



مدرستنا الثانوية الإنجليزية، الشارقة
OUR OWN ENGLISH HIGH SCHOOL, SHARJAH
A GEMS SCHOOL



INCLUSION POLICY

Implemented : April 2014

Reviewed : May 2024

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Compiled by : SLT & SMT

Approved by: Ms. Asma Gilani, Principal & CEO

INCLUSION POLICY

GEMS standards set a clear baseline of expectations for professional practice and conduct related to Inclusion/DETERMINED ONES for GEMS schools. The 11 standards given below are supplementary to both the GEMS Schools standards and GEMS teacher's standards:

- 1.0 Staff- Student Relationships
- 1.1 Identification of Student Need
- 1.2 Support
- 1.3 Progress
- 1.4 Assessment
- 1.5 Parental Engagement
- 1.6 Curriculum accommodations, modifications and/or exemptions
- 1.7 Inclusion/DETERMINED ONES policy
- 1.8 Leadership of Inclusion/DETERMINED ONES
- 1.9 Premises and facilities for students with DETERMINED ONES
- 1.10 Care and Welfare – attitudes and behavior

According to MOE, Sharjah- Inclusive Education means that all students have the right to be educated to the extent possible with their age-appropriate peers who do not necessarily have disabilities in the general education setting of their neighborhood school with support provided.

Philosophy: OOEHS, Sharjah is a diverse learning organization, comprising of educators, students and parents who share mutual trust and high expectations, striving to achieve great standards of holistic education and learning for life. We provide an inclusive education to our DETERMINED ONES, which means school leaders and teachers are committed to dedicating the resources and services necessary to produce a least restrictive environment where individuals are fully integrated in the classroom setting. However, in all cases, admission procedures laid down by the Ministry of Private Education have to be adhered to. Admission guidelines are subject to current MOE regulations and are subject to change.

Legislation and guidance

This policy is currently based on the UAE Disability Act, Federal Law (29) 2006 and 2009, which guarantees a Person of Determination access to equal opportunities of education within all educational institutions.

This policy is also based on the following guidance and legislation (see Appendix A for links to guidance):

Dubai Law No. (2) 2014 'to protect the rights of People of Determination in the Emirate of Dubai'.

Executive Council Resolution No. (2) 2017 Regulating Private Schools in the Emirate of Dubai. Including particular reference to Article 4 clause 14; Article 13, clauses 16, 17, 19 and Article 23.

Policies for the empowerment and effective inclusion of persons of determination are an integral part of key national and local strategies such as the UAE Vision 2021.

UAE Centennial 2071 Long Term Government Plan.

Abu Dhabi Economic Vision 2030.

Dubai Strategic Plan 2021.

The United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol.

The UAE 'School for All': General rules for the Provision of Special Education Programmes and Services' (2010) guidance.

The National Policy for Empowering People of Determination, which aims to provide quality inclusive education in the UAE (2017).

Quality Standards of Services for Persons with Disabilities in Governmental and Private Institutions (2016).

The National Project for Inclusion for People of Determination.

Abu Dhabi Educational Council Special Education Policies and Procedures Manual (2012).

'My Community: A City for Everyone' initiative (2013) which aims to turn Dubai into a fully inclusive and friendly city for People of Determination.

Dubai Inclusive Education Policy Framework (2017) which aims to provide standards and procedures to ensure that all students, including those identified as experiencing special educational needs and disabilities, will learn and achieve in a safe, supportive, engaging and appropriately challenging common learning environment where their personal, social, emotional and academic needs are fully met.

The Dubai Universal Design Code (2017, Accessibility Code).

The Ministry of Education Strategic Plan 2017-2021.

The Dubai Plan 2021 which aims to for a tolerant and fully inclusive city by 2020 which is part of a wider strategic plan, which, in addition to education, incorporates health & rehabilitation, employment, universal accessibility and social protection.

Implementing Inclusive Education: A Guide for Schools (2017)

Directives and Guidelines for Inclusive Education (2020)

Ensuring the right to Education for All (EFA)

Steps from Exclusion to Inclusion

Step 1 - Denial-Exclusion



Step 2 - Acceptance (*compassion*) – Segregation



Step 3 - Understanding- Integration/ Special Needs Education



Step 4 - Knowledge- Education for All (Inclusion in Education)

Teachers, parents, student support team, curriculum planners, school authorities, external agencies and community are the key stakeholders that can serve as valuable resources in support of Inclusion.

Inclusion: is a process of *addressing* and *responding* to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education.

Inclusion involves changes and modifications in *content, approaches, structures and strategies*, with a *common vision* which covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children.

DETERMINED ONES

DETERMINED ONES- “Educational needs that are different from those of the majority of students, and which arise from the impact of a disability or recognized disorder.”

Categories of SEND and barriers to learning

The following framework is based upon the UAE unified categorisation of disability. It provides schools with an important structure to support the identification of students of determination.

Common barriers to learning	Categories of disability (aligned with the UAE unified categorisation of disability)
Cognition and learning	<ol style="list-style-type: none"> 1. Intellectual disability (¹including Intellectual disability - unspecified) 2. Specific learning disorders 3. Multiple disabilities 4. Developmental delay (younger than five years of age)
Communication and interaction	<ol style="list-style-type: none"> 5. Communication disorders 6. Autism spectrum disorders

Social, emotional and mental health	<p>7. Attention Deficit Hyper Activity disorder</p> <p>8. Psycho - emotional disorders.</p>
Physical, sensory and medical	<p>9. Sensory impairment</p> <p>10. Deaf-blind disability</p> <p>11. Physical disability</p> <p>12. ²Chronic or acute medical conditions</p>

Cognition and learning

Intellectual disability is a disability characterised by significant limitations in both intellectual functioning (reasoning, learning, problem-solving) and in adaptive behaviour, which cover a range of everyday social and practical skills. When a person over the age of five is unable to participate in an appropriate assessment that might otherwise identify a diagnosis of an intellectual disability, a diagnosis of *unspecified intellectual disability* may be provided. Based on the severity of the intellectual disability, mild, moderate, or severe barriers to learning may be present.

Developmental Delay: There are many different types of developmental delays in infants and young children. These include problems with language or speech, vision, movement/motor skills, social and emotional skills and thinking/cognitive skills.

Multiple disabilities :A student who experiences a number of severe barriers to learning, such as a sensory disability and a physical disability, may be identified as having a multiple disability. Students are identified with a multiple disability when severe barriers caused by more than one type of disability, disorder or condition are present. The particular combination of challenges experienced by a student who experiences multiple barriers to learning will vary but will always have a very significant impact upon their personal and educational functioning. This may mean that they make tiny steps of progress over time.

A specific learning disorder is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. The disorder may manifest itself in an impaired ability to listen, think, speak, read, write, spell or understand mathematical calculations.

Dyslexia (Specific barriers with reading): Some students who experience specific barriers with reading, despite expected or above expected level of cognitive ability, may be diagnosed with dyslexia.

Dysgraphia (Specific barriers with writing): Some students who experience specific barriers with writing, despite expected or above expected level of cognitive ability, may be diagnosed with dysgraphia.

Dyscalculia (Specific barriers with mathematical concepts): Some students who experience specific barriers with mathematical concepts, despite expected or above expected levels of cognitive ability, may be diagnosed with dyscalculia.

Dyspraxia (Specific barriers with coordination): Some students who experience specific barriers with physical coordination, despite expected or above expected levels of cognitive ability, may be diagnosed with dyspraxia.

Communication and interaction

Communication disorders (Communication barriers):A communication disorder is an impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems. A communication disorder may be evident in the processes of interpretation, hearing, language, and/or speech.

Autism spectrum disorder (Barriers with social interaction, communication and flexibility):Autism spectrum disorder (ASD) is a complex developmental condition that involves persistent challenges in the areas of social interaction, communication, and restricted or repetitive behaviour/s.

Social, emotional and mental health

Psycho-emotional disorders (Emotional and psychological barriers)

(Significant barriers with feeling positive and motivated) Students who experience persistent feelings of hopelessness and inadequacy, typically accompanied by a lack of energy and interest in life, may be diagnosed with depression.

Attention Deficit and Hyperactivity Disorder (Barriers with attention and self-regulation)

ADHD – inattentive type (Barriers with maintaining focus and attention)

Some students who experience significant barriers with maintaining attention and focus may be identified with the inattentive type of ADHD. Students with this type of ADHD are likely to be less disruptive and active in the classroom than those who have the hyperactive-impulsive type.

Physical, sensory and medical

Sensory impairments (Barriers with using the senses)

A sensory impairment refers to a loss of vision or hearing that cannot be corrected by using lenses or through devices such as hearing aids.

Deaf-blind (Barriers with seeing and hearing)

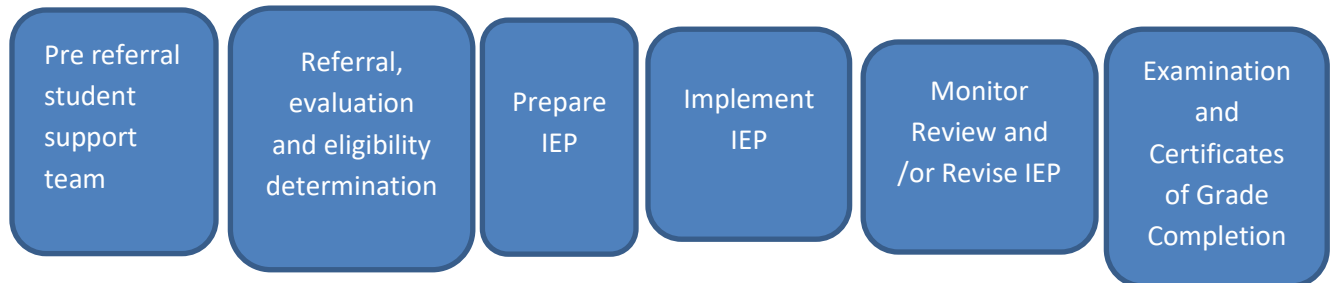
Deaf/blindness is a combination of sight and hearing loss and is sometimes called dual-sensory impairment.

Usually, affected students will not experience a complete absence of hearing or vision, but both senses will be reduced enough to cause difficulties with everyday activities. An individual who is deafblind is likely to require significant and substantial specialist support, need support to ensure mobility, use alternative and augmentative communication system and require access to adaptive technology and equipment.

Physical disability (Barriers with physical movement): The key issue to be considered when identifying a physical disability is mobility; the ability of a person to move around in their environment. Physical disability ranges from mild to severe and for some students mobility is significantly impaired. Some specific examples include muscular dystrophy, cerebral palsy or spina bifida.

Chronic or acute medical conditions (medical barriers): Students with chronic or acute medical needs will experience significant barriers to learning because of reduced strength, alertness, stamina or concentration and they are identified as having a special educational need. Examples of chronic or acute health problems include heart defects, epilepsy, cancer or brain tumour.

Figure 3: Procedures for Identification and Eligibility Determination



The school has developed expertise in meeting the *needs of children with learning difficulties* and will draw up Action Plans and Individual Education Plans (IEP) for those children whose needs cannot be met without additional individualized provision.

Identification:

Pre-Referral is received from the Teacher/Parent/ Supervisor or Self. *The needs are identified by means of:*

- Baseline Checklist for Academic
- Baseline checklist for Behavior
- Identification at entry level
- Parental concern
- Concern expressed by the Class Teacher through normal assessment procedures;
- Analysis of Progress Tracking
- Counselor/Special Educator: consultations, observations and assessments;
- Maintenance and analysis of children's records:

INCLUSION FLOW CHART

Students with severe difficulties will go to LEVEL3 (WAVE 3) directly

IDENTIFICATION

Quality Education is ensured to all students. Teacher observes the entire class based on the parameters set by the Baseline Checklist. Observation time approximates for one month during which teacher may use general classroom techniques to strengthen lesson delivery and group/ individual response.

Post 1 month

UNDER OBSERVATION

- Teacher observes students identified as per the baseline checklist.
- The Supervisor is informed.
- The CT/ST makes the ILP with the input of the Supervisor.
- Counselor maybe approached for suggestions/to quality assure.
- Initial correspondence by teacher with parents, in consultation with Supervisor over student concerns take place.
- ILP to be shared with parents

Needs Met. Goes to LEVEL1 (WAVE 1)

ILP to be monitored termly (Grade Supervisors to review the ILP)

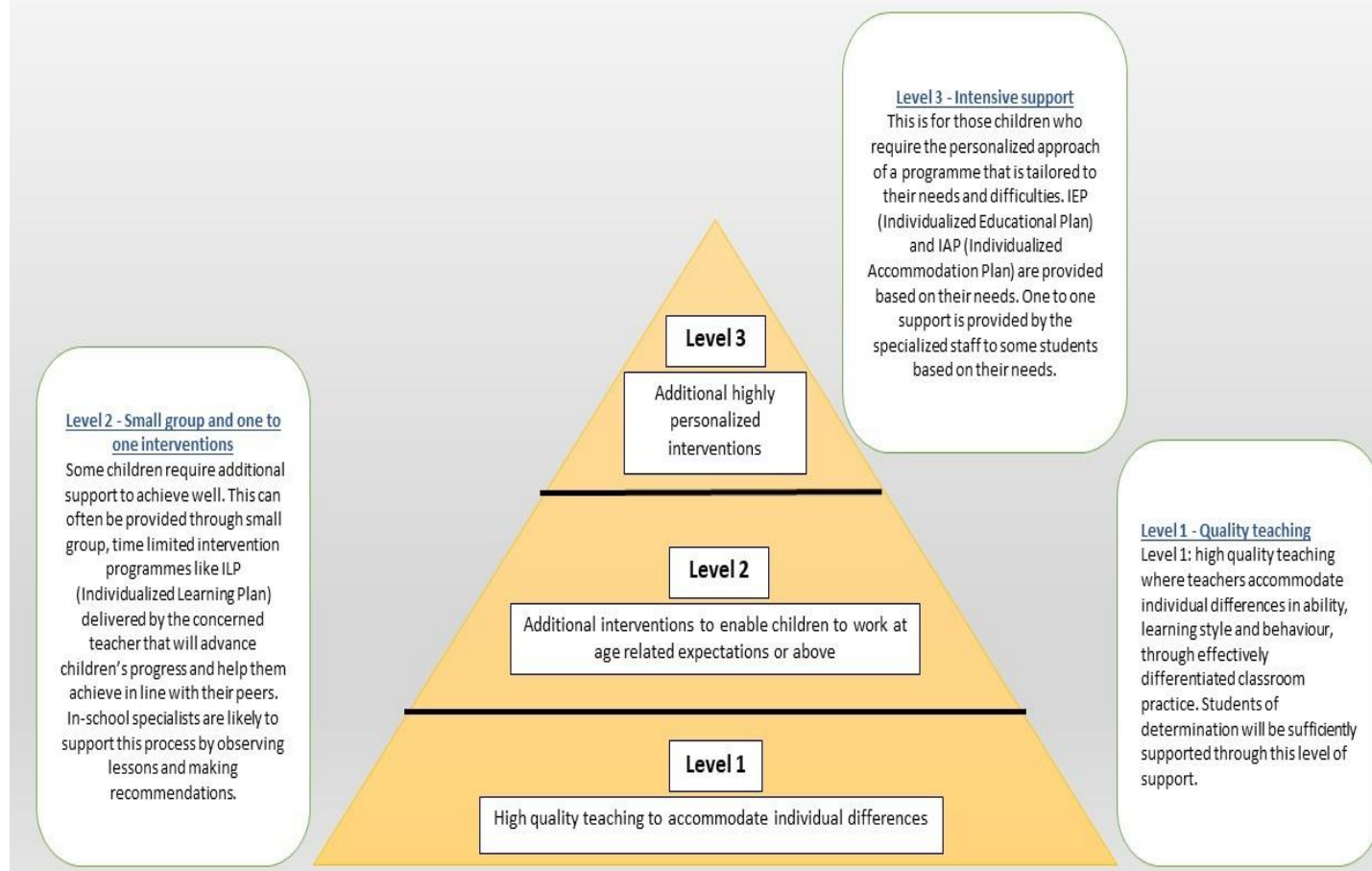
Needs met partially- stays in LEVEL2 (WAVE 2) for another term

Needs not met

AT RISK & DETERMINED ONES

- Consist of students who have been identified with significant difficulties – may or may not have undergone clinical assessment
- The process of informal evaluation/ external assessment is carried out.
- Needs are classified based on DSIB categories.
- Individualized Educational Program (IEP) is developed by the ST/Counselor/Sp.Ed keeping in mind the child's strengths and areas of concern.
- Final IEP is shared with Teachers, Parents and Supervisor.
- Provisions and Accommodations vary with student needs
- Inclusion into mainstream for students performing at grade level expectations, based on the

Graduated Approach to Intervention



Level 1 –

Target students: Low Achievers with learning barriers (consistently achieving below grade level expectation in most subjects), positive case (medical) list students with no academic-social-emotional need and students performing below level expectation in International benchmarking assessments like CAT4.

Support: MAP, teachers to accommodate individual differences in ability, learning style and behaviour, through effectively differentiated classroom practice.

Level 2 –

Target students: Under observation/ at risk- for Hyperactivity/ learning difficulty/ social emotional difficulty students.

Support: small group, time limited intervention programs like ILP (Individualized Learning Plan) delivered by the concerned teacher that will advance children's progress and help them achieve in line with their peers. In-school specialists are likely to support by making recommendations and counsellor support to improve student behavior.

Level 3–

Target students: Clinically diagnosed with SEND, at risk awaiting diagnosed with parent consent and includes medical (positive) list students require additional support (learning and counselling) due to their health issue.

Support: One to one support is provided by the specialized staff, CBSE exemptions and provisions, modified question papers to SEND students based on their needs. IBP (Individualized Behaviour Plan), IEP (Individualized Educational Plan) and IAP (Individualized Accommodation Plan) are provided based on their needs. The IEP objectives and targets are reviewed termly and modifications are made accordingly. To maintain consistency and to attain progress, unachieved targets are carried forward to the next term. Monthly session details are shared with parents. IEP reviews are discussed with the parents and teachers.

EXEMPTIONS AND PROVISIONS

Language Exemptions:

MOE permits students diagnosed with special educational needs, to avail the provision of exemption in Arabic and 2nd language if the formal diagnosis, Academic Report (2 years) of the child and Counselor's report suggests the same.

This exemption is valid only up to Grade 8. To avail the provision in Grade 9 and 10, parents have to send the application to CBSE along with the required documents and latest diagnosis. This procedure should be initiated from the month of April itself.

Subject Exemptions:

Grade 9 & 10 students with diagnosed learning difficulties can avail subject exemptions if they meet the CBSE eligibility standards.

The application from the parent to the Principal/Supervisor has to clearly mention the requirements

- Subject to be exempted
- Request for extra time
- Overlooking of spelling errors
- Scribe/reader/use of page magnifiers etc.

A copy of the License of the assessor has to be enclosed along with the other documents. In case of medical conditions, the report has to be endorsed by the Chief Medical Officer / Chief Surgeon.

For Grades 11 & 12, provision of a wider array of subject options especially for the Commerce Department has been made available.

The school has Inclusion Support Team that develops, implements and monitors the impact of the strategic inclusive education policy.

INCLUSION SUPPORT TEAM

Principal
(Ms. Asma)

**Designated
Safeguard Lead**
(Ms. Hemlata)

**Inclusion
Governor**
(Ms. Reena)

Head of Sections
(Ms. Priya, Ms. Shobhana, Ms. Elizabeth & Ms. Rachel) & Grade Supervisors

**Inclusion
Champion**
(Ms. Sonia)

**Special
Educators**
(Ms. Mercy & Ms. Sonia) & Counsellors (Ms. Charlotte & Ms. Disha)