PROCESS MAPPING FOR SPECIALIZED LEARNER AND EDUCATOR SUPPORT (SLES) PILLAR
Contents

Section

1.) Learning Support.......................................................1
2.) Communication.......................................................2
3.) Leave and absence from work.................................3
4.) Integrated Quality Management System (IQMS).........4
5.) National Strategy On Screening, Identification,
    Assessment and Support (SIAS).........................5
6.) Level and Nature of Support.................................6
7.) Therapists............................................................7
8.) Psychological Services........................................8
9.) Social Work Services........................................9
10.) Special School Coordinator..................................10
11.) Health: Doctors and Nurses.................................11
12.) National School Nutrition Programme..................12
13.) Ethical considerations..........................................13
14.) Conclusion........................................................14
15.) List of references...............................................15
The line-function and supervisors are as follow:

- The direct supervisor is the LSA.
  - The LSEN teacher will receive support visits from the LSA where he/she will guide, support, monitor and evaluate the LSEN teacher. These visits will be on a 1 to 1 basis where the LSEN teacher will be able to interact with the LSA. Any challenges that the LSEN teacher is experiencing, learning support
activities or any further support required can be discussed at these meetings. The LSA is the first point of contact should the LSEN teacher encounter any problems.

- Cluster meetings are held twice a term and are compulsory to attend. At these meetings learning support activities are discussed, best practices and information are shared and challenges are discussed.
- LSEN meetings or training will be held once a term.
- It is the school’s responsibility to see that the LSEN teacher receives all communication addressed to the LSEN teacher, e.g. e-mails, faxes, letters.

<table>
<thead>
<tr>
<th>Deputy Chief Education Specialist Learning Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Strategic management of Learning Support in district with regard to:</td>
</tr>
<tr>
<td>❖ Implementation of Inclusive Education and other relevant policies</td>
</tr>
<tr>
<td>❖ Identification and addressing of learning and developmental barriers in the district</td>
</tr>
<tr>
<td>❖ Support the development of LSTs in Full Service Schools and ELSEN Units.</td>
</tr>
<tr>
<td>❖ Ensure optimal utilisation of district LS advisors, LS teachers and ELSEN Unit teachers</td>
</tr>
<tr>
<td>❖ Ensure appropriate provision of LTSM for LSEN</td>
</tr>
<tr>
<td>❖ Provide specialist input regarding learning support staff provisioning at District level.</td>
</tr>
<tr>
<td>❖ Manage the staffing process</td>
</tr>
<tr>
<td>❖ Provide input for budget process within the District</td>
</tr>
<tr>
<td>❖ Ensure that the QA-framework is adhered to regarding WSE</td>
</tr>
<tr>
<td>❖ Ensure QA of Learning Support within the district.</td>
</tr>
<tr>
<td>❖ Support CTM with regard to PMDS of LS officials.</td>
</tr>
<tr>
<td>❖ Provide strategic direction, capacity building, support and monitoring of learning support staff</td>
</tr>
<tr>
<td>❖ Facilitate professional development of all learning support staff in the district</td>
</tr>
<tr>
<td>❖ Facilitate learning support research in the district</td>
</tr>
<tr>
<td>❖ Assist Learning Support staff in the execution of learning support activities in the district</td>
</tr>
</tbody>
</table>
 Provide inputs and assist in the formulation of policies

 To promote and monitor inclusive environments at the district and schools

 To support co-ordination of services where inter-sectorial partnerships for provision of specialised support or addressing barriers to learning occur

 Manage and monitor the process of early identification of learners experiencing barriers to learning

 Manage and monitor Learning Support Advisors to develop and implement strategies to improve Literacy and Numeracy.

 Manage the MF-approach for the establishment and sustainment of EST’s in the district
<table>
<thead>
<tr>
<th>Senior Education Specialist Learning Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Inclusive Education and other relevant policies</td>
</tr>
<tr>
<td>❖ Identification and addressing of learning and developmental barriers in the circuit.</td>
</tr>
<tr>
<td>❖ Capacity building of Learning Support and ELSEN Unit Teachers.</td>
</tr>
<tr>
<td>❖ Work within the framework of whole school evaluation in a multi-functional context.</td>
</tr>
<tr>
<td>❖ Advocate and support inclusive practices in circuits. (SIAS)</td>
</tr>
<tr>
<td>❖ As part of DBST ensure sustainability of SBSTs in circuit.</td>
</tr>
<tr>
<td>❖ Facilitate the collaboration between the ELSEN Unit, Learning Support Teacher and Resource Centre/s.</td>
</tr>
<tr>
<td>❖ Capacity building of Learning Support Teachers, ELSEN Unit and mainstream Teachers in the circuit.</td>
</tr>
<tr>
<td>❖ Support and monitor Learning Support Teachers, ELSEN Unit and mainstream Teachers in the circuit.</td>
</tr>
<tr>
<td>❖ Ensure optimal utilisation of Learning Support and ELSEN Unit Teachers for effective service delivery</td>
</tr>
<tr>
<td>❖ Support Learning Support, ELSEN Unit and mainstream teachers to develop and implement strategies to improve Literacy and Numeracy in the circuit.</td>
</tr>
<tr>
<td>❖ In collaboration with DCES design and develop appropriate LTSM for Learning Support, ELSEN Unit and mainstream teachers in the circuit.</td>
</tr>
<tr>
<td>❖ Support and monitor the utilization of LTSM in the circuit.</td>
</tr>
<tr>
<td>❖ Support the school principal with regard to IQMS of Learning Support and ELSEN Unit Teachers.</td>
</tr>
<tr>
<td>❖ Support professional development of all learning support staff in the circuit related to IQMS (PGP)</td>
</tr>
<tr>
<td>❖ Ensure Quality Assurance of learning support within the circuit.</td>
</tr>
<tr>
<td>❖ Participate and adhere to the PMDS (Performance Management and Development Scheme) process.</td>
</tr>
<tr>
<td>❖ Consult and liaise with School Management Teams in the utilization of Learning Support and ELSEN Unit Teachers and all matters relating to learning support.</td>
</tr>
<tr>
<td>❖ Assist schools regarding implementation of policies.</td>
</tr>
</tbody>
</table>
- Initiate research regarding learning support in the circuit
Support the mainstream school with regard to:

- Inclusive Education and other relevant policies.
- Identification and addressing of learning and developmental barriers in the mainstream school.
- Capacity building of teachers

Work within the framework of Whole School Evaluation

Advocate and support inclusive environments in schools.

Support mainstream teachers with regard to learners who experience barriers to learning in the schools.

Give input regarding professional development of mainstream teachers regarding ELSEN needs of the schools.

Play a supportive role regarding the functioning of SBST (School Based Support Teams) and development of ISPs (Individual Support Plan) – SIAS

Early identification and support of learners experiencing barriers to learning.

Render support to learners who experience barriers to learning.

Implement strategies to improve Literacy and Numeracy.

Optimal utilisation of Learning and Teaching Support Materials (LTSM) by Learning Support Teachers within the Learning Support classrooms and schools.

Assist School Management Team members in the execution of learning support activities in the schools.

Work in collaboration with other disciplines and community members to address barriers to learning in schools.

Participate and adhere to the Integrated Quality Management System (IQMS) process.

To ensure Quality Assurance of Learning Support within the schools.

To support research regarding Learning Support in the schools.

Provide inputs regarding formulation of policies
This section provides important information about leave and absence from work. Please take cognizance of the information discussed, as deviation thereof could lead to disciplinary action and could be deemed as misconduct.

- At the school the LSEN teacher must sign a daily attendance register.
- The LSEN teacher’s working hours are the same as the school’s working hours.
- Should the LSEN teacher fall ill or cannot be at work, he/she you must inform the LSA and principal immediately (see section on communication).
- Leave forms can be completed and signed at the school or MEED. The DCES for learning support must be informed should you require leave for longer than 2 weeks. Leave for longer than two weeks must be approved by the District Office.
- It is imperative that you fax your signed leave form (or copy thereof) to the LSA, where your leave form will be processed so that a substitute can be obtained, if necessary.
- Should the LSEN teacher take sick leave for more than 2 days, a medical doctor’s certificate must accompany your sick leave form.
- Should the LSEN teacher leave school early, the LSA and the principal must be informed and he/she should sign the attendance register accordingly.
- Please note that according to section 14.1 of the Employment OF Educators Act (1996), abscondment that could lead to dismissal is deemed to be the following:
  - Absence for more than 14 consecutive days without the permission of the employer;
  - Assumption of employment in another position whilst you are absent from work without the permission of your employer;
  - Resign or without the permission of your employer assume employment in another position, whilst you are suspended from duty;
  - If the LSEN teacher resign or without the permission of the employer assume employment in another position, whilst disciplinary procedures are not
finalised. In this scenario the employee is regarded as discharged from service on account of misconduct;

- abscond mend could lead to discharge on account of misconduct if the LSEN teacher absent without permission for a period exceeding 1 calendar month, calculated from the day succeeding your last day of attendance.

---

**LSEN STRUCTURE**

The focus of this section is to provide information regarding the LSEN structure and what is expected from the LSEN teacher. First of all, the LSA must be informed of any challenges with regards to staff, resources, etc. This information is dealt with on all levels.

- The school should make provision for the LSEN teacher in their budget.
  - The school is responsible for the provision of stationary, equipment, logistics (e.g. work space and furniture), etc. The school must also provide the LSEN teacher access to the photocopy machine, computer, e-mail and computer room.

- The LSEN teacher and the school are responsible to keep record of these resources.
  - The LSEN teacher must have an inventory of the resources supplied by the District Office. A register of issuing and returning of resources, by mainstream teachers should be kept
  - The LSA will monitor and keep an inventory of any resources issued to the LSEN teacher

- All LSEN teachers will service two schools. If an LSEN teacher is based at one school, he/she can be withdrawn for projects.

- Their main objective is capacitating teachers in inclusivity.

- The LSEN teacher must also assist the mainstream teachers with differentiation and the adaptation of the curriculum, if necessary.

- After the LSEN teacher attended training meetings etc. it is important that he/she gives feedback to the rest of the staff.
In the class the LSEN teacher must have **two administration files:**

**File 1: PLANNING**

- A register for each group which contains the names of the learners you work with
- The group’s learning programme
- Detailed lesson plans for 2-3 weeks that covers *all* skills

**File 2: ADMINISTRATION**

- Job description
- Policies
- Records of activities such as parent interviews, discussions with teachers, information session, etc.)
The following SLES policies must be on record:
- Action steps National Model
- Guidelines for Full Service / Inclusive schools
- Guidelines for responding to learner diversity
- Guidelines to ensure quality education and support
- White Paper 6

The LSEN teacher must work out a **timetable** (copies of these should be given to your principal, the mainstream teachers and your LSA).

Each learning support session may not be longer than 45 minutes and groups must consist of 5 – 10 learners.

The timetable must have three administration periods per week in which the LSEN teacher can do administration (e.g. making photocopies) and in which he/she can see parents, etc.

It is imperative that there are at least 3-4 activities per month in the learners’ work books.

It is important to meet with a Foundation Phase teacher twice a term. A record must be kept about this meeting.
LSEN teachers do not have extracurricular activities (such as sport or culture), but can use that time for other learning support activities such as homework groups/assistance, information sessions, parent interviews, support groups like LITNUM and classroom/teacher support.

Please note that the school may not use LSEN teachers as substitute teachers, if other teachers are absent.

There must be a clear history of the learner’s unsatisfactory scholastic progress before a learner is referred to the learning support class or referred to a special school.

The forms must be completed and signed by the teacher and the SBST. The forms must be completed correctly and with full details and evidence of intervention.

If a learner has not repeated a grade, he/she may not be referred to the school psychologist for placement in a special school or unit.

LSEN assessments must be done by the end of January and only new referrals may be assessed.

The LSEN teacher will assess only new learners referred by the SBST.

If there are no referrals for assessment by the LSEN teacher, he/she must take the schedule of the learners who have progressed to the next grade with support and assess those learners.

These assessments and error analysis of new referrals must be finalised before the end of January.

LSEN teachers should ensure that learners who have reached the age of 14 years old and who cannot progress are referred to a school of skills. These applications must be submitted in the year that the learner is 13 years old.
**Intervention Process**

IT IS THE SUPPORT/ACTION TAKEN TO ENABLE THE LEARNER TO MAKE PROGRESS.

---

**Class Teacher - (first line)**
- Discussion with the learner
- Interview with the previous teacher
- Discussion with the HOD
- Discussion with the LSEN teacher
- Interview the parent or guardian - Parent Support
- Immediate correction in the book
- Indicate Intervention with an “I” a different colour pen could be used

**SBST**
- The teacher meets with the SBST to discuss support strategies
- Teacher implements the recommendations and suggestions for intervention from SBST in classroom and monitor progress.

**Class Teacher**
- Teacher sees no progress after a term and refers case back to the SBST.
- Teacher sees progress and continues as usual

---

**Additional Support**
- SBST refers learner to LSEN teacher
ALTERNATIVE ASSESSMENT

The aim of alternative assessment is to give a learner a fair chance and to enable him/her to give a true account of his/her knowledge or skill.

The teacher meets with the SBST.

High needs in Foundation Phase will receive alternative assessment

Learners from Grade R to Grade 12 could qualify

Referral of Gr 4-8:
Assessment team.

Referral of Gr 9-11:
District office.

Gr 12: Head Office
(applications in during Sept. for gr. 11)

Grade 12 must go to Head Office

The SBST Coordinator contact the psychologist to provide a battery of tests consists of a spelling test and reading test for Grade 12 to determine if concessions will be granted.

Assessment committee
Assessment team determine the form of alternative assessment and the logistics.
Indicate in minutes.
Keep evidence for progression purposes

Training provided by psychologist and the LSA

Methods of Alternative Assessment

• Amanuensis
• Scribe only
• Reader only
• Alternative questions
• Extra time
• Computer
• Braille
• Video recording
• Enlarged text

The teachers identified learners who experienced barriers during assessment processes
The Integrated Quality Management System (IQMS) is an assessment tool to evaluate the quality and effectiveness of educator’s and LSEN teachers’ performance and rendering of service. It is also an important tool for the LSEN teacher to measure his/her own growth and identify areas that might need more support.

The IQMS contains 7 performance standards that LSEN teachers are also measured against. These standards encompass the work as an LSEN teacher and links to the job description.

- The IQMS is done once a year at the end of the year on the relevant form that contains the above information in the table.
- The LSEN teacher will also get the opportunity to evaluate his/her own work and score him-/her-self.
- The IQMS requires that the LSEN teacher’s DGBS evaluate his/her work.
- LSA has specialized knowledge in learning support and is therefore required to be the supervisor on your DGSB.
- The principal/HOD or another LSEN teacher is the peer, or another member of the School Management Team (SMT).
- After they have completed their evaluation, they will have a discussion of their scores with the LSEN teacher.
- During this discussion the LSEN teacher can also appeal against the scores if he/she differs from them.
- After all parties agree, the forms are signed.
- Personal Growth Plan (PGP) will be developed to capacitate the LSEN teacher.
- The LSEN teacher you can also attend the same training as the school’s staff.
IQMS

Term 1:
- Ensure IQMS activities appear on school calendar.
- SQT: Training of teachers who have not received training.
- Development programme to the LGE.
- Timetable for class visits.
- District Moderation of PM scores.
- DSE, PGP (QA5) quarterly review meeting.
- Admin expectations.

Term 2:
- Developmental cycle training, development & support.
- DSE: Progress measured against PGP (QA4)
- School self-evaluation against SIP (QA3)
- Ongoing monitoring by principal/SMT/SDDT
- Quarterly review meeting.
- Admin expectations:
  - Planning - CAPS / Learning Programmes
  - Admin File
  - Learner Profiles and Portfolios
  - Resource files
  - Referrals
  - Database for LSEN Learners
  - LBT

Term 3:
- IQMS Process finalised.
- Planning for IQMS following year.
- Complete summative evaluation
- Ongoing monitoring by principal & SMT/SDDT
- Internal Moderation of PM scores.
- Staff development programme
- Submission
- Ensure that iqms activities appear on school calendar of following year.
- Copies of QA3 = Mr K de Wet

Term 4:
- Final IQMS Process measured against PGP (QA5)
- School self-evaluation against SIP (QA3)
- Commence summative evaluation
Support Summarised

High need
Immediate referral
Assessment for placement/identification by LSE/psychologist/therapist

Low, mild/moderate need in mainstream
Assessment for support

LSA screens to indicate level of need for support (SIAS)
Support through intervention, SBST, differentiation, learning support, IN teams, resource centres, resource classes, ISP, Alternative Assessment, exit plans
Personal Notes
The following information provides a brief outline of the aim and purpose of the SIAS document. A detailed description is in the document itself, which will be distributed to all schools.

- The aim of the SIAS process is to support teachers, managers, districts and parents.
- It is used to manage and support teaching and learning in schools.
- Guidelines are given to screen, identify, assess and support learners with disabilities and learners who experience barriers to learning.
- It is in line with White Paper 6 (2001) and Inclusive Education.
- According to the SIAS document, it serves two purposes:
  - “To screen and identify learners who experience barriers to learning and development, and
  - to establish a support package to address these barriers.” (SIAS, 2008)
- A tool-kit is included which consists of a single form, the “Support Needs Assessment” which is to be completed by teachers, parents, schools and districts. This tool-kit gives guidelines to guide the teachers, SBST, managers, parents and District-based support teams (DBST).
- The SBST and DBST are key role players in the SIAS process, together with teachers, parents/caregivers, managers and other support services in the community.
- A learner profile must be completed for every learner who enters gr 1.
- When the learner profile indicates that a learner needs additional support, the SIAS tool-kit helps the role players to gain a deeper understanding of the learner’s needs.
- Diagnostic information provided by a doctor, medical practitioner or health clinic forms part of the Diagnostic Profile of the learner.
- All supporting information and reports must be kept together with the profile.
- The profile will be used throughout the GET and FET phase so that information and progress is available. The information must be kept by the SBST and only
made available to teachers if the parent / caregiver and / or the learner gives consent (SIA, 2008: 9).

- SIAS is implemented **Nationally** and is the new referral process.

Please refer to the following section on the nature and level of support for a more detailed explanation. A diagram that summarises the continuum of support is provided at the end of this section.

---

**LEVEL AND NATURE OF SUPPORT**

1. The Screening, Identification, Assessment and Support strategy aims to facilitate the shift from the individual learner as the driving organiser for support provision to that of the range, nature and level of support programmes, services, personnel and resources that will be made available for special and ordinary schools. Consequently the range, nature and level of support programmes, services, personnel and resources rather than the individual learner will be the focus of budgets, norms and standards for support provision.

2. The availability of the range, nature and level of support programmes, services, personnel and resources can be at site level or at nodal sites to be accessed by a cluster of schools. This will be one of the main mechanisms to ensure that learners can access support without the need to move to another than their ordinary neighbourhood school.

3. Highly specialised support resources, personnel, programmes and facilities for a group of learners with high support needs requiring access to the same support programme or resources, can be provided at site level such as in special schools or specialised settings attached to ordinary schools. Specialised support resources, personnel, programmes and facilities that are more portable and require less operational and organisational planning will be provided at circuit or district level to be accessed by learners at mainstream schools e.g. learning support / remedial education, assistive devices, counselling and therapeutic services. The Full-Service School will be the point within a circuit or district from which services will be made available to a cluster of mainstream schools.
4. Provincial factors such as the range and incidence of barriers experienced by learners, the way it organises or clusters schools, the terrain of the Province, availability of specialist services/personnel in the area, available budgets for support provision in relation to the size of the department, will determine the Provincial strategy to ensure that the range of support programmes, services, personnel and resources are available and can be accessed by all learners requiring such support provisions. Consequently decision making about the resources that will be provided, where and how it will be provided, will not be based on the category of disability but on the level and nature of the support required to address the impact of the barrier.

5. The support needs of barriers arising from factors such as disability, psycho-social and contextual conditions need to be addressed to ensure that every learner receives the support that he/she needs to learn and develop optimally.

6. The Screening, Identification, Assessment and Support strategy specifically aims to identify (1) the barriers to learning experienced, (2) the support needs that arise from barriers experienced and (3) the support programme that needs to be in place to address the impact of the barrier on the learning process.

7. The nature of support programmes that will be addressed within the SIAS strategy covers the following areas:

   - Vision
   - Hearing
   - Mobility
   - Communication
   - Learning / Cognition
   - Health (including Mental Health)
   - Behaviour and social skills
   - Multiple and Complex Learning Support.

The provisioning drivers for the support programmes are:

1) curriculum and assessment adjustments;

2) training requirements;

3) availability of specialised staff;

4) specialised LTSM /assistive devices and other resources to ensure access to education.
8. The strategy rates the level of the identified support that is required as a low, moderate or high level of provision. The organisers that guide this rating process include the frequency, scope, availability and cost of the additional support service, programme or specialised LTSM. The support provisions that are rated low cover all the support provisions in all departmental programme policies, line budgets and norms and standards for public schools. Support provisions that are rated moderate cover support provisions that are over and above provisions covered by programme policies, line budgets and norms and standards for public schools. Such provisions are provided once-off or for a short-term period or on a loan system. Implementation of such provisions can generally be accommodated within the school or regular classroom. Support provisions that are rated high are over and above provisions covered by programme policies, line budgets and norms and standards for public schools support. These provisions are specialised, requiring specialist classroom/school organisation, facilities and personnel.

9. Descriptors to determine level and nature of support provision:

<table>
<thead>
<tr>
<th>Level</th>
<th>Support Organisers</th>
<th>Resourcing and implementation implications</th>
<th>Cost Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td><strong>Specialist Support:</strong></td>
<td></td>
<td>• No additional funding provision required</td>
</tr>
<tr>
<td></td>
<td>• Provision of any specialist intervention from either other teachers/specialists from within the school or from surrounding schools; from SBST or DBST or from the schools network of stakeholders. Such interventions can be accommodated within the schools budget and regular organisation of the school/classroom. The minimum frequency of this intervention should be at least once or twice a term. E.g. consultation with SBST or with specialists within the DBST or assistance of the Learning Support Teachers.</td>
<td></td>
<td>• Costs are accommodated as part of the norms and standards of schools and line budgets of sections within the Department</td>
</tr>
<tr>
<td></td>
<td><strong>Curriculum and Assessment:</strong></td>
<td></td>
<td>• The norms and standards of mainstream schools need to be expanded to accommodate a standard allocation for all schools to address care and support needs for learning (SASA Section 23.1; SASA Section 12.4; SASA Section 20.1 (section 20 / 21 schools)</td>
</tr>
<tr>
<td></td>
<td>• Curriculum and assessment adjustments required to allow learners at multiple levels of functioning to access the curriculum and assessment tasks best suited to his/her needs (in terms of Chapter 9 of the Assessment Protocol). Such accommodations can be managed at school or classroom level. The frequency of intervention by DBST to monitor implementation at school level should be at least quarterly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Specialised Learning and Teaching Support Material (LTSM) and other Resources to ensure access:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Adapted LTSM or portable assistive devices which can be accommodated into the LTSM budget of the school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Once-off physical adjustments or upgrades to the school buildings to broaden access. Such adjustments must be accommodated using the school's budget.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Training / Orientation of staff:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Once off or short-term programme (below 10 sessions) for management and staff on issues of support (nature and strategies), awareness programmes and policy implementation. These training/orientation sessions can be provided by either other teachers/specialists from within the school or surrounding schools; SBST or DBST or from the school's network of</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Specialist Support:
- Provision of transversal teams (specialist support by therapists, psychologists, social workers and other health professionals) at Circuit and District level. Such support is required at least once a month for a short-term period (1 year) thereafter a minimum of one consultation per quarter.
- To accommodate the services that are not available to the school or within the District that is sourced outside the Department or outside the school's network of stakeholders. These services are required at least once a month for a short-term period (1 year) thereafter a minimum of one consultation per quarter and are provided as part of the school's in-house and out-reach support programme. These programmes can be accommodated at school level but would require funding as part of the school's Inclusive Education allocation.

Curriculum and Assessment:
- Adjustments needed to the curriculum, assessment tasks and LTSM that involve additional planning time by teacher, inputs from curriculum and assessment advisors, resources and monitoring by SBST and DBST. Monitoring by DBST should be at least twice a year. Such adjustments can be processed/ facilitated through Departmental policy, processes and practices but resourcing will be required to accommodate extra staff provision for planning and supporting such adjustments.

Specialised LTSM and other resources to ensure access:
- Specialised LTSM or devices (portable) that can be accessed through Full-Service Schools, Special School Resource Centres, or Department of Health. Access to such devices are required daily by the learner. Such resources must also be made available as part of the school's loan system and outreach programme. Resourcing within the school's inclusive education allocation needed to cover the cost of purchasing, maintaining and repairing such resources.

Training / Orientation of staff:
- Short (below 10 sessions) to long (above 10 sessions) term training and outreach programmes for management and teachers on issues of support (nature and strategies), awareness programmes and policy implementation provided by the school’s network of stakeholders or specialists outside the Department. These training programmes can be accommodated within the schools but require resourcing in the inclusive allocation.
THERAPEUTIC SERVICES – MEED

REFERRAL PROCESS

Identification of problem in class by educator

Referral to School Based Support Team (SBST)

Recommendations by SBST

Feedback provided to parents and educators

No direct or individual therapy provided.

Home programmes/general guidelines/strategies provided to parents,

Appropriate Referral to hospitals or other professionals

Referral for Speech Therapy/Occupational Therapy Assessment

Assessments done by District Speech Therapist/IE Therapists/LSEN School Therapists

Name of learner added to District Therapeutic Database

Completion of Referral forms

Completion of Developmental History Form before Assessments

** PARENT SIGNATURE COMPULSORY **
Inclusive Education Teams

Inclusive Learning Support

Main Focus:
Supporting the mainstream schools to become functional inclusive schools — working only in designated focus schools.

Main Focus: Focus Schools
Grade 1 Support, Support and manage ISP's, Empowering teachers to support learners through the ISP's.

Process of Developing the ISP's
Gather information.
Set the direction.
Develop the ISP.
Implement the ISP.
Review and update the ISP.

Who will qualify for ISP
Learners who experience moderate to high intensive needs or barriers to learning in mainstream schools.
Learners on waiting lists for placement at special schools and schools of skills.

LITNUM
(LITNUM is sub-committee of ILST)
Supporting the LITNUM committee of the mainstream school.
Strengthening Literacy and Numeracy stimulation.

SBST
Attending SBST meetings to render support and ensure that it is functional.

ISP's
The Individual Support Plan is developed after the learners have been identified by the class teacher, have been discussed on the ILST and are on the waiting list for a special school.
Training ILST (the development and implementation of ISP)
Support in drawing up ISP's
Monitoring the ISP process
Co-ordination and management of ISP's in mainstream (learners on waiting lists).

Resource Centre Outreach
To facilitate the outreach programs/services that can be rendered by the RC to the mainstream schools.

Support Educators and Learners
Support education according to the school's specific need.
Support education to make the curriculum accessible to all learners.
Work collaboratively with educators and learners regarding different teaching and learning styles.
**MEED PSYCHOLOGICAL SERVICES**

**Introduction**

- There are 6 school psychologists in MEED, one senior psychologist and one positive behavior coordinator.
- Each psychologist work in a number of schools both primary and high schools that are allocated specifically to him/her.
- Psychologists work in teams when there is a crisis/trauma at a school
- Each psychologist has a specialized function that is rendered professional and ethical. Their work is to support learners experiencing learning, emotional and behavioral difficulties and to guide/equip teachers and parents with skills to support learners.
- The senior psychologist coordinates all psychological services within the district as well as external referrals from hospitals, NGO’s, therapists and psychologists in private practice etc.
- All the crisis and trauma cases are referred directly to the Senior psychologists to facilitate psychological support to schools **within 72 hours**
- The senior psychologists together with the special schools coordinator facilitate all the special schools and school of skills placements.
- The positive behavior coordinator trains all MEED schools on positive behavior. This training is also done with the service provider

**PSYCHOLOGICAL SERVICES: DAY TO DAY INTERVENTION**

- Assessment and referral of learners experiencing barriers to learning to relevant support structures i.e. ISPs, Special Schools.
- Strengthen School Based Support Team.
- Provide support a member of a MFT involved in the early identification, assessment and support of learners with barriers to learning (SIAS strategy).
- Assist the behavior coordinator to implement the district positive behavior strategy.
- Provide short term individual and group therapeutic intervention.
- To provide short term counseling and trauma debriefing within 72 hours.
- Attend in-service training and undertake CPD as a professional responsibility.
• Adhere to HPCSA ethical code pertaining to the profession of psychology within SLES context of the WCED.

FOCUS POINTS

• Support in Grade R
• Support in Primary Schools
• Support in Grade 9
• Support in Grade 12
• Behaviour Support and management
• Support in High schools (Focus and underperforming schools)

Term 1 objectives

• Grade 12: Alternative assessment - information sessions with schools assessment teams.

• Assessment of learners and writing reports for head office approval. Due date 31 March.

• Grade 12: supporting their career path and choices i.e. career expo by EFT colleges and tertiary institutions.

• Assessment of Primary School learners for support (low and moderate needs) and alternative placement (high needs).

Term 2 objectives

• Grade 6 and 7: facilitating the identification of learners to be referred to school of skills

• Processing application forms for learners that are 14 years old. The learner must be 14 years of age at the beginning of year 1 at a school of skills. Due date for all application forms is Mid June, a week before schools close in the second term.

• Grade 9: support over age learners, learners repeating second time or more.

• Grade 12: study skills, motivation and time management including support for learners to apply for tertiary education.
Term 3 objectives

- School of Skills: Screening of all application forms
- Placement meetings in all School of Skills
- Grade 12: Study skills, time management and motivation.
- Capacity building of teachers through workshops and information sessions on different neuro-developmental disorders i.e. ADHD, Autism etc. depending on the needs of the school

Term 4 objectives

- Grade R: exemption of learners from compulsory school attendance. Due Date second week of October.
- Feedback to parents on Grade R WCED pilot assessment and feedback on applications for exemption of learners from compulsory school attendance.
- Support parents through training in parental skills
- Supporting in progressions and promotions in both primary and high schools.

Positive behavior

- Training of schools on positive behavior strategy
- Supporting in the Training of schools on positive discipline (SBSTs)

Learner support on:

- Diversion programs for learners with behavior challenges
- Drug information sessions and Bullying
- Violence and gangsters
- Assertiveness training (say STOP)
- Orientation of Grade 7 (Primary) and Grade 8 (High Schools).
- Training on learners rights and responsibilities
- Parental skills for parents and caregivers
- Training parents on rights and responsibilities
- SGB training on the circle of courage and communication skills.
- Training on value education i.e. respect, loyalty, citizenship etc.
MEED PROCEDURE WHEN SCHOOLS REQUIRE CRISIS INTERVENTIONS

Crises by their very nature often require immediate intervention. Therefore, requests by schools for crises interventions must be given the Highest Priority by MEED personnel in the course of dispensing their service delivery functions. Interventions should occur within 72 hours of the incident.

STEPS TO BE FOLLOWED

The school should contact the Circuit Manager and Senior Psychologist explaining the nature of the crises.

The Senior Psychologist will take charge thereafter by contacting the Psychologist and the social worker of the relevant school to respond to the crises.

These specialists will assess the situation and provide intervention such as trauma debriefing.

Should more assistance be required then the Senior Psychologist will request assistance from other MEED social workers and psychologists as needed (Team 1/2).

When MEED specialists are justifiably unavailable or in instances where the crises demands a higher level of intervention, then the WCED Safer Schools' call center should be contacted to request for further assistance. The contact number of the call center is: 0800 454647

Should the Safer Schools call center request for crises interventions at a particular school then the specialists within the relevant school will respond and follow the steps outlined above.

MEED crises intervention teams: – two teams of 3 psychologists and 3 social workers.

All crises interventions are reported to the Senior Psychologist, who keeps a register of such incidents.

If no service was rendered at a school within 72 hours, the matter can be taken up with the Senior Psychologist.

INTERIM GUIDELINES FOR SCHOOL OF SKILLS PLACEMENTS

- The practice of sending a learner to a Special School/Resource Centre to access a specialised support programme, must only be used as a last resort.

- The learner should be functioning at least two years below the grade level of his/her age cohort. The learner must be 14 years of age at the beginning of the next year.

- All applications must be based on the levels of support (high) which a learner need. Behaviour must not be the primary learning barrier experienced by the learner referred to a School of Skills.
• The fact that a learner does not cope in the mainstream curriculum is not necessarily an indication that he/she is a candidate for skills training. Any indication that the learner shows an aptitude for skills training, must count in his/her favour.

• Learners who function at a very low level due to serious, intrinsic intellectual barriers, should not be referred to a School of Skills, but rather to a school which supports learners who are severely intellectually disabled. When in doubt about this, the learners(s) should be more thoroughly assessed with appropriate instruments.

• Learners whose learning barrier can be described as “low” or “moderate” must not be referred to Special Schools/Resource Centres. They should rather be accommodated in a Full Service School/Inclusive School.

• Learners who are currently attending a special school and who must be transferred to a School of Skills will be given preference. It must be ascertained that the learner is a bona fide candidate for a School of Skills program.

• Applications that are duplicated (to apply to different Schools of Skills in the hope of finding a place) are strongly discouraged:

• The School of Skills nearest to the applicant’s current school / residential address will be the designated school where he/she will be considered

• When it is absolutely necessary to make an application to more than one SoS, a strong motivation must be attached and an order of preference must be provided.

• When learners are referred to a School of Skills in another District, the learner whose current school/residential address is nearest to the School of Skills in question will be given preference.

• Learners who do not gain access to a School of Skills should be supported in the mainstream via:

• Curriculum differentiation / straddling

• Possibly using the SoS curriculum in mainstream

• Day-AET

• Concessions
SOCIAL WORKER SERVICES

Introduction

The Social Work Unit in MEED has six (6) Social Workers and one (1) Senior Social Worker serving 135 schools. This means that each Social Worker services over 30 schools.

Social Workers working in schools have a specific and Specialised function which may be different the generic Social Worker e.g. those working for Social Development etc.

The Specific role of the Social Worker working in schools is backed by the belief that all children can learn and to this end it is the Social Workers’ role to minimise Barriers that may be impacting on the learners’ ability to learn. These barriers are, amongst others, Social, Emotional, physical, mental and psychological.

It is thereby the Social Worker working in schools responsibility to skill, train and workshop educators in the early identification of these barriers to learning. The Social Workers’ role in schools is therefore Preventative in nature. These Social Workers are skilled and have been trained to work with individuals, parents, communities and educators. Their expertise lies in managing disclosures in abuse/rape/neglect cases, prevention of learner pregnancy, parenting skills, counselling and assisting in trauma debriefing.

The Senior Social Worker attends to walk-ins at the district as well as all referrals from parents, the community and health facilities as well as emergency cases when the Social Workers working in schools is unavailable at the time of the emergency. This Social Worker also takes on an advisory and consultative role for principals, SBST and any other Service provider e.g. Labor, the Mayor’s and Premier’s offices amongst others.

Attending to health issues, gangsterism, behaviour problems, truancy are outside their current service provisions but will attend to these if these challenges are due to home circumstances. Otherwise, these challenges are rather left to the attendance of professionals in these fields.

Prevention Programmes

All schools are and will continue to be trained in:

1. Management of disclosures in schools (Abuse No More Protocol)
2. Management of pregnancy (Managing Teenage Pregnancy Policy)
3. Parenting Skills
4. Training in the implementation of relevant Legislation
5. Training in the early identification of Barriers to Learning in the classroom including Inclusive Education/CASTL
Collaboration

In order to provide a holistic service to all learners, collaboration within the department and with all Service providers is crucial.

The main Service providers with which Social Workers collaborate are: Social Development; the Courts; PATCH; BADISA; Nonceba Counselling; Rape Crises; SANCA; ACVV; Communicare; Thuthuzela Centers; Tygerbear and all hospitals.

Home Visits

Social Workers employed by WCED will visit homes only in emergency cases.

Process Maps

Schools are advised to consult the attached Process Maps prior referring learners to the Social Workers.
• Victim (1) may report to another learner (2.1) or educator (2.2) or the learner (2.1) to whom the report is made can report to an educator (2.2) directly.
• Educator must inform the principal.
• Educator/principal must report the matter to the FCS (4) and a designated social worker (5) via form Z2.
• It is optional for the principal and the educator to involve the school social worker (3.1) at this stage but if they do, it would be to illicit advice and or support in contacting the designated social worker and or SAPS.
• Principal/Educator will contact parents and inform them in person (if not alleged perpetrator), will also determine learners safety.
• Designated social worker will support learner and ensure learner’s safety. If a designated SW is not available, SAPS is obliged to remove the child to a place of safety in terms of the Children’s Act 38 of 2003 if the child’s safety is at risk.
• Will investigate and assess the situation. Regularly communicate with school re learners welfare.
• School (principal and educators) must provide continuous emotional support to learner and to monitor learners social, emotional and academic functioning. Provide regular feedback to designated SW. Arrange for additional academic support if necessary.
• Formal notification must be sent to School Social Worker via report.
• Victim (1) may report to another learner (2.1) or educator (2.2) or the learner (2.1) to whom the report is made can report to an educator (2.2) directly.
• Educator must inform the principal.
• Educator/Principal must report the matter to the FCS (4) and designate social worker (5) via form 22.
• It is optional for the principal and the educator to involve the school social worker (3.1) at this stage but if they do, it would be to solicit advice and or support in contacting the designated social worker and or SAPS.
• Principal/Educator will contact parents and inform them in person (if they are not alleged perpetrator). Will also determine learners safety.
• Designated social worker will support learner and ensure learner’s safety. If a designated SW is not available, SAPS is obliged to remove the child to a place of Safety in terms of the Children’s Act 38 of 2005 if the child’s safety is at risk.
• Will investigate and assess the situation. Regularly communicate with school re learners welfare.
• School (principal and educators) must provide continuous emotional support to learner and monitor learners social, emotional and academic functioning.
• Provide regular feedback to designated SW. Arrange for additional academic support if necessary.
• Formal notification must be sent to School Social Worker via report.
• Victim (1) may report to another learner (2.1) or educator (2.2) or the learner (2.1) to whom the report is made can report to an educator (2.2) directly.
• Educator must inform the principal (3) and as a team they should inform the FCS (4) and a designated social worker (5).
• It is optional for the principal and the educator to involve the school social worker (3.1) at this stage but if they do it would be to utilise advice.
• School social worker may also be contacted to assist with processes as per 3.1.1 and 3.1.2.
Personal Notes
SPECIAL SCHOOL COORDINATOR

Strengthening of special schools as resource centre:

Training of special schools staff members in policy documents:

- Guidelines to ensure quality education and support in special schools as resource centre
- Care and support for teaching and learning (CASTL)
- Guidelines for responding to learner diversity in the classroom through curriculum and assessment policy statement
- Guidelines for full service schools/Inclusive Schools
- White paper 6
- Screening, identification, assessment and support (SIAS) document

Facilitate the provisioning of resources

Quality assurance of services delivered at special schools

Expose special schools to best practices

Facilitate the transforming of special schools into resource centres to support mainstream schools.

Supporting the resource centres:

- Noluthando – with Inclusive Education Team
- Paarlskool - with Inclusive Education Team
- Rusthof - with Inclusive Education Team
- Jan Kriel – for high schools and without Inclusive Education team
- Alta du Toit – no Inclusive Education team
- Khayelitsha Special School – no Inclusive Education team

Monitoring the role of the Inclusive Education (IE) team in their role as part of outreach program of resource centre
Monitoring the involvement of the resource centre staff members in their outreach program
Coordinate the outreach program to be in line with District Improvement Plan

**Placement of learners in special schools:**

Coordinating the placement of learners at special schools
Maintaining the database of learners assessed and recommended to be placed in a special school
Recordkeeping of learner referrals received
Facilitate the quarterly review of the waiting list at special schools
Monitoring of support to learners on the waiting list at special schools
Coordinating of multi-functional team (MFT) with specific case discussions at special schools

**Curriculum delivery at special schools:**

Monitoring curriculum delivery at schools of skills (SOS)
Monitoring curriculum delivery at schools catering for severely intellectually disabled (SID) and autistic spectrum disorder (ASD) learners
Conducting the progression and promotions at schools of skills (SOS) and schools catering for severely intellectually disabled (SID) and autistic spectrum disorder (ASD) learners.
Facilitate curriculum support to schools of skills (SOS) and schools catering for severely intellectually disabled (SID) and autistic spectrum disorder (ASD) learners.

**Behavior modification program at special schools:**

Monitoring the positive behaviour modification program at special schools
Facilitate case discussions of learners with serious behaviour challenges at special schools

**Administrative support to special schools:**
Monitoring and support with human resource matters:

- Involve with the appointment of school management team (SMT) at special schools
- Coordinate the appointment of IE team members at resource centers

Support with infra-structure management at special schools

Support with learner transport at special schools

Coordinate quarterly special schools principals meeting

Monitor and support with CEMIS requirements:

- Monitoring the CEMIS administration of special schools
- Monitoring the correctness of the primary disability of learners registered on CEMIS
- Monitoring via CEMIS the space available at special schools
- Facilitate the corrections of grade change status via CEMIS

Monitor financial management at special schools:

- Monitoring financial report of special schools received from school corporate officer (SCO)
- Follow up on recommendations made in the financial report
AFDELING 1 / SECTION 1

| Afdeling 1 moet voltooi word deur die hoof van die leerder se huidige skool / instansie / sentrum. |
| Section 1 must be completed by the principal of the learner’s present school / institution / centre. |

1.1 BESONDERHEDE VAN LEERDER

<table>
<thead>
<tr>
<th>DETAILS OF LEARNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Van / Surname:</td>
</tr>
<tr>
<td>Voornaam(-name) / First name(s):</td>
</tr>
<tr>
<td>Geboortedatum:</td>
</tr>
<tr>
<td>Date of birth:</td>
</tr>
<tr>
<td>Kronologiese Ouderdom: Chronological Age:</td>
</tr>
<tr>
<td>I.D. Nommer / I.D. Number:</td>
</tr>
<tr>
<td>Geslag / Gender: (Omkring u keuse / Circle your choice) Seun/Boy Meisie/Girl</td>
</tr>
<tr>
<td>CEMIS no. van leerder:</td>
</tr>
<tr>
<td>CEMIS no of learner:</td>
</tr>
<tr>
<td>Huistaal: Home language: A / E / X Ander (spesifiseer) Other (specify):</td>
</tr>
</tbody>
</table>

1.2 BESONDERHEDE VAN HUIDIGE SKOOL / INSTANSIE / SENTRUM (INDIEN VAN TOEPASSING)

<table>
<thead>
<tr>
<th>DETAILS OF PRESENT SCHOOL / INSTITUTION / CENTRE (IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naam van skool / instansie / Name of school / institution:</td>
</tr>
<tr>
<td>Posadres / Postal address:</td>
</tr>
<tr>
<td>Poskode / Postal code:</td>
</tr>
</tbody>
</table>
### 1.3 SKOOLLOOPBAAN / SCHOOL CAREER

<table>
<thead>
<tr>
<th>Jare/Years</th>
<th>SKOOL / SCHOOL</th>
<th>JAAR YEAR</th>
<th>GRAAD GRADE</th>
<th>OPMERKINGS T.O.V. SKOLASTIESE VORDERING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; / 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; / 2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; / 3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; / 4&lt;sup&gt;th&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt; / 5&lt;sup&gt;th&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6&lt;sup&gt;th&lt;/sup&gt; / 6&lt;sup&gt;th&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7&lt;sup&gt;th&lt;/sup&gt; / 7&lt;sup&gt;th&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8&lt;sup&gt;th&lt;/sup&gt; / 8&lt;sup&gt;th&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt; / 9&lt;sup&gt;th&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10&lt;sup&gt;th&lt;/sup&gt; / 10&lt;sup&gt;th&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11&lt;sup&gt;th&lt;/sup&gt; / 11&lt;sup&gt;th&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.4  Functioning of learner (Attach reports)

<table>
<thead>
<tr>
<th>Opmerkings / Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensories / Sensory</td>
</tr>
<tr>
<td>Fisies / Physical</td>
</tr>
<tr>
<td>Neurologies / Neurological</td>
</tr>
<tr>
<td>Intellektueel / Intellectual</td>
</tr>
<tr>
<td>Skolasties / Scholastic</td>
</tr>
<tr>
<td>Gedrag / Behavioural</td>
</tr>
<tr>
<td>Sosiaal / Social</td>
</tr>
<tr>
<td>Emosioneel / Emotional</td>
</tr>
<tr>
<td>Medies / Medical</td>
</tr>
</tbody>
</table>

**LEERSTOORNIS(SE) EN ONDERSTEUNING / LEARNING BARRIER(S) AND SUPPORT**

*Leerhindernis kan setel in die leerder of veroorsaak word deur iets vanuit klaskamer of skool. Gee ‘n kernagtige beskrywing van die leerder se leerhindernis(se).* / A barrier to learning can arise from the learner or from the class or school. Describe the barrier(s) to learning experienced by the learner.

………………………………………………………………………………………………………………………………………….
…………………………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………….

Heg *afskrif van die volgende dokumente aan:* / *Attach a copy of the following documents:*

- die Leerderprofiel
- die laaste skoolrapport
- die leerder se Jaarlikse Nasionale Assesserings-/ Sistemiese Evalueringse- / SGOS verslag
- ‘n gedateerde ondersteuningsverslag
- leerder se ID dokument
- voorbeelde van leerder se werk: Wiskunde & Taal
- enige ander relevante addisionele verslae

- the Learner Profile,
- the last school report,
- the learner’s Annual National Assessment / Systemic Evaluation / SBST report
- a dated report of the support rendered to the learner
- the learner’s ID document
- examples of learner’s work: Mathematics & Language
- any relevant additional reports

1.5 BESONDERHEDE VAN DIE HUIDIGE, WETTIGE VERSORGER VAN DIE LEERDER (*Merk asb. u keuse met ‘n X)*

<table>
<thead>
<tr>
<th>DETAILS OF THE LEARNER’S CURRENT LEGAL CAREGIVER (<em>Please mark your choice with a X)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Van / Surname:</td>
</tr>
<tr>
<td>Voornaam(-name) / First name(s):</td>
</tr>
<tr>
<td>*Verwantskap / *Kinship: VADER / FATHER</td>
</tr>
<tr>
<td>ID-nommer / ID Number:</td>
</tr>
<tr>
<td>Straatadres / Street address</td>
</tr>
<tr>
<td>Poskode / Postal code:</td>
</tr>
</tbody>
</table>
**AFDELING 2 / SECTION 2**

**VERSLAG DEUR DIE MULTI-DISSIPLINêRE ASSESSERINGSPAN**

*REPORT FROM THE HEAD MULTI-DISCIPLINARY ASSESSMENT TEAM*

_Hierdie afdeling moet onder leiding van die hoof van die multi-dissiplinêre span voltooi word._

_This section must be completed under the guidance of the head of the multi-disciplinary team._

<table>
<thead>
<tr>
<th>Assesseerder (indien toepaslik)</th>
<th>Voorletters en van hoof (drukskrif asb.):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessor (if applicable)</td>
<td>Initials and surname</td>
</tr>
<tr>
<td></td>
<td>Resultaat / Opmerking / Beskrywing (Heg resultate / verslae aan)</td>
</tr>
<tr>
<td></td>
<td>Result / Remark / Description (Attach results / reports)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skoolsielkundige</th>
<th>........................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Psychologist</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leerondersteuner</th>
<th>........................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Support</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Therapist</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Terapeut</strong></td>
<td>..................</td>
</tr>
<tr>
<td><strong>Maatskaplike Werker</strong></td>
<td>..................</td>
</tr>
<tr>
<td><strong>Kurrikulumadviseur</strong></td>
<td>..................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ander Other</th>
<th>Voorletters en van Initials and surname</th>
<th>Posisie / Designation</th>
<th>Resultaat / Opmerking / Beskrywing (Heg resultate / verslae aan)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Result / Remark / Description (Attach results / reports)</td>
</tr>
</tbody>
</table>

**Primère leerstoornis** (Merk slegs **EEN** kategorie met **X**) / **Primary barrier to learning**: (Mark only **ONE** category with **X**)

<table>
<thead>
<tr>
<th>Description</th>
<th>EEN</th>
<th>Category with X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
<td>Partially sighted</td>
</tr>
<tr>
<td>Serebraal</td>
<td></td>
<td>Blind</td>
</tr>
<tr>
<td>Cerebral</td>
<td></td>
<td>Deaf</td>
</tr>
<tr>
<td>Fisies</td>
<td>Outisies</td>
<td>Gedrag (ernstig)</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------</td>
<td>------------------</td>
</tr>
<tr>
<td>Physical</td>
<td>Autistic</td>
<td>Behaviour (severe)</td>
</tr>
</tbody>
</table>

Sekondêre leerstoornis(se) *indien van toepassing*
Secondary learning barrier(s) *if applicable*

**VOLTOOI ASB.:**
- Afdeling 3 (no. 1-8)
- Laat afdeling 6 voltooi en onderteken
- Bylaag A (Vlakke van Ondersteuning) en heg aan
  *Beperk voorbeelde van die leerder se werk tot 4 bladsye.

**PLEASE COMPLETE:**
- Section 3 (no 1-8),
- Have Section 6 be completed and signed
- Annexure A (Levels of Support) and attach it
  *Limit examples of the learner’s work to 4 pages.*
### AFDELING 3 / SECTION 3

**OPSOMMING VAN AANSOEK / SUMMARY OF APPLICATION**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Voorletters en van van leerder</td>
<td>Initials and surname of learner</td>
</tr>
<tr>
<td>2. Primêre leerstoornis van leerder (dieselde as die primêre leerstoornis in afd. 2)</td>
<td>Learner's primary learning barrier (same as the primary barrier in section 2)</td>
</tr>
<tr>
<td>3. Naam van verwysende skool of instansie</td>
<td>Name of referring school or institution</td>
</tr>
<tr>
<td>4. Naam van DISTRIK wat leerder verwys</td>
<td>Name of DISTRICT that refers learner</td>
</tr>
<tr>
<td>5. Naam van DISTRIK waar leerder ondersteun moet word</td>
<td>Name of the DISTRICT where the learner must be supported</td>
</tr>
<tr>
<td>6. Naam van Spesiale Skool/Bronnesentrum / Skool waar leerder ondersteun moet word</td>
<td>Name of Special School/Resource Centre / School where learner should be supported</td>
</tr>
<tr>
<td>7. Motiveer die aansoek om plasing in hierdie spesifieke skool indien die leerder nie die naaste Spesiale Skool/Bronnesentrum gaan bywoon nie (NVT vir Bronklasse) /</td>
<td>Motivate the choice of this particular Special School Resource Center if the learner will not be attending the facility closest to the learner’s residential address (N/A for Resource Classes)</td>
</tr>
<tr>
<td>8. Benodig die leerder koshuisinwoning? (omkring u keuse)</td>
<td>Does the learner require hostel accommodation? (circle your choice)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Ja</th>
<th>Nee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form ingevul deur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handtekening Snr Sielkundige/Spesiale Skool Koördineerder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature of Snr Psychologist/Special School Co-ordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handtekening Hoof: GLOO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature of Head: SLES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Datum**

<table>
<thead>
<tr>
<th>Form completed by</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20…. / …. / ..</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Handtekening Snr Sielkundige/Spesiale Skool Koördineerder</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20…. / …. / ..</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Handtekening Hoof: GLOO</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20…. / …. / ..</td>
</tr>
</tbody>
</table>

**Afdelings 4 & 5 moet ingevul word vir leerders wat ondersteuning in ’n Spesiale Skool/Bronnesentrum benodig**

**Sections 4 & 5 must be completed for learners who need support in a Special School / Resource Centre**

### AFDELING 4 / SECTION 4

Hierdie gedeelte moet tydens die sittingsvergadering ingevul word / This part must be completed at the sitting meeting

(* Dui u keuse aan met ‘n X / * Indicate your choice with an X)
1. **Placement of learner (recommendation):**

   - "Placing"
   - "Not recommended"

2. Indien die aansoek nie aanbeveel word nie, verskaf redes en aanbevelings. / If the application is not recommended, provide reasons and recommendations.

3. Handtekening Voorsitter (SPKV) / Signature of Chairperson (CACM)

4. Voorletters en van (drukskrif) / Initials and surname (print)

**Datum**

20.... / .... / .....

---

**AFDELING 5 / SECTION 5**

**HOOFKANTOOR SOO / HEAD OFFICE SES**

1. **Dir : Spesiale Onderwys-ondersteuningsdienste – plasing is (omkring u keuse)**

   - "Approved"
   - "Not approved"

2. **Rede(s) vir afkeuring**

   - Reason(s) why not approved

3. **Handtekening**

   - Signature

**Datum**

20.... / .... / .....

**Opmerking**

**Remark**
<table>
<thead>
<tr>
<th>Versoek om Plasing/Ondersteuning Van Leerder in 'n</th>
<th>Request for Placement/Support of Learner in a</th>
</tr>
</thead>
</table>
| • Spesiale Skool/Bronneentrum  
  • Bronklas  | • Special School/Resource Centre  
  • Resource Class |
Ek, (voorletters en van)

I, .......................................................... (initials and surname)

Ouer / voog van (naam van leerder)

Parent / guardian of .................................................. (name of learner)

wat tans die (skool)

at present attending the .................................................. (school)

bywoon, versoek die Wes-Kaap Onderwysdepartement om my kind oor te ondersteun in

request the Western Cape Education Department to support my child in

die Spesiale Skool / Bronnesentrum / Bronklas

the ................................................ Special School / Resource Centre / Resource Class

Ek ondernem om die genoemde leerder in die Spesiale Skool / Bronnesentrum / Bronklas te laat solank as wat nodig is

I undertake to leave the said child in the Special School / Resource Centre / Resource Class for as long as necessary

.......................................................... 20 .... / .... / ....

Handtekening van ouer/voog Datum

Signature of parent/guardian Date

February 2014
Getuies
Witnesses
1. .............................................
2. .............................................

February 2014
Please refer to the guideline document for an explanation of these levels of support.

<table>
<thead>
<tr>
<th>Van &amp; Voorletters van Leerder</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname and Initials of Learner</td>
<td></td>
</tr>
</tbody>
</table>

Current School

Dui u keuse van ondersteuningsvlak deur die leerder benodig aan deur gebruik te maak van ‘n X in die toepaslike blokkies / Please indicate, by ticking the appropriate boxes, the level of support required by the learner.

### 1. SPESIALIS-ONDERSTEUNING BENODIG / SPECIALIST SUPPORT NEEDED

<table>
<thead>
<tr>
<th>Vlak / Level</th>
<th>Benodig Needed</th>
<th>Motiveer u keuse / Motivate your choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laag / Low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matig / Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoog / High</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2. KURRIKULUM EN ASSESSSERINGSONDERSTEUNING BENODIG / CURRICULUM AND ASSESSMENT SUPPORT NEEDED

<table>
<thead>
<tr>
<th>Vlak / Level</th>
<th>Benodig Needed</th>
<th>Motiveer u keuse / Motivate your choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laag / Low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matig / Moderate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3. LOOM EN BRONNE - ONDERSTEUNING BENODIG / LTSM AND RESOURCES SUPPORT NEEDED

<table>
<thead>
<tr>
<th>Vlak / Level</th>
<th>Benodig Needed</th>
<th>Motiveer u keuse / Motivate your choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laag / Low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matig / Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoog / High</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. OPLEIDING / ORIËNTERING VAN PERSONEEL BY HUIDIGE SKOOL BENODIG. // TRAINING / ORIENTATION OF STAFF AT CURRENT SCHOOL NEEDED

<table>
<thead>
<tr>
<th>Vlak / Level</th>
<th>Benodig Needed</th>
<th>Motiveer u keuse / Motivate your choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laag / Low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matig / Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoog / High</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OPMERKINGS EN AANBEVELINGS / COMMENTS & RECOMMENDATIONS

Voltooi deur (duitskrif):  
Completed by (print)

<table>
<thead>
<tr>
<th>Posisie/Designation</th>
<th>Datum/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20… / …… / …..</td>
</tr>
</tbody>
</table>
REFERRAL PROCESS:
SCHOOL HEALTH NURSE

1. When the school nurse is at the school

   Every Gr 1 learner (whose parent/guardian has completed a consent form) will receive a medical screening by the school nurse. The school nurse will contact the school to arrange a time for this screening to take place. Whilst the school nurse is at the school doing Gr 1 screening, additional individual assessments will also be offered to non-Gr 1 learners with barriers to learning, at the request of an educator or parent or at the request of the learner (self-referral).

   **NB:** it is the school’s responsibility to ensure that consent forms have been sent out and returned before the screening takes place.

2. When the school nurse is not at the school

   Health ailments:
   If a learner is thought to have a health ailment (e.g. ear infection, skin problem), the parent/guardian should be alerted and advised to take the learner to the nearest health care facility.

   Vision problems:
   If a learner is thought to have a vision problem, the ILST co-ordinator should contact the school nurse via the local health facility.

   Outbreaks:
   The school should report any suspected outbreaks e.g. hepatitis to the nearest local authorities clinic. Staff from the clinic will assess the situation and manage and/or refer appropriately.

   See also: Disease management guidelines for schools (Circular 0014/2006)
TO: CHIEF DIRECTORS, DIRECTORS AND HEADS OF SECTIONS (HEAD OFFICE AND EMDCs), AND HEADS OF ALL WCED INSTITUTIONS (INCLUDING SPECIAL SCHOOLS)

BRIEF SUMMARY: To provide school management teams with guidelines for the appropriate management of six communicable diseases prevalent at schools including meningitis, chicken pox, head lice, measles, scabies and mumps.

SUBJECT: DISEASES MANAGEMENT GUIDELINES FOR SCHOOLS

1. In collaboration with the provincial Reference Group on Youth and Adolescent Health chaired by the Department of Health, Sub-directorate Maternal Child and Womens’ Health, the first set of management guidelines for six common communicable diseases has been written for schools. Please find attached.

2. The following critical points should be noted:

   • In the event of meningitis, learners should be excluded from school immediately and should only return to school on approval by the learners’ doctor once treatment has started. Bacterial meningitis (meningococcal meningitis) is a notifiable disease and therefore, the local and provincial Departments of Health should be informed immediately.
   • In the event of chicken pox (varicella virus), learners should be excluded from school while treatment is ongoing, and can return to school with permission from the doctor.
   • In the event of head lice, learners should only be excluded from school until treatment with a special shampoo available from a pharmacy/chemist has started, and thereafter can return to school (even if nits are still present). Treatment with home shampoos will not be effective. A sample letter for parents is attached. Should a number of learners at school be infected, it is recommended that schools inform the parent body, and advise that their children are checked regularly (sample letter attached).
   • In the event of measles, learners should be excluded from school for 7 days following the appearance of a blotchy red rash all over the body.
   • In the event of scabies, learners should be excluded from school until 24 hours after treatment has started. Scabies cannot be self-diagnosed or treated, therefore if the school suspects a scabies infection, the learner should be referred to the nearest health clinic or doctor/nurse.
   • In the event of mumps, the learner should be excluded from school for 7 – 9 days after the appearance of swelling of the salivary glands, and should only return to school with letter of approval from the doctor.

3. It is recommended that all schools encourage applicants to the school to have their children...
fully immunised before beginning school so as to minimise the risk of contracting communicable
diseases such as measles, chicken pox and mumps. Not all public health clinics provide this
service, but most pharmacies/chemists/private clinics should be able to offer these
immunisations. In addition, it is recommended that should pre-school cards or Road to Health
cards be available, that schools include these as part of the learner records.

4. This notice and the attached guidelines must be brought to the attention of all educators and
school management team members.

SIGNED: R.B. SWARTZ
HEAD: EDUCATION
DATE: 2006:02:13
<table>
<thead>
<tr>
<th><strong>MENINGITIS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is meningitis?</strong></td>
</tr>
<tr>
<td><strong>How common is meningitis?</strong></td>
</tr>
<tr>
<td><strong>How will you know if a learner has meningitis?</strong></td>
</tr>
<tr>
<td><strong>How do you get meningitis?</strong></td>
</tr>
<tr>
<td><strong>Once you are infected (once the germ is in your body), how long does it take before you start feeling sick?</strong></td>
</tr>
<tr>
<td><strong>How does one treat meningitis?</strong></td>
</tr>
<tr>
<td><strong>Does a learner with meningitis need to be excluded from school?</strong></td>
</tr>
<tr>
<td><strong>For how long should a learner with meningitis be excluded from school?</strong></td>
</tr>
<tr>
<td><strong>What complications can one get from having meningitis?</strong></td>
</tr>
<tr>
<td><strong>Remarks:</strong></td>
</tr>
</tbody>
</table>
# CHICKEN POX

<table>
<thead>
<tr>
<th>What is chicken pox?</th>
<th>Chicken pox is a disease caused by a very small germ called a virus (varicella virus), which cannot be seen with the naked eye.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How common is chicken pox?</td>
<td>Chicken pox occurs mainly in children, but can occur in adults.</td>
</tr>
<tr>
<td>How will you know if a learner has chicken pox?</td>
<td>The learner will have an itchy rash, which appears mostly on the chest, back and face (even on the gums). The rash appears in crops every few days. It starts as red spots, then becomes fluid-filled blisters (which may become filled with pus). They then dry to form crusts or scabs. The rash lasts for 8 to 10 days. The learner may also have a fever, headache and complain of tiredness and body pains.</td>
</tr>
<tr>
<td>How do you get chicken pox?</td>
<td>Chicken pox is highly contagious, and is spread when an infected child coughs or sneezes, passing on the germ to other children. One may also get chicken pox if one comes into direct contact with the fluid from the blisters.</td>
</tr>
<tr>
<td>Once you are infected (once the germ is in your body), how long does it take before you start feeling sick?</td>
<td>The germ may be in your body for 10 to 21 days before you start feeling sick.</td>
</tr>
<tr>
<td>How does one treat chicken pox?</td>
<td>If chicken pox is suspected, the child must be seen by a doctor. The child can be given paracetamol (e.g. Panado) for the fever, and calamine lotion can be applied to the rash to reduce the itch. If the chicken pox is severe or if it has become infected, the doctor may prescribe tablets for the itch and an antibiotic.</td>
</tr>
<tr>
<td>Does a learner with chicken pox need to be excluded from school?</td>
<td>Yes.</td>
</tr>
<tr>
<td>For how long should a learner with chicken pox be excluded from school?</td>
<td>A learner with chicken pox needs to be kept at home and treated by a doctor. The learner may return to school only with a letter from the doctor.</td>
</tr>
<tr>
<td>What complications can one get from having chicken pox?</td>
<td>The rash may become infected, therefore it is important to prevent scratching. It may also affect your lungs, brain and bloodstream.</td>
</tr>
<tr>
<td>Remarks:</td>
<td>Immunisation is available. It is not available at clinics, but can be done at a pharmacy.</td>
</tr>
<tr>
<td><strong>HEAD LICE</strong></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td><strong>What are head lice?</strong></td>
<td></td>
</tr>
<tr>
<td>Lice are tiny (¼-3mm long) wingless parasitic insects that depend on humans for their survival. They have hairy, flattened bodies, and claws for attaching themselves to the scalp. They live close to the skin for warmth and feed by sucking tiny amounts of blood from the scalp. The female louse lays her eggs (called nits), which stick firmly to the hair shaft. The nits look like small white grains.</td>
<td></td>
</tr>
<tr>
<td><strong>How common are head lice?</strong></td>
<td></td>
</tr>
<tr>
<td>Lice are a common problem among children. Females are more likely to be affected. Cleanliness and hygiene have very little to do with the presence of lice (although the unsanitary conditions found in poor and overcrowded areas do make lice spread more easily). In spite of regular washing of hair, lice can still appear. In fact, the head louse thrives in clean, well-washed hair.</td>
<td></td>
</tr>
<tr>
<td><strong>How will you know if a learner has head lice?</strong></td>
<td></td>
</tr>
<tr>
<td>The learner’s scalp may be extremely itchy. (However, lice do not cause any itching for up to three months after a person has become infested.) He or she may also have a red rash on the back of the neck, or you may see the actual lice or nits on the hair shafts. The most common body area affected is the back of the ear.</td>
<td></td>
</tr>
<tr>
<td><strong>How does one get lice?</strong></td>
<td></td>
</tr>
<tr>
<td>Lice can walk from head to head if they are in direct contact, but they cannot swim, fly, hop or jump. They can also move from someone’s head on to a surface, such as a pillow or cap, and from there on to someone else’s head.</td>
<td></td>
</tr>
<tr>
<td><strong>How long does it take before the eggs (or nits) hatch?</strong></td>
<td></td>
</tr>
<tr>
<td>7 to 10 days after being laid.</td>
<td></td>
</tr>
<tr>
<td><strong>How does one treat head lice?</strong></td>
<td></td>
</tr>
<tr>
<td>To get rid of the lice wash hair with a special shampoo from the chemist (e.g. Quellada or Gambex). Remaining nits should be removed with a fine-tooth comb and rinsed with warm vinegar water. In 10 days’ time check the hair again, and repeat shampoo and removal of nits. (See attached form letters to parents.)</td>
<td></td>
</tr>
<tr>
<td><strong>Does a learner with head lice need to be excluded from school?</strong></td>
<td></td>
</tr>
<tr>
<td>Yes.</td>
<td></td>
</tr>
<tr>
<td><strong>For how long should a learner with lice be excluded from school?</strong></td>
<td></td>
</tr>
<tr>
<td>A learner with lice needs to be kept at home until treatment has started. Once treatment has started (even if nits are still present) the learner can be allowed back to school, as long as hair checks and removal of nits continues. Studies have shown that not all nits develop into lice, so it is unnecessary to exclude a learner from school if he or she has nits only.</td>
<td></td>
</tr>
<tr>
<td><strong>What complications can one get from having head lice?</strong></td>
<td></td>
</tr>
<tr>
<td>Lice rarely cause physical health problems, although scratching of the scalp can lead to infection. The biggest problem with lice is that entire families, households and schools may become infested.</td>
<td></td>
</tr>
<tr>
<td><strong>Remarks:</strong></td>
<td></td>
</tr>
<tr>
<td>All parents or guardians should be alerted to the presence of a lice infestation within the school, and should be requested to check their children regularly. (Examples of suitable letters are attached.)</td>
<td></td>
</tr>
</tbody>
</table>
# MEASLES

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is measles?</td>
<td>A very infectious disease caused by a very small germ called the measles virus.</td>
</tr>
<tr>
<td>How common is measles?</td>
<td>In the past most children under 5 years suffered from measles at one time or another. But, because many children are now immunised against measles, it has become less common.</td>
</tr>
<tr>
<td>How will you know if a learner has measles?</td>
<td>Measles is characterized by a high fever and a blotchy red rash all over the body. Symptoms also include a cough, watery eyes that are sore in bright light and a runny nose.</td>
</tr>
<tr>
<td>How do you get measles?</td>
<td>Measles is spread from one person to another by droplet spread, e.g. coughing and sneezing. Having contact with the infected person’s nose or throat secretions may also spread it. Children are usually most infectious before a diagnosis is made.</td>
</tr>
<tr>
<td>Once you are infected (once the germ is in your body), how long does it take before you feel sick or show symptoms?</td>
<td>It may take between 7 and 14 days.</td>
</tr>
<tr>
<td>How does one treat measles?</td>
<td>If measles is suspected in a child, he or she must be seen by a doctor. Paracetamol (e.g. Panado) may be given for the high fever. Sometimes a doctor may prescribe a Vitamin A supplement to prevent complications. Children with measles should be encouraged to drink plenty of fluids.</td>
</tr>
<tr>
<td>Does a learner with measles need to be excluded from school?</td>
<td>Yes.</td>
</tr>
<tr>
<td>For how long should a learner with measles be excluded from school?</td>
<td>For 7 days after the appearance of rash.</td>
</tr>
<tr>
<td>What complications can one get from having measles?</td>
<td>Chest infection (pneumonia), middle ear infection, diarrhoea, severe sores in mouth, and a type of eye infection which may lead to partial blindness.</td>
</tr>
<tr>
<td>Remarks:</td>
<td>Measles is a serious disease that may lead to death. However, it can be prevented or minimized by immunisation (pre-school cards should be checked by teachers). It is important that parents are encouraged to fully immunise their child before starting school.</td>
</tr>
<tr>
<td><strong>SCABIES</strong></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td><strong>What is scabies?</strong></td>
<td>It is a small organism or mite that burrows under the skin and lays eggs. These eggs hatch after a few days and more eggs are laid. This cycle continues and may spread over the whole body.</td>
</tr>
<tr>
<td><strong>How common is scabies?</strong></td>
<td>Scabies is more common where living conditions are overcrowded and regular bathing is not possible. It spreads where there is frequent skin-to-skin contact between people, such as in hospitals, day-care centres, schools, etc. Both children and adults can get scabies. Elderly people or those with a weak immune system are usually more at risk of contracting scabies.</td>
</tr>
<tr>
<td><strong>How will you know if a learner has scabies?</strong></td>
<td>Small red spots or burrows are found on the body. They occur in folds of skin, between fingers, at the waistline, etc. This may, however, spread to the rest of the body. Severe itching is experienced, especially at night or when conditions are warm.</td>
</tr>
<tr>
<td><strong>How do you get scabies?</strong></td>
<td>It is passed from one person to another by direct, usually prolonged, skin-to-skin contact or by sharing clothes, bed linen, gloves, caps, hats, etc. A handshake or hug will usually not be enough contact to spread the infestation.</td>
</tr>
<tr>
<td><strong>Once you are infected (once the germ is in your body), how long does it take before you feel ill or show symptoms?</strong></td>
<td>From a few days up to a few weeks.</td>
</tr>
<tr>
<td><strong>How does one treat scabies?</strong></td>
<td>If scabies is suspected, the learner should see a doctor for the prescription of lotions. (See Appendix A for application of lotions.)</td>
</tr>
<tr>
<td><strong>Does a learner with scabies need to be excluded from school?</strong></td>
<td>Yes.</td>
</tr>
<tr>
<td><strong>For how long should a learner with scabies be excluded from school?</strong></td>
<td>For 24 hours after start of treatment.</td>
</tr>
<tr>
<td><strong>What complications can one get from having scabies?</strong></td>
<td>Because the skin has been broken, secondary infection often occurs. (That means that the damaged skin becomes infected by another germ as well.) This should be treated by a health professional.</td>
</tr>
<tr>
<td><strong>Remarks:</strong></td>
<td>Scabies should not be self-diagnosed and self-treated. It can often be mistaken for another skin infection or illness and should therefore be diagnosed by a doctor, nurse or trained health professional. Schools are, therefore advised to use the attached letter with care, and only if all other conditions have been ruled out.</td>
</tr>
</tbody>
</table>
### MUMPS

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is mumps?</td>
<td>An infectious disease caused by a small germ called a virus (the mumps virus).</td>
</tr>
<tr>
<td>How will you know if a learner has mumps?</td>
<td>The learner will normally have a fever with swelling and tenderness of one or more of the salivary glands (the glands in front of the ear).</td>
</tr>
<tr>
<td>How do you get mumps?</td>
<td>The germ is spread from one person to another by droplet infection, e.g. coughing and sneezing or by other contact with the saliva of an infected person.</td>
</tr>
<tr>
<td>Once you are infected (once the germ is in your body), how long does it take before you feel sick or show symptoms?</td>
<td>It may take between 14 and 21 days.</td>
</tr>
<tr>
<td>How does one treat mumps?</td>
<td>If mumps is suspected in a learner, he or she must be taken to a doctor. Pain medication may be given for the fever and pain. It is important to encourage good oral hygiene. In some cases the swelling may be so severe and painful that child with mumps can take only a fluids diet for a few days. Always encourage the intake of enough fluids.</td>
</tr>
<tr>
<td>Does a learner with mumps need to be excluded from school?</td>
<td>Yes.</td>
</tr>
<tr>
<td>For how long should a learner with mumps be excluded from school?</td>
<td>For 7 to 9 days after the appearance of swelling. He or she may return only with a doctor’s certificate.</td>
</tr>
<tr>
<td>What complications can one get from having mumps?</td>
<td>Inflammation of certain parts of the brain as well as deafness. The testes or ovaries may be involved, causing significant pain. However, this is not common in children who have not yet reached puberty.</td>
</tr>
<tr>
<td>Remarks:</td>
<td>Having children immunised can prevent mumps. Parents should be encouraged to fully immunise their child before entering the school system. Immunisation is not available at clinics, but can be obtained at a pharmacy.</td>
</tr>
</tbody>
</table>
Appendix A:

FORM LETTER FOR PARENTS OF CHILD WITH SCABIES

Dear Parent/Guardian

It is noted with concern that your child ______________________ has a number of small red spots or burrows on his/her body, which MAY be scabies.

To protect your child and other children from further infection, you are requested to take your child to your family doctor or health clinic for a medical examination.

Should your child have scabies, a lotion will be prescribed and you are then requested to do the following:

1. Keep him or her at home until 24 hours after you have started the treatment with the lotion.
2. Cut your child’s fingernails.
3. Wash all of your child’s clothes and bed linen in hot water and allow to dry in direct sunlight for about 8 hours. If possible, iron all clothes with hot iron.
4. The whole body must be washed with soap and warm water. Dry well with a clean towel.
5. Apply lotion (prescribed by clinic or doctor) to the whole body, except to face and neck area. Make sure the solution gets into all the skin folds. Allow to dry on skin. Reapply lotion. Leave lotion on body for 24 hours and then wash off. If the itchiness does not go away within 3 days of this treatment, the process (steps 3 to 5 above) should be repeated.
6. Everyone living in the same house or in close contact should also be treated.

Your co-operation will be much appreciated.

Yours sincerely

_________________________________________  ________________________
Class Teacher                                           Date
Appendix B:

FORM LETTER FOR PARENTS OF CHILD WITH LICE

Dear Parent/Guardian

On examination at school, we have found that your child __________________________
has lice and nits in his/her hair.

Please do the following:

1. Keep him/her at home until you have started treatment.
2. Wash the hair with special shampoo e.g. Quellada or Gambex, which are available at your local
   pharmacy, community health centre (day hospital) or clinic. This will kill the lice.
3. After washing the hair, nits can be removed with a fine-tooth comb or with tweezers. Run the
   comb through the hair, starting at the ends of the hair and ending at the roots, and angling the
   teeth towards the scalp. Inspect the teeth of the comb after each stroke – anything small, grey
   and moving is a louse. Rinse the comb under running water before the next stroke.
4. If any nits or lice remain on the following day, rinse the hair with vinegar water (a solution
   made of ¼ vinegar and ¼ warm water).
5. Continue to comb the hair with a fine-tooth comb until no nits remain.
6. Ten days after you have shampooed the hair, wash the hair once more with the special shampoo.
7. Everybody in the family or household who is infested must be treated.
8. Do not use a hairdryer after using the special shampoo.
9. Do not share combs, brushes, towels or headgear.
10. Vacuum the house thoroughly to remove any hairs which may have nits attached to them.
11. Wash all clothes (especially headgear) and bedding in hot water.

Your co-operation will be much appreciated.

Yours sincerely

_________________________________________  ____________
Class Teacher                                      Date
Dear Parent/Guardian

A number of learners at our school are infested with lice. These learners will not be allowed at school until treatment has started.

In order to prevent the infestation spreading, please do the following:

1. Brush your child’s hair at least daily.
2. Ensure that your child’s hair is worn close to the head, e.g. braided.
3. Check daily for head lice.
4. Notify the school if you detect head lice.
5. If your child has lice, keep him or her at home until you have started treatment.

Your co-operation will be much appreciated.

Yours sincerely

_____________________________  _________________________
Class Teacher                      Date
REFERRAL PROCESS:
SCHOOL HEALTH PRINCIPAL MEDICAL OFFICER (School Doctor)

Ideally learners with barriers to learning (who may benefit from medication) should be assessed by the school psychologist before referral to the School Health Principal Medical Officer (SH PMO), however due to limited human resources learners may be referred without psychological assessment. However the learner must be presented and discussed at the ILST/SBST (institutional learning support team), and referred with the ILST/SBST form completed (which must include a management plan) and signed by the ILST/SBST co-ordinator. The SH PMO will make a diagnosis and initiate management. Once the management of the problem has been optimised, the learner will then be followed-up quarterly by a medical officer (at the local Community Health Centre). Any problems will be referred back to the SH PMO.

Learner with barriers to learning (who may benefit from medication)

Discuss at ILST/SBST

Refer to:
1) local health facility/general practitioner/school nurse if physical problems suspected (incl. vision screening & audiometry) and/or
2) social worker if psychosocial problems and/or
3) school psychologist if psychological/cognitive/learning problems

ILST/SBST to refer to school doctor if ADHD is suspected based on DSM5 criteria.
Forms to be completed:
- ILST/SBST form (which must include management plan for learner)
- Referral to school doctor form
- Parent questionnaire
- DSM5 criteria form
- 5 day Conners form
SCHOOL HEALTH SERVICES
METRO DISTRICT HEALTH SERVICES
PROVINCIAL GOVERNMENT OF THE WESTERN CAPE

REFERRAL TO SCHOOL DOCTOR

DETAILS IN RESPECT OF LEARNER:
NAME: ……………………………………………………………………………………………..
DATE OF BIRTH: …………………………… GRADE: …………
SCHOOL:………………………………………. TEL NO: ………………………………………
CLASS TEACHER:…………………………………
ILST/SBST CO-ORDINATOR:………………………………………. 

REASON FOR REFERRAL:
……………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>If this is a behavioural/learning problem, has learner been assessed by school psychologist?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If this is a medical problem, has learner been seen at the local community health centre (day hospital) or clinic?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If this is a social problem, has learner been seen by a social worker?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the learner covered by medical aid?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the parents/guardians aware of the possibility of Ritalin being prescribed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the parents/guardians prepared to collect medication at the local community health centre?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the reason for referral been discussed with the parents/guardians?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DETAILS IN RESPECT OF PARENT(S) / GUARDIAN(S):
INITIALS, SURNAME AND RELATIONSHIP:
……………………………………………………………………………………………………………………

ADDRESS: ………………………………………………………………………………………………………………………
TEL NO: HOME: ………………… WORK: …………………… CELL: ……………………

__________________________________________  __________________________________________
SIGNATURE OF ILST/SBST CO-ORDINATOR      SIGNATURE OF PARENT/GUARDIAN

DATE: ……………………………………… DATE: ………………………………………
## DSM-5 Criteria for ADHD

<table>
<thead>
<tr>
<th>Learner's Name</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educator</td>
<td></td>
</tr>
</tbody>
</table>

### Criteria

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>Not at all</th>
<th>Slight</th>
<th>Substantial</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often has difficulty sustaining attention in tasks or play activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often does not seem to listen when spoken to directly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often does not follow through on instructions and fails to finish schoolwork, chores or duties in the home (not due to oppositional behaviour or failure to understand instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often has difficulty organizing tasks and activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books or tools)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is often easily distracted by extraneous stimuli</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is often forgetful in daily activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Often fidgets with hands or feet or squirms in seat</td>
<td></td>
</tr>
<tr>
<td>Often leaves seat in classroom or in other situations in which remaining seated is expected</td>
<td></td>
</tr>
<tr>
<td>Often runs about or climbs excessively in situations in which it is inappropriate</td>
<td></td>
</tr>
<tr>
<td>Often has difficulty playing or engaging in leisure activities quietly</td>
<td></td>
</tr>
<tr>
<td>Is often “on the go” or often acts as if “driven by a motor”</td>
<td></td>
</tr>
<tr>
<td>Often talks excessively</td>
<td></td>
</tr>
<tr>
<td>Often blurts out answers before questions have been completed</td>
<td></td>
</tr>
<tr>
<td>Often has difficulty awaiting turn</td>
<td></td>
</tr>
<tr>
<td>Often interrupts or intrudes on others (e.g., butts into conversations or games)</td>
<td></td>
</tr>
</tbody>
</table>

### Total

Do you think this learner is reaching her/his full potential? 

Do you think this learner is struggling because a) s/he has trouble concentrating, b) s/he is hyperactive, c) s/he has cognitive difficulties (d) other (please specify)?

Any other comments: 

February 2014
To be completed by educator for all NEW referrals

DSM 5 KRITERIA VIR ADHD

Leerder se naam _______________________________________________________Graad_______________________
Onderwyser(es)_________________________________________________________Datum_______________________

<table>
<thead>
<tr>
<th>KRITERIA</th>
<th>Glad nie</th>
<th>In ‘n mate</th>
<th>Redelik baie</th>
<th>Baie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gee nie aandag aan fyn detail, maak nalatige foute in skoolwerk en ander aktiwiteit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sukkel om aandag te behou by take of tydens spel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kom voor asof hy/sy nie luister wanneer mens direk met hom/haar praat nie</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volg nie altyd instruksies deur en voltooi nie take nie</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sukkel om take en aktiwiteite te organiseer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vermy/hou nie van take waar hy vir ‘n redelike tyd moet konsentreer, soos tuiswerk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verloor dikwels items wat hy benodig vir take/aktiwiteite</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aandag word maklik afgelei</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is vergeetagtig in daaglikse aktiwiteite</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAAL

| Vroetel met hande/voete en kriewel op sitplek                             |          |           |             |      |
| Staan op uit sitplek wanneer daar van hom verwag word om te bly sit       |          |           |             |      |
| Hardloop/klim oormatig in omstandighede waar dit ontoepaslik is          |          |           |             |      |
| Sukkel om stil te speel/is rusteloos                                    |          |           |             |      |
| Altyd aan die gang, asof deur ’n enjin aangedryf                          |          |           |             |      |
| Praat oormatig baie                                                       |          |           |             |      |
| Roep antwoorde uit voordat vrae voltooi is                               |          |           |             |      |
| Vind dit moeilik om beurt af te wag                                       |          |           |             |      |
| Maak inbreuk op andere/onderbreek andere (met gesprekke en/of aktiwiteite) |          |           |             |      |

TOTAAL

Dink jy hierdie leerder bereik sy/haar volle potensiaal?

Dink jy hierdie leerder sukkel omdat (a) hy/sy dit moeilik vind om te konsentreer (b) hy/sy hiperaktief is (c) hy/sy kognitiewe beperkings het (d) ander (spesifiseer asseblief)?

Enige ander kommentaar:

________________________________________________________

February 2014
To be completed one week before next appointment with doctor

---

**CONNERS EVALUATION – 5 DAY**

Name ______________________________________________ Grade __________________________

School ___________________________ Period __________________________

Educator ___________________________ Tel (Parent) __________________________

---

**Evaluation:** 0 – Not at all, 1 – Slight, 2 – Substantial, 3 – Very much

<table>
<thead>
<tr>
<th>EVALUATION</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restless or hyperactive</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Excitable, impulsive</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Disturbs other children</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Fails to finish things started or has short attention span</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Daydreaming</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Constantly fidgeting</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Inattentive or easily distracted</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Demands immediate attention or easily frustrated</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Isolates self from other children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cries often and easily</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Quick and drastic mood changes</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Has temper outbursts or explosive &amp; unpredictable behaviour</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL**

Academic progress:

____________________________________________________________________________

____________________________________________________________________________

Any other comments:

____________________________________________________________________________

____________________________________________________________________________

---

February 2014
To be completed one week before next appointment with doctor

**CONNERS EVALUERING – 5 DAE**

<table>
<thead>
<tr>
<th>Naam______________________________________________________</th>
<th>Graad_______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skool_____________________________________________________</td>
<td>Datum________________________</td>
</tr>
<tr>
<td>Klasopvoeder_______________________________________________</td>
<td>Tel __________________</td>
</tr>
</tbody>
</table>

Evaluering: 0 – Glad nie, 1 – In ‘n mate, 2 – Redelik baiel, 3 – Baie

<table>
<thead>
<tr>
<th></th>
<th>Dag 1</th>
<th></th>
<th></th>
<th></th>
<th>Dag 2</th>
<th></th>
<th></th>
<th></th>
<th>Dag 3</th>
<th></th>
<th></th>
<th></th>
<th>Dag 4</th>
<th></th>
<th></th>
<th></th>
<th>Dag 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rusteloos of hiperaktief</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Prikkelbaar, impulsief</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steur ander leerlinge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Onvermoë om take te voltooi, kort aandagspan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dagdromer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vroetel gedurig</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Onoplettend, aandag maklik afleibaar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eis onmiddelike aandag, maklik gefrustreerd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sonder self af van ander kinders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Huil maklik en dikwels</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gemoedstemming verander vinnig en dikwels</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woedebui, opvlieëende geaardheid en onvoorspelbare gedrag</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Akademiese vordering:

__________________________________________________________

__________________________________________________________

Enige ander kommentaar:

__________________________________________________________

__________________________________________________________
To be completed by parent/guardian

VERTRouLIK

LET WEL: Inligting wat in hierdie verslag verskuin, moet onder geen omstandighede gekopieer of versprei word nie, sonder die toestemming van die betrokkene.

Naam van leerder: ___________________________________________________
Datum van assessering: _____________________
Geboorte datum: ____________________Ouderdom:____________________
Skool: _________________________________________________________
Graad: ________________Klasonderwyser: _________________________
Ouer/voog se naam: ______________________________________________
Huistaal: ________________
Adres: ______________________________________________________________
Tel nommers :Huis : ______________Werk : ___________Sel: _________________

GESKIEDENIS

Hoekom is jou kind na die skooldokter verwys?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

SKOOLGESKIEDENIS
Het jou kind ooit ’n graad herhaal?: ______________________________________
Watter skole het jou kind bygewoon (gee asseblief datums):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

February 2014
To be completed by parent/guardian

**FAMILIEGESKIEDENIS**
Is daar enige siektes in jou familie wat jou kind by jou kan erf (spesifiseer asseblief)?
________________________________________________________________________
________________________________________________________________________

**SWANGERSKAP & GEBOORTE**
Het jy enige probleme gehad gedurende jou swangerskap (spesifiseer asseblief)?
________________________________________________________________________
Het jy gerook? ______________ Het jy alkohol of enige ander dwelms gebruik? ______________
Was daar enige probleme met jou kind se geboorte (spesifiseer asseblief)?
________________________________________________________________________
Was jou kind gesond by geboorte?
________________________________________________________________________

**ONTWIKKELING**
Hoe oud was jou kind toe sy/hy:
Gekruip het ___________ gestap het ___________ 2-3 woord sinne gepraat het ___________

**MEDIES**
Was jou kind ooit ernstig siek of in die hospitaal opgeneem (spesifiseer asseblief)?
________________________________________________________________________
Het jou kind enige mediese probleme op die oomblik (spesifiseer asseblief)?
________________________________________________________________________
Is jou kind op enige medikasie op die oomblik (spesifiseer asseblief)?
________________________________________________________________________
Is jou kind allergies vir enige iets (spesifiseer asseblief)?
________________________________________________________________________

February 2014
To be completed by parent/guardian

**EETGEWOONTES:**
Wat eet en drink jou kind:
Vir ontbyt:__________________________________________________________
By die skool:________________________________________________________
Na skool:___________________________________________________________
Vir aandete:________________________________________________________
Tussen maaltye:_____________________________________________________

**SLAAPGEWOONTES:**
Wanneer gaan jou kind bed toe? _______________________________________
Slaap hy/sy reg deur die nag? _________________________________________
Kry hy/sy nagmerries? _______________________________________________
Het hy/sy ooit die bed natgemaak?_____________________________________

**ALGEMEEN:**
Byt hy/sy naels? ____________________ Suig hy/sy duim? ___________________
Wat doen jou kind vir pret? ___________________________________________
Wat is jou kind goed mee (wat is hy/sy talent)? _________________________
Het hy/sy maats? ___________________________________________________
Is daar enigiets by die huis wat hy/sy ongelukkig kan maak?
____________________________________
Is daar enigiets by die skool wat hy/sy ongelukkig kan maak?
____________________________________
Is daar enigiets anders wat jy dink ek moet weet?
____________________________________

**HANDTEKENING:**_____________________________ **DATUM:**_____________

**VERWANTSKAP MET LEERDER (b.v. Ma):**

February 2014
SCHOOL HEALTH SERVICES
METRO DISTRICT HEALTH SERVICES
PROVINCIAL GOVERNMENT OF THE WESTERN CAPE

CONFIDENTIAL

NOTE: Information contained in this report may under no circumstances be copied or divulged to others without the explicit consent of the writer.

Name of learner: ____________________________________________________________
Date of assessment : ____________________
Date of birth: ________________  Age: ____________________
School: ________________________________________________________________
Grade: ____________________  Class teacher: _________________________
Parent/guardian(s) name(s): ______________________________________________
Home language: ____________________
Address: ______________________________________________________________
Tel numbers: Home: _____________  Work: _____________  Cell: ____________________

HISTORY

Why has your child been referred to the school doctor?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SCHOOL HISTORY

Has your child ever repeated a Grade: ________________________________
Which schools has your child attended (please give dates):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

February 2014
FAMILY HISTORY
Are there any illnesses in your family that could be inherited by your children?


PREGNANCY & BIRTH
Did you have any problems during your pregnancy?


Did you smoke? ____________Did you take alcohol or any other drugs? ________________

Were there any problems during the birth of your child?


Was your child healthy at birth?


DEVELOPMENT
How old was your child when s/he first:
Crawled_____________walked_____________spoke 2-3 word sentences______________

MEDICAL
Has your child ever been seriously ill or admitted to hospital (please specify)?


Does your child have any medical problems at the moment (please specify)?


Is your child on any medication (please specify)?


Is your child allergic to anything (please specify)?


February 2014
EATING HABITS:
What does your child eat & drink:
For breakfast: ______________________________________________________________
At school: __________________________________________________________________
After school: __________________________________________________________________
For supper: __________________________________________________________________
For snacks: __________________________________________________________________

SLEEPING HABITS:
When does your child go to bed? ________________________________________________
Does s/he sleep right through? ________________________________________________
Does s/he have regular nightmares? _____________________________________________
Has s/he ever wet the bed? ____________________________________________________

GENERAL:
Does s/he bite her/his nails? ________________ Does s/he suck her/his thumb? ________________
What does your child do for fun? _________________________________________________
What is your child good at? _____________________________________________________
Does s/he have friends? _______________________________________________________
Is there anything at home that could be making her/him unhappy?
______________________________________________________________________________

Is there anything at school that could be making her/him unhappy?
______________________________________________________________________________

Is there anything else you think I should know?
______________________________________________________________________________


SIGNATURE: ___________________________ DATE: ________________

RELATION TO LEARNER (e.g. mother): ________________________________
WESTERN CAPE EDUCATION DEPARTMENT
SPECIALISED EDUCATION SUPPORT

GUIDELINES FOR THE MANAGEMENT AND ADMINISTERING OF MEDICATION IN PUBLIC SCHOOLS

CONTENTS
  1. INTRODUCTION
  2. SCOPE AND APPLICATION
1. INTRODUCTION
1.1 As a general rule, but subject to a school policy and unless authorized by the school principal, public schools are not to administer prescription medication to learners.

1.2 However, the management and administering of medication to learners, while on school premises, has become an inescapable reality for schools.

1.3 The health circumstances that require medication are diverse, and many learners with special health care needs are able to attend school because of the effectiveness of their medication at home, school and/or special school.

1.4 Good health and safety are essential to learning.

1.5 The administering of medication during the school day is essential to allow some learners the opportunity to attend school and participate in the full range of school activities, such as classroom learning activities, excursions, swimming, sport, physical education, outdoor and vocational school activities.

2. SCOPE AND APPLICATION

2.1 These guidelines apply to all public schools, heads and senior management school personnel, and allied health professionals of WCED institutions in the Western Cape, and are designed to, inter alia

   a. promote the rights of the child/learner;

   b. promote the normalization and acceptance of health conditions in public schools;

   c. prohibit and discourage discrimination against learners requiring medication or with a health condition;

   d. inform parents, caregivers, educators and learners about procedures for the management of health conditions and administering of medication;

   e. create optimal opportunities for learners requiring medication, and learners with health conditions to participate in the full range of school activities;
f. ensure that the administering of medication and other health condition management procedures promotes and respects the privacy and dignity of learners at all times;

g. ensure parents, learners and educators are informed of warning signs, triggers and emergency responses for health conditions requiring medication or other management, of which the school has been advised;

h. ensure designated first aid personnel in the school are trained in recognition and management of an emergency for learners and staff;

i. ensure all staff have access to basic skills and information about medication or other management procedures for health conditions known to be present in the school;

j. require all school activities (including excursions, camps, physical education, swimming, sport, and outdoor education), to include a planning component addressing the needs of learners requiring medication or management of a health condition; and

k. establish monitoring procedures for *storage* of medication at schools.

**DEFINITIONS**

*“Bill of Rights”* means the Bill of Rights contained in Chapter 2 of the Constitution.


*“care”* in relation to a child includes, where appropriate,

- safeguarding and promoting the well-being of the child;
- respecting, protecting, promoting and securing the fulfilment of, and guarding against any infringement of, the child’s rights set out in the Bill of Rights and the principles set out in Chapter 2 of Act 108 of 1996.
- guiding and securing the child’s education and upbringing, including religious and cultural education and upbringing, in a manner appropriate to the child’s age, maturity and stage of development.
“**communicable disease**” means a disease, resulting from pathogenic elements, agents or toxins generated by infection, which are directly or indirectly transmitted from the source to the host.

“**medical practitioner**” means a person registered as a medical practitioner under the Health Professions Act, 1974 (Act No. 56 of 1974) and includes a dentist so registered or deemed to be registered.

“**education department**” means the department established by section 7 (2) of the Public Service Act, 1994 (Proclamation 103 of 1994), which is responsible for education in a province.

“**educator**” means any person, excluding a person who is appointed to exclusively perform extracurricular duties, who teaches, educates or trains other persons or who provides professional education services, including professional therapy and education psychological services, at a school.

“**essential health services**” means those services prescribed by the Minister to be essential health services after consultation with the National Health Council.

“**governing body**” means a governing body contemplated in section 16 (1) South African Schools Act, 1996 (Act No. 84 of 1996).

“**health agency**” means any person other than a health establishment (a) whose business involves the supply of health care personnel to users or health establishments; (b) who employs health care personnel for the purpose of providing health services; or (c) who procures health care personnel or health services for the benefit of a user, and includes a temporary employment service, as defined in the Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997), involving health workers or health care providers.

“**health care provider**” means a person providing health services in terms of a law, including in terms of (a) the Allied Health Professions Act, 1982 (Act No. 63 of 1982); (b) the Health Professions Act, 1974 (Act No. 56 of 1974); (c) the Nursing Act, 1978 (Act No. 50 of 1978); the Pharmacy Act, 1974 (Act No. 53 of 1974); and (e) the Dental Technicians Act, 1979 (Act No. 19 of 1979).

“**health nuisance**” means a situation, or state of affairs, that endangers life or health or adversely affects the well-being of a person or community.

“**health services**” means (a) health care services, including reproductive health care and emergency medical treatment, contemplated in section 27 of the Constitution; (b) basic nutrition and basic health care services contemplated in section 28 (1)(c) of the Constitution; and (c) medical treatment contemplated in section 35(2)(e) of the Constitution; and municipal health services.

“**illegal drug**” means, (a) any unlawful substance that has a psychological or physiological effect or (b) any substance possessed unlawfully that has such effect.

February 2014
“non-communicable disease” means a disease or health condition that cannot be contracted from another person, animal or directly from the environment.

“parent” in terms of the South African Schools Act, 1996 (Act No. 84 of 1996), means (a) the parent or guardian of a learner; (b) the person legally entitled to custody of a learner; or (c) the person who undertakes to fulfil the obligations of a person referred to in paragraphs (a) and (b) towards the learner’s education at school.

“prescribed” means prescribed by regulation made under section 90 of the National Health Act, 2003.

“officer” means an employee of an education department appointed in terms of the Employment of the Educators Act, 1994 (Act No.76 of 1998), or the Public Service Act, 1994 (Proclamation 103 of 1994).

“primary health care services” means such health services as may be prescribed by the Minister to be primary health care services.

“school” means a public school or an independent school which enrolls learners in one or more grades from Grade R (Reception Grade) to Grade 12.

“school activity” means any educational, cultural, sporting, fundraising or social activity of the school within or outside the premises of the school.

“user” means the person receiving treatment in a health establishment, including receiving blood or blood products, or using a health service, and, if the person receiving treatment or using a health service is

(a) below the age contemplated in section 39(4) of the Child Care Act, 1983 (Act No.74 of 1983), “user” includes the person’s parent or guardian or another person authorized by law to act on the first mentioned person’s behalf; or

(b) incapable of taking decisions, “user” includes the person’s spouse or partner or, in the absence of such spouse or partner, the person’s parent, grandparent, adult child or brother or sister, or another person authorized by law to act on the first mentioned person’s behalf.

3  PURPOSE OF THE GUIDELINES

3.1 The purpose of these guidelines is to assist public schools in the Western Cape to develop and adopt own policies for the management and administering of medication (prescription and non-prescription medication, self administering and emergency procedures).

4.  ABBREVIATIONS

February 2014
5. GUIDING PRINCIPLES

5.1 Schools have to create a climate in which teaching and learning can take place effectively. It is not the duty of the school to diagnose and treat the chronic or acute health conditions of learners, teachers and non-teaching personnel. However, the ability of many learners to engage actively in learning is influenced by their physical, mental and behavioural well-being and, as such, becomes the responsibility of the school.

5.2 The WCED understands that recent changes in legislation on the administering of medication have implications for health practices in schools.

5.3 Consequently, these guidelines seek to establish a framework for the safe administering, control and dispensing of medication to learners requiring such medication, and to ensure that all medication is kept and administered in the best interest of the learner, school, school personnel, and compliance with risk management procedures contained in the Regulations for Safety Measures at Public Schools (South African Schools Act, 84 of 1996).

6. ADMINISTERING OF MEDICATION IN PUBLIC SCHOOLS

6.1 Responsibilities of the school principal

It is the professional responsibility of the principal under the authority of the Head of Education to provide the following:

6.1.1 The school principal must

   (a) ensure the development, approval, advocacy, and enforcement of the school policy on the administering and management of medication;

February 2014
(b) advise and fully inform parents, educators and staff of the possible implications of the administering and management of medication to learners requiring prescribed medication at school;

(c) designate and delegate to the member(s) of the school personnel willing to assist, the responsibility for the management and administering of medication at school with the requisite and necessary support and training and guidance;

(d) oversee the administering and management of medication at the school;

(e) when relevant, advise parents of learners requiring medication to submit signed requests to the school with up-to-date medical information on the administering of the medication to the learner concerned (type of medication, dosage and frequency of administering);

(f) ensure that prescription medication is stored and kept in a secure but accessible place;

(g) ensure that all copies of written medical advice, written requests from parents and any other relevant documentation in relation to the learner’s health condition remain confidential, and are stored in a safe and secure manner; and

(h) ensure that if a learner refuses to take medication on a given day, the learner is not forced to take the medication and that the parent of the learner is properly informed.

6.2 Public schools

A public school, must take measures to ensure that

6.2.1 a learner is not denied access to schooling on the grounds of the need for the administering of medication unless it can be comprehensively shown that the school cannot provide for the safe administering of medication while the child is at school, and that alternative arrangements cannot be made;

6.2.2 it provides support without discrimination to learners requiring medication while at school;

February 2014
6.2.3 the school community is informed, and complies with the requirements and procedures for the management and administering of medication at school;

6.2.4 no prescription or non-prescription medication is administered to a learner without the prior written request or consent of the parent, and where applicable, with an indication of potential side effects or adverse reactions;

6.2.5 if a learner is on medication and will require medication during the course of school activities, the parent has ensured that the learner has sufficient quantities of the medication for the duration of the school activities;

6.2.6 if it is necessary for a learner to carry a doctor’s prescription for medication, the parent has provided the learner and the supervising educator with certified copies of such prescription;

6.2.7 if a learner is injured or falls ill during the course of a school activity and requires medical treatment, the supervising educator
   - takes measures to contact the parent of the learner concerned in order to obtain consent for such medical treatment; and
   - determines whether or not to consent to such medical treatment if he or she is unable to contact the parent of a learner.

Furthermore, with regard to the storage and handling of medication at school, a public school must ensure that

6.2.8. the amount of medication on hand should be kept to a minimum;

6.2.9 all medication must be marked, clearly labelled, and kept in the original container;

6.2.10 administering errors are recorded, e.g. administering of wrong medication to a learner, administering medication at wrong or inappropriate times, missing a dose, giving a wrong dose, etc. (In such cases, the parent of the learner and the principal must be notified immediately, and the learner be placed under observation for any adverse reactions and where necessary, and in case of severe adverse reactions, e.g. difficulty breathing or swallowing, or extreme swelling, that emergency services are contacted immediately.);

February 2014
6.2.11 where medication is no longer required, i.e. in case of short-term (or acute) medication, the school is advised, in writing, by the parent concerned, who must also collect the balance from the school in person; and

6.2.12 it draws up a protocol outlining the responsibilities of the supervising educator and/or any member of school personnel responsible for the safe-guarding of the medication.

6.3 **Duties and responsibilities of the parent or caregiver towards the learner**

6.3.1 The primary responsibility for the health and well-being of the child rests with the parent or caregiver of the learner concerned.

6.3.2 Parents or caregivers must, as a general rule, in instances or cases of serious ill health, allow the child to remain at home until full recovery, under the parent’s or caregiver’s care.

6.3.3 Where a learner suffers from a chronic health condition or short-term illness, which acquires access and regular intake of medication, the parent or caregiver has a duty to

(a) notify the school, in writing, of the learner’s health condition requiring medication at school, and request the school to administer or assist in the management of the health condition;

(b) make the school aware of any relevant requests or guidelines from the medical practitioner, including potential side effects or adverse reactions;

(c) provide medication in the original labelled container by the pharmacy community health centre or hospital to the school (The label must include the learner’s name, medical practitioner or pharmacy name, directions for dosage and date of prescription);

(d) ensure medication is not out of date (expired), and that it is accompanied by an original pharmacy’s or doctor’s label with the learner’s name, dosage and time to be taken;

(e) notify the school, in writing, when a change of dosage is required (accompanied by a Pharmacy/Doctor’s prescription).

(f) where medication is no longer required, advise the school of this in writing and collect the balance of medication from school; and

(g) where possible, administer all initial doses of medication at home or at a community health centre or hospital prior to it being administered at school.

February 2014
6.4 Educators or staff assisting in the administering of medication at public schools

6.4.1 Educators or staff at the school are in *loco parentis* as regards learners during school hours and school activities, which imposes a duty of care upon the educators and staff of a public school.

6.4.2 As a result, educators and staff, must exercise at least the same foresight and care as a reasonably careful parent would in relation to his or her own children. To this end, educators and staff at the school must, *inter alia*,

(a) administer medication directly from an original pharmacy-supplied container in a hygienic manner;

(b) follow directions on the original pharmacy label attached to the medication container;

(c) enter details of all medication administered in a register;

(d) participate in training from a qualified person addressing issues such as storage, dosage and administering of medication in relation to specialized health conditions;

(e) provide emergency first aid to a learner in response to emergency situations and, consent, on behalf of the learner, in an emergency and during school activities where the consent of a parent of the learner cannot be obtained; and

(f) ensure that confidentiality of the learner’s health condition is maintained throughout.

6.5. Self medication

6.5.1 As a general rule, all prescription and non-prescription medication brought to school, with the written consent of the parent, must be in an original or properly labelled container, including over-the-counter medications, and handed over to the principal or his or her delegate.

6.5.2 Self medication occurs when a learner, of an appropriate age, with the parents informed consent and permission of the school, is allowed to take prescription and/or non-prescription medication without supervision.

6.5.3 Self medication applies to learners who, on evaluation by their medical practitioner and parent, and approved by the principal in consultation with the class teacher, are regarded as being capable of administering their own medication.
and recognizing signs, symptoms, possible side-effects and adverse responses associated with their condition (monitoring blood sugar levels and the injection of insulin for diabetes; refer to the principles of universal precautions contained in the HIV/AIDS guidelines for schools; use of inhalants such as Ventolin or Venteze for asthma; use of nebulisers; oral administering of anti-convulsant medications for epilepsy; oral administering of enzyme replacement therapy for cystic fibrosis).

6.5.4 Safe measures must still be implemented to reduce the risk of medication being used by other learners.

6.6 First Aid

6.6.1 Training (both practical training, by the Department of Health or by WCED medical personnel at public schools, through the use of aids like videos, etc.) in basic first-aid is recommended for school personnel, with supplementary training in the following:

- Methods of administering medication
- Infection-control measures
- Safe storage, handling and disposal of medication and/or equipment
- Recognizing and handling side-effects
- Emergency procedures
- Managing refusal of medication by the learner

6.6.2 Where practicable, the school must provide the minimum contents of a first-aid kit, in terms of the General Safety Regulations, Occupational Health and Safety Act. The first-aid kit must contain, inter alia, the following:

- Wound cleaner or antiseptic (100ml)
- Swabs for cleaning wounds
- Cotton wool for padding (100g)
- Sterilized gauze (minimum quantity 10)
- 1 pair of forceps (for splinters)
- 1 pair of scissors (minimum size 100mm)
- 1 set of safety pins
- 4 triangular bandages
- 4 roller bandages (75mm x 5mm)
- 1 roll of elastic adhesive (25mm x 3mm);
- 1 non-allergic adhesive strip (25mm x 3mm)

February 2014
1 packet of adhesive dressing strips (minimum quantity 10 assorted sizes)
4 first-aid dressings (150mm x 200mm)
2 straight splints
2 pairs large and 2 pairs medium disposable latex gloves
2 CPR mouth pieces or similar devices

6.7 Emergency procedures (for known medical conditions at the school and in general)

6.7.1 An emergency protocol, with detailed information on emergency care, first-aid, contact details of emergency services, details of a learner’s parent or caregiver and a provision for the recording of critical information about the emergency, must be created for the school. This particularly applies to the management of the following:

- **Asthma**: Ensure that the learner is not choking on or has not inhaled a foreign body that is obstructing the intake of air and restricting his or her ability to breathe easily. Advise the learner to sit down and to remain calm. Give the required number of puffs of inhaler, and should there be no improvement, call an ambulance immediately. Until emergency services arrive, the number of puffs taken and the times at which they were taken must be recorded.

- **Anaphylactic shock**: The school is advised to determine whether or not a learner has a history of anaphylactic shock (allergic reactions) prior to administering any medication. Records must be maintained for all learners of possible allergens (substances that cause allergic reactions) and the best management plan for each individual.

- **Bee stings**: Remove the sting by scraping it gently off the skin.

- **Food reaction**: Remove food from contact with the learners’ skin or mouth and wash the mouth. Do not induce vomiting. Follow all instructions as recommended by a medical practitioner or emergency services personnel.

- **Epilepsy**: In case of an epileptic attack on school premises, the member of school personnel nearest the scene of the attack should take careful note of the time and duration of the seizure, remove any hard objects from the learner or the vicinity, place something soft under the learners’ head and loosen any tight clothing. Personnel are advised not to restrain the learner or force any objects into the learner’s mouth. Once the seizure has stopped, allow the learner to rest until full recovery. If the seizure lasts more than five minutes, contact emergency services immediately.

- **Diabetes**: Treat as per the individual learners’ management plan. If the learner is conscious, move the learner onto his or her side, ensure that the learner’s airway is clear and contact emergency services immediately.

7. NON-COMPLIANCE AND REPORTING

February 2014
Where there has been serious non-compliance with the provisions of this guideline document by, a parent, health professional in the employ of the WCED, the principal and his or her delegate, the nature and reasons for non-compliance must be reported to the education district office for further investigation. Copies of the report must also be sent to the Directorate: Specialised Education Support (School Health Services Component), Directorate: Institutional Management and Governance Planning, and the Office of the Superintendent-General.

8. SUPPORT STRUCTURES

The WCED, as the employer, is responsible for providing support to schools, who are encouraged to draw up their own school health and wellness policies which must outline procedures for administering medication in schools.

9. ANNEXURES

Examples of forms for schools (Forms 1 – 6), as well as a checklist, attached:

Form 1: Example of a form for parent/guardian/caregiver to complete for the learner’s self-administering of medication

This form must be completed by the parent/guardian/caregiver and approved by a medical practitioner.

Learners' name: .................................................................

Grade: ..................... Name of class teacher: .........................................................

Learner’s residential address: .................................................................

Condition or illness for which medication is required: .................................

......................................................................................................................

February 2014
Brand name of medication: ........................................

.......................................................... ...

Potential side-effects or adverse reactions to medication: ...................

.......................................................... ...

What to do in an emergency: ........................................

.......................................................... ...

CONTACT INFORMATION:

Name parent/guardian/caregiver: ...........................................................

Contact number (in event of emergency): ...........................................
Relationship to learner: .............................................................

Declaration:

I, ........................................, would like my child ............... to keep his/her medication on him/her for use as necessary. He/she is capable of taking his/her own medication and I understand that the school cannot be held responsible for the use of, or failure of ....................... (child’s name) to use his/her medication while at school.

Signed: ............................................................ Date: .................

Name of medical practitioner: .............................................................

Contact number: .............................................................

I, ........................................, support the recommendation that ............... administer his/her own medication while at school.

February 2014
Form 2: Example of a form for parents to complete when requesting administering of medication by the school

Parents/guardians/caregivers please note: The school can refuse to administer medication to your child if the form below is not completed by both you and your medical doctor. The school has the right to refuse to administer medication should all the conditions as described in the WCED guidelines not be met.

Details of learner:

Surname: ............................................. First name(s): ..........................................

Learner's residential address: ..........................................................................................

Date of birth: .................................................. Male □  Female □

Grade: ........................................ Class teacher: ......................................................

Condition or illness: .................................................................................................

Medication:

Brand name of medication, as described on original container:

February 2014
Has a copy of the original script/prescription been provided to the school? ........

Date of script: .................................. Date dispensed: .................................. 
For how long will your child be taking this medication? ..................................
Full directions for use (as per script/medical practitioner)
Dosage: ..........................................................................................
Method of administering: ..........................................................
Frequency and time of administering (a.m./p.m./lunch break/etc.): ..........................................................
Special precautions/instructions (e.g. storage): ..........................................
..................................................................................................................

Possible side-effects: ..............................................................................

Is the medication to be self-administered? Yes ☐ No ☐ (see Form 1)
Action to be taken in an emergency: .....................................................
..................................................................................................................

Allergies: ............................................................................................

Name of prescribing medical practitioner: ...........................................

Contact details: ..................................................................................

Name of dispensing pharmacist: .........................................................

Contact details: ..................................................................................

Contact Details (in case of emergency)

Name of parent/guardian/caregiver: ....................................................

Contact telephone number: .............................................................

February 2014
Relationship to learner: ………………………………………………………………….

Declaration:

I, ………………………………………. hereby request …………………………………… (Name of school) to administer the above-mentioned medication(s) to my child ………………………………… as detailed above.

I have read the recommended guidelines for the administering of medications by schools, and agree to the requirements of this guideline document. I understand that the school has the right to refuse to administer the medication if these requirements are not met. I understand that this request is valid for only one year, and will need to be reviewed and /or renewed annually.

NOTE:

- Medication must be supplied in the original container. Ask the pharmacist to supply medication in two fully labelled containers, one for home use and one for school use.
- Only medication authorized by a medical practitioner may be administered by school personnel.
- It is your responsibility to notify the school when there is a change in medication.
- It is your responsibility to provide all supplies, medication and/or equipment necessary for the administering of any medication(s), and to collect from the school any medication not used during the specified period.

I, …………………………….., authorize the principal or designated school personnel member to contact the medical practitioner or pharmacist listed above in the event of illness or adverse reactions.

Signature: …………………………………………….. Date: ……………………………

February 2014
Form 3: Example of form to be completed by the school on agreeing to administer a medication

Declaration:

As per your request, dated ................................., the school governing body and school management team of .......................... (name of school) agree to the following:

...........................................(name of learner) will receive ..............................(dosage) of ........................................(name of medication) every day at .............................................. (time of administering) for the period .............................................(the period for which chronic or acute medication must be taken), or until instructed by the parent/guardian/caregiver or medical practitioner in writing.

Name of teacher/school personnel member responsible: ..............................

Signed: .......................................................... Date: ............................................
(Principal)

Signed: .......................................................... Date: ............................................
(School personnel member responsible)

Signed: .......................................................... Date: ............................................
(Member of SGB)
Form 4: Example of a form on which the school records receipt of medication(s) from parent/guardian/caregiver

Name of learner: ........................................... Grade: ................................

<table>
<thead>
<tr>
<th>Date received</th>
<th>Medication (name and dosage)</th>
<th>Amount supplied</th>
<th>Signature of parent/guardian/caregiver</th>
<th>Received by (signature &amp; name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 5: Example of a form on which school records details of administering of medications to learners

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of learner</th>
<th>Time</th>
<th>Name of medication</th>
<th>Dosage given</th>
<th>Dosage missed (reason)</th>
<th>Any reactions</th>
<th>Signature of school personnel member</th>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 6: Example of a form on which school records details of administering of chronic medication to an individual learner (to be kept with the learners’ health record card in the learner's profile)

Name of learner: ………………………………………………… Grade: …………..
Name of school personnel member responsible: …………………………….

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Time given</th>
<th>Dosage given</th>
<th>Dosage missed (reason)</th>
<th>Any reactions</th>
<th>Signature of school personnel member *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

February 2014
CHECKLIST FOR SCHOOLS ADMINISTERING MEDICATION

The following serves as a general guideline for the routine administering of all prescribed and non-prescribed medication within the school.

☐ Parents are provided with relevant information sheets, forms and letters.

☐ Contact details for parents/guardians/caregivers, medical practitioners and pharmacists are available and updated in case of an emergency.

☐ A venue has been selected for the administering of medication. The venue is private and easily accessible to learners and school personnel.

☐ Administering of medication occurs at a time suitable to both learners and school personnel, and when there is minimal disruption of teaching time.

☐ Administering of medication occurs, as far as possible, at the same time every day.

☐ Proper procedures for the verification of the identification of the learner, the prescribed medication and the dosage have been followed.

☐ A designated member of school personnel has been selected to administer medication.

☐ Should this member of school personnel be absent, alternative arrangements have been agreed to with the parents/guardians/caregivers.

☐ A record is kept of all medication administered.

☐ All precautions for the safety, storage and administering of medication have been taken.

☐ All precautions have been taken for the disposal of medical waste.

February 2014
**NSNP CONSIST OF 3 LEGS**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDING NUTRITIOUS MEALS TO NEEDY LEARNERS (FEEDING)</td>
<td>SUSTAINABLE FOOD PRODUCTION (SFP)</td>
<td>NUTRITION EDUCATION (NE)</td>
</tr>
</tbody>
</table>

**DISTRICT OFFICIALS - ROLES**

- Coordinate, monitor & support schools & service providers daily.
- Administer the programme at District level.
- Reports monthly & quarterly to Provincial & District Office.
- Coordinator supervise NSNP Liaison Officer
- Organise & facilitate volunteer food handler training.
- Dissemination of correspondence & Nutrition Education material.

- Produce additional food for NSNP
- Education & food security.
- Learners should participate & learn how to grow crops.

- NE – part of Life orientation
- NSNP provides a supporting role to NE by supplying schools with NE material.
- Tuck-shops to be advised to sell healthier options.

**Schools’ roles**

- School implement the programme
- Ensure that learners are fed on time.
- School Coordinator-committee administers the NSNP & keep all records.
- Supervise volunteer food handlers daily
ETHICAL CONSIDERATIONS

- Ethics refer to behaviour that is acceptable and regarded as professional within a particular profession. It also refers to a set of moral principles that must be applied in a profession.
- “To be a good LSEN / Unit teacher, requires a life-long commitment to sound professional and ethical practices and an overriding dedication to the interests of one's fellow human beings and society”
- Behaviour (and practicing a profession) is regarded as unethical when, for example, resources are used inefficiently and misappropriated, policies are not followed, such as White Paper 6, etc.
- An important part of ethics is to be accountable for work and professional actions. A professional must therefore have thorough (and updated) knowledge of professional codes (such as SACE) and policies (such as White Paper 6, SIAS, etc.) and apply this knowledge in practice. This will assist in competent caring / support for work and to be able to apply good judgement in your work.
- Ethics entail behaving with integrity (honesty), respect and sensitivity, such as:
  - Respect the dignity and human value of the learner.
  - The above also refers to respecting the different backgrounds, contexts, beliefs, opinions, etc. of the learners and parents.
  - Confidentiality.
  - Informed consent.
- Sensitivity also refers not discussing the learner when he/she can hear you or is present.
- All information regarding the learners and work with MUST be regarded as private and confidential. It can only be shared with others (even other professionals/fellow teachers) with the informed and written consent of the parent/guardian. This is in line with human rights as prescribed by the South African Constitution (Act No. 108 of 1996). Should a parent/guardian refuse to give written consent, the implications thereof should be clearly explained to him/her.
➢ From the age of 12 years old, the learner can also give consent. Within the scope of our work it is however important to consider the learner’s level of cognition and maturity.
➢ Building trust and ensuring confidentiality is an important aspect of your work
➢ In ethical practice it is important to keep records up to date and maintain these records as well as ensuring the confidentiality thereof.
➢ Parents/guardians have a right to information and should always be informed of the different options of support that are available and the implications thereof. Here it is important to ensure that the parent/guardian understands what is said – keeping explanations simple and basic according to the background of the parent/guardian.
➢ It is very important to report ethical violations. This must be reported to the LSA.
➢ Any uncertainty about ethical issues should be discussed with the LSA and the SBST.
➢ Also refer to the attached addendum for the SACE Code of Professional Ethics.

TO CONCLUDE

We have the privilege to work with wonderful children / learners, although we often face challenging situations with them and in our work. You must have at least once looked in a learner’s eyes and see them light up with understanding or just being listened to or recognized as a human being. This is one of the great satisfactions of our work – we can make a difference.

oOo
List of references


http://metapsychology.mentalhelp.net/poc/view

http://www.sace.org.za