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CAYMAN ISLANDS

SPECIAL EDUCATIONAL NEEDS

CODE OF PRACTICE

Approved by Education Council on 18th February 2011

INTRODUCTION

This document provides regulations for Cayman Islands schools in relation to provision made for children who are of mandated school age, and early years (birth to 5 years of age), who may have Special Educational Needs (SEN).

Drafting Code of Practice for the Cayman Islands is a unique challenge for educators, as the islands' culture is highly influenced by Caribbean tradition, British territorial connections, and North American influences. Children moving on to tertiary educational settings are likely to not only enter University College of the Cayman Islands but frequently also institutions of higher education within any one of these three jurisdictions.

This challenge presents a unique opportunity to select the best features from all relevant jurisdictions in order to craft laws, regulations, and policies which uniquely meet the needs of children and families who are served in Cayman Islands schools, with supervision from the Ministry of Education. The Code's language follows definitions for SEN corresponding most closely to that of the United Kingdom. Those underpinnings, however, are consistent with most international forms of legislation and best practice on behalf of children with such needs, which includes:

- All children benefit from a broad, balanced, and relevant education, including an appropriate curriculum for foundation/functional stages and the National Curriculum. Students with special educational needs should be allowed full access to the National Curriculum to the maximum extent possible, and expectations should be that they can progress within that curriculum.
- Schools and Early Years providers should work together with parents and community partners to ensure a child's special educational needs are identified early. Early interventions lead to more meaningful outcomes for children of SEN.
- Schools and settings need to utilize best or "evidence-based" practices when devising interventions prior to evaluating or assessing a child for special educational needs. Any subsequent provision for SEN should follow that same practice guideline.
- Special educational needs of children will normally be best met "inclusively" within mainstream schools or settings. Multi-disciplinary teams should always consider that educational services be provided in settings closest to the child's home and in the "least restrictive" setting possible based on IEP goals.
- Parents are full partners with school multi-disciplinary teams in the evaluation, identification, and educational planning for their children.
- Assessments are completed within prescribed time limits.
- Where a child is determined to have special educational needs, Individual Education Plans (IEP's) are clearly detailed, implemented within prescribed time limits, and reviewed annually.

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I. Responsibilities of Schools

Provision for pupils with special educational needs is a matter for the school as a *whole*. The school's principal, the Special Educational Needs Coordinator (SENCO), School-Based Support Team, and all other members of staff have important responsibilities. The division of day-to-day responsibilities is a matter for individual schools to be decided in the light of a school's circumstances and size, priorities and ethos. At times of inspection by the Cayman Islands Education Standards and Assessment Unit (ESAU), schools will be monitored for compliance in relation to the SEN Code of Practice.

A. School Policies in Compliance with SEN Code of Practice

Each school is required to review the Cayman Islands SEN Code of Practice to ensure compliance with legal requirements. Additionally, schools are encouraged to draft and adopt their own unique SEN policy in light of their circumstances and ethos. Individual school policies, however, must be consistent with the national SEN Code of Practice. School policies may only provide more protections and services for students with Special Educational Needs, not less.

It is the duty of the School Principal, or designee, to verify that every teacher possesses and understands school policy for SEN. Additionally, it is that person's responsibility to ensure that a register of students with SEN is submitted to the Chief Education Officer of the Department of Education Services on at least an annual basis.

B. Appointment of Special Educational Needs Coordinator (SENCO)

The Principal of each school shall be responsible for assuring that a member of staff be designated as the school's Special Educational Needs Coordinator (SENCO).

Careful thought should be given to the SENCO's timetable in light of the Code of Practice and in the context of the resources available to the school. Experience shows that primary school SENCO's require time for planning and coordination away from the classroom: maintaining appropriate individual and whole school records of children within the various Phases of SEN intervention, observing pupils in class without a teaching commitment, managing and training Special Support Assistants, communicating with parents and external agencies, arranging meetings, and liaising with colleagues to support transitions of students with SEN entering from the Early Intervention Programme or into secondary schools. For larger secondary schools, the SENCO may become a full-time post given the numbers of identified students and the additional complexity of arranging accommodations for external examinations.

The cost of the SENCO (or those parts of the post holder's work devoted to SENCO duties) is to be set against the core budget of the school rather than against any additional funds delegated to the school for the purpose of meeting the particular needs of children with SEN.

Because the role of SENCO is time-consuming requiring a high level of leadership and responsibility, the SENCO should be considered for inclusion as a member of the school's senior management team. Although in very small schools the principal or deputy may need to take on the role of SENCO, such a decision should be considered very carefully.

C. School-Based Support Teams (SBST)

Each school must maintain a multi-disciplinary School-Based Support Team (SBST). Under individual school's SEN policy, the SBST may be named differently but still always functions as the main problem-solving and decision-making team for students who may have Special Educational Needs. Decisions for students with SEN should never be made unilaterally, either by school leadership or parents, and only through consensus of the SBST. In instances when consensus cannot be achieved, a separate policy for appeals and complaints is attached in Section V, Part C.

The composition of the SBST can be determined by individual school sites but must minimally include the Special Educational Needs Coordinator (SENCO), one of the child's classroom teachers, a qualified specialist with understanding/capacity in the area of suspected need, and the child's parent. (The Team may proceed without the parent only in the case that there has been no response from the parent following three reasonable and documented attempts to gain participation.)

II. Definition of a Child with Special Educational Needs (SEN)

In general, children have special educational needs if they have a learning difficulty which *requires special educational provision* to be made for them.

(A) Children have a learning difficulty if they:

- * have a *significantly* greater difficulty in learning than the majority of children of the same age; or
- * present persistent emotional/behavioral difficulties which *significantly* and adversely affect educational performances and progress; or
- * have a physical, health or sensory impairment which *significantly* hinders them from performing educationally or hinders them from making use of educational facilities of a kind generally provided for children of the same age; or
- * have communication difficulties in oral expression or listening comprehension which affect interaction with others and *significantly* and adversely affect educational progress.

(B) Special Educational Provision means:

- * educational provision which is *additional to* or otherwise *different from* the educational provision made generally for children of the same age. This necessitates that there is substantial change in either the content, methodology, or delivery of instruction.

(C) Exclusions means that, for the purposes of this Code of Practice, a child may not be identified for Special Educational Needs primarily:

- * because the language or form of language of the home is different from the language in which they will be taught.
- * because the child has experienced educational disadvantage due to lack of learning opportunities such as frequent school changes, poor attendance, multiple teachers in the same year, or questionable home school curriculum.
- * because there has been an inappropriate curriculum and/or inadequate instruction.
- * because there has been cultural, environmental, or economic disadvantage.

Gifted and talented pupils are not by reason of their gifts or talents within the definition of pupils with Special Educational Needs, though some pupils who are gifted and talented may have special educational needs due to emotional, behavioral or other learning difficulties. Gifted and Talented Education (GATE) Code of Practice for the identification and provision of differentiated curriculum and specialized services for students who are gifted and talented is provided separately.

II. Identification, Assessment and Provision in School-Aged Settings

A. Introduction: Graduated Response/Three Phases

In order to help children with learning or behavioral difficulties, schools should practice a graduated response that encompasses an array of intervention strategies prior to identifying a student as having special educational needs. This approach recognizes that there is a continuum of intervention strategies and, only where necessary, brings increasing specialist expertise to bear.

The school should make full use of all on-site resources (Phases 1 and 2) before expecting to call upon outside resources (Phase 3). An “At-Risk” register identifying children monitored by Phase 1 or 2 plans should be maintained by the SENCO at the individual school site. Only when a student has been identified through means of formal assessment and a Multi-Disciplinary Team determination process at the beginning of Phase 3, should they be placed on an official Special Educational Needs register centrally maintained by the Department of Education Services.

B. Phase 1: Early Screening and Progress Monitoring

The importance of early identification, assessment, and provision for any child who may have special educational needs cannot be over-emphasized. The earlier action is taken, the more responsive the child is likely to be and the more readily the delay may be amenable to remediation. Also, *assessment* should not be regarded as a

single event which occurs prior to Phase 3 but rather as a continuing process which begins with the gathering of a wide variety of data beginning at Phase 1. Duties of schools at Phase 1 are:

1. Upon entry into either Reception or Year 1 classrooms, all students should be screened in multiple learning areas to determine whether any concerns might exist. This may be done using published developmental screening instruments or by recorded teacher observation no later than within the first half-term of instruction. Results of this screening should be combined with multiple sources of evidence of children's performance including records passed from preschool settings or gained from parent input.

In later Years, the process of screening should continue using progress monitoring strategies. For instance, schools might consider any student falling within the bottom two stanines of the annual TerraNova assessment as requiring further attention. Additionally, schools are encouraged to implement a system of continuous progress monitoring of *all* children using criterion-referenced or curriculum-based measures. Only when a child is not progressing satisfactorily despite the style of teaching being differentiated should they be considered for more intensive strategies.

2. When a classroom teacher's or other's concern (underpinned by evidence regarding a student's lack of progress despite receiving differentiated learning opportunities) occurs, the following actions should be followed and documented by the classroom teacher on a simple, concise Differentiated Instruction Plan (DIP):

- use existing information from the child's educational experience to document starting points or baseline for the development of an appropriate differentiated curriculum for the child.
- develop teaching strategies to be used (e.g. provide different learning materials, special equipment or manipulatives, increased direct instruction time, smaller group instruction, etc.) for no more than two or three short-term measurable targets as identified on the DIP.
- establish who will be responsible for the interventions (teacher, classroom teaching assistant, parent, student) and a reasonable time frame whereupon the Differentiated Instruction Plan will be reviewed to measure student progress.
- clearly state success (exit) criteria for each target.

3. This Differentiated Instruction Plan will be developed by the classroom teacher. If needed, the teacher may wish to ask for intervention suggestions from the school's Special Educational Needs Coordinator (SENCO) or other SEN specialists, when available.

4. Phase 1 Differentiated Instruction Plans should be reviewed at least termly, or possibly more frequently for some children. Reviews need not be unduly formal. Parents' input regarding their child's progress should be solicited, and their participation should be encouraged as part of the review process. Whenever

possible or reasonable, the child should also take part in the review process and involved in setting or evaluating progress toward targets.

5. Exception: In extreme cases or times of crisis the SENCO may recommend a student's status be expedited to Phase 2 or assessment within Phase 3.

Note: Phase 1 students are not classified as having SEN. Only the names of children identified at Phase 2 or Phase 3 levels are to be maintained on an official SEN school register. An "At-Risk" register identifying children monitored in Phase 1 should be maintained by the SENCO at the individual school site.

C. Phase 2: School-Based Support Team (SBST) Individual Intervention Plans

The triggers for Phase 2 should be that, despite receiving a differentiated program and concentrated support under Phase 1, the child: 1) continues to make little or no progress in specific academic areas of literacy and mathematics, 2) continues working at national curriculum standards significantly below that expected of children of a similar age, 3) has emotional or behavioral difficulties which substantially and chronically interfere with the child's own learning or the learning of others, 4) has sensory or physical needs and requires additional specialist equipment or regular contact by a specialist service, or 5) has ongoing communication difficulties that impede the development of social relationships and cause substantial barriers to learning.

When more focused intervention planning is required based on the above criteria, the duty of schools at Phase 2 are:

1. The multi-disciplinary School-Based Support Team (SBST) should convene a meeting to consider all the information gathered during Phase 1 and make recommendations for more time-intensive or focused interventions on behalf of the student. The composition of the SBST can be determined by individual schools sites but must minimally include the Special Educational Needs Coordinator (SENCO), one of the child's classroom teachers, qualified specialist with understanding/capacity in the area of suspected need, and the child's parent. (The Team may proceed without the parent only in the case that there has been no response from the parent following three reasonable and documented attempts to gain participation.)

2. Proposed interventions should be recorded on an Individual Intervention Plan which includes the same components as the Phase 1 plan, but which clearly indicates a change in measurable targets, development of alternative strategies, or increased intensity or frequency of interventions.

3. At this Phase, a more careful assessment of the child's learning strengths and weaknesses or behavior needs may be required. If a designated specialist specifically observes the student, gathers questionnaire data from teachers and/or parents, or individually administers any tests as part of this process, signed informed parental consent should always be obtained by the school. This written consent is

not required for the gathering of “functional” data gained by such means as conversations among professionals and with parents, record reviews, or whole-classroom or school-wide environmental observations.

4. Phase 2 Individual Intervention Plans should be reviewed at least termly, or possibly more frequently for some children. Reviews need not be unduly formal. Parents’ input regarding their child’s progress should be solicited, and their participation should be encouraged as part of the review process. Whenever possible or reasonable, the child should also take part in the review process and involved in setting or evaluating progress toward targets.

D. Referral for Formal Assessment

When regular reviews of Phase 2 interventions continue to describe a child’s learning difficulty and reveal lack of progress towards targets despite interventions, the School-Based Support Team (SBST) may refer a child for formal comprehensive assessment or evaluation to determine eligibility for special educational service provision. Such referral should be accompanied by documentation of these required components:

1. Review of Existing Data

- Relevant health and medical history, including results of recent hearing and vision screenings.
- Documentation of the primary language of the child and the home.
- Results of any previous educational assessments, including instruments administered by an advisory specialist or TerraNova results, when available.
- Input from the classroom teacher(s) in regard to level of educational attainment in comparison to the National Curriculum based on criterion-referenced assessments. Relevant classroom or school behavioral observations should be noted.
- Views of the parent or caregiver, and of the child when appropriate.
- Observations and input from involved SEN professionals.
- Observations and input from involved community-based service providers, where appropriate.
- Brief review of Phase 1 and Phase 2 plans and outcomes.

2. Informed Parental Consent

Based on review of existing data, the SBST will state the need to collect additional formal assessment data. When stating this need, it should be clearly documented as to which types of additional assessments or tests are being requested. Once the parent is provided this information, signed parental consent is required prior to proceeding.

3. Time Limits

The formal assessment of a student, including the subsequent multi-disciplinary team meeting to review results and make eligibility determination, must be completed within 60 school days from receipt of parental consent. This 60-day timeline may be extended up to an additional 30 days, provided it is in the best interest of the child and the parents and school agree in writing to such an extension. Extension can also be made if a parent fails to make their child present on the days scheduled for assessment.

E. Phase 3: SEN Eligibility and Individual Education Plans

Within 60 school days and following formal comprehensive assessment of a student, the School-Based Support Team (SBST), with all required multi-disciplinary team members present, will meet to review results and determine eligibility for Phase 3 special educational needs service provision.

1. Determination of SEN Eligibility will be made consistent with Definition of Special Educational Needs (Section I.A.B.C). The Team will verify this by documentation which specifies:

- Verification that a student has a learning difficulty in one or more of the areas defined in Section I.A. The School-Based Support Team must identify that a student meets criteria in one of the following educational categories of disability:
 - Autistic Spectrum Disorder** – A developmental disability which significantly affects verbal and nonverbal communication and social interaction and that adversely affects educational performance.
 - Emotional/Behavioral/Social Disorder** – A condition whereby a child exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects the child's performance in the educational environment: a) an inability to learn which cannot be explained by intellectual, sensory or health factors, b) an inability to build or maintain satisfactory interpersonal relationship with peers and teachers, c) inappropriate types of behavior or feelings under normal circumstances, d) a general pervasive mood of unhappiness or depression, and/or e) a tendency to develop physical symptoms or fears associated with personal or school problems.
 - Hearing Impairment** – A loss of hearing which interferes with the child's performance in the educational environment and requires the need of special or related services.
 - Vision Impairment** – A loss of vision acuity which interferes with the child's performance in the educational environment and requires the need of special or related services.
 - Intellectual Disability (Indicate Mild, Moderate, or Severe)** – An impairment of general intellectual functioning falling beyond two standard deviations below the mean for children of the same age that exists concurrently with deficits in

adaptive behavior and that adversely affects the child's performance in the educational environment.

Significant Multiple Disabilities – Learning and developmental problems resulting from multiple disabilities to include two (2) or more of the following conditions that require the provision of special education and related services: severe sensory impairment, intellectual disability, emotional disability, autistic spectrum disorder, and orthopedic impairment. (Significant Multiple Disabilities most often will require special day school provision.)

Motor Coordination Impairment – A developmental motor coordination delay or impairment (e.g. dyspraxia) that adversely affects a child's performance in the educational environment. This category may include motor dysfunction caused by neurological or orthopedic anomaly, disease, and other disorders.

Other Health Impairments – Limited strength, vitality, or alertness (including heightened alertness to environmental stimuli) due to chronic or acute health problems which adversely affect a student's educational performance. The type must be specified and confirmed in writing by a registered physician.

Specific Learning Disability – In significant contrast to measured intellectual ability, persisting and significant achievement deficits which manifest when learning to read words, comprehend written passages, compute mathematics, reason with mathematics, or produce written expression and which is related to a specific disorder in one or more of the basic psychological processes. This category includes such neuropsychological conditions described as perceptual disabilities, minimal brain dysfunction, dyslexia, dyscalculia, and aphasia. It does not include learning problems primarily the result of vision, hearing, motor coordination impairment, emotional difficulties, intellectual disability or educational disadvantage.

Speech/Language Impairment – Performance by a child on a norm-referenced language test that measures at least one and one-half standard deviations below the mean for children of the same chronological age or whose speech articulation or stuttering, out of context, is unintelligible to a listener who is unfamiliar with the child and interferes with educational performance to the extent that it calls attention to itself, interferes with communication, or causes a child to be distressed.

- Description of educational provision required for the student to meet the National Curriculum which is *additional to* or otherwise *different from* the educational provision made generally for children of the same age.
- Consideration of the impact of any exclusionary factors as outlined in Section I.C.
- Signed statement of agreement or disagreement by all Team participants.

2. Within 30 school days following initial determination of eligibility for Special Educational Needs services, the SBST will develop and review an Individual Educational Plan (IEP) which outlines provision of services. Required IEP components are:

- Statement of present levels of academic achievement and functional performance (PLAAFP), including strengths and needs.
- Measurable annual goals that address the needs identified in the PLAAFP statement.
- Clear description of special educational needs services to be provided, including time to be provided each week, location and responsible school personnel.
- Clear description of supplementary aids, services, or classroom adaptations which are to be provided.
- Documentation of any accommodations or exemption for external assessments. (See Section IV.B)
- For students who are 14 years old and older, documentation of a transition plan which includes post-secondary goals related to education, training, employment or independent living skills. A statement should include what in-school and interagency supports will be provided to achieve these goals.
- Signed participation from Team members.

3. Each Phase 3 IEP will be reviewed within one year from the previous review. A new document will be subsequently developed reflecting necessary revisions to required IEP components based on the student's needs.

G. Periodic Re-Assessment Requirement/Continue or Exit from SEN Services

For many students with milder disabilities, it would be desirable that, with quality service provision, a student might be removed from the SEN register over time. Nonetheless, careful periodic reassessment of student needs is required for continued quality educational planning.

Within one year prior to exit from any Key Stage, or more frequently, students served on Phase 3 IEP's must be routinely reassessed to determine whether they continue to require special educational needs provision. Review of existing data as outlined in II.D.1 will determine whether any additional formal testing is required as part of the reassessment. A statement as to continued need or ability to exit from SEN services will be made consistent with II.E.1.

III. Identification, Assessment and Provision in Early Years Settings

A. Introduction: Graduated Response/Three Phases

Early Years Education is part of the foundation stage of education for children from birth to school-age. During this time most children experience rapid physical, emotional, intellectual and social growth. For many children, the early education or preschool setting will provide their first experience of learning within a peer group. Early Childhood Officers from the Ministry of Education provide advice and guidance for early education practitioners regarding appropriate provision of learning and teaching experiences throughout the foundation stage.

Preschool practitioners should provide play and learning opportunities to help children develop in the following areas of learning:

- Personal, social, and emotional development
- Communication, Language & Literacy
- Mathematical development
- Physical development
- Creative development
- Knowledge & understanding of the world

It should be understood that children will progress at different rates within different areas during the foundation stage. It should not be assumed, therefore, that children who are making slower progress must necessarily have special educational needs. But, such children will need carefully differentiated learning opportunities to help them progress. Frequent and careful monitoring of children's progress should be maintained.

Consistent with school-age Code of Practice, a graduated response should govern levels of intervention when a child's rate of progress in a developmental area is inadequate. The preschool provider should make full use of all on-site resources and document differentiated instruction attempts (Phase 1) before expecting to call upon outside resources.

When it is documented that differentiated educational interventions yield limited or no progress, the additional expertise of early intervention specialist teachers, speech and language therapists, educational psychologists, or occupational therapists available through the Early Intervention Programme (EIP) within the Department of Education Services may be called upon (Phase 2). These specialists may give advice on the use of new strategies, materials, or training supports for particular learning activities. An "At-Risk" register identifying children monitored by Phase 2 plans should be maintained by a designee within EIP, acting as SENCO.

Only when an early years child has been identified through means of formal assessment and a Multi-Disciplinary Team determination process at the beginning of Phase 3, should they be placed on an official Special Educational Needs register centrally maintained by the Department of Education Services. In extreme cases or times of crisis, the Early Intervention Programme SENCO may recommend a child's status be expedited to Phase 2 or assessment within Phase 3.

B. Referral for Assessment

The triggers for referral for formal multi-disciplinary assessment could be that, despite receiving individually differentiated instruction, the child:

- continues to make little or no progress in specific areas of development over a long period of time.

- continues working at an early years curriculum level substantially below that expected of children of a similar age.
- has emotional or behavioral difficulties which substantially and regularly interfere with the child's own learning or that of others, despite having an individualized Behavior Intervention Plan.
- has physical or sensory needs, and requires additional equipment or regular visits for direct intervention or advice by practitioners from a specialist service.
- has on-going communication or interaction difficulties that impede the development of social relationships and cause substantial barriers to learning.

Consistent with school-age Code of Practice, a Review of Existing Data (I.D.1) should be documented by the SENCO on behalf of the Early Intervention Programme team. Informed parental consent (I.D.2) is required prior to completing any formal assessments.

The formal assessment of a student, including the completion of reports and conducting the subsequent multi-disciplinary meeting to determine eligibility for Phase 3 SEN services, must be completed within 60 school days. This 60-day timeline may be extended up to an additional 30 days, provided it is in the best interest of the child and the parents and school agree in writing to such an extension. Extension can also be made if a parent fails to make their child present on the days scheduled for assessment.

When a child under three years, nine months (3-9) of age has been referred to the Early Intervention Programme, it is probable that their parents or the Health Services will have first identified substantial special needs. The child is likely to have a particular condition or major health problem that has caused concern at an early stage. Assessment of children less than 3-9 years of age need not follow the same procedures that are applicable to assessments outlined for children who are aged 3-9 and over.

C. SEN Eligibility and IEP Service Provision in the Early Years

Each multi-disciplinary evaluation to determine Early Years SEN eligibility must include the administration of a comprehensive developmental assessment. In addition, at least one more specialized norm-referenced instrument must be given by a qualified examiner to substantiate need within areas which appear to be specifically delayed.

Determination of eligibility and the rules governing Individual Education Plan (IEP) development and implementation are consistent with that of school-age Code of Practice (I.E).

The Team will verify eligibility by documentation which specifies:

- Verification by the Early Intervention Programme Team that a student meets criteria in one of the following educational categories of disability:

Autistic Spectrum Disorder – A developmental disability which significantly affects verbal and nonverbal communication and social interaction and that adversely affects educational performance.

Hearing Impairment – A loss of hearing which interferes with the child’s performance in the educational environment and requires the need of special or related services.

Vision Impairment – A loss of vision acuity which interferes with the child’s performance in the educational environment and requires the need of special or related services.

Early Years Moderate Delay – Performance by an Early Years child on a norm-referenced test that measures at least one and one-half standard deviations, but not more than three standard deviations below the mean for children of the same chronological age in two or more of the following areas: (a) cognitive development, (b) physical development, (c) communication development, (d) personal, social or emotional development, or (e) adaptive development. The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment. If there is a discrepancy between the measures, the assessment team shall determine eligibility based on a preponderance of the information presented.

Early Years Severe Delay – Performance by an Early Years child on a norm-referenced test that measures more than three standard deviations below the mean for children of the same chronological age. The results of the norm-referenced measure must be corroborated by information from a comprehensive developmental assessment. If there is a discrepancy between the measures, the assessment team shall determine eligibility based on a preponderance of the information presented.

Early Years Motor and Coordination Delay – Performance by an Early Years child on a norm-referenced motor abilities test that measures at least one and one-half standard deviation below the mean for children of the same chronological age. This category may include motor delay caused by neurological or orthopedic anomaly, disease, and other disorders. Eligibility is appropriate only if a comprehensive developmental assessment or norm-referenced assessment and parental input indicate that the child is not eligible for services under another Early Years category.

Early Years Speech/Language Delay – Performance by an Early Years child on a norm-referenced language test that measures at least one and one-half standard deviations below the mean for children of the same chronological age or whose speech articulation or stuttering, out of context, is unintelligible to a listener who is unfamiliar with the child. Additionally, this may include children experiencing dysphagia which requires treatment for swallowing. Eligibility is appropriate only if a comprehensive developmental assessment or norm-referenced assessment and parental input indicate that the child is not eligible for services under another Early Years category.

Early Years Behavioral Delay – A condition whereby a child exhibits one or more of the following characteristics over a reasonable period of time and to a marked degree that adversely affects the child’s performance in the educational environment: a) an inability to build or maintain satisfactory interpersonal relationship with peers and teachers, b) inappropriate types of behavior or feelings under normal circumstances, c) a general pervasive mood

of unhappiness or depression, and/or d) a tendency to develop physical symptoms or fears associated with personal or school problems.

0-3 Medically, Genetically, or Congenitally “At-Risk” – Due to confirmed medical, genetic, or congenital report, a child between the ages of 0-3 who may be at risk for more serious developmental delay without special or related services. (Examples: Prader-Willi Syndrome, Down Syndrome, trauma or medical complication at birth or in early childhood, or significant prematurity.)

- Description of educational provision required for the student to meet the Early Years Curriculum which is *additional to* or otherwise *different from* the educational provision made generally for children of the same age.
- Consideration of the impact of any exclusionary factors as outlined in Section I.C.
- Signed agreement or disagreement by all Team participants.

Determination of eligibility and the rules governing Individual Education Plan (IEP) development and implementation are consistent with that of school-age Code of Practice (I.E). Children under the age of 3-9 will be served under a less complex Individual Play Plan (IPP) developed under the guidance of the Early Intervention Programme. Where children from birth through five have such severe and complex needs that they require specialized settings or extraordinary allocation of human or financial resources to meet their educational goals, the authority for such placements and financial commitments resides with the Education Council.

C. Transition Planning Prior to School-Age Services

The Early Intervention Programme should, within at least the term prior to a child transferring from Early Years to primary school setting, conduct a review of the Individual Education Plan in order to consider the most appropriate SEN provision at school-age. Arrangement for the transfer of all EIP records for children maintained on either the Phase 2 or Phase 3 register for Early Years should be made at that time.

IV. Equities for Children with Special Educational Needs

A. Relationship with and Requirements of Private/Parochial Schools

Currently, there is no legal underpinning within Education Law requiring private schools to identify and provide for students with Additional Educational Needs, including those with Special Educational Needs. Therefore, private schools are encouraged to use best practice approaches outlined within this document on behalf of their students; however, they are exempt from requirements of the SEN Code of Practice until such time that the law is duly amended.

B. Accommodations and Exemptions for Assessments

Accommodations are specific practices and procedures that provide students with equitable access during instruction and assessment. Accommodations are made in order to provide a student equal access to learning and equal opportunity to demonstrate what is known. They are intended to reduce or even eliminate the effects of a student's SEN needs. Accommodations can be changes in the presentation, response, setting, and timing/scheduling of educational activities. There should be a direct connection between a student's disability or need and the accommodation(s) provided to the student during educational activities, including assessment.

Students should receive the same accommodations for classroom instruction, classroom assessments, and external assessments. No accommodations should be provided during assessments that are not also provided during instruction. However, not all accommodations for instruction are appropriate for use during a large-scale standardized assessment.

Accommodations may not provide verbal or other clues or suggestions that hint at or give away the correct response to the student. Therefore, it is not permissible to simplify, paraphrase, explain, or eliminate any test item, prompt, or multiple-choice option. Additionally, accommodations provided for one student may not impede or impact other students in the testing room. It is the responsibility of the Testing Administrator to see that each student who qualifies for testing accommodations receives these accommodations while also ensuring that other students who do not receive accommodations are not affected.

Three levels of accommodations exist. However, at this time, only **Standard Accommodations** and **Exemptions** will be considered related to students' participation in large-scale external assessments:

1. **Standard Accommodations** are provisions made in how a student accesses and demonstrates learning that does not substantially change the instructional level, the content, or the performance criteria. Students who have a Phase 1, Phase 2, or Phase 3 plan may be considered for standard accommodations.

Depending on standardized administration requirements of the tests' publishers, examples of standard accommodations might include extended testing time, separate location or preferential seating, small group or individual administration, more breaks, read aloud or sign instructions for math or writing items, special lighting, special furniture or pencil, more breaks or shorter sessions, repeat directions, write answers directly into test booklet, record or dictate answers to multiple choice responses to a scribe, or use color overlay.

** Although English as a Second Language learners are not covered under this Code of Practice, they may also be considered for standard accommodations.*

2. **Non-Standard Accommodations (not currently offered)** are provisions that involve substantial changes in what a student is expected to learn and/or in the way that

learning is demonstrated. Such changes are made to provide a student with meaningful and productive learning experiences, environments, and assessments based on individual needs and abilities. Non-standard accommodations affect the comparability of test scores, and results will be disaggregated from those of same-aged peers when reporting.

Only students with Phase 3 IEP's may be given non-standard accommodations. School-Based Support Teams should exercise caution in considering whether a student requires non-standard accommodations in order to access the test. Students considered for these accommodations should be using such alternative accommodations consistently in their daily instruction.

Depending on standardized administration requirements of the tests' publishers, examples of non-standard accommodations might include using assistive technology (spell check, grammar check, or predict-ahead software), recording of responses or dictating to a scribe on writing tests, or reading or signing for items on reading tests.

3. **Exemptions** are intended for students who experience significant intellectual disability or other impairments which prevent meaningful participation in testing. In the case of exemption from external assessments, students nonetheless should be engaged in on-going criterion-referenced assessments as part of their instruction which document progress within the National Curriculum.

** Although English as a Second Language (ESL) learners are not covered under this Code of Practice, they may be considered for exemption if they have been enrolled for less than one academic year and the School-Based Support Team documents that they are unable to meaningfully participate..*

C. Parent Complaints and Appeals

If a parent or court-appointed guardian (or any other member of the SBST) appeals a decision made by the School-Based Support Team within a government school or has a complaint regarding the actual provision of services, this should be directed for the purposes of mediation to the School Improvement Officer for Special Educational Needs, Cayman Islands Department of Education Services. This Officer will reconvene the Team to attempt resolution of the complaint or appeal. Written notice of the results of that conference will be provided to the petitioner and the Chief Education Officer of the Department of Education Services.

Should a mediated agreement not be achieved, the petitioner has final right of appeal to the Chief Education Officer. This request for appeal must be submitted in writing to the Chief Education Officer within 10 school days of the mediation session provided by School Improvement Officer for Special Educational Needs. The Chief Education Officer will hear arguments for both sides of disagreement within a reasonable timeframe. Within 10 school days of this hearing, a finally exhaustive written decision will be issued to the petitioner and school.

D. Requirements for Placement of Children in SEN Special Day Schools (Lighthouse School)

For a small number of children with special educational needs, IEP goals cannot be appropriately addressed within full-time inclusive mainstreamed school settings. This is due to the nature and severity of the student's disability. In all cases, a child shall never be placed within a Department of Education Services SEN Day School without a Multi-Disciplinary case conference which includes the parent. (The Team may proceed without the parent only in the case that there has been no response from the parent following three reasonable and documented attempts to gain participation. In such cases, results and any determinations by the Team should be mailed to the parent via certified letter.)

The Lighthouse School is the only such SEN Special Day School placement in the Cayman Islands. Programs at The Lighthouse School are designed for school-aged children who exhibit significant learning difficulties resulting from lowered intellectual functioning, autism disorder, or multiple disabilities (including medical, sensory or health conditions). Students eligible for placement must, in addition, be assessed to have significant delay in adaptive functioning in one or more of the developmental areas of:

- Physical/Motor Skills
- Communication (Receptive, Expressive, Written)
- Social/Emotional Functioning
- Daily Living Skills

Only students who have received formal comprehensive assessment, followed by the development of a Phase 3 IEP, will be considered for enrollment at Lighthouse School. Referrals may come from a number of sources, including parents, private schools, other government schools, or from the Early Intervention Programme (EIP). Although entitlement for services at the Lighthouse School is provided for children of Caymanian status, other students will be considered for enrollment depending on the availability of space within a particular classroom.

A decision to have a child placed at the Lighthouse School must be made by a multi-disciplinary School-Based Support Team. In addition, representatives from the Lighthouse School will need to become knowledgeable of the child's specific educational needs and be present at any SBST meeting in which the educational placement at the Lighthouse School is considered.

E. Retention/Delayed Entry and Advanced Promotion of Students

Increasing emphasis on educational standards and accountability has kindled debate regarding the use of grade retention as an intervention to remedy academic deficits. Over a century of research in numerous other jurisdictions has clearly shown

no positive long-term effects of retention or delayed entry into school, and in fact, students who have been retained or delayed in their school entry have a higher probability of behavior problems upon entering adolescence, lower achievement levels in middle and senior high school years, poorer socio-emotional adjustment, and significantly greater likelihood of dropping out of school prior to graduation. Therefore, recommendations for retention or delayed entry into school should be considered seriously and may only be indicated when there has been lack of opportunity for instruction such as significant interruption in attendance.

For children experiencing academic or behavioral difficulties, both retention and social promotion are ineffective remedies unless planned intervention strategies are implemented. Whenever a student is recommended for retention by a teacher, principal, or parent, it would be assumed that at least Phase 1 or Phase 2 plans under either the SEN or ESL Codes of Practice have been developed and attempted. Therefore, the SBST of the school must convene to make the final determination for retention or delayed entry into school. If insufficient assessment information exists for the student, the SENCO should order and coordinate an expedited comprehensive assessment prior to the SBST meeting.

Notes from the subsequent determination meeting must clearly indicate what specific interventions (designed to address the factors that have placed the student at risk for school failure) will be initiated. Decisions of the SBST are subject to the Complaints and Appeals process outlined in Section V, Part C.

In cases where advanced placement to a higher Year level is considered to be an appropriate intervention, the SBST must follow the same procedure as outlined for consideration for retention, giving particular attention to prevailing social or emotional factors which would argue for such advancement. A plan clearly indicating any supports which will be provided to the child following such a decision must be developed.