Summary Recommendations

Topic Three: Education System Structures for Children with Disabilities

Recommendations for education of children with disabilities in the school system:

BR3.1 BRUNEI
BR3.1.1 Ministry of Education should ensure that all schools (government or non-government) are disability-friendly (in physical infrastructure, curricula, teaching etc.) and provide facilities for and resource centers within schools of all levels from early intervention and pre-school to secondary level.

BR3.1.2 Ministries (of Education, Health or Social Welfare) should be sure to consider early life in their skills. (Make sure that sure that receiving care and intervention before starting school).

BR3.1.3 Ministries of Education or Construction should be sure that buildings are physically accessible and remove obstacles.

BR3.1.4 Schools should have areas that are available for students who need alone time or “time-out” (for students sensitive to noise, stress or with hyperactivity).

BR3.1.5 The Ministry of Education (or teachers or school principals) should assure that Exams are adapted to students needs (in terms of time, form of paper, Braille or oral exams).

BR3.1.6 Schools and teachers should have awareness of emotional or behavioral issues that affect a child’s actions. Schools should be prepared to support and counsel children.

BR3.1.7 Schools and teachers should be rewarded (with recognition or certificates) for retention of children with disabilities.

BR3.1.8 Schools and teachers should have preparatory meetings at the beginning of school year with parents and children.

BR3.1.9 School principals should assure that class size is manageable in order
to be able to integrate children and have optimum size.

**BR3.1.10** Schools should welcome volunteers and develop a volunteer network. Service providers can coordinate volunteers.

**BR3.1.11** Employers and universities and others should consider community contribution when considering promotions or candidates.

**BR3.1.12** Out-of-school children should be sought out by health workers and teachers. Home visits can be used to support compulsory education laws.

**BR3.1.13** Individual Education Plans should be collaboratively re-evaluated by experts on a frequent basis (every few months). Parents should be aware of and participate in IEP plans.

**BR3.1.14** Schools should have regular workshops for parents.

**BR3.1.15** Schools could share parent information with other parents to encourage the development of formal and informal parent support groups.

**BR3.1.16** School administrators need to be supportive of teachers and prevent double assignments of special education teachers.

**BR3.1.17** In training of school administrators, disability education should be mandated by the Ministry.

**BR3.1.18** Schools should be sure to have financing for teaching materials and allocation should be sufficient for the special education devices and aids that can be more expensive. Devices should be readily available and as quickly as possible.

**BR3.1.19** Schools and Ministries should consider the effects of maternal and secondary language policies on achievement.

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**CM3.1 CAMBODIA**

**CM3.1.1** Ministries of Education should ensure that local regular schools have effective links with other education and other service providers (children with disabilities) in their local area.

**CM3.1.2** Schools should have designated person with a coordinating/responsibility role re: children with disability. This person can promote links with parents/community, links to services for children with disability, be the focal point within the school with re links with local Ministry of Education and personnel of other ministries.
CM3.1.3 Ministries of Education should seek to develop special schools as a support to their overall drive towards inclusion. This could include the special school acting as a resource centre and placement for teaching practice for student teachers. Special school staff can also take part in teacher training programmes.

CM3.1.4 Ministries of Education should assume overall responsibility for special schools so that they can then develop them as tools for inclusion, as above.

CM3.1.5 Ministries of Education should ensure that education structures for children with disabilities are effectively embedded within the overall education system and that all necessary links within the Ministry’s respective departments are actualized.

CM3.1.6 Governments should ensure that inter-ministerial structures are put in place to ensure that from the earliest age children with disabilities are detected and they and their families effectively supported.

CM3.1.7 Government and Ministry of Education structures should be in place and effective from central to individual family level.

CM3.1.8 Designated offices within governments and Ministries of Education should have responsibility for children with disabilities from early childhood right through to tertiary education.

CM3.1.9 Ministries of Education should develop more special schools so that children in more rural and remote areas can access specialist services and education.

CM3.1.10 Ministries of Education and governments should assume responsibility for special schools.

CM3.1.11 Ministries of Education should strengthen teacher training in relation to teaching children with disabilities at every level, e.g. pre-school teachers, primary teachers, secondary teachers, university, etc.

CM3.1.12 Ministries of Education should strengthen the life-skills component within education systems, e.g. curriculum, assessment etc, in order to promote employment opportunities for people with disabilities.

CM3.1.13 Ministries of Education should strengthen structures and systems that promote awareness raising of the rights of children with disabilities to peers, teachers and all other school personnel.

CM3.1.14 Ministries of Education/Ministries of Health should put in place training for pre-school staff to support the early identification of children with special needs.
needs and disabilities.

**CM3.1.15** The same ministries should ensure that systems and structures are in place so that pre-school staff know to whom a child for whom they concern can be referred etc.

**SM3.1 SAMOA**
(Acronyms: MESC = Ministry of Education, Sports & Culture; NUS = National University of Samoa; SNE = Special Needs Education)

**SM3.1.1** The MESC will include specific roles and responsibilities regarding the inclusion of cwd in the job descriptions of all Principals & School Review Officers.

**SM3.1.2** The MESC to conduct regular meetings between the SNE Coordinator; the NUS and School Principals to ensure a shared understanding of the various roles & responsibilities.

**SM3.1.3** The MESC conduct in-service training for all teachers to ensure understanding and methods of working in conjunction with SNE teachers to provide inclusive education opportunities for cwd.

**SM3.1.4** The MESC should exclude SNE teachers from the Staffing Policy (teacher to student ratio) to ensure that they are utilized properly.

**SM3.1.5** To recommend that MESC consider establishing Specialist Support Centres to train and support teachers, parents, student in their village schools.

COMMENT: Provide centres at least in the two main islands of Samoa.

**TH3.1 THAILAND**
(Acronyms: EI - early intervention; SEC - Special Education Centres)

COMMENT: Special Education Centres are not schools. It is a centre to rehabilitate and support children with disabilities who are not in school while special schools are schools which provide education for disabled students using standard curriculum provided by the MoE; PENNY: There’s a difference between Special Schools and Special Education Centres. SEC is more than just a resource centre. It helps in assessing and integration of CWD into regular schools. It serves to assess and support integration of CWDs into the regular schools.

Comment: On the direction of the Thai government’s policy, whether it is working for special education or inclusive education: the responsibility is divided by department. The Special Education Department supports inclusive education in regular schools, but does not have responsibility for the management of these schools. Thailand also states that it has a system of integrated education moving towards inclusive education. It has special schools but CWDs are moving to regular schools. Special Education Center supports the inclusion into regular schools, usually through the Special Education Centres. Thailand is in the process of moving towards inclusive education.)

**TH3.1.1** The Ministry of Education should provide more resources to Special
Education Center, should include a team of people (Physical Therapists, Occupational Therapists, Speech Therapist, EI specialist) who can provide EI to child and family in SEC and home-based.

TH3.1.2 GO should provide adequate trained Therapist for special school to meet needs of deaf, blind and intellectual handicap (all categories of disabilities).

TH3.1.3 Schools which educate deaf children should provide training in sign language to parents of deaf children so that they can communicate with them at home.

TH3.1.4 Special Education Centres should provide training in EI to parents of young CWD from 0-6 years, and to teachers in the nursery and pre-school centres, particularly in the rural areas.

REGULAR SCHOOLS

TH3.1.5 The Ministry of Education should provide adequately trained teachers, materials, teaching methods and activities

TH3.1.6 GO must ensure that all regular teachers have training to enable them to teach children with disabilities in their regular classes with appropriate knowledge of adapted and flexible curriculum and flexible teaching methods.

TH3.1.7 GO should provide assistant teachers to help in classes which have CWD.

TH3.1.8 Personnel from SEC should provide support to teachers in regular classes and schools.

TH3.1.9 GO should provide adequate budget to ensure the necessary resources in terms of assistive devices, technologies, etc.

EARLY DETECTION AND EARLY INTERVENTION

TH3.1.10 The Ministry of Education should provide more resources to Special Education Center - may include a team of people (PT, OT, Speech Therapist, Early Intervention specialist) who can provide EI to child and family in SEC and home-based.

TH3.1.11 GO extend training programmes to provide more experts in EI.

TH3.1.12 GO should work with NGO to extend EI and pre school to all CWD.

TH3.1.13 In every regular inclusive education school, there should b resource teachers with the ratio of at least 1:10 (i.e. one resource teacher for every 10 CWD).
VT3.1 VIET NAM

Early detection and early intervention
VT3.1.1 Tools for Early Detection of disabilities should be developed jointly by the Ministry of Health and the Ministry of Education and Training (COMMENT: So far only Min. of Health is dealing with it)

VT3.1.2 Guidelines on a mechanism for Early Detection and Intervention of Children with Disabilities should be developed jointly by the Ministry of Health and the Ministry of Education and Training, including:
- the roles of different institutions at different administrative levels regarding different types of disabilities;
- referral mechanism within the health and education network;

VT3.1.3 Support centers for Education for CWD and rehabilitation departments of provincial hospitals should build capacity at grass root level (including village health workers, parents and school children) to enable them to identify children with disabilities in an early stage and inform them on where to refer the child.

Pre-school education
VT3.1.4 The Committee of Population, Family and Children (CPFC) at commune level should ensure that regular medical check ups take place at preschools, and that additional attention is paid to identification of impairments, and additional advice is provided to parents of already identified CWD.

VT3.1.5 The district education office in cooperation with the CPFC should actively look for CWD between 3 and 6 years old that are out of school (Comment: because in Viet Nam pre-school education is not compulsory until the age of 6) and:
- mobilize these children to attend the preschool by informing parents about the importance of early inclusion of CWD;
- work with the management of the school and the classroom teacher to receive the child;
- in case the CWD cannot attend school for whatever reason, arrange home-based support and education.

Primary school
VT3.1.6 MoET (Min. of Education and Training) should develop guidelines for child-friendly (disability-friendly!) school environments.

VT3.1.7 MoET should plan and budget for continuous teacher training including different modes of training.

Secondary school and tertiary education
VT3.1.8 The Ministry of Education and Training should develop guidelines for secondary and tertiary schools on implementation of education for CWD that
take into account the specific arrangements that need to be made to support the CWD in the specific school system;

**VT3.1.9** The Province and District department of Education should take measures to ensure the readiness of secondary and tertiary schools to receive CWD (including teacher training, classroom support where needed, textbooks, teaching and learning material, accessibility etc.);

**VT3.1.10** The Ministry of Education and Training should provide for (learning) options for (pre)-vocational training for CWD in line with their specific abilities;

**1SCH3.1 Schools 1**

**1SCH3.1.1** The Ministry of Health should be responsible for the early detection and referral for appropriate intervention of CWD.

**1SCH3.1.2** There should be a referral to the special education unit or to the respective personal in the school systems for handling children with disabilities. This should be carried out by Ministry of Health and Ministry of Education.

**1SCH3.1.3** There should be collaboration between parents, health care centre and education.

**1SCH3.1.4** There should be more teachers and specialists train in the field of special education provide by the Ministry of Education.

**1SCH3.1.5** Special teachers as well as regular teachers should be well-trained in handling and educating CWD. Training can be done by Ministry of education and teacher training institution.

**1SCH3.1.6** Ministry of health and Ministry of education should encourage parents to be aware of how to handle children with disabilities.

**1SCH3.1.7** The department responsible for mass media should be utilized to promote public awareness of disabilities issues and to educate the public in particular the parents about their rights and responsibilities of CWD.

**1SCH3.1.8** Parents should be encouraged and supported in the education and training of CWD by both Ministry of Health and Ministry of Education.

**1SCH3.1.9** Disabled people organizations, family support groups, NGOs and the relevant government organization concerned should play an active advocacy role. (*Creation of advocacy groups composed of representatives form this sectors*)
2SCH3.1 SCHOOLS 2

SPECIAL SCHOOLS/Special Education Centres
2SCH3.1.1 GO should provide technical assistants to ensure all necessary technology function and maintain.

REGULAR SCHOOLS
2SCH3.1.2 GO should provide adequate budget to support development of IEP in all levels of education from EI to University level, with participation of all key stakeholder.

2SCH3.1.3 GO and universities should make sure teachers training prepare all teachers to adapt the curriculum in many ways to meet the needs of the diverse range of CWDs.

2SCH3.1.4 GO and universities include in teachers training knowledge and skills for teachers trainees to modify evaluation procedures in schools.

2SCH3.1.5 GO and universities should ensure teacher training for all teachers should provide them with effective teaching skills to teach children with diverse disabilities in the regular classroom together with non disabled children.

SECONDARY SCHOOL
2SCH3.1.6 The school administrators, principals, teachers, must all work to raise awareness for good attitude, good teaching, so that Students With Disabilities (SWDs) participate in all schools activities in the same way as all other students.

TERTIARY EDUCATION
2SCH3.1.7 GO and universities should provide a quota at least 5% for SWDs who go to the universities.

2SCH3.1.8 GO and universities should provide scholarship for SWDs to go to the universities.

2SCH3.1.9 Universities should support and counseling for SWDs at universities and all lecturers receive awareness how to adapt their teaching for SWDs.

2SCH3.1.10 GO and universities should provide assistive technologies and all necessary resources for SWDs who go to the universities.

2SCH3.1.11 GO and universities should ensure that all aspect of the university are accessible to SWDs including physical access and access to all teaching modes and materials, and should include sign language interpreter.

NGO3.1 COMMUNITY/NGO
NGO3.1.1 The Ministry of Education should introduce a transition plan that
recognizes and uses the skills currently existing in special/segregated schools by transforming "specialist support centres" that move towards providing support and training within the local school setting as needed.

**NGO3.1.2** NGO groups, especially parent support groups, to assist parents to understand how to support their child for school. This includes building the capacity of parents, parent support groups and other "special support centres".

**NGO3.1.3** The capacity of existing home-based/community structures (i.e. Health workers, community nurses, etc.) is strengthened to identify CWD and refer to appropriate agencies.  

*COMMENT: There was a suggestion to include CBR workers in this process: ANSWER of Annekkke: Since there may not be CBR programmes in all areas, general terms have been used. But links between CBR and Inclusive Education programmes were also discussed and this point will be included in the policy section*)

**NGO3.1.4** All governments should have guidelines that apply to all government schools & non-government schools to ensure that they are “disability friendly” (i.e. accessibility, materials, health & safety, curriculum, teacher training, environment etc).

**NGO3.1.5** All governments should prioritize early intervention and pre-school for cwd and incorporate parents into the processes (i.e. teaching parents how to use sign language with their deaf child).

**NGO3.1.6** Governments must ensure that the right to education includes all levels of education – pre-school, primary, high school, etc.

**NGO3.1.7** The Ministries of Education should ensure that school systems have a flexible approach to achievement with clear understanding of achievement based on the individual strengths and needs of each cwd. This should include a monitoring system to ensure that students are making progress according to their IEP.

**NGO3.1.8** Head teachers should ensure that information about cwd is shared amongst staff, parents and other relevant stakeholders and that short-term objectives are regularly set and reviewed.

**NGO3.1.9** School systems should conduct regular workshops to share examples of good practice at all levels; local, provincial, national, regional.

*Note: For inclusion in the Policy Recommendations – Governments must support and strengthen any Community Based Rehabilitation system and encourage cooperation with school systems  
Note: Not sure where to include this one? A resource/hot line system that both*
G3.1 GOVERNMENT
G3.1.1 Mainstream schools should be sure to meet all needs in terms of a quality education. Special schools may be converted into resource centers to support children for therapy, special skill training (i.e. sign-language or Braille) counseling. Mainstream schools may be primarily focused on basic literacy, social or academic skills, while special disability-specific skills may be more readily addressed by special resource centers. Students may come to learn special skills for short periods and will serve parents, communities and teachers as well.

G3.1.2 Ministries of education or school administrators could encourage disability-specific centers in mainstream schools. This is especially appropriate for urban areas or small countries.

G3.1.3 Ministries of education, school administrators and teachers should understand that inclusion is a process and a long-term goal.

G3.1.4 Ministries of education, school administrators and teachers should understand that the first priority is that children attend school.

G3.1.5 Each country (all actors) will have to assess their own situation and make the best possible steps toward inclusion.

G3.1.6 If ministries have a long-term education plan or other strategic plan, disability and movement towards inclusion should be given priority. Disability and education for children with disabilities need to be mainstreamed into all policies.

G3.1.7 Ministries should understand the specific implications of education for children with disabilities as opposed to general needs of disadvantaged groups.

G3.1.8 Ministries of development, welfare or others should recognize the double dimensions of poverty and disability, related to parents’ inability to work and the additional costs of caring for a disabled child. Data should be disaggregated to show how disability affects poverty and how poverty affects disability.

G3.1.9 Ministries and school directors should consider schools of different levels of education (early-intervention to secondary schools) and different types (special schools, mainstream schools and integrated schools) in order to address and resolve systemic problems.

G3.1.10 Ministries should require on-going training for teachers in regular classes to encourage acceptance of special education and to provide support for
special needs teachers.

**G3.1.11** Teachers in the mainstream system should be aware of their responsibility to support children with special needs and special needs teachers and work in partnership with special needs teachers.

**G3.1.12** Governments need to be sure to accept and provide finances in support of these initiatives aimed at successful implementation of special education.

**G3.1.13** Ministries need to give priority and finances to education for persons with disabilities.

**G3.1.14** National coordinating councils that advocate disability should be inclusive of NGOs and all ministries (health, youth and sports and education).

**G3.1.15** Ministry of Health or hospitals or public health officials should be sure that prenatal care and regular check ups are available after birth (i.e. 3-months, 6-months and 1 year).

**G3.1.16** Early grade teachers should be able to refer children to doctors or other experts for assessment or other assistance. 

*(COMMENT: Question on whether this means referral could be done without parents knowledge? ANSWER: No, as early intervention does not happen in all contexts. This is to ensure that the process is possible. Note: Parents should be informed of all referrals)*

**G3.1.17** Schools should be sure to provide vocational training or career planning or counseling at the secondary level.

**G3.1.18** Local governments and schools should have career counseling and employment opportunities (i.e. specific income-generating skills) for children leaving school.

**G3.1.19** Regular counseling within secondary schools should include counseling for children with disabilities and recommendations for employment or income-generation.

**G3.1.20** Social workers could help to find out-of-school children. Or give other information to parents on available services.

**G3.1.21** Physical accessibility of schools should be enforced. Data on how many children cannot attend school because of these obstacles should be determined.

*ADD BACK TO POLICY: All buildings nationwide (not just schools) but also hospitals and other public buildings should be accessible and accessibility laws should be enforced.*