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| **Education Adjustment Program – Verification of Disability Cover Sheet & Checklist** |

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| **Student:** Click here to enter text. | | | **School:** Click here to enter text. | | | **Year Level:** Click here to enter text. | |
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| **Disability Category: Intellectual Disability**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Initial Verification** | (i.e. no previous verification) | | | | | | | | | | | | | | |  | **Review** | of an existing verification | | | | | | | | | | | | | | |  | **Adding** | a new category to an existing verification: | Adding | ASD | | | HI |  | | PI | | VI |  | | SED | |  | **Removal** | from an existing category: | Removing | ASD | | | HI | ID | | PI | | SLI | VI | | SED | |  | **Changing** | from an existing category to a new category: | Change from | | |  | | | | | | | | to ID | | |  | **Transferring** | into the RI System from a Non-Catholic sector | | |  | | | |  | |  | | |  | |   **Documentation Checklist: (All documents to be enclosed and ticked off by school to confirm inclusion in the submission.)** | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Process** | **School** | **RI Verifier** | **Comments** | | EAP Consent Form (**EAP 1** updated 2013) |  |  |  | | **EAP Verification Form ID (EAP 5** updated 2014) **PART A – Student Details** |  |  |  | | **PART B – Evidence Criterion 1 –** Criterion 1 (a) – Psychoeducational Criterion 1 (b) – Adaptive Behaviour Criterion 1 (c) – Onset < 18 years |  |  |  | | **PART B –  Criterion 2** Educational impact and adjustments |  |  |  | | **PART B –  Section 2: Professional Reasoning** Guidance Counsellor/Psychologist to sign |  |  |  | | **Verification Outcome**  School to complete Student Details Verifier to sign the outcome |  |  |  | | **PART C –** Principal Request/Signature |  |  |  | | **EAP Profile** |  |  |  | | **Educational Planning Document (IEP, PLP, ISP) etc** (or equivalent school planning doc.) |  |  |  | | If Review – include previous EAP Confirmation Documentation |  |  |  | | **Required Documentation Attachments:** Current Guidance/Consulting Psychologist Report  Test scoring pages - Psychoeducational Test scoring pages – Adaptive Behaviour Any additional reports/assessments |  |  |  | | | | | | | | |
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Members of the school team complete this form collaboratively, ensuring that relevant personnel have been involved in the data gathering and decisions relating to the impairment and activity limitations and participation restrictions for this student.

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| The verification form in each of the EAP categories consists of the following sections which **must** be completed:   * **PART A** Student Details * **PART B** Evidence Supporting Verification of Disability * **PART C** Principal Request for Verification of Disability   **Two (2) copies** of this form and required attachments (outlined in Part B) to be submitted to:  **The RI EAP Verification Team at the RI Equity Network meeting** |

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| **Part A: Student Details** | | | | |
| **Last Name** | Click here to enter text. | | **Date of Birth** | Click here to enter text. |
| **First Name** | Click here to enter text. | | **Gender** | Click here to enter text. |
| **School** | Click here to enter text. | | **Year Level** | Click here to enter text. |
| **School Address** | Click here to enter text. | | **School Phone** | Click here to enter text. |
| **Contact person in sch**o**ol for this verification** | |  | **Position** |  |
| **Email Address** |  | | **Phone** |  |

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| **Existing Categories:** | | | | | | | |
| **Nil** | | **ASD** | **HI** | **ID** | **PI** | **SLI** | **VI** |
|  | |  |  |  |  |  |  |
| **This verification request is for:** | | | | | | | |
|  | Initial Verification (i.e. no previous verifications) | | | | | | |
|  | Review of an existing verification | | | | | | |
|  | Adding a new category to an existing verification | | | | | | |
|  | Changing EAP Category | | | | | | |
|  | Removal from an existing category | | | | | | |
|  | Transferring into RI College from a non-Catholic sector | | | | | | |

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| **Part B: Evidence Supporting Verification of Disability in the Education Adjustment Program Category of Intellectual Disability** | |
| **Required Documentation** | |
| The following must be included:   1. Current report from Guidance Officer/Consulting Psychologist 2. Copy of Test scoring pages – Psychoeducational assessment  Test scoring pages – Adaptive Behaviour 3. Any additional reports/assessments | |
|  | |
| **Evidence Supporting Verification** | |
| **Criterion 1 (a) Significant limitations in intellectual functioning.** | |
| ***Evidence:***   * Scores obtained from current individually administered cognitive assessments are at least two standard deviations below the mean, considering the Standard Error of Measurement (SEM) for the specific assessment instruments used and the instruments’ strengths and limitations. * Where formal psychometric assessment as detailed above, is not possible or not appropriate, then relevant information needs to be provided from a range of contexts, to support the presence of significant limitations in intellectual functioning. | |
| **Attach copies of test scoring pages (see note in Required Documentation).**  **If not available, please record below.**  ***Complete the following* only *if test scoring pages are* not *available*** | |
| 1. **Current and Previous Cognitive Assessment** Record testing information: |  |
|  | |
| 1. **Absence of Cognitive Assessment** Reasons why testing is inappropriate: Evidence of significant limitations in intellectual functioning: |  |
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| **Criterion 1 (b) Significant limitations in adaptive behaviour.** | |
| ***Evidence:***   * Significant limitations in adaptive behaviour are operationally defined as performance that is at least 2 standard deviations below the mean of either: (a) one of the following three types of adaptive behaviour: conceptual, social, or practical, or (b) an overall score on a standardised measure of conceptual, social, and practical skills. * Limitations in adaptive behaviour are determined by using a broad range of assessment methods across a range of sources and settings. | |
| **Attach copies of test scoring pages (see note in Required Documentation).  If not available, please record below.**  ***Complete the following* only *if test scoring pages are* not *available*** | |
| 1. **Current Adaptive Behaviour Assessment:** Record testing information: |  |
|  | |

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| 1. **Absence of Standardised Adaptive Behaviour Assessment** Reasons why standardised assessment is inappropriate: Evidence of significant limitations in intellectual functioning: | | | |  |
| **Criterion 1 (C) The impairment originates before 18 years of age.** | | | | |
|  | YES |  | NO | |

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| ***Background Information*** In this section, record all relevant information considered in proposing this verification, including data from interviews and observations, information from other reports, etc. that might impact on the student’s current functioning. |
| ***Complete the following* only *if information is* not *included in Guidance / Psychology Report*** |

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| **Developmental History** (milestones, early interventions, etc.): | N/A |
| **Medical Information** (hearing, vision, diagnoses, illness, medication, etc.): | N/A |

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| **Early Intervention** (therapy input, etc.): | N/A |

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| **Social/Emotional Wellbeing Factors** (isolation, rejection, difficulties, withdrawn, overexcited, etc.): | N/A |

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| **Cultural Factors** (Cultural and linguistic diversity, Indigenous, time in Australia, exposure to English, etc.): | N/A |

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| **Environmental Factors** (socio-economic, family changes, etc.): | N/A |

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| **Behavioural Factors** (classroom, playground, home, etc.): | N/A |

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| **School History** (number of schools attended, attendance, history of intervention, etc.): | N/A |

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| **Other Assessment Information** (academic, speech and language, motor skills, etc.): | N/A |

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| **Other Relevant Information** : | N/A |

**Criterion 2:** The student’s identified level of functioning results in activity limitations and participation restrictions at school requiring significant education adjustments.

This section is to be completed through a collaborative process which **MUST** include input from the **student’s teacher/s.**

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| **Evidence of the educational impact of the identified impairment**  The *Prompts for ID Criterion 2 Form* can be used as a *guide* for the completion of this section  (<http://education.qld.gov.au/students/disabilities/adjustment/verification/forms.html>) | | | | |
| **CURRICULUM** | | | | |
| achieved curriculum | knowledge, functioning and understanding of the world | teaching strategies | resources | assessment/reporting |
| |  | | --- | | Describe the **student’s functioning** (activity limitations and participation restrictions) related to the **intellectual disability:** |  |  | | --- | | Outline the **associated significant education adjustments** that are currently in place for this student**:** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **COMMUNICATION** | | | | | | receptive | expressive | pragmatics (language use) | speech | specialist staff support | | Describe the **student’s functioning** (activity limitations and participation restrictions) related to the **intellectual disability:** | | | | |  |  | | --- | | Outline the **associated significant education adjustments** that are currently in place for this student**:** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **SOCIAL PARTICIPATION/EMOTIONAL WELLBEING** | | | | | | social/interaction skills | self-management strategies | individualised plans | use of social development resources | specialist staff support | | Describe the **student’s functioning** (activity limitations and participation restrictions) related to the **intellectual disability:** | | | | |  |  | | --- | | Outline the **associated significant education adjustments** that are currently in place for this student**:** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **LEARNING ENVIRONMENT/ACCESS** | | | | | | classroom and non-classroom environment | organisational skills | sensory needs | transition skills | specialist staff support | | Describe the **student’s functioning** (activity limitations and participation restrictions) related to the **intellectual disability:** | | | | |  |  | | --- | | Outline the **associated significant education adjustments** that are currently in place for this student**:** |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **HEALTH AND PERSONAL CARE, SAFETY** | | | | | | | health management | risk management | self-care skills | specialised self-care procedure | individualised plans | specialist staff support | | Describe the **student’s functioning** (activity limitations and participation restrictions) related to the **intellectual disability:** | | | | | |  |  | | --- | | Outline the **associated significant education adjustments** that are currently in place for this student**:** |  |  | | --- | |  | | | | | |

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| **Proposal for Verification in the EAP Category of Intellectual Disability**  **(To be completed by the School Guidance Officer or Consulting Psychologist)**  **Student Name:** Click here to enter text. **Date of Birth:** Click here to enter text.  **Professional Reasoning** Provide a statement summarising the evidence considered when making a proposal for verification in the EAP category of Intellectual Disability, or removal of an existing verification in the EAP category of Intellectual Disability. This statement must address any conflicting information and provide convincing evidence to support this proposal. | | | |
| **Statement of Professional Reasoning:** | | | |
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| |  |  |  | | --- | --- | --- | | Following the process accepted by the DETE, I have gathered, documented and considered all available data for this student and with the information I am able to: | | | |  | Propose the verification of Intellectual Disability as described by the DETE criteria | | |  | Propose the removal of the existing verification of Intellectual Disability as described by the DETE criteria | | | **School Guidance Officer or Consulting Psychologist**  **Name:** Click here to enter text. | | **Signature:** | | **Email:** Click here to enter text. | | **Date:** Click here to enter text. | | **Phone:** Click here to enter text. | |  | | | | |
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| **Evidence Supporting Verification of Disability in the Education Adjustment Program Category of Intellectual Disability** | | | |
|  | | | |
| **Student Name:** Click here to enter text. | | **Date of Birth:** Click here to enter text. | |
| **School:** Click here to enter text. | | **Year Level:** Click here to enter text. | |
|  | | | |
| **Profession Specific Quality Assurance and Decision-Making *(to be completed by the RI Verification Team)***  The gathering and interpretation of data and other information related to the DETE criteria for the EAP disability category of ID requires specialist knowledge and professional decision making. This section of the verification form is used by the RI Verification team which includes personnel with a guidance counsellor/psychology background who act in the capacity of professional supervisors for ensuring quality and consistency in monitoring the data gathering, professional interpretation and reporting processes across RI Colleges.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | **Eligibility** | | | | | | | | | | |  | The process indicated in the Religious Institute Colleges protocols has been followed and I confirm that **this student meets DETE’s criteria** for the category of Intellectual Disability | | | | | | | | | | **Ineligibility** | | | | | | | | | | |  | The process indicated in the Religious Institute Colleges protocols has been followed and I confirm that **this student does not meet DETE’s criteria** for the category of Intellectual Disability | | | | | | | | | |  | | | | | | | | | | | **Summary/Overall Comment** *(if appropriate)***:** | | | | | | | | | | | Recommendation for review of eligibility: | | | Review required |  | YES | |  | NO | Date: | | Criterion 1 |  | YES | |  | NO | Date: | | Criterion 2 |  | YES | |  | NO | Date: | | Signed: | | | | | | | | | Date: | | Name of Verifier: | |  | | | | | | | | | Address: | |  | | | | | | | | | Telephone contact: | | | | | | Fax: | | | | | Email contact: | |  | | | | | | | | | | | |

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| **Part C: Principal Request for Verification of Disability in the Education Adjustment Program Category of Intellectual Disability** | | |
| Verification of disability in the EAP category of Intellectual Disability according to DETE’s criteria is requested for the following student according to the details outlined in PART A and PART B of this report and the related attachments: | | |
| **Student Name** Click here to enter text. |  | |
| **School** Click here to enter text. | **Date of Birth** Click here to enter text. | **Year Level** Click here to enter text. |
| In making this request I have ensured that: | | |
| * the student is enrolled and attending the school | | |
| * discussions have been held with the parent and/or student regarding this verification and agreement to proceed has been reached | | |
| * agreement to proceed with verification in this category has been obtained from the parent | | |
| * appropriate personnel have been involved in data gathering and reporting | | |
| * processes are in place to support this student within the school | | |
| * all documents for verification are complete | | |
| * original EAP documentation is held in the student’s school file | | |
| * copies of relevant documents will be sent to the EAP Verification Team | | |
|  | | |
| **Principal Name:** | | |
| **Principal Signature:** | **Date:** | |