INQUIRY INTO THE PROVISION OF EDUCATION TO STUDENTS WITH A DISABILITY OR SPECIAL NEEDS

Name:

Ms Sarah Seddon

Date received:

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Dear Sir/Madam re:Submission to LCGPSC No.2 The provision of education to students with a disability or special needs.

Please accept my submission to the above committee .I am writing as the mother of a 9yr old daughter diagnosed with a severe delay in both expressive and receptive language whilst attending pre-school.

Following assessments in hearing and speech my daughter was referred to the education dept and provided with 2hrs of outreach services fortnightly at her local day care centre. This was followed by assessment by the Transition to School team who identified her disability being such as to warrant a referral to the language support class at Fairy Meadow Demonstration School to start in the 2006 school year.

Her progress was remarkable, this class of 8 children enabled her to develope skills and abilities that I am convinced she would not have achieved in mainstream school. The time her teacher was able to give and the focus on giving and recieving instruction has been pivotal in her ability to manage in her local primary school.

I believe that being able to transition to school in a small, specific class is vital to children where they require more specific instruction and explanation.

Since yr 1 she has attended a local public primary school. There has been a constant stream of re-assessments, review and discussion which have all ended in the comment 'language is not a disability and therefore does not attract any funding'.

The school itself has a high level of attainment by its pupils and as such does not attract funding either, this is regardless of individual student needs.

The issues raised for me a as parent are; Language upto now has not been considered a disbility although clearly deficits will affect the ability to learn in all areas of the curriculum, especially in abstract subjects such as maths which has its own language.

There has been no facility for additional support except for what school is able to provide in-house.

Every child should have an education plan just as patients admitted to hospital have a care plan which can be reviewed and updated as necessary.

Funding should be based on an individual student's capacity/potential rather than be based on a 'whole school' level of attainment.

Support either financial or educational appears to be based upon the difficulties a class teacher may have in the control, containment of certain students and as a result children who do not present as 'management problems' appear to be neglected.

Intervention by support services especially in my experience of speech pathology appears to be reliant upon the motivation and commitment of parents with out dated resources and minimal contact with the therapist themselves.

Continued assessment, reviews and appointments are demoralising and ultimately pointless if there is no positive outcome, with the feeling that the child 'is what they are' and accepting nothing can be done. There is a finite time to use 'let's play a game' type of assessment before the child becomes aware of being tested again and again.

There appears to be limited opportunity for non language based skills to be experienced such as formal music lessons within the classroom setting or drama incorporating mime and dance.

Concerningly it is only now that my daughter has completed yr 3 that a teacher has recognised an anxiety in the classroom situation which has impacts on her learning and socialising. So now she has another diagnosis but one which MAY attract funding. How many diagnostic options are there?

Thankyou for giving me the opportunity to make my submission.l look forward to the outcome.

Sarah Seddon