

Learning Support Framework | Case Managers what are we doing? - For Students, Teachers and Whole School

Universal	Targeted	Intensive
<p>Contact census schools – send an introductory email and phone school Introducing staff/building rapport with student, family and census school</p> <p>Provide contact details to student, carers and census school.</p> <p>Liaise with parents focusing on a student's educational plan and when relevant health care plan</p> <p>Check medical contact precautions i.e. personal protective equipment, and medical isolation e.g. Cystic Fibrosis (CF) MRSA (Methicillin resistant Staphylococcus aureus)</p> <p>Liaise with Ward Coordinator and establish timetabling for students Oncology/CF etc.</p> <p><u>Assessment for Learning</u>: Access census school SMART data for students in stage 2 and above prior to administering any individual assessments. PLAN and also best start assessment for Kindergarten. Use of Informal assessment to gauge level of understanding – using teacher judgement.</p> <p>Developed student's education goals and PLSP while hospitalised</p> <ul style="list-style-type: none"> ➤ Provide appropriate educational material. ➤ Teaching to student's desire/strength. ➤ Collate work from census school (including Distance Education) - adjust/accommodate/scaffold where necessary. ➤ Adjust learning opportunities depending on health/wellness status ➤ Sharing educational information with the school team (verbally/electronically/team meetings) ➤ Work with social worker and allied teams <p><u>Assessment of learning</u> teachers use evidence of student learning to assess achievement against outcomes and standards. ('summative assessment'). It usually occurs at defined key points during a unit of work or at the end of set work or long term admissions. This information would be used to use to for SCHS reporting to families and census schools and informing census school of the level of engagement and outcomes achieved while at SCHS.</p> <p>Document all interactions/ward sessions/educational services on electronic student record. This involves clearly stating educational lesson provided and outcome, wellbeing supports/issues/exchange of information and actions recorded.</p> <ul style="list-style-type: none"> ➤ Document all contact with census school on electronic student records ➤ Add (electronically) any relevant educational documentation to student records. <p>Teacher and classroom teams set and communicate expectations and rules for all students. Personal student daily and weekly goals sheets completed.</p> <p>Follow SCHS Attendance Procedures - T:\Teacher\Attendance</p> <ul style="list-style-type: none"> ➤ Complete Student Short Term Attendance sheets, check rest of team have completed correctly and responsible to email to administration team weekly and on discharge. <p>Teachers need to complete SCHS reports for students:</p> <ul style="list-style-type: none"> ➤ enrolled 4 weeks or more ➤ with a disability that has a PSLP and adjustments in place ➤ is leaving hospital significantly different then when they left the census school ➤ outcome and SMART goal based reporting 	<p><u>All Universal plus</u></p> <p>Select further specific level assessment tasks after analysis of a student's performance</p> <ul style="list-style-type: none"> ➤ Neal Phonemic Skills Screening test, PLASST, Johnson Basic Vocabulary, Sutherland Phonological Awareness tests or Phonological assessment for older students <p>Develop and modify program with guidance from census school, health teams and parents. Access census school plans (e.g. behavior, PLSP, health care) and modify where appropriate</p> <p>Risk management/ behaviour management, health plans shared amongst whole staff/school to ensure support is provided in all settings. Placed in resource room for Healthcare – multipurpose room</p> <p>Collaborative planning and team work with other SCHS staff for specific strengths and skill areas.</p> <p>Distinguish between medical conditions (CF/oncology) and ensure timetable is equitable. Must follow below when we have CF or immunosuppressed students:</p> <p>Teacher CM responsible for:</p> <ul style="list-style-type: none"> ➤ daily timetabling of each enrolled immunosuppressed/CF student they are case manager for. ➤ collaborating with both team's P & HS re student timetable if they cannot put in place a plan to accommodate both students in their primary or their HS class/team ➤ putting session time/s on the whiteboard in staffroom before end of day (by end of lunchtime if possible). ➤ communicating each day with parents (CPB, Ronald McDonald, outpatient) if student attending full time needs to move to partial attendance or vice versa <p>Ward Coordinator responsible for:</p> <ul style="list-style-type: none"> ➤ will communicate the next day's timetable for relevant WARD students to ward each afternoon before leaving for day. Understanding this will be depended on the student being flagged for c/r service. ➤ flag the days' timetable for the CF or immunosuppressed student at each morning ward handover. ➤ confirm is CF patients are cleared for school and do not have Burkholderia Cepacia and Mycobacterium Abscessus ➤ If the c/r timetabled student has been flagged as a ward service, the Ward Coordinator will communicate this to teacher CM and take off whiteboard in staffroom. ➤ Will decide what student can take up that additional session and communicate to teacher CM and ward SLSO will then contact re the opportunity of increased time to either the ward or the parent of CPB, Ronald McDonald, outpatient <p>Co-ordinate connected classroom sessions where appropriate</p> <p>Implement coordinated approach to learning goals with input from Allied Health teams and maintain regular contact with census school and parent</p> <p>Consult LST coordinator for support with planning, connecting with health and education teams and developing personalised learning support plans.</p> <p>Consult SCHS principal when student, family, treating team or census school needs to be flagged. All students with risk assessments and implications to school planning need to be discussed with Principal.</p> <p>Co-ordinate health/education /multidisciplinary meetings. Organising planning or transition meeting that you make sure:</p> <ul style="list-style-type: none"> ➤ Parent and census school rep are invited. We are required under the DDA to show we have consulted with parents. They have an option to teleconference, adobe connect or video Conference in if they physically cannot be here. ➤ That an agenda is set with all parties asked for input ➤ Relevant health team members are involved ➤ Transition and complex planning meetings that all parties have contributed to page one of the Coordinated Support Plan found in T:\Teacher\Learning and Support\SCHS templates\Plan's 	<p><u>All Universal and Targeted plus</u></p> <p>Contact FACS, Out of Home Care when appropriate</p> <p>Report to health staff</p> <p>Coordinate extensive support transition meetings</p> <p>Complete Access Requests (in association with census and SCHS School Counsellor)</p> <p>Complete PLAAST with input from LST and Allied Health</p> <p>Attend Census school meetings when needed.</p> <p>Compile with accountability for Nationally consistent collection of data on school students with disability (NCCD). School staff complete professional learning where required to strengthen understanding of their obligations under the DDA and Disability Standards for Education.</p> <p>Teachers and school teams/LST C determine the level of adjustment being provided for each student with a disability and their broad category of disability.</p> <p>Establish evidences of personalised learning and support being provided for students with disability in four key areas:</p> <ul style="list-style-type: none"> ➤ Assessed individual needs of the student ➤ Consultation with parents and carers about adjustments to be provided for the student ➤ Adjustments provided to the student based on assessment of their individual needs ➤ Monitoring the impact of the adjustment.