# Contents

1. Preamble........................................................................................................................................... 2  
2. Introduction......................................................................................................................................... 2  
3. The Intervention Framework ............................................................................................................. 3  
   The Intervention Process .................................................................................................................. 4  
4. Privacy Policy ................................................................................................................................... 5  
   Privacy - Collection and Management of Private and Personal Information ................................. 6  
5. The CEOB Referral Service ................................................................................................................. 7  
   CEOB Staff ........................................................................................................................................ 8  
   Access to Services ........................................................................................................................... 9  
   Roles and Responsibilities of the PSG .............................................................................................. 9  
   Role of the School in Supporting a Referral ..................................................................................... 9  
6. Factors Impacting on the Referral Process .......................................................................................... 10  
   English as an Additional Language or Dialect (EAL/D) ................................................................. 10  
   Assessment Limitations .................................................................................................................... 11  
   Carer's Allowance ........................................................................................................................... 11  
7. Referral Services ............................................................................................................................... 12  
   Education Officer - Additional Learning Needs .............................................................................. 12  
   Speech Pathology Service ............................................................................................................... 12  
   Psychology Service ........................................................................................................................ 13  
   Visiting Teacher Service .................................................................................................................. 14  
   Criteria for the Visiting Teacher Service .......................................................................................... 15  
8. Educational Needs Assessments for Students in Out-of-Home Care ................................................ 16  
9. References ........................................................................................................................................... 17
1. Preamble

The following document, Catholic Education Office Ballarat (CEOB) Student Services Referral Process, provides a guide to assist schools in supporting students with diverse learning needs.

The CEOB referral service is underpinned by the Catholic Education Commission of Victoria Ltd (CECV) Intervention Framework. The CECV Intervention Framework provides a clearly articulated Intervention Process to guide schools through effective practices for the identification, assessment, intervention and evaluation of student learning needs.

The CECV Intervention Process is relevant for all students and should be applied for individual students prior to consideration for a CEOB referral service.

Included in the guide is information related to:

1) the CECV Intervention Framework and the related Intervention Process - a recommended process for schools to utilise when supporting students with diverse learning needs;

2) the CEOB Referral Service - a referral service may be requested where the school has documented processes for identification, assessment, intervention and evaluation of student needs, which has resulted in minimal impact on student progress and achievement.

The CEOB Referral Service provides schools with access to additional consultative support.

2. Introduction

Catholic education in the Diocese of Ballarat places the student at the heart of all endeavours relating to teaching and learning. It adopts a contemporary learning approach that is personalised and responsive to the learning needs, interests and experiences of each student. Catholic schools are communities of compassion, where all are welcome, relationships are founded on love and respect, and all are called to care for those in need and to work for a better world. With Jesus Christ as our source, the Catholic Education Office-Ballarat strives through service and leadership to nurture respectful and trusting relationships, to facilitate learning that builds capacity and promotes flourishing and to enable effective stewardship Catholic Education Office Ballarat, Vision Statement 2013.

The CEOB provides access to referral services and consultative support to schools, to promote the development of inclusive practices that cater for students with diverse learning needs. Educators are constantly seeking effective ways to meet the needs of all learners so that every student can experience success. When students learn differently, teachers work to identify their learning needs and intervene. This intervention may be in the form of specific teaching in any particular instance, or it may be over a longer, more sustained period. These interventions are necessary to support academic and social achievement. In order to identify the most effective services, educators must understand the demands of the curriculum, their instructional practices, and their students as learners. The CEOB provides access to additional consultancy and direct support to schools through an established referral service. The service is founded upon the core processes outlined in the Catholic Education Commission of Victoria Ltd (CECV) Intervention Framework.
3. The Intervention Framework

The CECV Intervention Framework is a recommended model to support schools in managing student engagement and learning. The Framework identifies key principles, structures and processes that need to be considered in developing effective school practice (refer Figure 1).

Figure 1: The CECV Intervention Framework

‘Catholic schools are communities of hope, committed to providing an outstanding education where all our young people have the opportunity to develop to their full and unique potential’. As a vibrant Catholic learning community, the CEOB strives through service and leadership to nurture respectful and trusting relationships, to facilitate learning that builds capacity and promotes flourishing and to enable effective stewardship.
All students are expected to receive appropriate, high-quality instruction within a broad array of instructional strategies operating within the general educational setting. The CECV Intervention Framework was designed to scaffold learning and strategically support learners, and is founded upon the following principles, which have been informed by Gospel values and strong beliefs of justice and equity where the child is at the heart of education:

- All students can learn.
- Effective schools enable a culture of learning.
- Effective teachers are critical to student learning success.
- Learning and teaching are inclusive of all.
- Teaching support matches the needs and talents of the student.
- Effective teaching practices are research-based.
- Inclusive schools actively engage and work in partnership with the wider community.

The CECV Intervention Framework provides a structure for educators to work in teams to best understand and meet the learning needs of students. It seeks to support schools to meet compliance requirements under the Disability Discrimination Act 1992 and the associated Disability Standards for Education 2005. The Disability Standards clarify and describe more explicitly the rights of students and the obligations of schools under the Act. The Standards are intended to give students with disabilities the same rights as other students. They are based on the proposition that all students, including students with disabilities, should be treated with dignity and enjoy the benefits of education and training in an educationally supportive environment.

**The Intervention Process**

In order to further support schools, steps have been outlined as an ongoing ‘Intervention Process’ encompassing accurate identification and ongoing monitoring of individual students, with particular emphasis placed on identifying students who may require additional support to actively and successfully engage in appropriate learning.

The steps outlined in an intervention process encompass: Identification, Targeted Assessment, Analysis & Interpretation, Learning & Teaching, and Evaluation (refer Figure 2, page 5). The appendix of this resource presents a series of guiding questions that can be used by teachers to assist them in working through the Intervention Process. Further information regarding the Intervention Framework can be found on the CEVN website under publications / CECV- Intervention-Framework.pdf
1. **IDENTIFICATION**
Teachers collect quality information from a range of sources. This information is used to identify strengths and guide improvement. Students with diverse learning needs are identified and provided with a personalized learning pathway to actively and successfully engage them in learning.

2. **TARGETED ASSESSMENT**
Students with diverse learning needs may require more specific assessment and/or data to inform the development and delivery of appropriate educational pathways that target the student’s individual needs.

3. **EVALUATION**
Student progress is monitored and adjustments are made to the targeted instruction and/or the PLP to improve the educational outcomes of students and the quality of the education programs. Processes for the evaluation are clearly identified in the PLP and the Learning Planner (work program).

4. **ANALYSIS & INTERPRETATION**
Analysis of student data (including a range of information from multiple sources) are used by teachers and/or the Program Support Group to develop targeted instruction and/or a Personalised Learning Plan (PLP).

5. **LEARNING & TEACHING**
Student data is used to plan and document an educational pathway which includes targeted instruction and/or a Personalised Learning Plan (PLP). These educational pathways are then matched with appropriately trained educators.

*The monitoring process includes ongoing data collection and analysis of a student’s progress, and if the student is observed to need additional support at a later stage, then steps 2-5 would be initiated.*
Schools seeking to engage with the CEOB regarding the specific needs of any student via the referral service have an obligation to carefully explain the entire referral process to parents or carers. Care must be taken to ensure that the parent/carer understands the purpose of the referral and ongoing support services being requested. This discussion must be recorded in the Program Support Group (PSG) minutes that accompany the referral. The PSG minutes and/or referral request must also reflect specific written consent for the provision of any health or personal information that will be attached to the referral. Parents will also be required to provide consent for additional reports or health information to be provided to the CEOB during the course of the referral service. Once the school is notified that the referral has been accepted, they must also inform the parent/carer of the person that will provide the initial service, the service stream (psychology, education officer—additional learning needs, speech pathology or visiting teacher) and the date of the initial visit when known. Parents must also be informed that they are able to opt out at any time by notifying the school formally at a PSG, by email or letter. The school is then able to place the documented ‘request to discontinue service’ in the file and advise the CEOB to discharge the service. In this context, parents will need to know that these documents (reports, file notes and assessments) will be placed on file at the CEOB. Caseworkers allocated to support a child’s educational program will use these files as reference material should a written request for a CEOB referral service be made in the future. They should also be referred to the school’s own privacy statement, and that of the CEOB, for further information.

Privacy - Collection and Management of Private and Personal Information

Schools collect large amounts of personal information including highly sensitive information, and must carefully consider protocols and practices regarding privacy. Privacy must be taken into consideration where parents provide health information pertaining to their child.

The Australian Privacy Principles, in effect as of March 2014, require schools to:

- take steps to ensure compliance, including formation of a privacy policy and collection statements
- manage personal and health information in an open and transparent way ensuring the confidentiality of all documents and information
- ensure that the information collected about students is relevant to their education and that information is only used for the primary purpose for which it was collected
- ensure that written consent is gained prior to providing the information to a third party i.e. anyone beyond the current school and family

The school must also provide information for parents regarding processes for access and correction of personal information.

Schools should refer to the Privacy Compliance Manual, September 2013, of the Independent Schools Council of Australia and National Catholic Education Commission, for additional information.
5. The CEOB Referral Service

The CEOB provides access to a referral service aimed at enhancing the capacity of Catholic primary and secondary schools to assist students with diverse learning needs. CEOB staff provide consultative services to Program Support Groups (PSG) and have a collaborative role in assisting teachers and informing the development of Personalised Learning Plans (PLPs) for students with diverse learning needs. School communities are also able to access support to refine inclusive practices, consultancy services and facilitation of professional learning.

CEOB staff providing student support services work as members of a multidisciplinary team. Student support referral services are accessed by schools through an established referral process. Parents need to approve the direct involvement of student support service staff with their children. The referral process is common across all schools in the Diocese of Ballarat and utilises the expertise of staff in a multidisciplinary, integrated model of service delivery. The service effectively utilises the skills of CEOB staff and aims to provide fair, just and equitable access to services to support students and schools at each level of the intervention process. It draws strongly on the Response to Intervention (RtI) model (refer Figure 3).

![Figure 3: Essential Components of RtI (Source: <http://www.rti4success.org/>)](http://www.rti4success.org/)

The RtI model is based on the belief that teachers have the responsibility to create the best possible learning environment for each and every student through effective screening, progress monitoring and data-based decision-making processes utilising a multi-level decision-making system. The multilevel system is often described as having three levels or tiers of support. All students are provided with quality learning experiences and where additional support requirements are identified a ‘second tier’ of instruction is available, providing focused and intentional strategies to meet the needs of a smaller and more targeted audience. Should further support be required, students are able to access intensive strategies through a ‘third tier’ of instruction and extensive adjustment. It is expected that students move between and within the tiers of instruction (refer Figure 4, page 8).
CEOB Staff
The Assistant Director – Head of Educational Services is responsible for the referral service provision model and coordination of high-level advice to principals and schools and system-level services, including targeted funding support.

Staff providing referral services are located at the following regional offices:

CATHOLIC EDUCATION OFFICE BALLARAT
5 Lyons Street South, Ballarat VIC 3350 / PO BOX 576, Ballarat VIC 3353
P: (03) 5337 7135 / F: (03) 5331 5166
E: www.ceoballarat.catholic.edu.au ABN: 45 121 091 506

HORSHAM CATHOLIC EDUCATION OFFICE SERVICE CENTRE
Unit 1/8 McLachlan Street, Horsham VIC 3402 / PO BOX 20, Horsham VIC 3402
P: (03) 5337 7135 / F: (03) 5381 2081

MILDURA CATHOLIC EDUCATION OFFICE SERVICE CENTRE
151A Langtree Avenue, Mildura VIC 3502 / PO BOX 5106, Mildura VIC 3502
P: (03) 5337 7135 / F: (03) 5023 8399

WARRNAMBOOL CATHOLIC EDUCATION OFFICE SERVICE CENTRE
92A Liebig Street, Warrnambool VIC 3280 / PO BOX 1019, Warrnambool VIC 3280
P: (03) 5561 1177 / F: (03) 5561 2061

CEOB referral services are provided by Education Officers:
• Education Officer: Additional Learning Needs
• Speech Pathologists
• Psychologists
• Visiting Teachers (Hearing Impairment)
• Visiting Teachers (Physical/Chronic Health Impairment)
• Visiting Teachers (Vision Impairment)
Access to Services
The CEOB recognises education as a partnership between parents as the first educators of their child and the school to whom those parents entrust their child. The active engagement of families is critical to student development, wellbeing and learning. ‘Effective communication between home and school is essential for developing and maintaining a positive partnership. This partnership is of critical importance when planning programs for students with diverse learning needs. For these students, formal communication takes place through regular PSG meetings’. (CECV Intervention Framework 2015, p.19). A PSG should be convened as the first step in planning structured support for students. In many cases the PSG is established as part of the enrolment process to facilitate transition. In planning for a PSG meeting, schools will have followed the steps outlined in the CECV Intervention Process (CECV Intervention Framework 2015, p.8).

Roles and Responsibilities of the PSG
• The PSG is a cooperative partnership to support students with diverse learning needs.
• Members of a PSG may include: the principal (chair) or nominee; parent; guardian or caregiver of the student; teacher(s) nominated as having responsibility for the student; parent advocate if requested by the parent; student where appropriate; consultants as agreed by the group; support staff working with the student (Learning Support Officer [LSO]).
• The PSG is available to any student with diverse learning needs.
• The PSG is a formal meeting process and minutes are taken, ratified and distributed.
• PSG minutes must accompany any referral in order for it to be considered valid.

A PSG may also be referred to as a Student Support Group (SSG). Further information regarding PSGs can be located in the CECV Intervention Framework on the CECV website, as well as on the CEVN website under Curriculum & Student Support / Student Services / Program Support Group Guidelines.

Role of the School in Supporting a Referral
It is the responsibility of the school to fully discuss and inform parents about the services provided through the CEOB Referral Process. This includes obtaining parent consent for information disclosed and documentation accompanying any referral.
6. Factors Impacting on the Referral Process

English as an Additional Language or Dialect (EAL/D)

Prior to any formal assessment, it is important to consider the child’s socio-linguistic background as English may be an additional language or dialect (EAL/D). Formal assessments used by CEOB staff use normative data for Western cultures and populations (usually USA, UK and/or Australia), thus using them to assess students with an EAL/D background may incorrectly identify them as ‘underperforming’ or presenting with a learning disability when they are in fact developing appropriately considering their phase of English language learning.

While EAL/D students may demonstrate basic social competence in English within six months to two years, research indicates that they may take five years or more to demonstrate academic competence, both orally and in writing, at a level commensurate with their native-speaking peers (Collier 1995). Refugee students may take between seven to ten years to develop the academic English language skills required in a classroom to the level of their English-speaking-background peers, as indicated by Collier and Thomas’s study (2009, as cited in Miller & Windle 2010). The length of time that students may need to acquire English proficiency varies depending on a range of factors including:

- previous educational experience and whether the student has developed literacy in the first language
- the degree of competency and whether there has been continued development of the student’s first language
- the degree of exposure to and use of English
- the similarities or differences between the student’s first language(s) or dialects to Standard English
- the student’s age, stage of development and point at which they began to learn English
- the student’s personality and disposition, feeling of self-esteem and attitude towards learning English
- the gender, socio-economic status and general ability of the student and expectations of family
- the level of support for English language development that parents, caregivers or family members are able to provide
- the level of support provided by the school/teachers

The CEOB adopts the Dynamic Assessment Process (DAP) to differentiate between an oral language difficulty and EAL/D factors. The DAP involves clarification of a language area of concern and then designing and implementing targeted teaching, monitoring and documenting the progress.
Assessment Limitations
In certain circumstances there may be complex factors that will directly impact the validity of a normative assessment. This may include EAL/D students and/or students that have experienced trauma, or where there are significant social/emotional concerns, or for students with physical disabilities that preclude them from completing verbal or non-verbal assessment tasks.

In these circumstances, professional discretion is required in responding to the referral request. A normative assessment may be considered inappropriate, and all assessments should be interpreted with caution. For EAL/D students, it is highly recommended that they be plotted and monitored along the English as a Second Language (ESL) Continuum and that a Dynamic Assessment Process (DAP) be completed. All data and evidence collated as part of these assessments must be attached and included with the referral form.

Carer's Allowance
CEOB caseworkers may be requested at times to complete a carer's allowance form. The CEOB caseworker will provide the assessment report to the family and the general practitioner (GP) will be consulted.
7. Referral Services

**Education Officer - Additional Learning Needs**

The **Education Officer - Additional Learning Needs (SA-ALN)** role is to work collaboratively with school communities and central and regional teams to facilitate processes and practices that are inclusive of students with diverse learning needs. Services may include assistance with the development of:

- inclusive school-wide support structures and processes
- targeted assessment to identify needs of individuals to inform appropriate programming and/or adjustment
- skills in the analysis and interpretation of data for individual students or cohorts to inform program planning
- learning and teaching strategies and interventions and their implementation including PLPs for students with diverse learning needs
- effective evaluation processes of student response to programming and adjustments of programs
- professional learning for school staff as identified in the School Action Plan
- processes to facilitate access to and effective use of resources
- relevant role descriptions, particularly for Special Education/ Special Needs coordinators and Learning Support officers (LSO) including support for new coordinators
- support for school staff making funding applications for Students with Disabilities (SWD)
- partnerships and liaison with service agencies and support networks

**Speech Pathology Service**

The **speech pathology** service provides support to schools to enhance learning outcomes for students with additional communication needs. The service aims to provide schools with support to specifically address oral language skills within the curriculum.

The speech pathology service supports students with difficulties in the following areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Language</td>
<td>This area refers to both the comprehension (receptive language) and expression (expressive language) of oral language. Receptive language includes the ability to follow instructions, understand sentences and individual words and their meanings; while expressive language skills include grammar, sentence construction, and the ability to tell stories.</td>
</tr>
<tr>
<td>Articulation</td>
<td>This area refers to speech sound production. Speech difficulties may range from one speech sound error through to unintelligible speech, which may require an alternative communication system.</td>
</tr>
<tr>
<td>Stuttering</td>
<td>Stuttering interrupts communicative interaction (the ability to speak smoothly). Specialised techniques need to be taught to students experiencing dysfluent speech.</td>
</tr>
<tr>
<td>(fluency)</td>
<td></td>
</tr>
<tr>
<td>Voice</td>
<td>This area refers to students who have abnormal voice qualities such as huskiness, changes in voice tone, nasal sounding speech and loss of voice.</td>
</tr>
<tr>
<td>Pragmatics</td>
<td>This area refers to the way in which language is used to communicate in a social context, for example: greetings, asking for help, protesting, taking turns, engaging in a conversation, maintaining a topic, understanding jokes.</td>
</tr>
</tbody>
</table>

The speech pathology service generally adopts an agent training service delivery model. An agent is someone who has an ability and willingness to implement the speech pathology programs with fidelity. The agent’s role in the speech pathology service may be completed by a parent, an LSO, a teacher or volunteer; and is an essential component of
individual or group program delivery. If a parent/guardian is unable to meet this commitment, and the school would like ongoing service, an alternative agent who can regularly complete practice tasks with the student is required. Where an agent is not available, service may be provided in the form of consultancy and program advice for a teacher or group of teachers.

The speech pathologist’s role is to provide support to schools with a specific focus on oral language development to:

• inform program planning and design adjustments to address the impact that oral language deficits may have on the student's learning
• provide assessments of oral language, articulation, fluency (stuttering) and voice, including assessment for Severe Language Disorder
• provide program direction and consultation with teachers, LSO and/or agents
• provide support to teachers in curriculum planning and development of Personalised Learning Plans (PLP) or group learning plans

In order for the speech pathology service to be effective in supporting development of students’ communication skills, the following factors are important:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent Effectiveness</td>
<td>For an agent to work effectively with a student, they must participate in skill training and achieve appropriate levels of proficiency.</td>
</tr>
<tr>
<td>Attendance at Appointments</td>
<td>As the focus of the speech pathology service is on training and supporting the agent (parent and/or staff who are completing ongoing practice with the student), the presence of the agent is required for all therapy appointments. Where an agent is unable to attend, a discussion will be held between the Speech Pathologist and school/parent(s)/guardian(s) regarding service delivery options.</td>
</tr>
<tr>
<td>Frequency of Practice</td>
<td>Ideally, daily practice with the student is required; however, if this is not possible, a minimum of three practice sessions per week is recommended. Without sufficient practice, students are unlikely to progress in skill development.</td>
</tr>
<tr>
<td>Specific Practice</td>
<td>Speech pathology practice should focus on the specific goals and materials that have been set in therapy sessions or during Program Support Group (PSG) meetings by the speech pathologist. Other forms of practice, such as incidental practice, are not likely to be effective.</td>
</tr>
<tr>
<td>Student Motivation</td>
<td>Student motivation is required for practice to be successful. If the student actively resists practice, it is less likely he/she will learn the new skills being targeted.</td>
</tr>
</tbody>
</table>

The speech pathology service has a primary focus on the delivery of assessment and consultation. Services may also encompass the provision of professional development training for teachers and direct support to students and nominated agents.

Families may consider private speech pathology services as an alternative option. A list of private practitioners can be found on Speech Pathology Australia’s website www.speechpathologyaustralia.org.au. Parents/carers may utilise Medicare’s Chronic Disease Management Plan (CDMP) program, which allows up to five Medicare rebated private speech pathology sessions per year, when a second professional is involved. Eligibility is determined via consultation with a general practitioner (GP).

Psychology Service

The main focus of the psychology service is consultancy, support and assessment, to assist with:

• the development of student programs reflective of the CEOB Response to Intervention Framework
• support and direction in collaboration with school community members regarding
students with diverse learning and behavioural needs. Multidisciplinary processes to determine if a cognitive assessment is warranted

Previous assessment data from education, medical and allied health practitioners will assist in this determination and therefore needs to be submitted with the referral.

Students presenting with significant and/or immediate mental health issues should be referred to external service providers such as a medical practitioner, specialist or mental health care professional or agency.

A complete copy of the Framework for the Delivery of Effective School Psychological Services can be accessed at www.psychology.org.au/

The framework provides clear guidelines for the delivery of effective school psychological services and has been written by the APS for school psychologists, their employers and policy makers within Australian government, Catholic and independent schools.

**Visiting Teacher Service**

The visiting teacher (VT) service has been established to provide consultation for school communities supporting students with sensory and physical impairments and those with significant health needs.

VT services support may include the following:

- provision of strategies to support inclusive curriculum adjustments
- consultancy to PSG meetings
- assistance with PLPs
- professional learning (PL)
- targeted intervention
- liaising with outside agencies, e.g. SCOPE, the Royal Children’s Hospital, Australian Hearing, Vision Australia
- assistive technologies
- support in developing a medical management plan
Criteria for the Visiting Teacher Service

In order to access the VT service the following criteria must be established and relevant health information provided, together with the CEOB Referral and Parent Consent form. Parents must provide consent both for a service request and for the provision of all private and health information.

<table>
<thead>
<tr>
<th>Physical Impairment</th>
<th>The impairment must:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>be confirmed by an appropriate medical specialist (i.e. paediatrician)</td>
</tr>
<tr>
<td></td>
<td>be confirmed within 12 months from date of referral to the CEOB</td>
</tr>
<tr>
<td></td>
<td>be accompanied by the CEOB Referral and Parent Consent form</td>
</tr>
<tr>
<td></td>
<td>have a significant impact on the student’s access to the curriculum / learning environment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chronic Health Impairment</th>
<th>The impairment must:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>be confirmed by an appropriate medical specialist (i.e. paediatrician)</td>
</tr>
<tr>
<td></td>
<td>be confirmed within 12 months from date of referral to the CEOB</td>
</tr>
<tr>
<td></td>
<td>have a significant impact on the student’s ability to attend school and access learning</td>
</tr>
<tr>
<td></td>
<td>be accompanied by the CEOB Referral and Parent Consent form</td>
</tr>
<tr>
<td></td>
<td>draw medical evidence that it is likely to lead to extended absence from school</td>
</tr>
<tr>
<td></td>
<td>be the primary cause of the student’s educational difficulties; school refusal must not be a factor in the current school absence.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision Impairment</th>
<th>The impairment must:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>be confirmed by an ophthalmologist</td>
</tr>
<tr>
<td></td>
<td>be confirmed within 12 months from date of referral to the CEOB</td>
</tr>
<tr>
<td></td>
<td>be accompanied by the CEOB Referral and Parent Consent form.</td>
</tr>
</tbody>
</table>

The degree of vision impairment required is:

- a distance acuity of less than 6/18 when measured with correction and both eyes open; or a visual field reduction to less than 20 degrees
- the visual condition must be defined as an actual vision impairment and not a learning difficulty involving visual perception.

NB: Students may subsequently be referred to the Educational Vision Assessment Clinic (EVAC) at the Royal Victorian Eye and Ear Hospital to facilitate support from the Statewide Vision Resource Centre.

<table>
<thead>
<tr>
<th>Hearing Impairment</th>
<th>The impairment must:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>be confirmed by an audiogram</td>
</tr>
<tr>
<td></td>
<td>be confirmed within 12 months from date of referral to the CEOB</td>
</tr>
<tr>
<td></td>
<td>be accompanied by the CEOB Referral and Parent Consent form.</td>
</tr>
</tbody>
</table>

Students must be diagnosed with one of the following:

- sensory-neural hearing loss
- conductive hearing loss
- unilateral hearing loss.

NB: A GP referral to a registered audiologist will provide the necessary audiogram.

The VT service may take the form of either visits or consultancy supports, depending on the impact of the hearing loss.
8. Educational Needs Assessments for Students in Out-of-Home Care

The Out-of-Home Care Education Commitment: A Partnering Agreement between the Department of Human Services, Department of Education and Early Childhood Development, the Catholic Education Commission of Victoria, and Independent Schools Victoria (the Partnering Agreement 2011) commits all parties to improve the educational experience and outcomes of children and young people in out-of-home care in Victoria. The Partnering Agreement requires that an educational needs assessment be undertaken for every child or young person who has resided in out-of-home care for a period of three months or longer to identify their particular learning needs.

Using their professional expertise and judgement, regional staff will identify the appropriate types of assessment/s to provide useful information about the child or young person's educational needs, strengths and barriers to learning. The educational needs assessment will provide advice to the child or young person's Program Support Group (PSG) and significantly inform their Personalised Learning Plan (PLP). It may also provide advice about further services or supports that may be required. The educational needs assessment is not a prescriptive assessment or set of assessments; rather, it should respond to the individual needs and circumstances of the child or young person. Assessment tools may include: screening assessments, standardised psychometric assessments, behaviour checklists, tests of an individual's receptive and expressive language skills, social competency, etc. At times, a child or young person may refuse to participate in the educational needs assessment or their guardian or senior Child Protection staff member with case-planning responsibilities may determine it is inappropriate for an assessment to be undertaken. This decision should be respected but reviewed on a periodic basis to determine if circumstances have changed.

The school must obtain guardian consent for the educational needs assessment referral. The school should consult with the case manager (from a Child Protection or Community Service Organisation) to confirm the legal status of the child or young person in out-of-home care to determine who is legally able to provide consent. The Department of Human Services is the guardian of children and young people on Guardianship Orders while the parent is guardian of those on Custody Orders.

For more information, please refer to the CEVN website under Curriculum and Student Support / Student Wellbeing for the Out-of-Home Care Education Commitment Partnering Agreement document.
9. References

Artiles, AJ & Ortiz, AA (Eds.) 2002, English Language Learners with Special Education Needs, Center for Applied Linguistics and Delta Systems Co, McHenry, IL.


