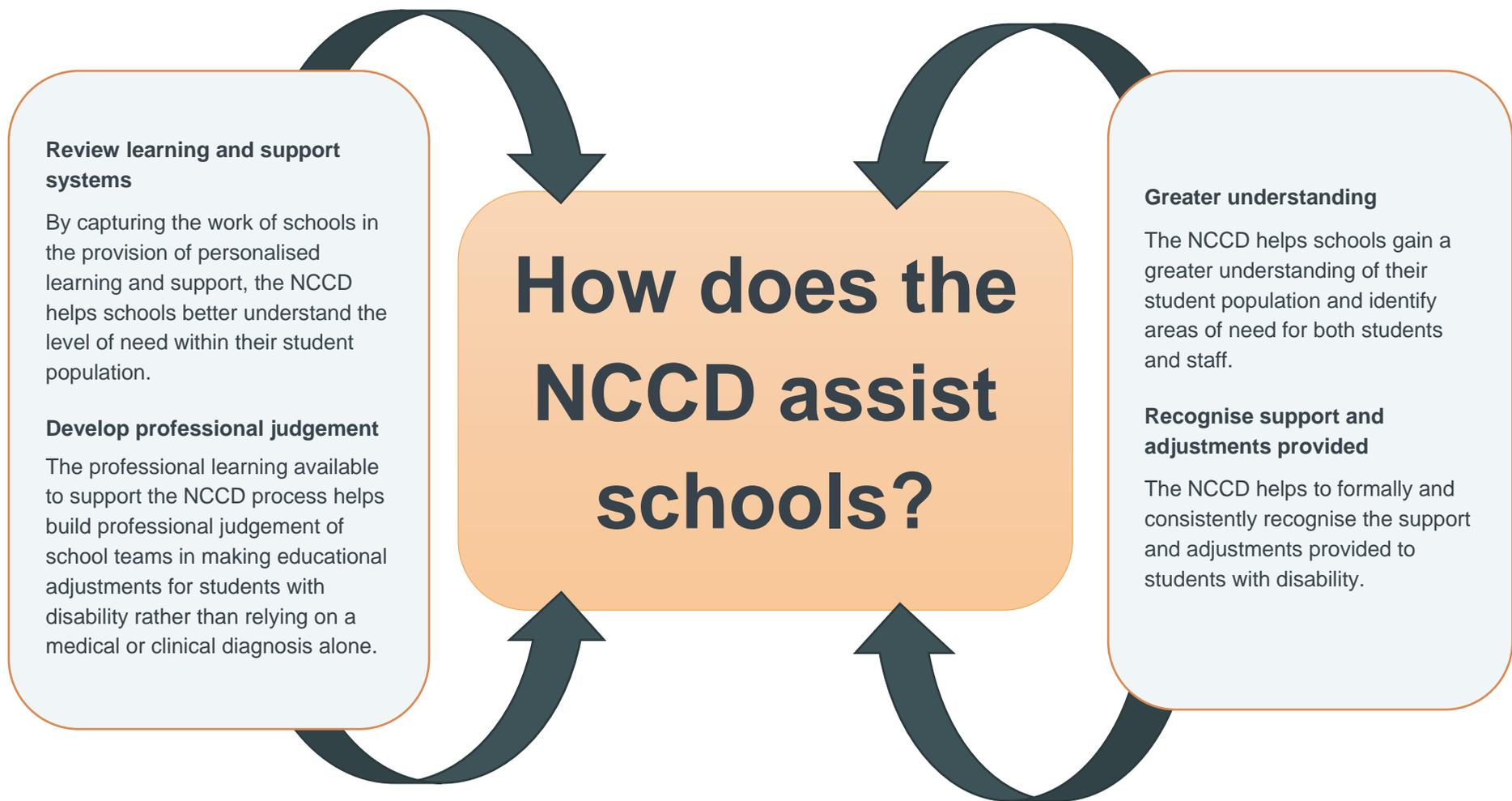
Personalised learning and support and the NCCD

What is personalised learning and support?

- Personalised learning requires attention to the unique needs of students of all abilities, acknowledging the different learning needs of each student.
- It aims to fulfil the diverse capabilities of each student.
- There are four elements in personalised learning:
 - consulting and collaborating with the student and/or their parent, guardian or carer
 - assessing and identifying the needs of the student
 - providing reasonable adjustments to address the identified needs of the student
 - monitoring and reviewing the impact of adjustments.

What is the connection between personalised learning and support and the NCCD?

- The NCCD captures the work of schools in the provision of personalised learning and support for students with disability.



NCCD model

What is the model for the NCCD?

- The NCCD model assists schools to make a decision about whether a student should be included in the NCCD.
- It requires teachers and schools to make evidence-based decisions about:
 - students with disability who are receiving an adjustment due to disability to access education consistent with the definitions and obligations under the **DDA and the Standards**
 - the **level of adjustment** being provided for each student with disability, in both classroom and whole of school contexts
 - the **broad category of disability** the student best falls within that is driving the need for the adjustments provided to the student.
- The model relies on the **professional judgement** of teachers about their students.

Defining disability and understanding the Standards

The definition of disability in the NCCD

The NCCD is based on the obligations of all schools under the DDA and the Standards and captures the work of schools in responding to students in the context of those obligations.

Which students are included in the NCCD?

- A student is counted in the NCCD if they meet the following criteria:
 - the student has a disability as defined in the DDA
 - the student has been provided with adjustment(s) for a minimum of 10 weeks of school in the 12 months preceding the NCCD reference date (2 August 2019), to address the functional impact of a disability³
 - the student has been counted in the school's census for 2019.

What is an imputed disability?

- An imputed disability is a disability that someone believes another person has and the school team has reasonable grounds to make such a judgement.
- There does not have to be a formal diagnosis but the school should assess the functional impact of the student's imputed disability in relation to education.
- The student's parent, guardian and/or carer must have been consulted to better understand the student, their needs and to identify adjustments.

Resources

- [eLearning about the Standards](#)⁴
- [Practical guides about the Standards for parents and the community](#)⁵

³ The 10 weeks do not need to be consecutive; they exclude school holidays unless a school activity such as school camp is taking place.

⁴ <https://www.nccd.edu.au/resources-and-tools/professional-learning/format/e-learning-5>

⁵ <https://parentguide.nccd.edu.au>

What is disability as defined in the DDA?

The DDA defines disability as:

- total or partial loss of the person's bodily or mental functions
- total or partial loss of a part of the body
- the presence in the body of organisms causing disease or illness
- the presence in the body of organisms capable of causing disease or illness
- the malfunction, malformation or disfigurement of a part of the person's body
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
- a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour.

And includes a disability that:

- presently exists; or
- previously existed but no longer exists; or
- may exist in the future (including because of a genetic predisposition to that disability); or
- is imputed to a person.

To avoid doubt, a disability that is otherwise covered by this definition includes behaviour that is a symptom or manifestation of the disability.

Resources

- [DDA legislation](#)⁶
- [Fact sheet on the DDA](#)⁷

⁶ <https://www.legislation.gov.au/Details/C2018C00125>

⁷ <https://docs.education.gov.au/documents/fact-sheet-1-disability-discrimination-act-1992>

Understanding the Standards

The Standards clarify and elaborate the legal obligations of education providers towards students with disability under the DDA and set out how education is to be made accessible to students with disability.

The Standards seek to ensure that students with disability:

- can access and participate in education on the same basis as other students
- have opportunities and choices which are comparable with those offered to students without disability
- are provided reasonable adjustments in consultation with the student and their parents, guardians and/or carers to enable access and participation.

Schools must adhere to the Standards as part of normal practice (eg consulting with parents, guardians and/or carers and making adjustments).

The Standards cover enrolment, participation, curriculum development, accreditation and delivery, student support services and elimination of harassment and victimisation.

Resources

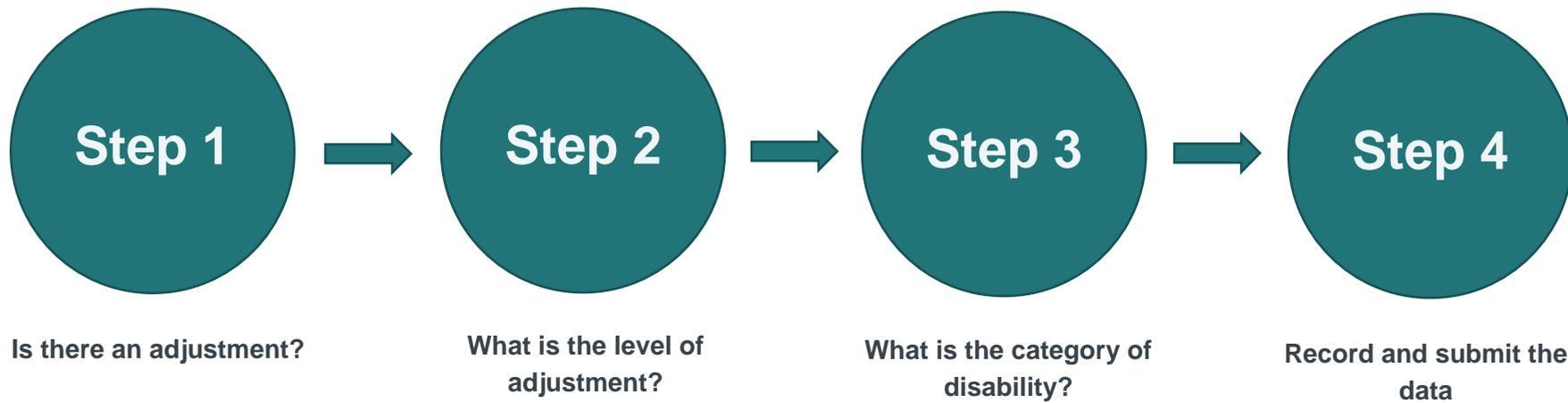
- [The Standards⁸](#)
- [Fact sheet on the Standards⁹](#)

⁸ <https://www.legislation.gov.au/Details/F2005L00767>

⁹ <https://docs.education.gov.au/node/16354>

Making it happen in your school

Steps for completing the NCCD



Step 1: Is there an adjustment?

When is a student eligible to be included in the NCCD?

- The student has been provided with an **adjustment** to access education because of disability, consistent with the definitions under the DDA and the Standards.
- The school has **evidence** that ongoing, long-term educational adjustment(s) have been provided for a minimum of 10 weeks of school education in the 12 months preceding the NCCD.
- The school has evidence of personalised learning and support.

Adjustments

- Actions taken by the school to assist a student with disability to access and participate in education **on the same basis** as a student without disability.
- Adjustments are provided in consultation with the student and their parent, guardian and/or carer.
- To provide an adjustment a school should assess the **functional impact** of the student's disability in relation to education, eg mobility, curriculum access, personal care, social participation, safety, emotional wellbeing, sensory needs and transitions.
- Adjustments can be made at an individual student level, in the classroom and whole-school settings.

Adjustments can be made across any or all of the following

- Planning
- Teaching and learning
- Curriculum
- Assessment
- Reporting
- Extra-curricular activities
- Environment and infrastructure
- Resources

Adjustments include but are not limited to

- Addressing physical barriers, including modifications, to ensure access to buildings, facilities and services
- Modifying programs and adapting curriculum delivery and assessment strategies
- Providing ongoing consultancy support or professional learning and training for staff
- Specialised technology or computer software or equipment
- Provision of information materials in different formats
- Services such as sign language interpreters, visiting school teams or specialist support staff
- Additional personnel such as tutors or aides for personal care or mobility assistance

Examples of adjustments include, but are not limited to

- Giving a student with low vision all necessary enrolment information in enlarged text
- Providing extra sessions for teaching key vocabulary for a student with an intellectual disability
- Giving a speech-to-text device to a student with a broken arm to assist in preparing assignments (eligible only if provided for at least 10 weeks)
- Providing speech pathology services for students with communication difficulties
- Allowing a student with anxiety to present her project to a small group of peers rather than to a whole class
- Adjusting activities at swimming classes to enable participation by all students, including those with physical disabilities
- Adjusting seating arrangements so a student with a wheelchair has enough space to move independently around the classroom like other students
- Making multiple accommodations if necessary to meet a single learner's needs; for example, learners who require a sign-language interpreter may also need a note-taker because watching an interpreter prevents them from taking detailed notes

Which students?

- When determining whether there is an adjustment to address disability, each student needs to be considered **individually** and schools should assess each student's **individual** learning needs and barriers to learning.
- It is not the intention of the NCCD to count every student who is protected from discrimination under the DDA or every student who has a health or other condition where there is no impact on the student's ability to participate in schooling on the same basis as their peers.

Examples of who to include

May include, but is not limited to students who:

- have been formally diagnosed with a disability by a health or allied health practitioner
- may not have a formal diagnosis of a disability but have an impairment that requires an adjustment or can be supported through quality differentiated teaching
- live with cognitive, physical, sensory and social/emotional disability or difficulties in learning due to disability or difficulties in behaviour due to disability
- are gifted and talented and whose learning is impacted by disability.

Note: A student who has experienced domestic violence, abuse/neglect or who is a refugee is not covered under the definition of disability under the DDA. However, if it is found that the student has a disability (eg as a result of trauma) the student can be included in the NCCD if there is appropriate evidence to support the category of disability.

Examples of who not to include

May include, but is not limited to students who:

- have a health or other condition where there is no functional impact on the students' ability to participate in schooling on the same basis as their peers
- wear glasses to correct mild vision impairment and need no further educational adjustment, monitoring or support in relation to their eyesight
- are experiencing difficulty with learning as a result of external factors such as limited school attendance or acquisition of English as a second language while learning in English
- receive individualised support but do not have a disability as defined by the DDA
- have a learning difficulty that, through targeted support and strategies, would result in improved performance and would not require ongoing long-term targeted support and strategies (eg a student who has been counted in the past but is not counted in the current year because their performance has improved and they no longer require targeted support)
- are receiving English as an additional language support if there is no evidence of a disability
- are on individual learning plans (ILPs), and do not have a disability under the DDA (eg a student who is socioeconomically disadvantaged and requires quality differentiated teaching)
- are on ILPs, and who do have a disability under the DDA but their disability does not have a functional impact on their learning or participation in schooling (eg a high school student who is diagnosed with asthma but requires no ongoing adjustments because of their ability to self-manage the condition)
- are on behaviour management plans, and do not have a disability under the DDA (eg a student who is on a behaviour management plan due to disrupted parenting or divorce)
- are receiving support provided by quality differentiated teaching practice but do not have a disability; all students should expect at the very minimum a classroom where quality differentiated teaching is the standard
- are accessing a specialised program where there is no evidence of a learning disability.

Step 2: What is the level of adjustment?

Determining the level of adjustment

- Teachers and school teams use their professional judgement based on evidence to determine the level of adjustment that each student is provided with.
- Schools are asked to consider the following four adjustment categories:
 - support provided within quality differentiated teaching practice (QDTP)
 - supplementary adjustments
 - substantial adjustments
 - extensive adjustments.

How do you decide between each of the levels of adjustment?

- Where schools have difficulty deciding between the levels of adjustment, consider the frequency, intensity, range of adjustments and evidence for support being provided.

For example:

- 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?

Support provided within quality differentiated teaching practice (QDTP)

- Some students with disability may not need adjustments beyond those that are reasonably expected as part of quality teaching/school practice, which responds to different learning needs of all students
- Students in this category do not require the sorts of adjustments captured in the other three levels. However, teachers are conscious of the need for explicit, albeit minor adjustments to teaching and school practice that enable students with disability to access learning on the same basis as their peers
- Identified needs of the student will be subject to close monitoring and review
- Changes to student needs that require changes to the level of adjustment would be reflected in the next NCCD period

Supplementary adjustments

- Students in this category receive adjustments that are supplementary to the strategies and resources already available for all students within the school
- Adjustments occur for particular activities at **specific times** throughout the week

Substantial adjustments

- Students in this category have more substantial support needs, and receive essential adjustments and considerable adult assistance
- Adjustments to the usual educational program occur **at most times, on most days**

Extensive adjustments

- Students in this category have very high support needs and are provided with extensive targeted measures and sustained levels of intensive support
- Adjustments to the usual educational program occur **at all times**

Resource

[Selecting the level of adjustment](https://www.nccd.edu.au/tools/selecting-level-adjustment)¹⁰

¹⁰ <https://www.nccd.edu.au/tools/selecting-level-adjustment>

Step 3: What is the category of disability?

Determine the category of disability

Schools identify the broad category of disability for each student from one of four categories:

- physical
- cognitive
- sensory
- social/emotional.

What if a student has multiple disabilities?

- Schools should select whichever disability category has the greatest impact on the student's learning or participation in education, based on teacher or school team's professional judgement.
- To inform this judgement, the school should think about where the majority of adjustments are made.

For example, a student with autism may fall into multiple categories, but if the majority of adjustments are being made in the cognitive category then the school should identify the student under cognitive. Typically, higher functioning students with autism would be categorised under social/emotional and lower functioning students under cognitive. If students can be categorised under both, use teacher judgement to determine which disability category is the best fit.

Guidance on determining the broad category of disability

Definitions from the DDA and the Standards	Australian Human Rights Commission interpretation of the DDA definition	Broad 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 learning disabilities	Cognitive
f) a disorder or malfunction that result in the person learning differently from a person without the disorder or malfunction		
a) total or partial loss of the person's bodily or mental functions	Sensory	Sensory
e) the malfunction, malformation or disfigurement of a part of the person's body		
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

Step 4: Record and submit the data

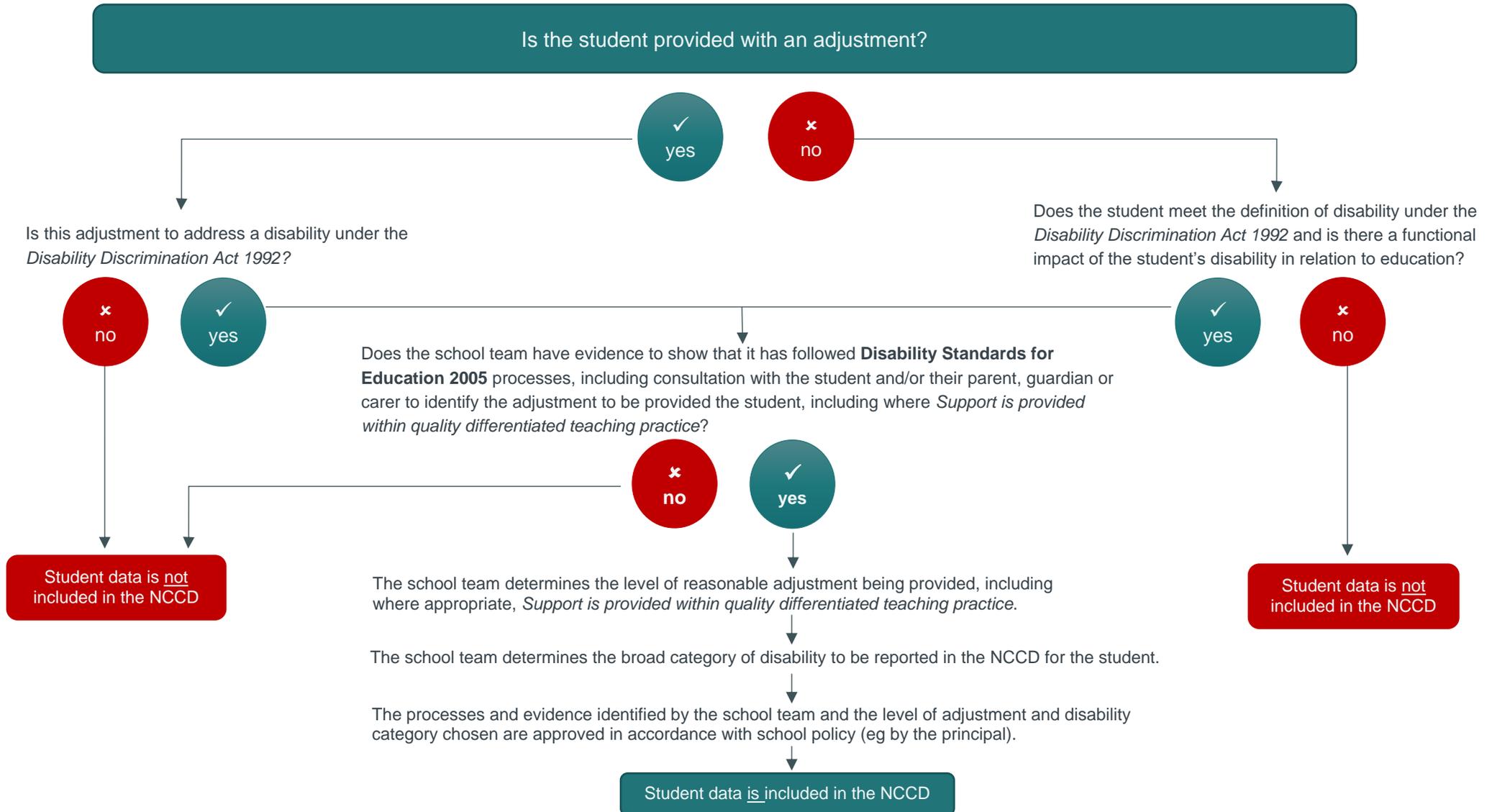
- The school principal is responsible for **verifying** that there is documented written evidence to support the inclusion of students in the NCCD.
- Schools may have had internal 'moderation' meetings whereby case studies were discussed to check consistency in judgement in terms of how various teachers have gone about determining level of adjustment/category of disability/include or not.
- Consistency in judgement could also be achieved by referencing primary sources such as the [Selecting the level of adjustment](#)¹¹ table and the [Broad categories of disability](#)¹² table.

¹¹ <https://www.nccd.edu.au/tools/selecting-level-adjustment>

¹² https://www.nccd.edu.au/sites/default/files/2019-02/categories_of_disability_transcript_0.pdf

The NCCD model diagram

[Go to an accessible version of the NCCD model diagram.](#)



Requirement of evidence

Do you have evidence to support the student's inclusion in the NCCD?

- There is a requirement of evidence to show that adjustments have been made to meet ongoing, long-term specific needs associated with disability.
- Schools draw on evidence from across four key areas when making their decisions:
 - consultation and collaboration with the student and their parent(s), guardian(s) and/or carer(s)
 - assessed individual needs of the student
 - adjustments being provided to the student to address the disability
 - ongoing monitoring and review of the adjustments.
- There is evidence over the long term – minimum period of 10 weeks – of ongoing adjustments at some point during the 12 months preceding the NCCD. It does not have to be consecutive weeks or the exact 10 weeks before the reference date. It can be over any period in the 12 months prior.
- Principals are responsible for verifying that there is evidence to support the inclusion of a student in the NCCD.

Newly enrolled students

- If a student is new to a school and has attended for less than 10 weeks, they can still be included if there is evidence between the old and new school that adjustments have been provided over 10 weeks.
- Communication with parents, guardians and/or carers may also provide sources of contact that can assist to build evidence to support inclusion of the student. (This can be used in situations where contact with the previous school is difficult or impossible.)

Types of evidence

Each school's evidence will be **contextual** and reflect **individual student needs** and the school's learning and support processes and practices.

1. Evidence of consultation and collaboration with the student and/or parents, guardians and carers includes but is not limited to:

- meeting minutes or notes
- documented meetings
- records of phone calls, conversations or meetings with parent, guardian or carer
- documented student plans signed by parent, guardian, carer and/or student
- record of parent–teacher interviews
- parent–teacher communication books
- emails between student and/or parents, guardians or carers.

2. Evidence of assessed individual needs of the student includes but is not limited to:

- results of diagnostic or summative assessments over time documenting an ongoing learning or socio-emotional need arising from disability
- documentation of ongoing learning needs that have a limited response to targeted intervention over time (external factors such as English as an additional language or dialect, socioeconomic or other non-disability related causes do not count if they are not related to disability)
- parental report of disability in conjunction with evidence of an assessed individual need
- specialist diagnosis reports
- profiles or assessment reports identifying the functional needs of a student with disability.

3. Evidence that adjustments are being provided to the student to address their individual needs includes but is not limited to:

- adjustments to teaching noted on teacher unit, weekly or term planning
- adjusted timetable/staff timetables
- record of educational and/or social-emotional interventions provided
- individualised/personalised learning planning (eg individual education plan, individual learning plan, individual curriculum plan, communication plan, behaviour plans, transition plans/goals and strategies in program planning)
- 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, 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 such as 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, sound field amplification systems)
- risk management plans for curriculum activities and for emergency situations (eg fire drills).

4. Evidence that adjustments provided to the student have been monitored and reviewed includes but is not limited to:

- records of meetings to review adjustments with parents, guardians or carers and specialist staff, where appropriate
- student progress data which may include both formative and summative assessments
- progress or file notes by teacher, specialist staff or paraprofessionals
- behaviour 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.

Question to ask yourself

'If we were challenged to explain our decision would we feel we had reasonable grounds and documentation to support our judgement?'

What works?

These strategies contribute to quality learning and support practices supporting students, teachers and NCCD participation.

- Strong leadership and involvement from the principal and executive team
- Planned, targeted professional learning promoting knowledge and understanding of the DDA and the Standards
- Ongoing collection and analysis of data to identify needs of individual students and groups of students – from the beginning of the year and year to year
- A whole-school approach connecting all teachers and support staff to learning and support, and the NCCD and its processes
- Planned, rigorous and ongoing professional conversations about highly effective teaching and levels of adjustment
- Maintenance of an evidence base of learning and support within the school
- Ongoing professional dialogue and collaboration to support and moderate individual teacher judgement about adjustments

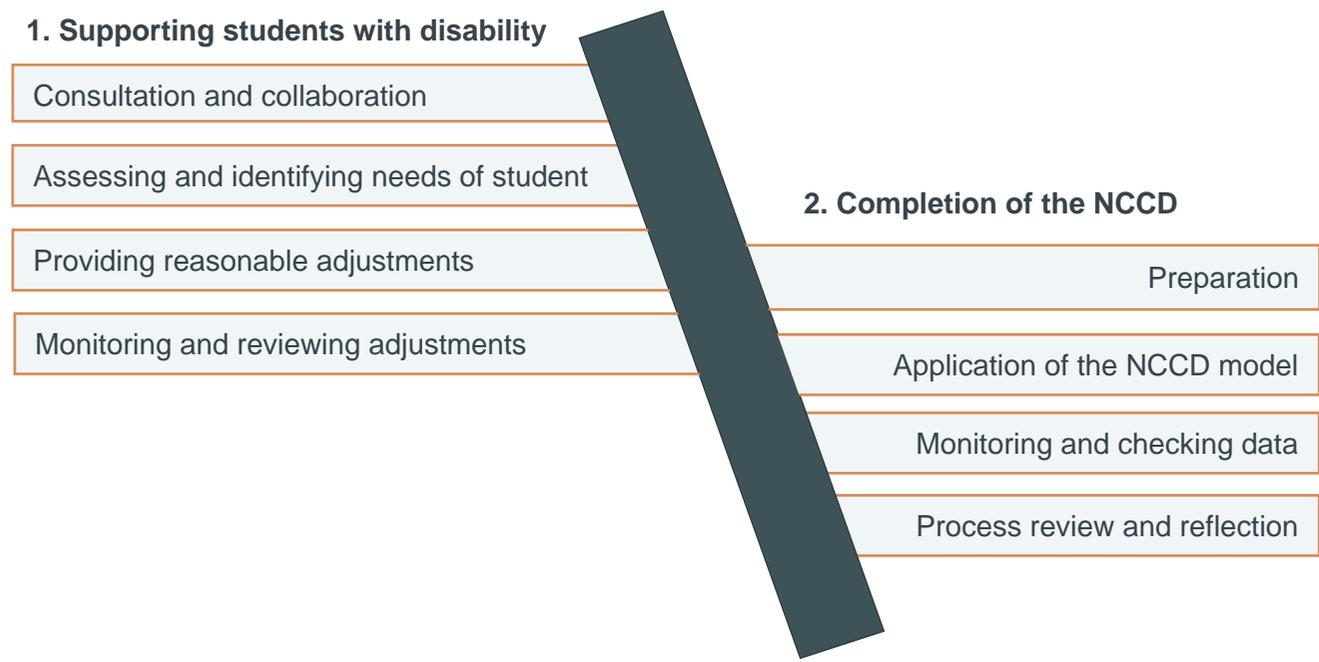
Reflection Tool

Key areas of reflection for the school team

1. How students with disability are currently being supported
2. How school teams have completed the NCCD and their understanding of the model

[Download the Reflection Tool.](#)¹³

Figure 1: Areas of reflection



¹³ <https://www.nccd.edu.au/tools/reflection-tool>

Key activities and timeframes

1. Supporting students with disability

Consultation and collaboration with the student and/or their parent, guardian or carer

- School team engages with the student, their parent, guardian or carer to identify the student's aspirations, goals, strengths and needs.
- School team seeks expert advice where relevant.
- There is ongoing consultation as student's needs change.

Assessing and identifying the needs of the student

- School team identifies areas in which the student requires further support.
- School team identifies options, interventions and other adjustments to address the identified learning or other needs, building on the student's strengths.

Providing reasonable adjustments to the student to address their identified needs

- School team implements adjustments to help the student participate on the same basis as other students.
- School team embeds differentiated classroom practice within teaching programs.

Monitoring and reviewing the impact of the adjustments provided

- School team regularly reviews adjustments being provided to ensure they are still relevant and required for the student and whether further support needs to be incorporated.

Term 1

2. Completion of the NCCD

Preparation

- School team maintains or builds an understanding of the NCCD through professional learning and available resources.
- School team consolidates understanding of the DDA and requirements under the Standards.

Application of the NCCD model

- School team refers to available evidence to support the application of [NCCD model](#) around determining level of adjustment and category of disability.
- Prior to the NCCD submission date, the school team collates and confirms NCCD information for students with disability.

Monitoring and checking data

- School team conducts moderation meetings to build confidence in NCCD information and to confirm that decision-making has been applied consistently (eg meetings with teachers at the school/with other schools).
- School principal verifies and confirms NCCD data prior to submission.
- NCCD information is submitted as per education authority and *NCCD guidelines* requirements.
- Consent is not required to include a student.

Process review and reflection

- School team reflects on the application of the NCCD and how school practices could be improved to facilitate next year's NCCD.

Term 4

Hypothetical case studies

Liam

Liam is a Year 9 student in a large metropolitan secondary college. He wears hearing aids as a result of his diagnosis with a mild sensorineural hearing loss.

Liam's hearing loss is permanent and may deteriorate in the future. He undergoes annual re-assessment of his hearing thresholds to ensure his hearing aids continue to meet his needs. The major difficulty for Liam occurs when there is a large amount of background noise, making speech difficult for him to differentiate.

Liam is consistently and independently able to wear and maintain his hearing aids. He is also able to alert teachers when increased background noise prevents him from being able to differentiate instructions.

All of his teachers now ensure that the class is quiet prior to providing important instructions or sharing information. This class behaviour is encouraged and reinforced throughout the school as an active listening skill.

The school team, in consultation with the student and parents, has agreed that Liam's needs are being met through quality differentiated teaching practice.

While he is managing his hearing impairment independently, and there is no current need for the school to provide additional adjustments, Liam's condition needs to be monitored every year. If Liam's hearing deteriorates or his educational needs change, it may be necessary to implement additional educational adjustments.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	<ul style="list-style-type: none"> • Yes, adjustments are provided to enable a student with disability to access education on the same basis as other students. • As defined by the DDA, Liam has a malfunction, malformation or disfigurement of a part of his body.
	Do you have evidence?	Yes <ul style="list-style-type: none"> • Medical diagnosis evidence of disability (ie reports from medical/allied health professionals) • Meeting notes with student and parents • Observation/assessment notes • Meeting schedules
2	What is the level of adjustment?	QDTP <ul style="list-style-type: none"> • Reduction of classroom noise prior to teachers providing important instructions/sharing information, to enable Liam to access education on the same basis as his peers • Annual monitoring of Liam's condition and needs • Encouragement of active listening skills in all classrooms
3	What is the category of disability?	Sensory Liam has a sensory disability in the form of a hearing impairment.
	Is the student included in the NCCD?	Yes. Record and submit the data (Step 4).

Catherine

Catherine is a Year 4 student at a small remote primary school. Catherine has been diagnosed with anaphylaxis in relation to all nut and dairy products.

She has had one anaphylactic episode while at home in the last 12 months, which required her to be transported to hospital overnight after her parents administered adrenalin via an auto-injector.

During Catherine's enrolment, her school called a case conference attended by her parents, who provided a healthcare plan from her GP. Catherine's teacher spoke to the GP by telephone to confirm the details of the healthcare plan. During the initial case conference with the Principal, Catherine's classroom teacher and her parents, it was agreed that all staff would participate in 6-monthly training, with all new staff trained within 6 weeks of arrival, and an annual review of the healthcare plan ensuring all contact numbers and details are up to date. It was also agreed that the school would take part in annual drills implementing the emergency response plan. Catherine's parents committed to providing the school with medical updates as soon as was reasonably possible if her condition changed. They would also provide two new auto-injectors every 6 months.

During the class health lessons, Catherine's teacher has talked about what anaphylaxis is and what it means for Catherine. Her mother has also come to the health lessons and talked about the alternative foods that Catherine eats and what things she needs to do to avoid a reaction.

Catherine has attended the school for two years without the emergency response plan being activated; however, the ongoing adjustments and resources in terms of training and planning continue to take place.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	<ul style="list-style-type: none"> • Yes, adjustments are provided to enable a student with disability to access education on the same basis as other students. • As defined by the DDA, Catherine has a presence in the body or organisms capable of causing disease or illness.
	Do you have evidence?	Yes <ul style="list-style-type: none"> • Current healthcare plan from her GP • Notes of conversations between teacher/s and parents and teacher/s and Catherine's doctor • Health plan provided by medical specialist that is reviewed regularly • Staff training calendars
2	What is the level of adjustment?	QDTP <ul style="list-style-type: none"> • Training for all staff on a 6-monthly basis (and within 6 weeks of commencing for new staff) • Catherine requires ongoing monitoring and her healthcare plan is reviewed annually • School participation in annual drills implementing the emergency response plan • Acquisition of two new auto-injectors every 6 months • Information provided to students on anaphylaxis, the risk for Catherine, and food that she eats and other measures she takes to avoid a reaction
3	What is the category of disability?	Physical <ul style="list-style-type: none"> • Catherine has a physical disability in the form of anaphylaxis.
	Is the student included in the NCCD?	Yes. Record and submit the data (Step 4).

Kyle

Kyle has generalised anxiety disorder. He attends a large mainstream high school. When Kyle was diagnosed at 13 years old, three years ago, the school met with all the relevant internal and external agencies to develop a mental health plan to support him. Kyle had a private psychiatrist and psychologist team supporting him and his family. Through this team, Kyle underwent cognitive behaviour therapy that helped him to learn relaxation techniques, replace negative thought patterns with positive thoughts and developed his problem-solving skills.

During this time, the school supported Kyle by:

- identifying step-by-step procedures to assist Kyle when he was feeling anxious
- ensuring access to key staff members and areas he could remove himself to when overwhelmed
- informing his teachers and staff of his needs, the strategies he was using and how to prompt Kyle to utilise the strategies in his plan
- pre-warning Kyle of any changes to routine and arranging for him to pre-visit or 'walk through' significant new events one-to-one with a staff member.

At this time the school considered Kyle to be a child with a social/emotional disability who required supplementary adjustments. Kyle is now 16 years old and has numerous strategies to manage his thoughts and feelings and reduce his anxiety. He is displaying appropriate behaviours for his age within the school environment. He can self-monitor his thoughts and feelings, problem-solve and has developed a range of relaxation techniques he can utilise independently.

At the beginning of the school year, the student services team, including his homeroom teacher, school psychologist and Deputy Principal, organised a meeting with Kyle and his parents where all of Kyle's self-management techniques were discussed. Kyle stated he felt confident in managing any challenges at school as long as the school continued to provide the timetable and gave him reasonable notice of upcoming assignments and new events, as per the usual school system. He was aware that he could access the school psychologist and his homeroom teacher at any point and stated that he no longer needed any further intervention from the school outside of the usual supports offered to the students.

The staff continue to actively monitor Kyle's progress through quality differentiated teaching practice. It was agreed that a review meeting would be held at the beginning of the next semester.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	<ul style="list-style-type: none"> • Yes, adjustments are provided to enable a student with disability to access education on the same basis as other students. • As defined by the DDA, Kyle has a disorder, illness or disease that affects his thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour.
	Do you have evidence?	Yes <ul style="list-style-type: none"> • Notes from meeting with Kyle's parents to discuss Kyle's self-management techniques • Notes of meetings between Kyle and the counsellor • Timetable provided to Kyle
2	What is the level of adjustment?	QDTP <ul style="list-style-type: none"> • Kyle is self-monitoring his thoughts and feelings in order to reduce his anxiety. • Staff actively monitor Kyle's progress through quality differentiated teaching practice.
3	What is the category of disability?	Social/emotional <ul style="list-style-type: none"> • Kyle has a social/emotional disability in the form of generalised anxiety.
	Is the student included in the NCCD?	Yes. Record and submit the data (Step 4).

Joseph

Joseph is a Year 2 student with a diagnosis of dysgraphia. He has a history of attending physiotherapy and occupational therapy for fine and gross motor skill development. As a result, Joseph's pencil grip is appropriate and he uses a seating wedge to improve his posture while sitting at the desk. After considerable occupational therapy intervention, Joseph has developed cutting skills and can form the letters of the alphabet. His writing remains slow and is often difficult to read due to inconsistent letter size, incorrect use of upper and lower case letters and poor spacing.

Joseph's teacher often finds that while Joseph has great ideas when the class is sitting on the mat and can answer comprehension questions from his reading when asked orally, his written output is minimal, lacks organisational structure and is significantly different to the knowledge he displays when asked questions. Joseph's spelling is progressing slowly but he often requires more exposure and practice than other children with a similar reading age. Joseph is in the lower spelling group, all of whom are on a group education plan. Joseph's teacher has discussed Joseph's needs with his parents.

To support Joseph, his teacher:

- provides Joseph with planners to assist him to organise his ideas when writing
- ensures Joseph's program is pitched at his level in all areas, not reducing expectations of content knowledge, maths and reading while providing writing, spelling and organisational supports
- allows Joseph to focus on the key skills/content by reducing unnecessary parts of an activity, for example, providing pre-ruled and dated paper in diary writing
- where appropriate, allows Joseph to use alternative forms of assessment, such as giving oral answers to demonstrate knowledge or using letter cards/keyboard when spelling.

As a result of his teacher's strategies, Joseph is progressing well and maintaining confidence in his abilities.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	<ul style="list-style-type: none"> • Yes, adjustments are provided to enable a student with disability to access education on the same basis as other students. • As defined by the DDA, Joseph has a disorder or malfunction that results in him learning differently from a person without the disorder or malfunction.
	Do you have evidence?	Yes <ul style="list-style-type: none"> • Classroom curriculum-based assessment • Meeting notes with parents • Specialist reports (eg physiotherapist, occupational therapist) • Records of adjustments or supports required in assessment settings • Class records of adjustments to learning activities • Personalised organisational devices (eg planners)
2	What is the level of adjustment?	Supplementary <ul style="list-style-type: none"> • Joseph has modified and personalised programs in some learning areas. • Joseph is provided with alternative forms of assessment where appropriate. • Joseph is provided with course materials in accessible forms (eg pre-ruled paper). • Joseph is provided with learning aids (eg visual organisers). • Joseph needs extra time to complete writing tasks.
3	What is the category of disability?	Cognitive
	Is the student included in the NCCD?	Yes Record and submit the data (Step 4).

Jayden

Jayden is a Year 2 student at a metropolitan primary school. He has significant delays in his academic achievement in all areas of the curriculum. Jayden has been diagnosed with a mild intellectual disability. Jayden also requires support to manage social situations and undertake activities of daily living.

Jayden often works in a small group on a differentiated program with and without direct support.

To support Jayden to access the curriculum, the teacher:

- has created a personalised learning plan targeting skills at his current literacy and numeracy level, and implements a program targeting these skills
- uses a task reward system that combines both direct instruction and independent activities to consolidate skills
- supports Jayden to access content material on the same topic as other students by providing material at his reading level or providing alternate means of accessing content such as a screen reader for specific content.

Jayden takes part in regular classes for specialist subjects such as music and library, but an education assistant supports him at this stage while he learns self-management skills in less structured environments.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	<ul style="list-style-type: none"> • Yes, adjustments are provided to enable a student with disability to access education on the same basis as other students. • As defined by the DDA, Jayden has a disorder or malfunction that results in him learning differently from a person without the disorder or malfunction.
	Do you have evidence?	Yes <ul style="list-style-type: none"> • Reports from medical professionals • Notes from the education assistant • Notes from meeting with parents • Personalised learning plan
2	What is the level of adjustment?	Supplementary <ul style="list-style-type: none"> • Modified or tailored programs • Alternate means of accessing content • Support is provided by an education assistant
3	What is the category of disability?	Cognitive <ul style="list-style-type: none"> • Jayden has a mild intellectual disability which is a cognitive disability.
	Is the student included in the NCCD?	Yes. Record and submit the data (Step 4).

Cindy

Cindy is a Year 10 student attending a regional Foundation ('Prep') to Year 12 College. Cindy was diagnosed with autism spectrum disorder (then known as Asperger's syndrome) in Year 3 after her parents and teachers noticed she appeared highly anxious in some situations at school and in the community, and had increasing difficulties socialising with her peers.

Each term, the school schedules a Student Support Group (SSG) meeting to plan for Cindy's educational adjustments and to review her progress. Cindy's needs have changed over the years. At times she requires intensive support and management, and at other times she functions with a high degree of independence.

During Year 5, Cindy's parents suggested the information about her diagnosis should be shared with her peers and the school community to raise their awareness of Asperger's syndrome and the challenges it can pose for Cindy at school. This was also an opportunity to share information about Cindy's abilities with numbers and her recall of numerical facts, an interest area for her.

Currently Cindy is participating in the full Year 10 curriculum at her school. The SSG noted that she requires minimal support in numeracy-based subject areas. In fact, Cindy at times requires extension in this area. However, in most other subject areas, as a result of her disability, Cindy requires a degree of educational adjustment to participate on the same basis as her peers.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	<ul style="list-style-type: none"> • Yes, adjustments are provided to enable a student with disability to access education on the same basis as other students. • As defined by the DDA, Cindy has a disorder, illness or disease that affects her thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour.
	Do you have evidence?	Yes <ul style="list-style-type: none"> • Records from medical professionals • Individualised learning plan • Modification of physical education curriculum • Meeting notes by the college's welfare officer • Email communication with Cindy's parents • Notes of SSG meetings
2	What is the level of adjustment?	Supplementary <ul style="list-style-type: none"> • Cindy requires a degree of educational supervision to participate in education on the same basis as her peers, for example, extra time to complete assessment tasks; optimal seating arrangements; specialised technology/programs/ interventions to address Cindy's social and emotional needs • Weekly email communication between staff and parents • Individualised timetable with organisational requirement support for each subject
3	What is the category of disability?	Social/emotional <ul style="list-style-type: none"> • Cindy has a social/emotional disability in the form of Asperger's syndrome (now known as autism spectrum disorder).
	Is the student included in the NCCD?	Yes. Record and submit the data (Step 4).

Cindy (continued)

Some adjustments currently identified in her individual learning plan include:

- access to a laptop for extended writing tasks in literacy-based subject areas
- additional time to complete literacy-based tasks, including assessment tasks
- seating near the front of the classroom to reduce distraction
- access to a locker in the school's 'learning hub', separate from the large busy locker area
- permission (along with some other students) to listen to her iPod during quiet work time in class
- provision of an individualised, simplified timetable of Cindy's subjects, along with a simple list of organisational requirements for each subject
- weekly email communication between Cindy's parents and teachers to ensure homework tasks are properly documented and tracked
- adjustments to the Physical Education curriculum for Cindy, normally by providing her with record keeping, scoring or organising duties
- review of the adjustments in place for Cindy each term by an autism spectrum disorder consultant to ensure the school is adopting the most appropriate autism-friendly strategies to support her needs
- fortnightly 'checking in' with Cindy by the college's welfare officer to gauge her emotional wellbeing and to provide support or consider referral as necessary.

Despite these supports, Cindy still exhibits high anxiety due to the social and sensory demands placed on her in the school setting. The SSG devised a strategy which means that Cindy can withdraw from class and into the student's 'learning hub', to help her cope with her anxiety. Here, Cindy can choose to rest on a bean bag listening to her iPod until she feels prepared to return to class. The Additional Needs Coordinator checks in with her and provides assistance as necessary.

Currently Cindy relies on these adjustments to access education on the same basis as her peers. Her needs are closely monitored with a view to enabling her to complete an accredited senior secondary course.

Charlotte

Charlotte is a Year 9 student at a large district high school. Charlotte was diagnosed as having type 1 diabetes when she was 4 years old and has moved to a significant level of independent management of her medical condition.

Charlotte is insulin dependent and has a healthcare plan in place that is reviewed by the school nurse, her year coordinator, Charlotte and her parents at the beginning of each year. Her plan is reviewed and signed by her medical practitioner and additional meetings take place if changes need to be made throughout the year.

However, in the last six months Charlotte's insulin levels have been unstable. Her medical team is working with the school to stabilise her levels. This requires hourly testing of her blood sugar levels, which are monitored and recorded by her teacher. The teaching staff have noticed the impact of this on her ability to concentrate in class, which in turn impacts on her participation and completion of classroom activities.

Currently, the strategies in place to support Charlotte include:

- professional learning from the Diabetes Education Officer provided staff with education regarding diabetes in adolescents and training in the implementation of Charlotte's emergency response plan
- teachers ensure Charlotte attends to her hourly blood sugar testing
- teachers observe and identify possible changes to her behaviour which might indicate hyperglycemia or hypoglycaemia using their knowledge from the training by the Diabetes Education Officer
- teachers modify Charlotte's workload based on how she is feeling
- classroom teachers report updates on Charlotte's progress via email on a weekly basis to the year coordinator.

In particular, the Physical Education teacher has a care plan to address Charlotte's needs when participating in physical activities, both on and off the school site.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	<ul style="list-style-type: none"> • Yes, adjustments are provided to enable a student with disability to access education on the same basis as other students. • As defined by the DDA, Charlotte has a presence in her body of organisms causing disease or illness.
	Do you have evidence?	Yes <ul style="list-style-type: none"> • Adult monitoring of hourly blood level testing • Adjustments to workload when required • Observation of change in attention or behaviour to identify Charlotte's current medical status
2	What is the level of adjustment?	Supplementary <ul style="list-style-type: none"> • Charlotte is provided adjustments at specific times to enable her to participate in education on the same basis as her peers.
3	What is the category of disability?	Physical <ul style="list-style-type: none"> • Charlotte has a physical disability in the form of type 1 diabetes.
	Is the student included in the NCCD?	Yes. Record and submit the data (Step 4).

Andrew

Andrew is a Year 11 student at a large rural senior high school. Andrew was diagnosed with major depression, generalised anxiety and obsessive compulsive disorder 12 months ago. Andrew meets with his psychiatrist every six months to review his medication, which he administers himself. He accesses a clinical psychologist weekly to receive cognitive behaviour therapy. Andrew's teachers are aware that he has been diagnosed with a severe mental health disorder and are very supportive of his attendance at school. Andrew has granted permission for the school psychologist to liaise with his doctor and clinical psychologist to consult on school-based adjustments and teacher understanding.

Andrew is currently working on a reduced curriculum focusing on core subjects with alternate assessments. Due to his high levels of anxiety, he has not attended school consistently for the past 12 months. Andrew has developed strong functional relationships with his Year Coordinator and the Learning Support Coordinator in the school, and is able to attend half days with regular 'touch base' times with either of these mentors.

Andrew's sessions with his clinical psychologist have focused on identifying unhelpful thoughts and replacing them with positive, adaptive ones. Andrew monitors his thinking while at school and attempts to replace thoughts and emotions that interfere with his engagement in schooling. When he feels his thoughts are becoming compulsive, he seeks out 'safe' people and areas of the school such as the school psychologist's office, before leaving the school site. Andrew understands that if teachers notice he appears distressed or demonstrates anxiety based behaviours, they can approach him and ask if he would like to take a break.

Andrew's parents, year leader, clinical psychologist and the School Psychologist communicate fortnightly regarding adjustments to Andrew's curriculum and self-management program in school. The current program has seen him increase his attendance from two half days to five half days over a 10-week period. The next term is considered by his support team to be a stabilisation period. He is not expected to increase this attendance over the next 10-week period.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	<ul style="list-style-type: none"> • Yes, adjustments are provided to enable a student with disability to access education on the same basis as other students. • As defined by the DDA, Andrew has a disorder, illness or disease that affects his thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour.
	Do you have evidence?	Yes <ul style="list-style-type: none"> • Medical reports from health professionals • Notes from meetings with school psychologist, Year leader, clinical psychologist and Andrew's parents • Adjusted timetable
2	What is the level of adjustment?	Substantial <ul style="list-style-type: none"> • Andrew has a reduced curriculum load. • Andrew has adapted assessment procedures. • Andrew requires regular direct support (eg from Year Coordinator and Learning Support Coordinator) to enable him to participate in school activities.
3	What is the category of disability?	Social/emotional <ul style="list-style-type: none"> • Andrew has a social/emotional disability in the form of major depression, generalised anxiety and obsessive compulsive disorder.
	Is the student included in the NCCD?	Yes. Record and submit the data (Step 4).

Daniel

Daniel is a Year 10 student with Duchenne muscular dystrophy. He has attended the same district high school since he started school. The school has adapted to Daniel's changing needs as his physical condition has deteriorated. In 2013, Daniel was in a wheelchair but was still able to toilet himself with minimal support to transfer to the toilet. While he would become fatigued when writing and typing, he was able to keep up with the mainstream curriculum. In the 2013 census, the school rated Daniel as having supplementary needs.

During 2014, Daniel has experienced a rapid deterioration in his physical condition. He now experiences significant weakness in his arms and can no longer transfer to the toilet as before, and will require a hoist and change table. The school has recognised that Daniel will now require further support with his self-care, as well as more significant changes to the way he accesses the curriculum.

The school has held case conferences each term with Daniel, his parents, his occupational therapist, school psychologist, learning support coordinator and year coordinator for several years, as well as using email to communicate between all parties when necessary. To ensure Daniel's needs are being met given his recent deterioration, the school discussed and implemented the following:

- contacted the consulting teacher from the School of Special Education Needs Disability (SEND) and occupational therapist to access the required equipment such as hoists and change tables
- accessed training for staff and implemented Daniel's new toileting/manual handling plan provided by the therapists
- accessed technology and training in the utilisation of software and hardware such as onscreen keyboards, adapted trackpads and electronic textbooks/books to enable Daniel to access the curriculum
- modified class notes, worksheets, timetables so Daniel can access classroom resources on his laptop
- teachers, where appropriate, allow alternate assignment or assessment formats such as oral assessments
- the school psychologist liaises with school staff and parents to discuss what school supports and strategies staff can put in place to assist in addressing Daniel's social-emotional needs.

The school has updated Daniel's personalised learning plan and health care plan to reflect these changes, and will continue case conference meetings each term to review Daniel's progress, as well as the usual communication through emails between key parties.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	<ul style="list-style-type: none"> • Yes, adjustments are provided to enable a student with disability to access education on the same basis as other students. • As defined by the DDA, Daniel has a malfunction, malformation or disfigurement of a part of his body.
	Do you have evidence?	Yes <ul style="list-style-type: none"> • Medical reports from health professionals • Notes from meetings with occupational therapist, school psychologist, school staff and Daniel's parents • Personalised education plan • Healthcare plan • Staff training plan
2	What is the level of adjustment?	Substantial <ul style="list-style-type: none"> • Daniel has increasing support needs related to his self-care and education and is supported through adult assistance most of the time. • Daniel requires regular direct support to access adjusted curriculum content in order to be able to participate in education on the same basis as his peers.
3	What is the category of disability?	Physical
	Is the student included in the NCCD?	Yes. Record and submit the data (Step 4).

Sam

Sam is a 16-year-old boy with a diagnosis of Duchenne muscular dystrophy (DMD). He has attended the same secondary college since commencing in Year 7, which coincided with the time when the weakness in Sam's leg muscles was such that a wheelchair became necessary.

As he has grown and his symptoms have progressed, Sam's physical and emotional needs have become more complex and his ability to demonstrate his understanding of the curriculum has diminished.

Sam is in a powered wheelchair, which is large and makes access to some areas of the school difficult. He is developing increasingly severe scoliosis, due to the increased time spent in a wheelchair since the age of 12, and complications arising from deterioration in his respiratory muscles. Sam is undergoing corticosteroid therapy, a medication used to manage DMD and slow the progression of muscle weakness. As a result, he is experiencing the distressing side effects of weight gain, glucose intolerance and skin problems.

Sam's personal care needs have also recently increased due to progressive muscle weakness. He is no longer able to self-transfer when using a universal access toilet and is becoming physically fatigued more quickly, leading to shortness of breath.

Recently, Sam's medical specialist team advised that he should avoid using his hands for fine motor activities, as all his movements take significant effort and energy, and instead make greater use of mechanical devices. They also advised of the need for Sam to have regular breaks to focus on his respiratory care (eg through deep breathing and coughing). As a result of his physical deterioration, and the side effects of the powerful anti-inflammatory medications he is taking, Sam is experiencing psychological difficulties and low self-esteem.

Due to the recent rapid deterioration and the changing recommendations from Sam's medical specialist team, an urgent Student Support Group (SSG) meeting was scheduled to review and plan for his educational needs and adjustments. In preparation for the meeting, the school's Additional Needs Coordinator requested interim reports from all of his teachers regarding his progress, and liaised with Sam's occupational therapist and speech pathologist, inviting them to attend the meeting or to provide written recommendations for the school to consider in planning for Sam.

With consent from Sam's parents, the school welfare coordinator also liaised with Sam's private clinical psychologist to discuss what school supports and strategies may assist in addressing Sam's social-emotional needs.

The Student Support Group occurred the following week, with Sam and his mother attending, along with the school Principal, Additional Needs Coordinator, Year Level Coordinator, Welfare Coordinator, regional visiting teacher and hospital occupational therapist. A written summary report with recommendations was provided by the speech pathologist, who was unable to attend.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	<ul style="list-style-type: none"> • Yes, adjustments are provided to enable a student with disability to access education on the same basis as other students. • As defined by the DDA, Sam has a malfunction, malformation or disfigurement of a part of his body.
	Do you have evidence?	Yes <ul style="list-style-type: none"> • Medical reports from health professionals/medical specialist team • Records of SSG meetings (including participation from Sam and his mother) • Notes from conversations with Sam's clinical psychologist • Staff training plans/schedules
2	What is the level of adjustment?	Substantial <ul style="list-style-type: none"> • Sam requires regular direct physical support, when necessary, for toileting and physical tasks during the school day • Adjusted access to curriculum through the use of a tablet with accessibility utilised • Staff training in tablet accessibility • Access to essential specialised support services for using technical aids • Assistive services for Sam's specific needs • Regular visiting teacher and/or external agency support • Professional development for school staff in the use of the hoist. • Adjustment to physical education and sporting activities to allow for Sam's participation as far as his fatigue levels will allow
3	What is the category of disability?	Physical <ul style="list-style-type: none"> • Sam has a physical disability in the form of Duchenne muscular dystrophy.
	Is the student included in the NCCD?	Yes. Record and submit the data (Step 4).

Sam (continued)

At the meeting, the following additional educational adjustments were identified in order to assist Sam in conserving energy throughout the school day and to do the things other students are engaging in within the educational setting:

- Sam would use tablet technology to replace pen and paper and other fine motor tasks for a significant amount of his educational program
- the speech pathologist and occupational therapist would assist the school in selecting the appropriate tablet, based on Sam's access and educational needs
- Sam's teachers and education support staff would be required to undertake professional development in the use of tablet technology in education
- the occupational therapist would educate school staff in how they can help Sam with everyday tasks to optimise his ability to remain independent in daily activities, for example, new ways to eat, play, and participate in other activities
- use of a special desk top
- a hoist would be fitted in the universal access toilet to enable better access for Sam
- key staff would be trained in the appropriate use of the hoist
- the availability of physical assistance, when necessary, for physical tasks
- ensuring that Sam can easily access papers, books, and other materials within the classroom, and that he's able to use the wheelchair easily in the classroom
- allowing Sam to provide answers verbally due to decreased writing abilities
- Sam would be provided with access to the senior school common room for rest periods throughout the day when considered necessary
- key staff would be trained in wheelchair use and maintenance, and in the use of special devices to assist Sam with his respiratory care
- provision of physical education for Sam with adapted physical education specialist support 50 minutes weekly
- implementing rule modifications for physical education activities so that Sam is not out and not participating more often than he is participating (noting that he is not expected to participate in cardiovascular, strenuous or high level of activities due to his disability)
- the school Welfare Coordinator would continue to liaise with Sam's psychologist to ensure appropriate and timely information could be provided to Sam's school friends and staff to best support his social-emotional needs
- school staff would be provided with support as necessary, including access to the system Employee Assistance Program, to help staff cope with the emotional impact that the progression of Sam's illness has had.

Another Student Support Group meeting was scheduled in six weeks to review the progress of the above adjustments and to discuss Sam's progress. Sam would be invited to attend the meeting to provide feedback and raise any other suggestions for the group.

Tristan

Tristan is a 16-year-old boy with a diagnosis of intellectual disability with autism. Tristan attends a mainstream secondary school in a large regional city, but accesses some specialised programs at the onsite Education Support Centre.

Tristan is non-verbal and typically communicates his needs using gestures, some basic signing and visual–pictorial communication systems. He enjoys attending school but does find it difficult to manage his sensory issues and requires significant supervision and assistance to recognise when he needs to take a break from an activity, communicate his feelings or make a request for assistance. His current individual education plan (IEP) and behaviour management plan (BMP) are focused on learning-to-learn behaviours, functional skills in the community and transition to community-based activities over the next three years. His functional program centres on self-care, hygiene, communication and personal safety. Tristan requires full adult assistance for all aspects of his program.

Key learning outcomes for Tristan include:

- daily routines such as help to unpack his school bag on arrival and pack it on departure
- tolerate touch/speech cues used in the routines for greeting, meal time, toileting and home time
- relation of concrete objects to a particular classroom activity such as nappy – toilet; or bowl and spoon – cooking.

Key communication outcomes for Tristan include demonstrating one or more of the following when interacting in one-to-one situations where the communication partner is positioned within 30 cm and these are then copied/commented on by the communication partner:

- moves head/eyes/arms/legs or mouth while interacting
- makes facial changes and shows pleasure with interaction
- makes vocalisations of different volumes and tones.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	<ul style="list-style-type: none"> • Yes, adjustments are provided to enable a student with disability to access education on the same basis as other students. • As defined by the DDA, Tristan has a disorder or malfunction that results in him learning differently from a person without the disorder.
	Do you have evidence?	Yes <ul style="list-style-type: none"> • Reports from medical professionals • Individual education plan • Behaviour management plan • Notes from the disability service provider • Staff training plans/timetables • Notes on meetings with parents and staff
2	What is the level of adjustment?	Extensive <ul style="list-style-type: none"> • Tristan requires individual adult assistance for all aspects of his program, all of the time, in order to implement explicit targeted adjustments that are individualised and comprehensive. • Full-time support is given to achieve communication outcomes, functional self-awareness and personal hygiene and feeding.
3	What is the category of disability?	Cognitive <ul style="list-style-type: none"> • Tristan has a cognitive disability. • Tristan's disability has cognitive, social/emotional and sensory aspects. • If a student has multiple disabilities, the school team, with the support of specialist advice, will select whichever disability category has the greatest impact, based on their informed professional judgement, on the student's education and is the main driver of adjustments to support their access and participation. • The category of disability, therefore, is cognitive as the intellectual disability has been deemed to have the most impact.
	Is the student included in the NCCD?	Yes. Record and submit the data (Step 4).

Tristan (continued)

Tristan requires extensive support to manage his behavioural responses to sensory stimuli. He will not always act predictably to any given sensory input, and therefore regular functional behaviour analysis is performed with all staff across both sites to re-evaluate his engagement with all aspects of his environment across all settings (school, community and home). This is to ensure that Tristan is provided with a consistent set of responses and strategies that support his changing behaviour needs.

Tristan has as one of his goals increasing his engagement with the disability service provider in his community, as chosen by his family. This requires cross-training between disability service provider staff and school staff to ensure that there is consistent and detailed understanding of Tristan's individual program. Shared professional learning, planning and collaborative case meetings occur monthly to ensure a highly individualised transition program for Tristan.

Alistair

Alistair is a Year 9 student who is profoundly deaf and attends a specialist Deaf Centre at a mainstream secondary college. Alistair uses Auslan based signs with prompting. He does not understand facial expression, body language or other social cues, nor can he lip read. He appears stressed when over stimulated and prefers not to watch and/or mix with others. Alistair initially required 1:1 support 100 per cent of the time, but this has reduced slightly to 90–95 per cent and he responds positively with that amount of support. He finds it difficult to work independently at any time. His intellectual functioning indicates good non-verbal skills, which allow the school to build on this skill to give Alistair challenges at school. His literacy and numeracy skills are at a very low primary school level. However, with support, his photography skills are excellent.

The following adjustments are provided to Alistair:

- Alistair requires a signing interpreter at all times. He also requires a mentor (teacher of the deaf) to clarify the signing interpreter's message. Alistair requires support with the vocabulary of his mainstream classes. He is learning new words at the same time as new concepts, which hearing students do not need to do.
- Access is provided to support services of school-based teachers of the deaf, system psychologists and audiologists.
- Regular meetings are held with these teachers, mainstream teachers and Alistair's family to ensure he is motivated and 'comfortable' (NB 'comfort' for a deaf student means that they are not stressed by the environment and can therefore maintain eye contact). Communication between his teacher of the deaf and family occurs daily or weekly as deemed necessary.
- System specialist officers provide monthly support with Alistair's mental health as he learns how to deal with each new context he faces and to deal with his sensory and socialisation issues.
- Alistair receives a report from the Deaf Centre and his mainstream options classes, and these reports are translated into sign language on disc so he can understand his own progress.
- Alistair requires tuition in a small class of six students but must be accompanied by his educational interpreter and deaf mentor. He will work quietly on task if he has the appropriate support.

Alistair has access to a small withdrawal room if he requires a break and time away from other people. This is particularly useful if he cannot make it through the whole of the mainstream classes. The Deaf Centre rooms do not have the visual or auditory distractions found in the mainstream classes.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	<ul style="list-style-type: none"> • Yes, adjustments are provided to enable a student with disability to access education on the same basis as other students. • As defined by the DDA, Alistair has the malfunction, malformation or disfigurement of a part of his body.
	Do you have evidence?	Yes <ul style="list-style-type: none"> • Medical reports from medical professionals • Notes from meetings between special school teachers, mainstream school teachers and Alistair's parents • SEND school psychologists' and audiologists' reports • Personalised plan and notes from the educational interpreter and deaf mentor • Monthly mental health reports • Reports from the Deaf Centre and mainstream options class and translations
2	What is the level of adjustment?	Extensive <ul style="list-style-type: none"> • Full-time signing interpreter • Specialist teacher of the deaf within a small group of six students for some subjects • Support services including psychologists, audiologists and specialist teachers • Access to a small area when he needs to recover from fatigue or sensory overload
3	What is the category of disability?	Sensory <ul style="list-style-type: none"> • Alistair has a sensory disability. Alistair is profoundly deaf.
	Is the student included in the NCCD?	Yes. Record and submit the data (Step 4).

Aaron

Aaron is a Year 10 student at a district high school. His belongings are never organised and he often asks to leave the class to look for personal items. Aaron will often become defiant and raise his voice when told he can't do something. He has a small group of friends, who tend to encourage this behaviour. In the playground Aaron is often involved in bullying. He is verbally abusive towards other groups of students, provoking arguments, although they rarely escalate to any physical confrontations. Aaron will regularly return to class highly agitated and verbally defiant of teachers' instructions to calm down. He can often be heard muttering swear words under his breath within adult hearing.

Aaron has a very difficult home life and the school believes a lot of these behaviours are due to Aaron's parents' reactive parenting style based on physical discipline. Aaron's parents have not reported any previous mental health or medical issues that may explain his current behaviour.

To assist Aaron to manage his behaviour the school, in conjunction with the school psychologist, has developed a documented plan targeting a range of behaviours. Aaron's parents chose not to come to the meeting but have been sent a copy of Aaron's documented plan and invited to give feedback.

To assist Aaron in managing his behaviour, the school:

- has implemented 'Stop, Think, Go' strategies
- reinforces observed positive interactions with Aaron
- has assigned seating arrangements to reduce triggers.

All teachers have been updated and advised on Aaron's behaviour goals and current strategies for the classroom and playground. Consequences and incident reporting are undertaken as per the usual school Behaviour Management Policy. A review meeting will be held in three months' time unless there is a need for an earlier review.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	As defined by the DDA, Aaron is not receiving adjustments due to disability and should not be included in the NCCD.
	Do you have evidence?	No <ul style="list-style-type: none"> • Aaron does not have a disability but he is receiving non-disability related adjustments through a behaviour management plan. • Aaron may require adjustments to address disability in the future if it is found that he has a mental health or other medical issue. • If so, evidence needs to be provided to support the category of disability.
2	What is the level of adjustment?	The adjustments provided are not attributable to a recognised disability at this time.
3	What is the category of disability?	As defined by the DDA, Aaron does not have a disability and should not be included in the NCCD.
	Is the student included in the NCCD?	No

Billy

Billy is a Year 3 student attending a primary school in a large country town. Billy is working approximately two years behind grade level in most areas. While Billy's teachers have not ruled out a specific learning disability, they believe his consistent non-attendance at school has had a significant impact on his literacy and numeracy development. This in turn impacts on his achievement in areas such as science and humanities. The school has discussed their concerns with regard to academic achievement and attendance with Billy's parents. Billy is on an individual education plan (IEP) to address his attendance, literacy and numeracy issues. The IEP has been sent home to his parents.

The strategies in place to address Billy's attendance have had some success and he now attends approximately three days per week. The key strategies the school is using to support Billy include:

- a small-group intervention program for literacy
- a differentiated maths program to target the gaps identified in his maths concepts
- allowing Billy to demonstrate his content knowledge in a range of formats such as giving verbal answers to content based questions in science.

The school is waiting to see the impact of their teaching and learning adjustments now that Billy is attending more frequently. They will make a judgement and possibly discuss testing with the School Psychologist depending on Billy's progress over the next year, as at this stage his non-attendance could be a more reasonable explanation for his low achievement levels.

Step	Description of step	Background information to hypothetical that supports inclusion in NCCD
1	Is there an adjustment to address disability	As defined by the DDA, Aaron is not receiving adjustments due to disability and should not be included in the NCCD.
	Do you have evidence?	<p>No</p> <ul style="list-style-type: none"> • Billy does not have a disability but he is receiving some non-disability related adjustments (eg differentiated maths program). • Billy may require an adjustment(s) to address disability in the future if it is found that low attendance is not the only cause for his low achievement levels. • If so, evidence needs to be provided to support the category of disability.
2	What is the level of adjustment?	The adjustments provided are not attributable to a recognised disability at this time.
3	What is the category of disability?	As defined by the DDA, Billy does not have a disability and should not be included in the NCCD.
	Is the student included in the NCCD?	No

Hypothetical case studies on asthma

When not to include

A number of students at a P–12 school have asthma. For some of these students, their health condition has no functional impact on their access to, or participation in, schooling. No ongoing, long-term adjustments need to be provided for these students to receive the same opportunities as other students. While the school provides staff training on the management of asthma for teachers and relevant staff on an annual basis and requires parents to complete asthma plans for all students with asthma, these particular students do not require ongoing adjustments. Parents of these students would have agreed that ongoing monitoring was not required but would notify the school should their children's health needs change. Some students, typically older students, are able to manage their condition themselves and are capable of self-monitoring and taking medication when required without the need for school involvement.

When to include

For other students within the school, however, their asthma does impact on their schooling to varying degrees. Some of these students may need to be reminded weekly to take their medication while other students may require teacher assistance with taking medication. Teachers are conscious of the health needs of these students when planning for school camps or excursions; however, regular support is not required for these students other than ongoing monitoring. The health needs of these students are being provided through quality differentiated teaching practice.

Resources

- [NCCD Portal](https://www.nccd.edu.au)¹⁴
- [Australian Government website](https://www.education.gov.au/what-nationally-consistent-collection-data-school-students-disability)¹⁵

¹⁴ <https://www.nccd.edu.au>

¹⁵ <https://www.education.gov.au/what-nationally-consistent-collection-data-school-students-disability>