1. **Rationale**

The school Learning Support Team (LST) addresses the learning needs of students through the co-ordination, development, implementation, monitoring and evaluation of educational programs, learning support and welfare plans. The LST assists teachers to plan class programs to meet the specific learning needs of all students, including those who experience difficulties in learning. Assistance is also given to students with social and emotional problems. The LST makes recommendations regarding the access to and the allocation of appropriate resources. Professional learning needs of staff are assessed and addressed by the LST.

2. **Aims**

Desired outcomes of LST practices are:

- quality teaching and learning programs for all students
- accessible support and guidance for teachers, allowing them to cater for the diverse range of needs within their class
- effective communication between stakeholders
- effective assessment, co-ordination and management of resources to support students with learning or welfare needs

3. **Implementation**

**LST Roles and Responsibilities**

**Principal**

- Actively supports and promotes LST and ensures effectiveness of the LST
- Attends LST meetings
- Ensures all LST recommendations and decisions are carried out
- Signs off on LST referrals, programs, interventions and reports where appropriate
- Promptly implements assigned tasks
- Collaboratively makes decisions on the individual learning needs of students
- Liaises with parents, teachers, students and outside agencies where appropriate
- Refers cases to outside agencies where appropriate
- Monitors student progress
LST Co-ordinator

- Convenes meetings
- Develops a meeting agenda
- Schedules adequate time for LST meetings
- Files and distributes LST meeting minutes to LST members
- Signs off on LST referrals, programs, interventions and reports where appropriate
- Promptly implements assigned tasks
- Collaboratively makes decisions on the individual learning needs of students
- Liaises with parents, teachers, students and outside agencies where appropriate
- Refers cases to outside agencies where appropriate

Support Teacher Learning Assistance

- Attends LST meetings
- Promptly implements assigned tasks, including assessment when necessary
- Collaboratively makes decisions on the individual learning and welfare needs of students
- Liaises with parents, teachers, students and outside agencies where appropriate
- Refers cases to outside agencies where appropriate

School Counsellor

- Attends LST meetings
- Promptly implements assigned tasks, including psychometric assessments
- Collaboratively makes decisions on the individual learning and welfare needs of students
- Liaises with parents, teachers, students and outside agencies where appropriate
- Refers cases to outside agencies where appropriate

Classroom Teachers

- Refer students to LST (after consultation with parent, stage supervisor) when current programs are not meeting the needs of the student
- Attend LST meetings when required
- Implement LST suggestions
- Monitor student progress and provide feedback to the LST

Making a Referral

When to Refer a Student

A student may be referred to LST by the classroom teacher when they have been showing difficulty over a period of time. Teachers may also refer a student over concerns for their emotional or social well-being, or if a parent requests a referral. Behaviour concerns should be referred to the PBL (Positive Behaviour Learning Team). Teachers should meet with parents prior to making the referral to inform them of their concerns with the student’s learning and possible outcomes of the LST referral. Parents must be aware that the referral to the LST is being made.
How to Refer a Student

Referral forms (Appendix 1) must be filled in by the classroom teacher and submitted to the Principal or LST Co-ordinator. Referral forms can be found on the noticeboard above the sign on books.

What Happens Next

The LST will consider the referral and decide on a course of action. Other teachers and support staff may be approached to provide additional information. Decisions will be communicated to classroom teachers using the Learning Support Team Communication Slip (Appendix 2).

Meetings

Staff members are welcome to attend meetings or join the team. The LST meets every Tuesday at 1.00.

Levels of Support

Levels of support available to assist schools to effectively work with students experiencing difficulties that affect their learning are: classroom, school, regional, state. At each level it is expected that a program for improvement is developed for that student. If the student shows little or no signs of expected progress then an application is made for the next level of support. The LST manage all applications. Support at each level may include:

Classroom

- Support for teacher
- IEP
- Behaviour plan/program (in consultation with the PBL Team)
- STLA Support
- Adjustments or accommodations to the curriculum, instruction and assessment

School

- Referral to school counsellor
- Peer tutoring/buddies/mentors
- Communication with whole school staff about learning needs

Regional

- Referral to regional support teachers (behaviour, hearing, language etc)
- Referral for placement in regional classes
- Referral for placement in alternative settings
External

- Referral to a paediatrician for medical assessment
- Referral for hearing/vision assessments
- Referral for speech/language assessments
- Referral for ongoing counselling

4. Policy Review

This Policy and its implementation will be reviewed as needed to ensure that the processes and structures are working to effectively support and manage the needs of the students and community and Oatlands Public School.
Appendix 1

Oatlands Public School
Learning Support Team Referral Form

General Information
Student Name:

________________________________________

Referring Teacher(s):

________________________________________

DOB:

________________________________________

Date of Referral:_________________

Parent/Guardian:

_______________________________________

Phone Number:

_______________________________________

Class:

_______________________________________

How and when was parent notified about referral:

☐ Meeting ☐ Phone call ☐ Other_________________ Date:_____________________

Your expectations of LST intervention:

________________________________________________________________________

Reason(s) for Referral: ☐ Academic ☐ Behavioural ☐ Emotional

Please describe the specific concerns prompting this referral. What makes this student difficult to teach? List any academic, social, emotional or other factors that you think negatively impact the student’s performance.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How do this student’s academic skills compare to those of an average student in your classroom?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

In what settings/situations does the problem occur most often?

________________________________________________________________________

In what settings/situations does the problem occur least often?

________________________________________________________________________

What are the student’s strengths, talents, or specific interests?

________________________________________________________________________

Home Background

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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What strategies have you tried to resolve this problem?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How did it work?

____________________________________________________________________________________
____________________________________________________________________________________

Cumulative Record Review

Support the student is receiving or has received (indicate year).

☐ Support Teacher (LA)___________________________________________________________
☐ ESL__________________________________________________________________________
☐ Counselling____________________________________________________________________
☐ Referral to alternative setting/ program__________________________________________
☐ Referral to regional support (e.g. ISTB, HSLO)____________________________________
☐ Other: _______________________________________________________________________

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<th>NAPLAN or other scores</th>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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REFERRALS

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<thead>
<tr>
<th>SOURCE (e.g. classroom, playground, lunchroom, specialist rooms)</th>
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<tr>
<td># Purple Card Referrals to date</td>
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<tr>
<td># LST Referrals to date</td>
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<tr>
<td>Health concerns:</td>
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<td>Medications:</td>
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</tbody>
</table>

Has the student been repeated? ___________________ If so, what grade(s)? ___________________

Action to be taken by LST

☐ PBL Referral

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Oatlands Public School

Learning Support Team Communication Slip

CONFIDENTIAL

Student's Name: ____________________________ Date: ____________

Teacher's Name: ____________________________ Class: ____________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Oatlands Public School

Learning Support Team Communication Slip

CONFIDENTIAL

Student's Name: ____________________________ Date: ____________

Teacher's Name: ____________________________ Class: ____________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________