Disability Adjustments
for gifted students on the spectrum:
What happens when the school says ‘No!’?

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Preliminaries & parameters
Who are we and why are we here?
A word about teachers (!)

Terminology & definitions: What’s ‘gifted’ and ‘GLD’? – and What’s NOT?
‘GLD’ vs ‘2e’ vs ‘something else going
GLD ‘solution’ – situating this topic

What are disability adjustments?

Legislative framework

Applying for disability adjustments:

• Does autism qualify as a ‘disability’?
• Has a professional diagnosed autism and/or another disability, and recommended in writing that the child have disability adjustments?
• Has the child's school or a State testing authority refused or neglected to implement the professionally recommended adjustments?
• Has that refusal occurred within the last 12 months?
• Have you already tried to amicably resolve the issue directly with the school or with the State testing authority

[over]
Filing a complaint:

- Benefits of
- Risks of
- Who can help?
- Gathering the evidence
- Filling in the complaint form
- Procedure
- Conciliation conference
- Resolution agreement
- Possible remedies
- Appeals

Meaning of some important concepts:

- ‘direct’ and ‘indirect’ discrimination
- ‘reasonable’ adjustments
- ‘unjustifiable hardship’
- ‘victimisation’ and ‘harassment’
- ‘consultation’ with student/parents
- ‘academic integrity’

Final reflections
GLD Australia face-to-face meetings:

As well as communicating via its Yahoo discussion group, GLD Australia members who live in the same city, town, local area or regional/remote area are encouraged to hold ad hoc face-to-face meetings if they wish but, because GLD Australia is not an incorporated association and has no insurance, local groups will need to find a venue which does not require a certificate of currency of insurance.

There are no ‘rules’ regarding the holding, frequency, administration or advertising of such individual GLD Australia gatherings. Participants may appoint a local convenor to call regular meetings and source guest speakers, or they may just agree among themselves to meet at X time in Y cafe. Face-to-face meeting dates and topics are announced on the Yahoo group.

To date Sydney and Adelaide have set up regular meeting groups, and it is expected that Southeast Queensland will follow soon. Meeting convenor volunteers are sought in other centres.

What kinds of issues are discussed by GLD Australia?

At both face-to-face meetings and on the Yahoo group, members discuss issues such as: interpreting IQ assessments, raising and teaching GLD children and teens, liaising with schools and teachers, applying for disability adjustments for State exams and other tests, as well as a wide variety of learning disabilities and other learning challenges, such as ADHD and ASD. In keeping with the GLD ‘recipe’ of BOTH feed the gift AND accommodate/remediate the disabilities, topics about supporting ‘plain’ gifted are also included.

More information:

Questions about GLD Australia are welcomed. General questions and reports of difficulty in joining electronically may be addressed to the national coordinator, Carol Barnes: carol@bartink.com.au

Everyone involved in GLD Australia is an unpaid volunteer. Sometimes it may take up to 14 days for messages to be answered.
Do you know a gifted child who also has a learning disability?

Or perhaps a child with high intellectual potential but also ‘something else going on’ which can sometimes interfere with some aspects of school achievement and/or social/emotional well-being, both inside and outside school?

Are you a teacher with a student who seems quite bright but whose academic output is inexplicably erratic and inconsistent?

Or perhaps you are an adult who has enjoyed considerable success in life, but may have always suspected that there was ‘something’ holding you back?

Maybe you’re a medical or allied health professional who works with people such as those described above?

Then perhaps you’ll be interested in learning more about GLD Australia

[16 May 2014]
What is GLD Australia?

GLD Australia is a national not-for-profit online learning community and support group responding to the needs of gifted children and gifted adults with specific learning disability and other learning challenges (GLD). Through the sharing of information, research and personal experiences, GLD Australia members seek to provide support for GLD children and for those who care for, teach and advocate for them.

Formed in June 2012, GLD Australia is an independent community with a member-owned and member-operated closed and non-archived Yahoo group list. It is affiliated with the Australian Association for the Education of the Gifted and Talented (AAEGT): http://www.aaeqt.net.au, which is the Australian national umbrella association for State gifted associations. GLD Australia has no political or commercial affiliations.

Who joins GLD Australia?

Members of GLD Australia include parents, educators and other professionals dedicated to promoting awareness and understanding of the challenges faced by GLD people and related issues, thereby assisting them to benefit from specialised identification and intervention or treatment as early as possible. Members participate in the community as individuals and support one another without commercial interest.

Participants in GLD Australia represent a very diverse group – from those whose child or student has been formally identified as gifted and/or as having a learning disability or related issue, to those who simply have a ‘feeling’ that the child is not achieving academically as well as they could or should. Included also are gifted adults who may have achieved extraordinary things in their lives, yet may have always suspected that there was ‘something’ holding them back – perhaps in the areas of reading or writing or spelling or math or concentration or emotional regulation.

You may have seen such individuals referred to internationally as ‘2e’ (twice-exceptional) or ‘DME’ (dual or multiple exceptionality).

Why was GLD Australia formed?

Parents and teachers sometimes assume that all clever children, having supposedly won the genetic lottery, will invariably enjoy school, learn effortlessly, and succeed academically. Sadly this is not always the case. Some gifted children are every day silently struggling with an unidentified learning disability or other learning challenge.

Children need not be actually failing at school to be suffering from a learning disability – many are not identified until late primary or early high school. A surprising number of gifted children experience chronic underachievement due to learning disability – and the higher the IQ, the later an accurate diagnosis is made. By then for some gifted, it may already be too late.
How do I join GLD Australia?

Joining GLD Australia is free.

Simply send an email to:  gld.australia@yahoo.com.au

You will be sent an auto-invitation to join. Follow the steps in the invitation and your name will be added automatically.

As a GLD Australia Yahoo group member, you can either read others’ messages or post your own messages (or both!). Members’ names will never appear on the forum unless they post a message.

Although there is no fee to join, GLD Australia requests that its members also become and remain financial members of a gifted association or a learning disabilities association, as they wish. This is run on an honour-system, but we’re confident that most GLD Australia members will comply with this request and will join whatever existing association they feel best suits their own needs.

Gifted and learning disabilities associations represent, support and advocate for the many thousands of gifted people and people with learning disability throughout Australia. Many of these vulnerable learners have chronic literacy problems and some are functionally illiterate. The implications are enormous – for academic and employment success, mental health, self-efficacy, community involvement and socio-economic status.

GLD children are sometimes identified initially as being ‘lazy’ or ‘unmotivated’. Some are first noticed because they present with ‘behaviour problems’. Gifted and learning disabilities associations support such learners by promoting best-practice teaching, evidence-based intervention, quality teacher training and ongoing academic research within the areas of giftedness, learning disability and other learning challenges.

Such associations need our support.

GLD Australia members need not join a gifted or learning disabilities association in their own State, and are of course free to choose whichever one most appeals to them. Other than the AAEGT, GLD Australia has no special relationship with any gifted association or with any learning disabilities association, but GLD Australia can refer you to such an association which you may wish to join and support. Send an email to:

gld.australia@yahoo.com.au
Children of high intellectual potential who also have one or more diagnosable developmental differences or additional educational needs are described as 'gifted with learning disability' (GLD).

However the term GLD is not restricted to those who have a formally diagnosed specific 'learning disability' such as dyslexia, dysgraphia, dyspraxia, auditory processing disorder or visual perceptual problems. Indeed the term also encompasses gifted children who are otherwise twice-exceptional – for example, gifted children who have other special needs, such as medical conditions (eg, ADHD), developmental differences (eg, ASD), physical disability or emotional issues such as anxiety or depression – in short, the child who is intellectually gifted ‘with something else going on’ – something which emanates from within the child rather than being environmentally imposed, but which can sometimes interfere with school achievement and/or with social/emotional well-being.

GLD children are sometimes referred to internationally as ‘2e’ (twice-exceptional) or ‘DME’ (dual or multiple exceptionality).

GLD children may be gifted in understanding and identifying complex relationships, generating ideas and using advanced vocabulary. They may have wide general knowledge and be good at difficult, abstract problems. Indeed they may be intellectually astonishing.

At the same time, however, the mechanics involved in writing, reading, spelling, penmanship, rote memorisation, basic computation and other ostensibly simple academic tasks, particularly timed tests, often present seemingly insurmountable difficulties. GLD children frequently have poor time management and organisational abilities, and/or inconsistent attention issues. They may appear vague or preoccupied and they may have difficulty following step-by-step instructions.

Being GLD is somewhat akin to being the rope in a tug-of-war: the GLD child may be pulled in one direction by their high IQ and their intense desire to pursue their intellectual interests, but at the same time they may be pulled in the opposite direction by their disability or special need which may impede their ability to develop their gifts into talents – to transform their high potential into high performance.

**Identifying GLD children**

GLD children are often hard to identify. The most common and significant feature of a GLD child is uneven or inconsistent academic performance which is unexplained and unpredictable. They may achieve outstandingly high results in academic competitions outside of school, yet be obtaining mediocre results on everyday school assessments and tests. They may excel on multiple choice tests, yet struggle when asked to compose answers on a blank page – or sometimes the other way round. They may similarly excel verbally but perform poorly on pen and paper tasks.

The greatest impediment to identifying some GLD children is that their high intelligence may compensate for their learning disability, and their disability may mask their intelligence. This means that these GLD children may present at school as having generally ‘average’ ability, though some may also display challenging behaviours, usually stemming from frustration and embarrassment about not being able to perform simple school tasks which others seem to find ‘easy’.

In other cases, the giftedness may have been identified but the disability not, or conversely the disability may be patently visible while the giftedness remains hidden. Unless challenging behaviour starts to become an issue, the quiet, behaviourally compliant, polite GLD child may
continue to underachieve for years and years at school. No one usually notices a non-squeaky wheel.

Psychometric (IQ) testing will usually identify GLD children. They typically score very highly in some sub-tests and poorly in others. IQ testing is best conducted in concert with individualised achievement testing so that the assessment is as comprehensive as possible. Audiology and behavioural optometry tests may expose a hidden auditory or visual processing disorder, and a developmental paediatrician may identify developmental differences such as ASD or hidden attention issues such as ADHD (in particular, the predominantly inattentive, vague, dreamy presentation of ADHD without hyperactivity, impulsivity, defiance or bad behaviour). This inattentive ADHD presentation commonly occurs with dyslexia.

**GLD children at school**

As GLD children progress from primary to high school, academic work increases in difficulty and volume, and demands more hours of sustained attention, effort and independent productivity. Students are presented with ever increasing organisational and time-management challenges. They must learn to deal with a complex schedule, multiple teachers and numerous textbooks kept (and often lost) in lockers and schoolbags. When they can't cope, GLD children often find themselves labelled as 'lazy' or 'careless' or even 'naughty'.

In reality the GLD child may be continually struggling to make sense of having BOTH high intellectual potential AND crippling disability. They begin to doubt their abilities and become increasingly frustrated and mystified, because the compensation strategies which they have unknowingly developed in primary school cease to work as well, if at all. The high intelligence is no longer able to compensate for the disability, and school performance steadily diminishes, even though the GLD child actually feels as if they are making considerable effort.

After repeated failures, unidentified or unsupported GLD children tend to conclude that they are 'just stupid'. The result is continuing underachievement, lack of motivation, low self-efficacy and disenchantment with school. The long-term results can be tragic – school refusal, school dropout, social and family problems, chronic under-employment, low socio-economic status and serious mental health concerns.

**Responding to GLD children’s needs**

It is crucial that appropriate support be given to GLD children, especially at school. They must be regularly provided with work which they find challenging, enriching and interesting and which is in keeping with their intellectual abilities. First and foremost, educators need to nourish the gift.

At the same time, GLD children need to receive both in-school support and classroom and test adjustments which address and minimise the effects of their disability and which allow the child to participate in their education on the same basis as a child without disability. Depending on the nature of the disability, the GLD child may also benefit from assistive technology and/or specialised remedial teaching or one-on-one out-of-school tutoring which is tailored to that child’s specific disability.

Ordinary remedial programs or traditional in-school separate 'special education classes' are usually disastrous for gifted children, who are invariably not assisted by more repetition of facts presented sequentially, and who, despite their disabilities, still require regular opportunities to interact with their intellectual peers.

Since GLD children are a heterogeneous group, each child requires specifically targeted adaptations to their educational program. There is no universal solution appropriate for all GLD children.

If you've met one GLD child, then you've met one.

It is usually a matter of gradually following the ball of wool through to the end, and systematically responding to each strength and weakness. The key to success is often a well-trained and empathetic teacher who understands the needs of GLD students and who is thus able to both feed the gift AND accommodate the disabilities.
GLD children are frequently not only twice-exceptional but also twice-misunderstood. Some teachers and administrators who do not grasp the reality of GLD may point on the one hand to the child’s giftedness to ‘prove’ that the child has no real learning disabilities, and on the other hand to the child’s learning disabilities to suggest that the child is not really gifted. This approach can be tragic.

As well as trained, understanding teachers, success for GLD students depends on well-informed parents who are skilled at effectively advocating to get the child’s needs met at school and to have the child’s applications approved for legislatively mandated disability adjustments for State exams and other high-stakes tests. To this end, reading widely about GLD and attending conferences and seminars on both giftedness and learning disability are highly recommended. Joining groups such as GLD Australia, gifted associations and learning disabilities associations may also assist parents to acquire the requisite knowledge, expertise and confidence, and at the same time to benefit from being part of a sympathetic support network.

The earlier a problem can be identified, the greater is the chance that it can be addressed. Some parents don’t notice the problem, or choose not to implement treatment for it, until the GLD child is much older, and until a pattern of chronic underachievement has already been allowed to become established. By then it’s harder to reverse, and for some GLD it may be already too late.

GLD children virtually never ‘grow out of it’. There are no magic wand solutions, but there are strategies and ways of managing GLD.

With positive support at school, GLD need not be an insurmountable problem. It can be addressed – sometimes with huge success!

**GLD Australia October 2013**

*gld.australia@yahoo.com.au*
Gifted Child with Learning Disability (GLD)

**immediately upon receipt of 'Comprehensive Assessment'**

"SOLUTION"

A AND  B AND  C AND MAYBE

FIRST feed the gift!

keep in large cluster of IQ peers with challenging, rigorous, advanced work

ability grouping acceleration

even in absence of good grades

even in presence of behavioural or socialisation issues

"keep the work hard"

focus on what child CAN do

find out what child LOVES and use that to teach to child's passion

B1 for assessments and tests in classroom

B2 lists of recommended classroom adjustments, depending on the disability

B3 using assistive technology

- extra time
- laptop
- separate supervision
- coloured paper
- rest breaks
- dimmed lighting

D1 remediation

very important for literacy and numeracy; less important for handwriting

consider "preventative psychology"

or counselling to chip away at the memories laid down before the child was identified as gifted or diagnosed with disability

D2 therapies

may be expensive

many methods/programs not proven

D3 holiday/weekend courses and camps for gifted children

but

backed up by glowing testimonials but little science

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Disability Adjustments for Tests and Exams

types

A presentation of test paper
- large print/braille
- preferred font
- printed on one side only
- extra white space between questions and in margins
- start a new page for each question
- electronic format
- coloured paper
- coloured overlay
- reader
- written version of instructions given to other candidates orally

B timing
- extra time
- rest breaks (clock stopped)
- multiple sessions on same day
- multiple days
- preference for morning or afternoon
- personalised exam timetable if more than 3 hours/day
- untimed tests (product controlled by word limit rather than time)
- fewer questions on timed tests (eg for gifted, only hard questions)

C response formats
- typing
- scribe
- answers in booklet instead of answer sheet & adult transcription
- coloured paper
- point form answers allowed
- spell check allowed
- dictionary allowed
- calculator allowed
- timetable charts allowed

D setting
- preferential seating
- separate (quiet) supervision
- dimmed lighting
- back to window
- permission to wear a brimmed cap to shade eyes
- sloping easel
- prompter/support person
- invigilator outside glass wall
- bite-sized food
- water

E alternatives to written tests
- oral tests
- PPT presentation
- take-home assignments & projects with oral defence at school to class or to teacher alone (to ensure product is child's own work)
Documenting a child’s need for disability adjustments for in-school classroom activities and assessments and for in-school and State tests and exams

(as at 4 August 2014)

1. It is important for parents to ask each diagnosing professional for 2 separate and independent letters or reports – one for the referring GP and parents (and perhaps the child, depending on age), and another specifically drafted for the school, the NSW BOSTES, the Queensland QCAA, or other testing authority.

2. The first report can be written using non-standard, so-called ‘non-stigmatising’ euphemisms or descriptions of the child’s issues so that the child (depending on age) can also read it. These could include descriptors such as ‘relative weakness’, ‘learning difficulty’, ‘learning difference’, ‘challenge’ and such. This report should avoid the use of the word disability, and should if possible include some kind of optimistic foreshadowing that the child’s problems are solvable, or at least will improve in time.

3. With respect to the latter report, after specifying the diagnosis and describing how it impacts upon the child’s academic performance, it is important for the professional to thenceforth call the child’s problem a disability rather than a ‘difficulty’ or a ‘difference’ or some such other nebulous euphemistic descriptor. The word disability will arguably bring the child within the protection of federal anti-discrimination legislation (‘Legislation’). In short, it should be called a disability if it falls within even one of the following:

"disability", in relation to a person, means:

(a) total or partial loss of the person's bodily or mental functions; or
(b) total or partial loss of a part of the body; or
(c) the presence in the body of organisms causing disease or illness; or
(d) the presence in the body of organisms capable of causing disease or illness; or
(e) the malfunction, malformation or disfigurement of a part of the person's body; or
(f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
(g) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour; and includes a disability that:
(h) presently exists; or
(i) previously existed but no longer exists; or
(j) may exist in the future (including because of a genetic predisposition to that disability); or
(k) 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.
Most children with disability in this context would usually qualify within (e), (f) or (g).

4. After the professional recommends whatever they believe the child needs (eg, extra time, rest breaks, use of a computer, separate supervision, scribe, personal reader, coloured paper, alternative format test papers, dimmed lighting, personalised exam timetabling, etc), it is important for the professional to start to use the term **disability adjustments** for whatever they have recommended, and then to include something along the lines of the following:

> In light of the diagnosis and level of impairment outlined above, I consider that the disability adjustments recommended above ('Adjustments') constitute reasonable adjustments to NAME's educational program. They are designed to allow NAME to access and participate in his/her classroom activities and assessments and in State examinations without discrimination and on the same basis as students without his/her disability.

The Adjustments are essential to remove some of the disability-related barriers which are currently preventing NAME from demonstrating in the classroom and in tests and examinations what he/she has learned and what he/she can do. [The recommended extra time for tests will serve to address the current situation in which NAME is being forced to leave questions unanswered, thereby losing marks despite actually knowing the correct answers.]

Of course the Adjustments will only partially compensate for the effects of NAME’s disability, and will in no way confer an unfair advantage on him/her. They will not completely enable NAME to perform as well as if he/she did not have the disability, and accordingly they will not unilaterally 'level the playing field’, but they may serve to make it just slightly more level.

The Adjustments must not be withheld or withdrawn from NAME on the grounds that he/she is already quite clever, or is already achieving acceptable grades, or is not failing, or seems to be improving, or has been accelerated, or on the grounds that others are doing worse but have not been diagnosed with disability.

The Adjustments must be made available to NAME every day and for every classroom activity and assessment from now on, including tests such as NAPLAN, ICAS, scholarship tests, select-entry class and school entrance tests, and Year 12 State exams. NAME will need time to learn to use and/or work with the Adjustments, and should not encounter them for the first time in an activity or assessment which 'counts’ towards his/her grades.

Even with the Adjustments, NAME will have to continue to work very hard to attempt to overcome some of the effects of his/her disability, as no amount of Adjustments will help a student who has not learned their work and has not properly prepared for their exams.

Failing to implement the Adjustments would mean treating NAME less favourably than students without his/her disability, and would require him/her to comply with unreasonable requirements and conditions with which he/she is, by reason of his/her disability, unable to comply, but with which a student without his/her disability would be able to comply.
Failing to implement the Adjustments would thus disadvantage NAME and would compromise his/her prospects for academic achievement by restricting his/her opportunities to demonstrate competence on the same basis as students without NAME’s disability. Failing to implement the Adjustments would be tantamount to requiring a child without disability to write their tests with one arm tied behind their back.

Implementing the Adjustments will cost nothing or very little, and will thus not constitute unjustifiable hardship for NAME’s school or for the testing authority responsible for administering State tests and exams.

It is essential that NAME’s parents be notified in advance of the dates and times of any assessments so that NAME will know what to expect on the day with respect to the Adjustments.

Finally, I am concerned about the potential emotional damage which NAME would arguably suffer if he/she is not provided with the Adjustments, and accordingly feels that he/she has not had an opportunity to attempt his/her assignments and tests on the same basis as his/her peers. NAME’s frustration and dissatisfaction with his/her academic performance and the resulting impact on his/her academic self-concept and self-efficacy can be expected to occur not only in the classroom and on the days when tests will be administered, but also on the days when test results are announced and when classmates compare grades, and potentially well into NAME’s future.

5. Although some professionals will probably find the paragraphs above wordy, repetitive and convoluted, it really is important to make the points above and to track this very wording, as it serves to alert the reader to the fact that the professional (and probably the parents…) knows that the child, based on the professional’s diagnosis, is arguably entitled to the disability adjustments under the Legislation – they are not a gratuitous favour or a privilege and, for a child with a disability, they do not confer an advantage.

If the professional refuses to include all of the above, then ask for as much as they are comfortable with, and keep the rest to include in your own cover letter/application or to use in your [sadly, very probable…] appeal.

6. Make sure that the professionals’ recommendations are specific and clear. For example:

- not simply ‘extra time for exams’ but rather ‘15 minutes’ extra time per hour’ or ‘1.25 time’ or ‘time and a quarter’, and an indication of how long an exam needs to be for the extra time adjustment to be required – depending on the nature of the disability, a child may not need extra time for a test of 30 minutes whereas they will for an exam of 3 hours;

- not simply ‘rest breaks’ but clear instructions on length of breaks, whether and how the child needs to be reminded to take the breaks, where they are to go for them, what they are to be allowed to do during the time they are ‘on break’ (eg, eat, exercise, lie down), and exactly why the rest breaks are needed - eg, “will allow NAME to stretch, to perform the anxiety-reducing exercises which I have been teaching them, will reduce pain in fingers” etc.

Recommendations are best listed out in the body of the report, rather than being encased in prose. Each should specify exactly whatever the professional, in consultation
with the child, decides that this child with disability needs in order to attempt the exam on the same basis as a child without disability.

7. Encourage the professional to document standard, **well-recognised diagnoses** on the basis of standardised tests whose results can be quantified. It will be more difficult to obtain approval for disability adjustments on the basis of professionals’ reports containing non-standard diagnoses (such as ‘NLD’), or diagnoses which technically no longer exist (such as ‘ADD’), or nebulous descriptions of conditions which virtually no education provider has ever heard of (such as Dabrowski ‘overexcitabilities’), or on the basis of reports which themselves contain spelling and grammar mistakes. Such reports furnish the school with an excuse to not implement the recommended adjustments: “Well according to this, it’s not a ‘real’ disability so I needn’t do anything about it.” or “So what would this doctor know - she spent only a few minutes with this child and I have him here in my face every day – and she diagnosed him as having some dodgy condition that we’ve never heard of here - and anyway, this doctor’s letter is poorly written and has not been proofread...so I needn’t take any notice of what it says.”

8. If the child has been diagnosed with an **anxiety** disorder, it is important for the professional to call it exactly that, rather than merely ‘anxiety’, as the response to the latter is often, “Well all children can be expected to feel a bit anxious before an exam”. The professional should include a description of how the child is currently being treated for the anxiety disorder (eg, attending counselling, learning management strategies and exercises) so that it is clear that this is a properly diagnosed disorder and not simply a fleeting feeling of performance anxiety.

9. Since a diagnosis alone is not usually sufficient to qualify for disability adjustments, it is important for a professional’s report to specify not only WHICH disability adjustments are needed but also **WHY** – on the basis of **what evidence**. Accordingly, the report should include a full and complete description of what the professional actually did to diagnose the child’s disability – what tests they administered to arrive at the diagnosis, what these tests are designed to measure, how the child performed, how the child presented during the testing, and how long the whole process took.

   Include as much detail as possible – especially percentiles with respect to functional impairment, so that the reader can evaluate just how affected the child is by the disability – a quantification of the effect of **THIS** disability on **THIS** child with **THIS** IQ, not just the probable effect of such a disability on most children.

Even if the professional’s test results indicate that some of the child’s scores technically fall within the ‘average’ or ‘low average’ range for the general population, this may still be a very unusual and concerning result when compared to the rest of the child’s scores. Whenever there is a very large discrepancy in scores, this should be commented on and interpreted. If appropriate, it is important that the professional specify in the report that for **THIS child with THIS IQ**, the problem is statistically and clinically significant and thus for **THIS** child constitutes a **disability**. For example the professional might include something such as:

“While **NAME**’s processing speed score puts him/her in the 22nd percentile for his/her age cohort, and while the 22nd percentile qualifies as ‘low average’, that still means that he/she processes slower than 78% of other children his/her age – clearly a disability for a child with a FSIQ in the 99th percentile”. Or: “The difference between **NAME**’s scores in X and Y occurs in less than ## per cent of the population and this is both statistically and clinically significant”.
10. Encourage the professional to use **words** such as ‘essential’ or ‘imperative’ or ‘must’, rather than anything nebulous such as ‘advisable’ or “NAME would benefit from receiving...”. Other expressions to **avoid**: ‘will level the playing field’; ‘will allow NAME to reach or maximize potential’; ‘...will help/assist NAME’.

In particular, it is important that the professional **NOT** include anything about the disability adjustments enabling the child to do **better** as a result of having been granted them.

Gratuitous observations such as ‘tries hard’ or ‘seems to be motivated’ or ‘seems to be well-intentioned’ are legally irrelevant and should be avoided. Just as the Legislation includes no exemption for children with high-IQ, so it includes no exemption for the seemingly lazy, unmotivated or discouraged.

11. It is also wise to include in the report an indication of **how long** the professional has been assessing/treating the child and when the disability was first diagnosed – either by the author or by a previous professional.

This will be important to later establish the [legally relevant] ‘reasonableness’ of the recommended adjustments – ie, that the professional’s recommendations do not stem from a 10-minute chat with the parent in the absence of the child.

To make it clear that the child is not in any way related to the professional and that the parents are not in any relationship with the professional which could be seen as creating a conflict of interest, it is wise for the professional’s report to allude to how the professional first met the child: eg, “**NAME was first referred to me by his/her general practitioner in MONTH YEAR**”

12. All the professionals’ **degrees**, **qualifications** and professional affiliations must appear somewhere on the letterhead or in the signature box. Some allied health professionals may also be willing to provide a very short (say 2-page) resume to attach to the report. Although medical and allied health professionals are usually forbidden by their ethical guidelines from blatantly promoting or marketing their practices and businesses, it is worth asking if the professional is prepared to include at least some mention of **how long** they have been treating children with issues, disorders, disabilities, etc the same as your child’s.

What you are wanting to see somewhere in the report is something which implies that the author would make a formidable and virtually unchallengeable expert witness if the matter were to ever proceed to a hearing – something suggesting that the author is so well-credentialed and experienced that the other side would have trouble finding a barrister who is happy to cross-examine them, or an opposing expert witness who is credentialed enough to persuasively refute their evidence.

13. If a professional is **reluctant** to provide the requested report in the case of a **little** child, on the grounds that the child is still too far away from Year 12 and nothing prior to that really ‘counts’, you may wish to remind the professional that disability adjustments are available for NAPLAN, ICAS, OC and selective schools entrance tests and scholarship tests, all of whose results may be, and regularly are, used to make critical decisions regarding the child’s whole future.

In addition, you may wish to point to the wisdom of having unambiguous **precedents** extending as far back as possible, because any disability first documented in late high school for purposes of Year 12 disability adjustments may be regarded with suspicion as
the attempt of an overly ambitious parent to fabricate a disability and thus to secure an ‘advantage’ for an underachieving child.

14. If a professional is **reluctant** to provide the requested report on the grounds that the adjustments to be recommended may not be later approved by a **testing authority** for the child’s Year 12 State exam(s), remind the professional about the importance of setting the longstanding precedent (see preceding para), and also stress that individual schools have their own obligations to children with disability under the Legislation, independently of the testing authority.

Each school principal is the ultimate decision maker for in-school test adjustments for all non-State assessments up to and including the HSC trials in NSW and for all in-school assessments in Queensland except the Year 12 QCS. Adjustments will allow the child to proceed through school better able to show what they have learned and what they can do, and accordingly with a higher sense of self-esteem and self-efficacy, and enhanced academic self-concept. In any event, even if adjustments are ultimately denied for the Year 12 State exams, experience shows that they are usually furnished on appeal. Withholding adjustments for 12 whole years for fear that they may not be granted at the end of the 12th year is unjustifiable.

15. Ask the professional for **two originals** – one to forward and one to keep for your master file as evidence for the future. Make sure that you personally go back and collect the two copies from the professional’s office. Never accept a professional’s undertaking to send a report directly to a school or testing authority (as it may never go, or it may not find its way into the correct file, and you may never know). If you collect it yourself, you can not only make sure that it is actually delivered in time, but also review it beforehand to check that it reflects what is needed. After forwarding one copy to the school or testing authority, be sure to confirm in writing that it has been received, that it has met the deadline for submission, and that it has found its way into the correct file.

16. In **NSW** it is crucial to remember also that decisions with respect to disability adjustments for the HSC Year 12 final exams are made by the BOSTES not only on the basis of independent professionals’ reports and recommendations, but also (and arguably even more importantly) on the basis of the reports and recommendations and observations of the child’s current classroom **teachers**. In this respect:

- Make sure that you send in at the beginning of each year, starting in Year 7, a one-page summary of your child’s strengths and weaknesses including a list of all the disability adjustments which have already been recommended by professionals. Send in one copy for each teacher and follow up with an email to ensure they have received and have read it. This may prove to be important in Year 12 when one or some of these teachers may be asked to opine on the child’s longstanding needs in the classroom and for tests; and
- Make sure that the application is submitted to BOSTES in Term 3 or 4 of Year 11, rather than waiting till Term 1 of Year 12. This will ensure that the teachers invited to provide the requisite reports about your child will have been teaching the child for some time and will be familiar with the child’s disabilities and need for adjustments. If you wait till the beginning of Year 12, the teachers writing the reports may have just recently met the child and accordingly may not be qualified to express considered opinions on the child’s need for disability adjustments. Further, even if they do provide supporting reports, their views may be regarded with suspicion on the grounds that they have not been teaching the child for long enough to have acquired the requisite insight into the child’s needs.
Worth printing out, annotating and taking to meetings:

Australia:


**ACARA:** [http://www.australiancurriculum.edu.au/StudentDiversity/Pdf/StudentDiversity](http://www.australiancurriculum.edu.au/StudentDiversity/Pdf/StudentDiversity) page 7

**ICAS:** [http://www.eea.unsw.edu.au/](http://www.eea.unsw.edu.au/) - not on website but send an email via the website and a disability adjustments table will be sent to you

**NAPLAN:**


New South Wales:


**DEC Selective Schools and OC tests:**


**HSC:**


Queensland:


**In-school assessments:**


**Year 12 QCS:** [http://www.qsa.qld.edu.au/1102.html](http://www.qsa.qld.edu.au/1102.html)

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Some important concepts – prototype examples

Disability Discrimination:

Direct Discrimination: “We don’t ever accept students in wheelchairs at this school”

[*treat less favourably than a person without disability, in similar circumstances* – section 5]

Indirect Discrimination: “Everyone is welcome at this school and of course you can enrol here, even if you use a wheelchair, but then it will be hard for you to study Chemistry because experiments must be performed by all students standing at a high Chemistry bench and we’re not going to lower the bench for you. So you won’t be able to see or participate in the experiments or gather the data which you’ll need to write up the reports and assessment tasks – and we’re not going to let you use any other student’s data to do that.”

[*require to comply with a requirement or condition which child is, by reason of disability, unable to comply with, unless child has disability adjustments* – section 6]

A requirement or condition:

(a) which on its face appears neutral (“facially neutral”); but
(b) which disadvantages a student with disability; and
(c) which is not reasonable in the circumstances.

Treating all students in exactly the same way may at first seem fair, but actually has a discriminatory effect on the student with disability, even if that was not the original intention.

Reasonable adjustments:

[probably] Reasonable adjustment: double time on a reading comprehension test for a student with dyslexia whose professionally measured reading speed on a standardised test is half the speed of a student without disability

[probably] Unreasonable adjustment: triple time for the student above, or 2 minutes’ extra time for the student above, or having a reading comprehension test read aloud to the student

[probably] Unreasonable adjustment: any extra time on a test of reading speed

[probably] Reasonable adjustment: having the language questions read aloud in a Math exam

Unjustifiable hardship:

[probably] Unjustifiable hardship: installing a lift and ramps and an accessible toilet in a small rural State school with only one child who uses a wheelchair

[probably] Not unjustifiable hardship: installing a lift and ramps and an accessible toilet in an elite city private school with many students who use a wheelchair and with multiple swimming pools and tennis courts