New Zealand
Speech-language
Therapists' Association
Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

Parliament
PO Box 1556
Wellington, 6012

24th September 2015

To whom it may concern

The New Zealand Speech-Language Therapists' Association (NZSTA) welcomes this opportunity to contribute to the **Parliamentary Inquiry into the identification and support for students with the significant challenges of dyslexia, dyspraxia, and autism spectrum disorders in primary and secondary schools.** We support the Government's initiative to further develop the services for these children and recognise the need for wide consultation in this process. A substantial number of speech-language therapists who belong to the NZSTA have responded to an NZSTA survey for opinion, so this submission reflects the combined views of those speech-language therapists who have opted to use the NZSTA as their means of contributing to the consultation.

Speech-language therapists (SLTs) provide a highly specialised service to a large number of children accessing education, health, disability, mental health and social services across a range of settings. As a profession, we are in a unique position to be aware of the current frustrations of many students, parents, therapists, schools, education and social service providers. The NZSTA values the relationships we have with the Ministries of Education, Health, Social Development and Justice in maintaining a high quality evidence-based speech and language therapy service which promotes child-centred practice.

Our response addresses the speech, language and communication needs of the groups considered by the inquiry.

The key themes of our Submission are:

1. There is a critical **role for speech-language therapists (SLT)**. Children, their families and their schools need access to speech-language therapy for both diagnosis and continuing support.
2. There needs to be **educational support for all children** identified with a learning need irrespective of a diagnosis.
3. **Increased services** are needed and continual services across the lifespan.
4. **Early and accurate identification** is crucial.
5. **Consistent diagnostic guidelines** are required.

These themes have emerged from responses collated from a survey disseminated to NZSTA membership that included questions relating to the key terms of reference:

1. Identify **best educational practice for dyslexic, dyspraxic, and autism spectrum students**.
2. Investigate **current screening** for dyslexia, dyspraxia, and autism spectrum disorders in primary and secondary schools.
3. Investigate **support available to and in schools for the transition through education** for students with dyslexic, dyspraxic, and autism spectrum disorders, and the adaptations for their learning including Special Assessment Conditions.
4. Investigate whether teacher training and **professional development** prepare teachers to identify and support the education of dyslexic, dyspraxic, and autism spectrum students.
5. Review the implementation of the **2008 NZ Autism Spectrum Disorder Guideline** recommendations specific to education, to assess the level of progress.

There were a large number of respondents which reflects the high level of engagement the profession has with these challenges. The specific responses are appended and add a wealth of evidence of current practice in New Zealand and identify a number of specific solutions.

We fully support improving education opportunities for these vulnerable children with learning needs, and in particular we welcome the opportunity to discuss specific issues relating to how speech, language and communication needs are identified and addressed in New Zealand. NZSTA would be happy to be involved in further discussions with Parliament and further support this work. NZSTA can offer both academic support and research evidence as well as expert clinicians and clinical stories. Thank you for this opportunity to contribute to the Inquiry.

Yours sincerely

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New Zealand Speech-language Therapists' Association (NZSTA) Submission to Parliament:

Inquiry into the identification and support for students with the significant challenges of dyslexia, dyspraxia, and autism spectrum disorders in primary and secondary schools

The key themes of our Submission are:

1. There is a critical **role for speech-language therapists (SLT)**. Children, their families and their schools need access to speech-language therapy for both diagnosis and continuing support.
2. There needs to be **educational support for all children** identified with a learning need irrespective of a diagnosis.
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Introduction: Current access to speech-language therapy

Children 5-8yrs old

In New Zealand, the Ministry of Education is the main provider of SLT services. The MOE Communication Service services are prioritised for children under 5 - 8 years of age who have high communication needs in mainstream schools. Those with moderate or mild communication needs do not meet the criteria for a service currently. A small group of those children with the most severe learning needs may be eligible for ORS funding which may provide some specialist services from a SLT to provide consultation into the child's individual education plan or they may receive speech-language therapy as part of their interventions within a special school setting. Other sources of speech-language therapy support include: ACC-funded services for those who qualify, or limited speech-language therapy services through Health funding e.g. TalkLink or Child Development Teams. Very occasionally some children who qualify for High and Complex Needs or Intensive Wraparound Service may access speech-language therapy as part of their plan. Few children meet the criteria for these services. Some parents pay for private SLTs to assess and support their children's speech, language and communication needs.

Children over 8yrs old

Children over the age of 8 in NZ who do not qualify for ORS do not usually meet the criteria for accessing speech-language therapy. Teachers frequently explain that there is no point referring children over 8 as the current MOE services are highly unlikely to see these children, even if they have significant needs. Although early intervention is important and can be effective, some children who have received services before the age of 8 may still need specialised services after this age. Without this support, they are likely to be adolescent students who do not achieve their potential at school and have a high risk of requiring learning, behavioural and truancy services. There is also strong evidence that over 50% of adolescents who are involved in youth justice services have undetected and unmet speech, language and communication needs.

Some children's speech, language and communication needs may not become evident until they are 8 or over. For some, this may because their speech, language or communication needs may be masked by other factors e.g. behaviour or personality. From year 3 onwards education becomes more reliant on children being able to read instructions, work independently, and follow and use more abstract and complex language. Children who had previously managed may start to struggle if they do not have sufficiently developed language skills. If language needs are unrecognised and SLT input is not provided, it can have a profound impact on achievement in education, as well as on other aspects of well-being such as self-esteem.

If children do not qualify for services from SLTs, schools may seek support from Resource Teachers of Learning and Behaviour (RTLB). A workshop run by SLTs from Talking Trouble Aotearoa NZ for RTLB teachers at their recent conference in September 2015 addressed issues of language, learning and behaviour for older children and youth. Many of the RTLBs commented that they did not have access to the expertise of SLT so did not have appropriate assessment information to use to make a plan for intervention. They explained that they do not have the knowledge or skills to assess the language skills of older children and adolescents or knowledge of how to support the development of these skills.

Other gaps in SLT services

Some groups of children and adolescents present with speech, language and communication needs which may not be so obvious to a non-expert. Difficulties with understanding what is said can often be misinterpreted. Children with these difficulties may be seen as oppositional, unwilling to follow adult direction and may be considered to be deliberately ignoring instructions i.e. as having a behavioural difficulty. Some children with expressive language difficulties may use short sentences and do not also present with speech sound difficulties. Analysis of their sentences may reveal a paucity of vocabulary and limited clausal structure relying only on very simple sentence structures. Expressive language like this prevents children from engaging in tasks that require language for explaining, reasoning, predicting, negotiating, refuting and arguing. These are all essential skills needed for participating in learning as well as life outside the classroom. Assessing older children's language to ensure that it is developing at an appropriate rate requires a thorough understanding of language development and how it interacts with other aspects of child development, methods of assessment, and an understanding of how to differentially diagnose between various conditions that might present similarly or overlap. Finally, children with speech sound difficulties that are mild or those with a stutter who are older may not be eligible for a service despite needs, and it can be very difficult for adults to know how to help without the specialised skills of assessment and intervention provided by an SLT.

Key messages

1. Critical role for speech-language therapists

NZSTA members are concerned that many children and adolescents in NZ who have speech, language and communication needs are **not able to access speech-language therapy** services, regardless of whether they have a diagnosis of Dyspraxia, Dyslexia or Autism Spectrum Disorder (ASD), some other diagnosis, or most commonly, no diagnosis at all. Current funding and service structures mean that many children and adolescents do not have their speech, language and communication needs identified and appropriately supported. This is not best educational practice and schools (particularly upper primary and secondary schools) do not receive the required levels of expert support for speech, language and communication that our profession is highly trained and capable of providing. This is a

missed opportunity. Speech, language and communication skills form the foundation for the development of literacy and learning and are crucial for success in life.

Current models of service delivery mean that many children do not receive direct therapy from an SLT but rather the SLT provides instruction to someone (often a teacher aide) to carry out the therapeutic intervention. For children with dyspraxia, this is not always an effective or evidence based way of supporting children's needs. For these children, direct therapeutic intervention where a SLT works with the child and teacher themselves in a 1:1, small group or whole class setting is often necessary and may be the most effective and efficient method of support.

Recommendations:

- For children with Dyspraxia, Dyslexia or ASD, it is essential that identification and support services **involve SLTs** as central members of the multidisciplinary team around the child, providing support to whanau and education teams and working directly with the child themselves if appropriate.
- Speech-language therapy services in NZ **need to be increased**.
    - Services need to be available to children with both **moderate and severe speech, language and communication needs**.
    - Services also need to be available to children across a much wider age range (to include adolescence and transition to adulthood).

2. Educational support for all children identified with a learning need is accessed irrespective of a diagnosis / 3. Increased services are needed and continual services across the lifespan

This Inquiry focuses on the needs of students with diagnoses of ASD, dyspraxia and dyslexia. These three groups are all highly likely to have a component of speech, language or communication need within their profile of development. However, many children and adolescents **do not receive a diagnosis or label**, or may receive several. The diagnostic label does not indicate the level to which their lives are affected by their difficulties or indicate the type of support they may need. Restricting our comments in this submission to only groups with these diagnoses provides a superficial picture of how children with speech, language and communication needs are currently identified and supported in NZ. It is essential to consider *needs* rather than *diagnosis* alone. Speech, language and communication needs have a high impact on learning outcomes (as well as on other areas of life e.g. mental health, social, emotional, behavioural) with or without an identifiable diagnosis such as ASD, dyspraxia or dyslexia. Our profession can contribute speech, language and communication expertise for a much wider range of students who do not currently access our services. This would allow their whanau and multidisciplinary team members to understand how speech, language and communication profile impacts on and interacts with other aspects of their lives e.g. social development (making friends and keeping them, learning to assert themselves, negotiate, resolve conflict etc.), behaviour (recognising when deterioration in behaviour may be due to misunderstanding instructions or frustration with struggling to explain a point of view), learning (receiving curriculum content at a level that makes sense to the young person and can be engaged with).

Recommendations:

- Children's learning needs are identified and described **as early as possible** in childhood, irrespective of diagnoses made, and **appropriate levels of support** are provided throughout childhood and adolescence
- **Increased services** for children with learning needs and **continual services across the lifespan.** Current restrictions in access to speech-language therapy in NZ means that the speech, language and communication factors that might be contributing to difficulties with learning are frequently not detected or responded to with appropriate interventions. This is regardless of whether the child has any diagnosis.

4. Early and accurate identification is crucial / 5. Consistent diagnostic guidelines are required

Diagnosis

These three diagnostic categories are complex, different in origin and nature, and require different processes of identification and diagnostic processes. One person's understanding of what any of these diagnostic labels mean may be different from the next person, whether a professional person qualified to make diagnoses or a lay person, and this creates confusion for those deciding on who requires a diagnostic label and who requires specialist support.

ASD

The process of diagnosis of Autism Spectrum Disorder is more clearly defined than for dyspraxia or dyslexia, yet not all children who may qualify for a diagnosis of ASD may come to the attention of someone who is able to give this diagnosis. There are also groups of children who sit on the borderlands of Autism Spectrum Disorder e.g. those with Social Communication Disorder, and the process in NZ for assessing and intervening for these groups is not clear cut. Even though 'communication' features in the title of this diagnosis, it is highly likely that a child with this diagnosis will not receive speech-language therapy support unless they meet the current tight criteria.

Dyspraxia

Dyspraxia is a complex diagnostic label. For example, SLTs use diagnostic terms such as speech-dyspraxia, childhood apraxia of speech, verbal-dyspraxia or dyspraxia to refer to a group of children with a motor speech disorder which may or may not also be associated with other motor difficulties. The process of differentially diagnosing speech-dyspraxia from other speech disorders is not consistently applied across all SLTs within NZ or internationally. Other professional groups may diagnose dyspraxia in children who do not have any speech disorder, yet present with motor difficulties.

Dyslexia

Dyslexia is also a term which is applied differently by different professional groups to refer to a wide range of children and adolescents. Those who have experienced speech and language delays or disorders in early childhood are at risk of later literacy difficulties. Literacy instruction needs to be based on evidence based methods i.e. direct instruction that includes the 'big 6' - phonics, phonological awareness, vocabulary, fluency, comprehension and oral language. Without effective and evidence based literacy instruction, there will be children who do not acquire literacy successfully and may be at risk for a preventable diagnosis of dyslexia.

Effective literacy instruction is highly related to speech, language and communication development. For those who are not making progress with literacy development, the skills of SLTs will be needed to provide an assessment of speech and oral language. It is essential that teachers and SLTs receive appropriate and high-quality information and professional support about how to support children's development of literacy and understand how speech and language needs must be identified and supported within the context of literacy development.

Teacher Education/ Professional Development

NZSTA members who completed the survey indicated that there are not consistent processes for screening of children's learning needs and that identification of Dyslexia, Dyspraxia and ASD relies on teachers, parents or other agencies such as Plunket to identify children at risk. The SLT profession acknowledges that teachers are well trained in the development of typically developing children but felt that teachers receive insufficient education about children with special learning needs within their pre-service teacher education. In order for early and accurate identification of learning needs (dyslexia, ASD and dyspraxia amongst others), there must be high-quality and evidence-based training in identification and support strategies, with ongoing professional development support. In addition respondents felt that there needs to be a larger component of specific training at teacher training level if 'mainstreaming' of students with high needs is to be successful.

Although there are opportunities for professional development in these areas, it is felt it can be difficult for teachers to obtain release time or funding to attend. Professional development is often prioritised around topics that will apply for larger cohorts of children- e.g. mathematics - than for smaller numbers of children with special needs. Best practice in these areas is constantly evolving and therefore professional development needs to be kept in line with changes and kept current with research, both specific to NZ and within international contexts. Respondents to the NZSTA survey also emphasised that learning in these areas is complex and support to teachers often needs to be hands on with modelling of specific, individualised strategies within the classroom setting. SLTs, among other professionals, have a role to play in teacher education.

Recommendations:

- Children's learning needs are identified and described **as early as possible** in childhood, any appropriate diagnoses are made according to **consistent differential diagnostic** practices, and **appropriate levels of support** are provided throughout childhood and adolescence.
- **New Zealand research is undertaken** to explore current prevalence levels of speech language and communication needs (including those with diagnoses such as Dyslexia, Dyspraxia and Autism Spectrum Disorder) across childhood. **Diagnostic and practice guidelines need to be developed** that are based on international and NZ research and clinical evidence.
- **Increased education for teachers** to ensure teachers can confidently identify and support children who require further assessment by other professionals such as SLTs.

ASD Guidelines

Respondents to the NZSTA survey acknowledged that the guidelines are useful but not utilised effectively or implemented in practice. SLTs also acknowledged that best practice in this area rapidly evolves and guidelines need to be constantly adapted to reflect this.

Survey completed by NZSTA Members to Support Parliamentary Submission

Last Modified: 09/21/2015

Abbreviations to aim comprehension:

AAC	**Augmentative alternative communication (communication aids)**
ASD	**Autism spectrum disorders**
CAS	**Certificate of Advanced Study**
DP	**Deputy Principle**
GP	**General Practitioner**
IEP	**Individual Education Programme**
OT	**Occupational Therapist**
MOE	**Ministry of Education**
MOH	**Ministry of Health**
PD	**professional development**
RTLB	**Resource Teacher: Learning & Behaviour**
SENCO	**Special Educational Needs Coordinator**
SLT	**Speech-language Therapist**
TA	**Teacher assistant**

1. Please outline what you think 'best educational practice' needs to include for children and young people in primary and secondary schools in New Zealand with: ASD
Text Response
student and family at the centre of the practice respect for individual difference identifying and working with young persons strength vision of student as an adult and how that might look to them and their family in terms of community participation support from a team that is motivated, enquiring, skilled and constantly has the opportunity to upskill educational opportunities in line with those of non ASD peers - continuous access to literacy ; science; the arts; math ; global discussion team support for young person and family to include SLT ; OT ; psych social services
Children with ASD require a continuum of inclusive educational placement options – and all should have any needed technology, environmental, and human resources needed to support their learning. There are some insights from America's "least restrictive environment" that may work here -- namely that there should be multiple options between special school and attending 100% of class with age appropriate peers. Schools should have access to ASD specialists and teachers should be provided with training (starting in teaching college and continuing throughout their career) regarding how to teach different learners. Teaching and intervention should be coordinated and take into account the multi-faceted nature of autism. Meaningful, balanced literacy instruction should be prioritised. Communication and social skills need to be taught and practiced throughout the school week. These skills are as important as the acquisition of information. Access to specialists (SLT, OT, specialist's teachers and/or Psych) on a timely basis and for extended blocks of time is essential. Teachers need new techniques demonstrated and then opportunities to be coached in the techniques before they can be appropriately used. There will always be a line beyond which it is in appropriate to ask teachers and teacher aides to provide that level of support. It violates codes of ethics and clinical scope of practice. Accommodations are essential. Each child's unique sensory, motor, and communication needs must be considered and addressed. All children should have access to meaningful communication and balanced literacy instruction in a modality that works for them. Anxiety must be considered and appropriately supported. Breaks and quiet spaces must be available. Visual supports and AAC (if needed) must be integral part of the classroom culture. Direct specialist support (SLT, OT in particular) should be available on an ongoing basis for those who need it. Teaching assistants should be well trained and should not be expected to be the primarily person responsible for the education of the child. Families should be an integral part of the educational planning, but not be expected to pay for essential services. Flexibility and common sense are paramount. Controversial approaches should be avoided (e.g., facilitated communication). The educational journey should be planned and adjusted as new information becomes available. Documentation and paperwork should always serve to advance the team's ability to support the child's learning and education. As with all education, an eye towards preparing our young people for adulthood is key. The ASD guidelines should be considered.
Access to SLTs with specialist knowledge and training in ASD SLT's to have a mandate to provide expert support to teachers for planning around learning needs and facilitating easier access to the curriculum for children with ASD.
Following best practice principles; 'Least intrusive' options chosen for assessment and support of children & young people with ASD, meaningful collaboration with adults familiar to the child/young person and strengthening adult capability integral to all specialist support.
Inclusion Professional development for teachers, teacher aides. Multi-disciplinary input available Teacher aide time used for the class and not for a specific student so that teacher (who has most skills) can spend time with the student. Focus on communication for learning (not just curriculum standards) Focus on life skills and transfer of learning to other settings, particularly at high school age, where functional communication skills are so important.
high levels of collaboration between school, specialists and family. active involvement from school,

specialists and family - in assessment, implementation and review highly skilled staff -in understanding ASD and working with ASD individualised programmes (IEPs) which maximise potentials/skills. predictability and routine visual communication supports adapted curriculum dynamic and ecological assessment consider: sensory, independence (life skills), self-regulation, social-play, communication and academic

Having access to SLT and OT and specialist teachers to customise a learning programme to meet their individual needs. Having access to visuals to support receptive and expressive communication - this requires an SLT to support/create these. Visual time tables should be used for all students. Visual home school news diaries. Having access to SLT to create a language development programme and social communication programme to be completed at school and home. Having access to assistive technology and augmentative and alternative communication systems - MORE SLT hours are required to support any student who uses AAC to communicate as it is like learning a new language and the whole team need to be trained. MORE teacher aide training around what ASD is and how best to support students. - TAs should be sent to the Sue Larkey courses which happen each year in order to be better trained. Teachers should receive MORE training on special needs in Teachers College as well during ongoing professional development. They need the time out of the class to attend this. Parents should be supported to attend courses such as the Sue Larkey course in order to continue learning at home as well as at home. Information about pros and cons on special school and main stream schools provided. Any child who has a psychologist or behavioural therapist involved should definitely have an SLT involved because we know that behaviour is communication - the child probably does not know how to communicate effectively, so uses behaviour instead of socially appropriate communication strategies. Plunket nurses and other early childhood educators and health professionals should have more training about how to recognise early symptoms and how to support - so that they can do well in later education All children should have regular comprehensive speech and language and social communication assessments that will guide therapy. Should be culturally sensitive Invest MORE time and money into early intervention at the pre-school and school levels in order to reduce youth offending and interaction with the justice department Children should have ongoing therapy - it should not stop when they turn 8 years old

Increase training for student teachers, both the 3 year course and the one year graduate course on ASD. I believe the current training is very brief. Support for teachers in schools, from trained professionals on how to best help their ASD students, one on one to the teacher only, to identify difficulties and plan for strategies. This will make it more positive for the teacher to have an ASD student in their class. Support from psychologists for the ASD student to better understand and harness the positive features of ASD and help with overcoming and working alongside the challenges of ASD. Support from psychologists to the classmates of the ASD student, to help them better understand how the person with ASD 'ticks', with the permission of the student and family. (I have personal experience of this being helpful for a student, but it may not be appropriate for all students.) IEP's are useful for planning strategies. However, I note sometimes once the meeting is done, people, return to their old systems and the time lapse between meetings means professionals forget the goals. Short 15 minute monthly meetings could be more useful than twice yearly, lengthy meetings. Keep goals achievable and succinct. Support for parents from a trained professional, such as a psychologist, in giving them permission to be the parent and not the educator. Increase SLT access at school when required.

Access to visual supports to aid receptive language Access to a robust communication system that utilises core & fringe vocabulary A belief that these students have potential Awareness of each students specific sensory profile & implementation of strategies to address individual needs so that they are better able to participate in their education

The ability to be included in their local school with the support of an individualised learning programme that addresses their needs in the areas of social communication, emotional regulation and the NZ

curriculum. An environment that provides for this by including training support for teaching staff and access to specialist education/ speech- Language therapy and behavioural support to enable the child to succeed.

- Staff education regarding the nature of ASD, how children with ASD view the world / think and the challenges they face, practical strategies and support for the classroom. - Inclusion in activities of the classroom. Support and education to teaching staff re adaptation of the curriculum to the individual level of the student. - Flexibility of the school to accommodate student's needs beyond what might be typically accommodated. - Specialist support to the student from SLT to help the school team to understand the child's needs, provide training to the team regarding communication, and work with the teacher to input into learning programme. - Teacher release time for planning and training.

Compulsory education of teacher (e.g. Sue Larkey workshop) for social and classroom strategies. Regular individual speech language sessions to improve speech and language skills and group sessions to improve social skills.

Proper training for all teachers and teacher aide's in mainstream schools to enable the to support children with autism in their classroom. Children with ASD require support to access the same curriculum as their peers at a level that is appropriate for them. Children at school also require education to understand their peers who have autism to help the inclusive education process. These students also require more funding for teacher aide hours. More SLT's are required to help handle the increasing workload.

Children and young people with ASD need access to a curriculum and educational placement that best suits their personal needs supported by the relevant professionals in a timely and effective manner. Where needed the child will receive an integrated therapy approach where occupational therapists, speech language therapists work together to assess the child’s needs and implement therapy programmes. The therapy programmes will be shared with teaching staff and teacher aids who will be trained to a sufficient level in ASD and the associated therapy strategies. Teaching staff will also be supported in the provision of resources to make the classroom environment suitable for a child with ASD e.g. visual timetables, communication boards, PECS books etc. Transitions (e.g. primary to secondary school) will need to be carefully planned alongside parents, the child, teaching staff and therapists and a plan put in place to make these challenging times easier for the child. The child's needs will need ongoing review and update of therapy programmes to ensure the child is still able to access the curriculum and make progress. Where possible support will be needed to help the child integrate with their mainstream peers, which may require specific programmes or 1:1 support of a teacher aid. Therapy input needs to be consistent across primary and secondary age.

1:1 support at all times when at school Strength/goal focused therapy approaches Comprehensive support from a specialised team (OT, PT, SLT, psychologist...) Regular staff training for anybody who works with children & young people with dyslexia, dyspraxia and ASD

A multi-disciplinary approach that addresses sensory and communication needs in a manner that best suits the individual child.

Close consideration of the holistic needs of the child and their whanau, including issues of sleep, eating and drinking and health that facilitate growth and development and access to the school curriculum. Inclusion of oral/ verbal language and communication development to enable people to function in social and work settings e.g. skills of developing friendships, negotiation, emotional literacy, compromise, public speaking - self-advocacy. Assessment and intervention that recognises the rights of the child, early intervention practices, but also acknowledges that children have ongoing and evolving/ changing needs over the lifespan and early intervention "only" is in many cases insufficient to meet the needs of the child such that they can access secondary school and life in general through their teenage years and beyond.

Ongoing access to SLT input throughout schooling as needs requires. A team approach with an ongoing

IEP throughout schooling, coordinated by a SENCO and led by the relevant teacher at the time, with relevant professionals involved and parents included. TA to support teachers, but not to be 'velcroed' to the student - sometimes TAs used to release teachers from administrative tasks (e.g., 'class roaming', library etc.) to support the child.
Inclusion Modified curriculum One on one support e.g. teacher aide Specialist support
Practice; which is based on deep understanding of ASD children's' characteristics, which provides a safe haven for children, and avoids compromising child's limited ability to self regulate which facilitates opportunities for social engagement which provides one to one nurturing to support the ASD child's communicative capacity which fosters ASD child's understanding and meaningfulness of the immediate world around them- at whatever developmental/ functional level they are at. which provides an environment which is calming, and facilitates ASD child's equilibrium which recognises and utilises ASD child's interests to deepen understanding of concepts, and over time expands/ builds skills applicable for the individual ASD child. which expands child's abilities to care for themselves i.e. functional ADLS, eating, dressing, grooming. which builds / expands child's capacity, over time, to keep themselves safe which identifies and supports future potential application of specific ASD skills observed in ASD child which moves with the child through their developmental & physical ages & stages. practice which respects families understanding of their child, plus families ongoing needs for supports. practice which is strongly inclusive of families throughout the ASD child's life
An understanding of how speech language therapists can assist children who have ASD and varying degrees of communication difficulty, not just understanding how we can help those with "moderate" or "severe" needs as classified by the public service providers.
One to one assistance with comprehension of language, expressive communication and social skills
Inclusion in the mainstream schools as much as possible with the opportunity to individualize the program to the child needs. Compulsory upskilling of all teaching staff re best practice and needs of students with ASD
Inclusion within any school of their choice. Adapted curriculum by trained specialist teacher. Adapted curriculum within class but allowing for small group and 1:1 work if needed. Curriculum shows recognition of strengths and "passions" to build skills in other areas. Sensory needs taken into account across the student's day. Visual strategies adopted across all settings and parts of day if needed. Specialist support (SLT, Psych, OT) at optimum level to student. Sometimes this can be "consultation to curriculum" sometimes this can be therapy blocks. Most of the time the child will need both.
Children with ASD require one on one support with their learning through a teacher aide or other learning support person if they are expected to be learning in a mainstream classroom. Best educational practice would also need to include additional education and up skilling of all staff who will be involved in the child's learning including teachers.
increased service in schools to set up desk space and environment, behavior plans and communication systems. Too many children have outdated communication systems that need regular updating
ASD children need support and encouragement to achieve the milestones that their cohort counterparts meet. To ensure this, they need a team of professionals that are working with them that meets their specific needs. Although, this maybe unsustainable in terms of affordability, but this is where money needs to be spent to ensure our ASD children can be equipped for success in their adulthood. Additionally, these professionals, such as SLT's need to access training that is affordable/subsidized/free to ensure that they are aware of what ASD is and how best to address this in therapy.
students ongoing access to teachers with specialist training in Special Education recognition that mainstreaming that may be incredibly stressful for some students with ASD
- Multidisciplinary diagnosis approach e.g. like the Developmental Assessment Program at HBDHB. - Collaborative partnership between client, family/whanau, MOH, MOE, Education facility and any other external organisations e.g. CAFS, police, CYFS, etc. - Increased funding, support and therapy provision to

children and families for ASD
Appropriately trained Teachers and support staff Effective Individual Education Plans that are tailored to the needs of the child with ASD Inclusive educational settings Adequate specialist input from Speech Therapists, Psychologists, Special Education Advisors, Early Intervention Teachers Adequate funding for teacher aides to support children in the mainstream class
Opportunities to work on social and pragmatic aspects of language using peer mentors, embedded into the school day. The speech and language therapist can advise the teacher or teacher aide on how to maximize these daily opportunities.
Recognition that verbal, high functioning non ORS funded ASD students have significant difficulties including the use/understanding of social use of language and forming and maintaining friendships/relationships. SLT support is required to promote these students functioning. Due to their "higher" language & learning functioning. These students currently do not meet criteria for service under the ORS, Behaviour, Communication service funding unless they exhibit "severe" behaviors. e.g. the SLT Hanen "Talkability" course cannot be offered to students and parents
In general, to abide with the NZ ASD Guidelines, and for there to be the flexibility to tailor the 'system' to meet the child's individual needs. Access to regular, quality, current Professional Development for parents, teachers, teacher-aides. Commitment from school's management teams to create 'ASD friendly Schools' & the funding to do this e.g. sensory rooms/break out spaces, release time for teachers to develop resources/adapt the curriculum to met the individual student's needs e.g. visuals, special interest kits. More widespread availability of social skills/pragmatic programmes. Better/easier access to assistive technology, specialist input (including speech-language therapy, occupational therapy, music therapy, behavioral support) More TA support (e.g. a full-time TA for every teacher so the teacher has more time to spend with the children who need extra support) Easier access to long-term support for children with ASD (e.g. ORS, special education services), so that 'high functioning' children with ASD can get some support instead of being left to struggle in a 'neyro-typical' system.
Depending on severity - Small class size 8 - 10. Specialist teachers with low ratio of children per teacher. A team available for assessment, diagnosis and intervention. Team members including: Pediatrician, educational psychologist, SLT, behavioural therapist, occupational therapist. Behavioural specialist setting up programs in the classroom and at home. Speech-language program implemented in the classroom and at home Intervention needs to be functional, meaningful and related to natural environments.
Robust assessment of child needs Robust assessment of environmental and management strategies for the child within the setting Upskilling of all staff required to provide support and facilitated learning for the child Alternative strategies for learning that can be delivered seamlessly Integration between school , child and parent Regular and complete review of learning environment created Access to Regular Allied Health support services

Statistic	Value
Total Responses	35

2. Please outline what you think 'best educational practice' needs to include for children and young people in primary and secondary schools in New Zealand with: Dyspraxia
Text Response
Immediate access to alternate communication tools for students with verbal dyspraxia to run side by side their verbal communication training Immediate access to alternate written communication tools for students with motor dyspraxia Regular training for educators on the ways dyspraxia can be supported functionally within the classroom and the general school setting e.g. playground; social settings
I have less experience in this area. However, when dyspraxia impacts speech, direct intervention from a trained speech therapist is vital. Best practice requires that qualified speech therapists provide direct therapy (as well as consultation to families and teaching staff). It is not ethical to expect other professionals to act as speech therapists. Further, when needed AAC options should be implemented, modelled, and incorporated in the classroom culture to ensure that the negative impact of speech delays on language development, communication abilities, literacy acquisition, and general social participation are minimised.
Access to SLTs with specialist knowledge and training in Dyspraxia SLT's to have a mandate to provide expert support to teachers for planning around learning needs and facilitating easier access to the curriculum for children with ASD.
Following best practice principles; 'Least intrusive' options chosen for assessment and support of children & young people with dyspraxia, meaningful collaboration with adults familiar to the child/young person and strengthening adult capability integral to all specialist support.
intensive intervention high levels of collaboration access to appropriate specialists, e.g. OT, SLT, routines and structure individualised programmes Assistive technology knowledge of dyspraxia and impact on student's participation and learning.
AAC should be considered - low and high tech - this should be considered BEFORE the get to school so that they have an alternative way to get their message across More intensive SLT input is required - weekly therapy for years Parents need to be supported to follow through with SLT homework at home to ensure gains are made Teachers and other education staff need more training on this in Teachers College and in ongoing PD courses Should be culturally sensitive Ample evidence that low-dose therapy ineffective in achieving significant behavioural gains (e.g., Pulvermüller, et al. 2001; Bhogal, et al.,2003; Bowen et al., 2012; Leff & Howard, 2012). We need to increase the dosage of therapy for each of these children Invest MORE time and money into early intervention at the pre-school and school levels in order to reduce youth offending and interaction with the justice department
increase OT support, it seems to be virtually non existent at present in schools. Train student teachers on the disorder, more thoroughly than at present. Identify children earlier-kindergarten level, as young as 3 years. Increase training for Plunket nurses on this disorder and the other disorders - I get few referrals from this source and they are currently responsible for the 4 year old checks. This is concerning. Provide I pads, when needed, for students who require them-this is a BIG wish, and very expensive, but would be so valuable. Provide teacher aid training, for one on one sessions at school for children with dyspraxia. Use the Magic Caterpillar training programme, or similar, for all children's handwriting, especially dyspraxics experiencing difficulties with hand writing, in conjunction with I pad training for handwriting and the use of I pads for creative writing. Redefine the application process for reader writers for exams to make it less daunting for professionals. Screen all children with handwriting difficulties for reader writer accessibility once at year 9. Form small groups at kindergarten and primary school level, for gross and fine motor support with teacher aids or teachers who are trained in dyspraxia. Increase access for SLT's in school, one on one with the student and teacher aid/teacher.
Access to a robust communication system that utilises core & fringe vocabulary Access to visual supports to aid receptive language
Regular individual speech language sessions to improve speech skills. These should be more regular e.g.

in severe cases, therapy should occur as often as possible as research shows that motor speech planning requires regular, frequent sessions. These should not come to an end once the child starts school (due to funding issues) as most of these children have ongoing speech issues well into primary school years.
These children require more funding to help them get access to AAC systems. Also extra funding is needed so that children can go through immersive programs such as the Nuffield dyspraxia program. Teacher training and support roles also also require extra training, access to resources, and professionals that can provide support so that these children. Also awareness needs to be improved regarding teachers awareness of how children with dyspraxia may be in danger with their literacy and language skills.
Close consideration of the holistic needs of the child and their whanau, including issues of friendship and emotional literacy that facilitate growth and development and access to the school curriculum. Inclusion of oral/ verbal language and communication development to enable people to function in social and work settings e.g. skills of developing friendships, negotiation, emotional literacy, compromise, public speaking - self-advocacy. Assessment and intervention that recognises the rights of the child, early intervention practices, but also acknowledges that children have ongoing and evolving/ changing needs over the lifespan and early intervention "only" is in many cases insufficient to meet the needs of the child such that they can access secondary school and life in general through their teenage years and beyond.
Where dyspraxia of speech is involved: ongoing SLT until child can communicate to be understood - not until they reach 8. A team approach with an ongoing IEP as long as needs are identified, coordinated by a SENCO and led by the relevant teacher at the time, with relevant professionals involved and parents included. TA to support teachers, but not to be 'velcroed' to the student - sometimes TAs used to release teachers from administrative tasks (e.g., 'class roaming', library etc.) to support the child.
One on one support or at the least the facilitation of one on one support e.g. upskilling a parent/caregiver if a teacher aide is not available Intensive speech therapy to assist with communication needs
The principles outlined for ASD above, apply similarly for children with Dyspraxia. a Model which is based on developing individuals child skills in communication, social interaction, and behaviour regulation - building core skills- at whatever functional level child is at. Recognition that Dyspraxic children may struggle to meet curriculum expectations, that learning progressions must be based on child's individual needs. Recognition that one to one support may be needed lifelong, that direct supports are required in addition to functional supports
Assistance with writing/ typing. Speech Language Therapy individually for verbal dyspraxia.
Access to SLT, also over the age of 8.Easy access to assistive technology for those who would benefit.
Inclusion within any school of their choice. Adapted curriculum by trained specialist teacher. Adapted curriculum within class but allowing for small group and 1:1 work if needed. Curriculum shows recognition of strengths and "passions" to build skills in other areas. Low and high technology needs assessed and maintained (with appropriate training and support to key people). Specialist support (SLT, OT, PT) at an optimum level to student. Including ongoing Therapy blocks and consultation to curriculum adaptation
Upskilling of all staff employed by the school around strategies which can be implemented in the classroom and information regarding what dyspraxia is so that staff are better equipped to support a child in their classroom.
AAC devices need to be prioritised and set up with quick teacher access to SLT. OT advice and intervention regularly accessed
This condition is rather common, and not as prevalent in terms of common knowledge as ASD. To ensure all professionals within an education setting such as SLT's and Teachers need to be made aware of what this is by either professional development courses targeted at the presentations and symptoms

of Dyspraxia, as well as strategies to ensure the child is performing assigned tasks to the best of their ability.
specialist raining for teachers to understand the learning difficulties access to resources and therapies at a level consistent with severity and need
- Agreement on the term dyspraxia across sectors so the diagnosis and language is the consistent - Multidisciplinary diagnosis approach - Collaborative partnership between client, family/whanau, MOH, MOE, Education facility and any other external organisations - Increased funding, support and therapy provision to children and families for dyspraxia
+ An understanding that this disorder including, Childhood Apraxia of Speech (CAS), is a long term (if not life long) diagnosis and as such SLT support is required well beyond the current cut off under SE 2000 of 8 years of age. This diagnosis is recognized in at least one state in Australia (Queensland) under the equivalent of the NZ ORS fund (Education Adjustment Programme - EAP): Verification of Disability in the Education Adjustment program: Category of Speech-Language Impairment: motor speech impairment and is reviewable every 3 years. EAP Verification Form - SLI (EAP 7) updated 2010 + Intensive SLT intervention programme and AAC is usually required for students with CAS involving significantly more Teacher's Aid support than can be offered under the current Communication Support Worker fund in New Zealand. Language Use (appropriate use of speaking for a range of purposes) iii) Description of student's day-to-day performance in spoken communication within the school environment. iv) Targeted interventions provided (including by whom, when and frequency) and outcomes achieved. Speech Production (including intelligibility ratings) iii) Description of student's day-to-day performance in spoken communication within the school environment. iv) Targeted interventions provided (including by whom, when and frequency) and outcomes achieved.
Better access to therapy for children. More PD and support for teachers e.g. TA time, access to evidence based programmes for students
Access to therapists for early diagnosis and intervention. Frequent 3-5 times a week individual therapy. Inclusion and education of teachers and caregivers/parents
Robust assessment of child needs Robust assessment of environmental and management strategies for the child within the setting Upskilling of all staff required to provide support and facilitated learning for the child Alternative strategies for learning that can be delivered seamlessly Integration between school , child and parent Regular and complete review of learning environment created Access to Regular Allied Health support services

Statistic	Value
Total Responses	26

3. Please outline what you think 'best educational practice' needs to include for children
Text Response
Immediate support from MOE for students to have alternative access to reading and writing tools from early identification. Support for parents to understand how to support their child's learning in functional community based contexts Upskilling educators as to the link between language and literacy development
Children need to be screened for the potential for learning disabilities at key points in their educational career -- including dyslexia as well as other learning disabilities-- and appropriate assessment that leads to appropriate intervention is essential. Teachers need to have the resources, including time and access to trained professionals, to support the small group and 1:1 instruction these students often require. Valuable instructional time should be maximised and protected from the demands of too much national assessment. Students that are falling further and further behind do not have the luxury of the opportunity cost of lost instructional time to standardised tests. Instruction should be planned and well coordinated. Access to appropriate accommodations, such as software utilising text-to-speech, speech recognition, and information organisers are also important. Understanding from teachers around student's challenges, while still maintaining high standards, is vital to avoid secondary issues around labels such as being "lazy, disruptive, unintelligent" etc. Timely intervention is key. Wait-lists for limited resources compounds the problem.
Access to SLTs with specialist knowledge and training in Dyslexia and Irlen Syndrome, which tends to go hand in hand with dyslexia. SLT's to have a mandate to provide expert support to teachers for planning around learning needs and facilitating easier access to the curriculum for children with ASD.
Following best practice principles; 'Least intrusive' options chosen for assessment and support of children & young people with dyslexia, meaningful collaboration with adults familiar to the child/young person and strengthening adult capability integral to all specialist support.
early identification intensive, individualised programme high levels of collaboration access to appropriate specialists skilled teachers access to resources
Parents need to be supported to follow through with SLT homework at home to ensure gains are made Teachers and other education staff need more training on this in Teachers College and in ongoing PD courses. Technology should be considered to support the child Dyslexia is a language-based learning disability. Therefore they need SLT therapy - Phonological awareness therapy and language development therapy I) explicit training in phonological awareness II) strong focus on phonological decoding and word-level work III) supported and independent reading of progressively more difficult texts IV) practice of comprehension strategies while reading texts - SLTs need more time to deliver this Should be culturally sensitive If they are having Reading Recovery then they should also be having SLT input They need explicitly literacy/phonological awareness teaching from trained teachers and SLTs Invest MORE time and money into early intervention at the pre-school and school levels in order to reduce youth offending and interaction with the justice department
More in depth training for student teachers. Up grade training for current teachers. Increase access to technology for dyslexia support for both students, teacher aids and teachers. Streamline the application for teachers to apply for support for students with dyslexia. Streamline application for reader writer at college level for exams. Emotional support for students with dyslexia from psychologists. Increase access for SLT's in schools.
Unable to comment as not my area of experience
- Wider discussion and training in the sector of the needs to students with language impairments that then go on to impact literacy achievement which all to often are called 'dyslexia' but are actually specific language impairment. - Teacher release time for planning and training.
To make phonological awareness training compulsory during the child's first/second year of school. Every child needs to be tested to ascertain their level of phonological awareness and gaps filled in

during their first 3 months of school. This will not solve the issue of dyslexia but at least it will ensure that the children have the foundation skills in place prior to developing literacy "difficulties"
Educational professionals and other allied professionals as well as the public require better education as to exactly how dyslexia impacts an individual as their is a lot of myths and misinformation regarding exactly what dyslexia is and how it can be supported.
SLT assessment to determine language and PA needs to support the programme. TA to support teachers, but not to be 'velcroed' to the student - sometimes TAs used to release teachers from administrative tasks (e.g., 'class roaming', library etc) to support the child. A team approach with an ongoing IEP as long as needs are identified, coordinated by a SENCO and led by the relevant teacher at the time, with relevant professionals involved and parents included. TA to support teachers, but not to be 'velcroed' to the student - sometimes TAs used to release teachers from administrative tasks (e.g., 'class roaming', library etc.) to support the child. External professional support to help the teacher to make learning appropriate and engaging for the child. Consideration given to child interest and engagement, and a priority given to enjoyment of reading/writing.
Specialist support from a psychologist to tailor a programme Specialist support from a speech therapist as and when needed (as decided by those who know the child best e.g. parent or teacher or as assessed by a professional) In-class support during target activities
The principles outlined for ASD above, apply similarly for children with Dyslexia a Model which is based on developing individuals child skills in communication, social interaction, and behaviour regulation - building core skills- at whatever functional level child is at. Recognition that Dyslexic children may struggle to meet curriculum expectations, that learning progressions must be based on child's individual needs. Recognition that one to one support may be needed lifelong, that direct supports are required in addition to functional supports
A single accurate definition of the term (or a more accurate alternative such as "reading difficulties"). A clear focus on research based treatment options (systematic phobic/phonological awareness approaches) and teachers' roles in identification and prevention of reading difficulties in the first place (teaching using a systematic phonic/phonological awareness approach, not alternatives like whole language approaches). A push to help schools re-evaluate outdated (yet still popular) options such a reading recovery.
One to one or small group assistance with phonological awareness and spelling pattern knowledge. Assistance with writing/ typing to keep up with class at times.
Easy and affordable access to diagnosis and support. Upskilling of teachers to understand difficulties and ways to minimize this.
Inclusion within any school of their choice. Adapted curriculum by trained specialist teacher. Adapted curriculum within class but allowing for small group and 1:1 work if needed. Curriculum shows recognition of strengths and "passions" to build skills in other areas. Sensory needs taken into account across the student's day. Use of technology or "reader / writer" as appropriate to the student. Technology need assessed and maintained (up to date) with appropriate training and support to key people. Specialist input available to the optimum level for the student (SLT, OT, Psych)
Upskilling of all staff employed by the school around strategies which can be implemented in the classroom and information regarding what dyslexia is so that staff are better equipped to support a child in their classroom.
specialist assessment and faster uptake of referrals, especially ed psyche to do cognitive testing Communication and learning systems set up and regularly reviewed.
This is very important to assist a child with especially since it directly affects their literacy which has a roll on affect with the rest of their education. Effective screening and early diagnosis would be key to ensure that the child has appropriate support networks and strategies to help them achieve their milestones within the education system.

not my area of expertise
- Agreement on the term dyslexia across sectors so the diagnosis and language is the consistent - Multidisciplinary diagnosis approach - Collaborative partnership between client, family/whanau, MOH, MOE, Education facility and any other external organisations - Increased funding, support and therapy provision to children and families for dyspraxia
Clear diagnostic process and pathway for Dyslexia based on best practice world wide. Access for all New Zealand students to appropriate intervention by qualified practitioners (as clearly identified). Information about the nature of Dyslexia as compared with other delays in language/literacy to be incorporated into New Zealand Teacher Training Courses and Professional Development post graduation.
As above
Early identification. Screening in school to identify those 'at risk'. SLTs should be part of the 'literacy team' in treating dyslexia. Robust assessment of child needs Robust assessment of environmental and management strategies for the child within the setting Upskilling of all staff required to provide support and facilitated learning for the child Alternative strategies for learning that can be delivered seamlessly Integration between school , child and parent Regular and complete review of learning environment created Access to Regular Allied Health support services

Statistic	Value
Total Responses	27

4. What comments do you have about the current 'educational practice' for students with ASD?
Text Response
The current practices are poor. At times dismal. Sometimes with pockets of brilliance. There is a lot of talk about what should be done – but my observations on the ground are that these ideals aren't being met. Schools need to have the resources to set and meet a higher bar than students simply attending their school. Integration is not inclusion. Funding is a cumbersome, inefficient process. Rather that focus on what determine need and addressing that need in a professional, cost effective manner – we spend enormous amounts of time and resources (at huge costs) applying to various pools of money. This gatekeeping does not address student needs and further reduces morale. Too many families are paying out of pocket for private therapists and teaching assistants to meet basic educational needs. Too many students are out of school completely due to unmanaged school anxiety. Students are being asked to accommodate inflexible systems, often well beyond what they can manage. Teachers rarely have training in autism – and when they do they often don't have the time, money, or other resources to put into place established best practices. Specialists are losing the opportunity to directly work with students. Students lose out. Professionals lose the ability to keep that part of their skill set sharp. Teachers and teaching staff lose out because they are now being asked to do the job of specialists who are increasingly unfamiliar with the demands of the classroom. Further, many schools have stopped reaching out to the Ministry of Education for specialist support citing limited involvement after lengthy waits. Colleagues at the Ministry of Education have confided in me that they prioritise the schools that seem open to taking on their advice. Students fall through the cracks.
Not well resourced with critical knowledge of what ASD is, how to manage students with ASD or how to ensure safety and curriculum access or to assist students with ASD to actively engage in learning in some mainstream primary education centers - requires specialist SLT input
Most students with ASD are supported by teams of committed families and professionals, and receive high quality support to achieve educational success
Focus on managing behaviour and other 'negative' aspects of the student's presentation rather than being strengths/abilities focused.
Variable across educational settings, e.g. early childhood vs primary vs secondary, and even within schools, etc. if a student has ORS verification they are more likely to be able to access the supports that they need (however many students with ASD do not meet the ORS criteria). there are some great things happening out there for some students with ASD. the MOE & MOH resources are great : I am just not sure how many people use them, or even know they exist, e.g. 'NZ ASD guideline 2008' and 'ASD a resource for teachers'
Not enough hours provided for therapy - behaviour is communication so an SLT should be involved but are often not SLTs need to be involved all the way through school not just when they are under 8 years old 4 Blocks Reading model should be used but is not being used by most people SLTs are not consulted about how to modify the curriculum Visuals are not used enough. AAC is not used enough. Not many teachers and other school staff know about AAC.
Covered previously.
It varies a lot from one school to another. Teachers don't seem equipped with knowledge about the condition nor is the education system set up to properly support teachers and students. The bulk of the responsibility for educating students with ASD falls on teacher aides who are often the least qualified & worst paid member of the team.
Many children with moderate level ASD or ASD type presentation combined with other communication impairments and/or physical impairments are unable to access individualised funding via the ORS scheme. This creates inequity as many children with high level functional impairments of social communication and behaviour impacting learning face school entry under resourced, creating unnecessary stress on families and challenges for school staff and school resourcing.

Practice can be excellent when the specialist teacher is qualified in special education, has a working and holistic knowledge of ASD, and has time to plan for that student / train others / work with special education. Difficulties arise when specialist teachers do not have any experience or qualification in special education or ASD, or have the time to plan for their student.
Lack of education or even awareness by the teachers that the children have ASD.
teachers are not trained enough on how to support children with autism and this decreases their confidence. There is also not enough funding for allied health professionals and case loads are increasing therefore children and teachers get less support.
Limited training for MOE therapists to address the unique difficulties this population faces.
Transition services are poor. How these children are supported to transition from secondary school to adult life is a mystery.
If a child gets ORS - they have ongoing support to some level. Different schools have very differing levels of awareness, understanding, and inclusive/appropriate practice for these children. Sometimes these students find it difficult with adults seeing their behavior as 'naughty'. Children with milder ASD that does not meet ORS can get very little support. Sometimes intermittent support from the communication service or RTLB, but SLT input finishes at 8 often at a time when abstract language and social interaction is increasing in difficulty and the student needs most support. Best practice says an SLT should be involved throughout, but in reality this can be limited. Also difficult for a communication service SLT to be involved at the level required due to caseload numbers - sometimes the SLT can be unintentionally excluded from planning and input by the team of RTLB and school staff.
Significantly lacking in funding ORS process, though tough, does not allow children who may be moderate on the spectrum the specialist support which would enable them to thrive as learners
Aware of significant concern from families, regarding current educational practice for children with ASD. Many families are seeking additional support, and particularly Speech Language Therapy support for their children. As an SLT in Health, & Child Development Service Team, I have concerns the current consultative model of educational support for ASD does not meet children nor families needs. This same concern is also expressed Nationally by Child Development Service teams. ASD children do not necessarily do well in school setting. A much smaller environment, plus one to one support, and flexible, responsive environment, could facilitate more productive learning opportunities for ASD needs
I often feel that teachers are still under educated regarding all 3 diagnosis, how it may effect the students, their learning and what teachers can do to support their students.
Improvements have been made in the education of people "around" the child regarding ASD and child specific learning styles. The model of education sees schools relying on Teacher's aide because there is not enough dedicated (trained)Specialist Teacher hours for these children. ORS funding only meets the need of some. Those with higher functioning ASD fall through the gaps for any form of support including specialists. (SLT, Psych, OT). Students in higher populated areas have an advantage of critical mass regarding teachers and specialists trained in ASD, plus "other" services available other than health and MOE. Students in rural area's do well because of the fantastic "inclusive" practice of the community, but are generally disadvantaged.
Staff within the school appear to have very different expectations of children with ASD ranging from very realistic through to completely unrealistic expectations for the child (these unrealistic expectations are setting children with ASD up for failure at school).
it is just scratching the surface with many children with high functioning and left with their language and social communication needs not met
too entrenched in a philosophical basis and disregards parental choice. Narrow understanding of what mainstreaming is reliance on support staff with no training teaches learned helplessness
- Lack of consistency within sectors and between locations regarding diagnosis and therapy provision - Lack of funding to access therapy services - Lack of education and understanding of the condition and

how to manage this within the classroom/educational facility - Inconsistency with language used - are we all talking about the same thing?
Funding to support intensive speech-language therapy interventions are lacking Teachers and support staff do not always receive adequate training to ensure they understand the needs of children with ASD and have knowledge of appropriate teaching and behaviour management techniques to help them reach their potential. Tips for Autism and workshops provided by Autism NZ are a good start but more is needed, especially during Teacher's Training.
As above (in sections preceding)
There are some good documents and PD available (e.g. TIPS for Autism) but not enough being done to support children and schools at the "grass roots" level. Most of the time schools are continuing to try and make these children "fit" into the regular school system without adequate support like square pegs in round holes. It is stressful and overwhelming for everyone involved.
none

Statistic	Value
Total Responses	27

5. What comments do you have about the current 'educational practice' for students with Dyspraxia?
Text Response
Similar to ASD -- they rarely qualify under existing funding mechanisms. Either teams apply and are denied or teams have stopped applying for funds after observing students with more complex needs being denied funding.
Ditto - Not well resourced with critical knowledge of what Dyspraxia is, how to manage students with Dyspraxia or how to ensure safety and curriculum access or to assist students with Dyspraxia to actively engage in learning in mainstream primary education centers - requires specialist SLT input
Most students with dyspraxia are supported by teams of committed families and professionals, and receive high quality support to achieve educational success
this is still a largely undiagnosed disorder. many students are in our schools and suffer from this and are not accessing appropriate supports early enough due to not having a diagnosis. I feel that these students don't fit in a specific funding bracket e.g. ORS, RTLB, MOE-SES - but yet have very particular needs which require intensive specialist supports.
Not enough hours provided for therapy. SLTs need to be involved all the way through school not just when they are under 8 years old. SLTs are not consulted about how to modify the curriculum. AAC is not used enough. Not many teachers / other school staff know about AAC.
Covered.
As above, there is no consistency across schools/teachers. Some take the time to make adaptations and understand what the student is trying to say, but frequently it is too hard or takes too long so these students fall by the wayside.
Lack of funding for children to receive ongoing regular individualised therapy in primary school.
Dyspraxia is not understood well enough by teachers and parents alike which can delay the process of getting children referred for assessment and setting up intervention therefore the children's learning is put at risk.
The lack of suitably trained people to carry out regular frequent effective therapy with these students is a disgrace. It does not require SLTs, many people with the right training can do this therapy with support of an SLT to update the intervention programme. Whether this is a health or education issue should not be a barrier to these children getting the support they could have to allow them to function to their potential.
If speech involved: The communication service is often sufficient to work on intelligibility through TA funding. For children with more severe speech problems, sometimes these children are still severe at age eight when they need to be closed - really ongoing SLT input should continue until the children are no longer severe, as no-one else is able to provide this input.
Speech therapy makes a significant difference not only to their communication but also their psychosocial wellbeing
No current involvement with this group of children, but very aware of families ongoing concerns that their children's needs are not understood nor provided for.
There is little known about dyspraxia by a majority of staff members and many are unaware of strategies that can be used within the school environment to aid the child with their communication.
there is minimal input especially for high tech communication devices. causing barriers to learning and social skills
too narrow an experience base to truly comment
Lack of consistency within sectors and between locations regarding diagnosis and therapy provision - Lack of funding to access therapy services - Lack of education and understanding of the condition and how to manage this within the classroom/educational facility - Inconsistency with language used - are we all talking about the same thing?
As above

Hardly even acknowledged. Really hard to get support for these kids
none

Statistic	Value
Total Responses	20

6. What comments do you have about the current 'educational practice' for students with Dyslexia?
Text Response
It appears that there is not a clear pathway for the identification of these students nor a way to ensure that these students access appropriate teaching and intervention to address their needs. Many students are left to cope with this on their owns. Families pay out of pocket for support (if they can afford to) after school. There are limited numbers of people who are experienced in working with this population because there are limited opportunities to do this work in schools. Accommodations can be hard to acquire and there are barriers to their use during instruction and assessment in school.
Ditto - Not well resourced with critical knowledge of what Dyslexia is, how to manage students with Dyslexia or how to ensure safety and curriculum access or to assist students with Dyslexia to actively engage in learning in mainstream primary education centers - requires specialist SLT input
There is variable educational practice for students with dyslexia. Recent research questions the validity of 'dyslexia' as a diagnosis.
Many students are not picked up early enough as having dyslexia. Perhaps there needs to be a screening for this as a certain age; perhaps when the year 6 net is completed (if not earlier). This group of students, once identified, should be able to get their needs met in their local school using the many resources that are available - and I'm sure this happens when it is known that a student has dyslexia.
Not enough hours provided for therapy SLTs need to be involved all the way through school not just when they are under 8 years old 4 Blocks Reading model should be used but is not being used by most people SLTs are rarely consulted in my experience
Covered.
Cannot comments
Not enough preparation ito phonological awareness training and visual and auditory perceptual training in children entering school. The education system forces children to begin formal literacy without the ground work begin laid. Less students would present as 'dyslexic' in their later primary years if more time was taken to lay down the foundation skills.
teachers feel that they do not have the support that they need to help them feel confident supporting children with dyslexia.
Very varied across schools. Some schools/teachers have good understanding of these children's need and will target it, but more often the same ineffective approaches are repeated and failed over and over. Generally SLT involvement is not sought unless there is an obvious communication problem, when sometimes underlying language difficulties could be impacting on the dyslexia. There is not a clear, understood definition of what dyslexia is in the educational community in general. Often children with reading difficulties have been "turned off" literacy by repeated failure and awareness of their delay compared to their peers, and this will translate to disengagement and behavioural problems as they get older. As they get older teachers often know even less how to cater to their need. TAs are often working with the children with most need in the classroom, with little to no training on how to teach and scaffold learning, and support success, while teachers focus on the rest of the class.
No current involvement with this group of children, but very aware of families ongoing concerns that their children's needs are not understood nor provided for.
Without 1:1 assistance, children with dyslexia are being left behind in the classroom and then behaviour and attitude to learning drops.
There is little emphasis placed on helping students with dyslexia in the classroom.
to have specialist assessment most children would need to access private practitioners. these children are often picked up at the end of primary beginning secondary when resources are minimal and they are not prioritised.
no experience with this
Lack of consistency within sectors and between locations regarding diagnosis and therapy provision -

Lack of funding to access therapy services - Lack of education and understanding of the condition and how to manage this within the classroom/educational facility - Inconsistency with language used - are we all talking about the same thing?
As Above
Under-diagnosed and largely ignored/misunderstood by educational communities. Parents end up having to access support privately in most cases
none

Statistic	Value
Total Responses	19

7. What comments do you have about current screening? Please comment on both primary and secondary settings and explain what you think needs to be in place for students with: ASD
Text Response
I am not aware of screen happening in schools for ASD -- other than teachers informally noting that a child is 'quirky' and encouraging the parent to contact the health system. Through out the school years, there needs to be a mechanism by which teachers and school staff can identify students they believe might be on the spectrum and then in a timely manner (within 6 weeks) a trained professional should do a short, appropriate, evidence based screening method. Children identified by that should then proceed to a formal assessment. This is particularly important for those children whose autism is well masked/managed in the early years, but when added demands are placed on them in secondary school (puberty, harder classes, more demanding social environment, etc) their difficulties begin to emerge in a significant manner.
Requires a team approach to screen. Screening is important but of critical importance over and above screening is adequate and timely follow up to put in place supports after screening. It would be hoped that early intervention would pick up these cases rather than identifying them at primary or secondary level. Preferable to screen Pre-k
Not sure what is meant by 'current screening'? Diagnosis of ASD is made by Health professionals.
pediatricians are good now at diagnosing ASD. and often students come to school with the diagnosis already.
Plunket nurses, early childhood educators, GPs, teachers, SENCOs, child development health professionals need more training because they don't know much A multi disciplinary team should be involved in the screening process - always including an SLT!!!
Covered.
I'm not aware of standard screening protocols. I suspect "screening" happens as a result of a parent or teacher hunch that something is out of the norm.
As far as I am aware, screening does not take place. If a teacher is concerned they may mention to parents to talk to their doctor, but teachers can be very uncomfortable with this practice and often not mention it unless the child has obvious needs in the classroom. It is then parent discretion whether it is followed up in the health service for diagnosis or not.
I am not aware of current screening procedures so feel that I am not able to comment.
New graduates require
I don't know what "current screening" is - which is probably a problem. Should I know what this is?
Different levels of awareness in educational settings for referring children for assessment. Sometimes diagnosis is not necessary for support, and parents may not want a 'label'.
Teacher training and upskilling is required
Ideally children with ASD should be identified preschool age -as a result of parents' preschool and interdisciplinary team's astute observations and recognition of developmental variances. Appears children who have not been identified/ diagnosed at an earlier age, are set up to fail successively in the generic education setting. Families often recognise their children's difficulties, but struggle to have these acknowledged by school, and may be forced to repeatedly challenge school and special education services to have their child assessed, and then to receive appropriate supports- which are rationed! Families are constantly forced to advocate for their children, yet frequently feel their knowledge of their child is not respected nor valued. To my knowledge there is little screening of children presenting with different characteristics, to capture information which might recognise/ identify the nature of those different characteristics. It is my understanding all children are currently measured by same assessment measures/ tools, many of which any not be appropriate for ASD & other children with a different way of functioning.
They must be assessed and diagnosed by a Pediatrician only.

I do not really understand the question. If it is around differential diagnosis of ASD, then I think Health and Education need to work together more closely to ensure there are more "complex developmental assessment clinics" with shorter waitlists.
Screening can only be done if the child has been identified and the correct profession can complete a screen. Currently I do not feel as though schools are able to identify at risk students and refer appropriately. For screening to occur staff need to be better educated around identifying the factors which could be the key markers of ASD.
high functioning and occurs too late and only if there is an 'on to it' RTLB in place
Not sure how it is screened. Huge early intervention waiting lists means almost no EI support for families and children
? if this is often missed by teachers / referrals aren't generated by GPs to the correct services / referrals aren't recognized as urgent by MOE/MOH / referrals are rejected as not high priority or don't meet service criteria - Need some national guidelines and targets on best practice around how to assess, diagnose, and treat - Need some consistency with access to therapy - Need more funding across the system
Multi-disciplinary Assessment Teams (MDAT) involving Pediatrician, SLT, Clinical Psych and OT are required in all regions in New Zealand. Currently operating in Tauranga. These MDAT practitioners would have training in internationally recognized tools such as ADOS (various versions including pre-school version).
I don't think screening really happens. Most children already have diagnosis and those who don't might struggle between the hospital and education settings trying to get a diagnosis which does not then guarantee them any additional support
There is no standard practice of screening for ASD. To ensure early identification ALL children should be screened for ASD. Using the well child program, parents and nurses could be educated about ASD. Screening tools are currently available that can detect ASD in children between ages 18-30 months.

Statistic	Value
Total Responses	23

8. What comments do you have about current screening? Please comment on both primary and secondary settings and explain what you think needs to be in place for students with: Dyspraxia
Text Response
Again - I am unaware of formal, established screening procedures for dyspraxia. Parents seem to be the ones noticing the red flags; not all parents are going to notice this. Motor teams do annual screens in early years. In all years, teachers can refer students for screening. Screening "positives" are then sent on for assessment. Parents should also be able to refer for a screening. Screenings should be done within 6 weeks.
Ditto - as above
Not sure what is meant by 'current screening'? Diagnosis of dyspraxia is made by Health professionals.
unless at the severe end of the spectrum - this is poor, and the difficulties are often not picked up or acknowledged.
Plunket nurses, early childhood educators, GPs, teachers, SENCOs, child development health professionals need more training because they don't know much A multi disciplinary team should be involved in the screening process - always including an SLT!!!
Covered.
I'm not aware of standard screening protocols. I suspect "screening" happens as a result of a parent or teacher hunch that something is out of the norm.
I don't know what "current screening" is - which is probably a problem. Should I know what this is?
Teacher training in the identification of early signs of dyspraxia is required
as above
a/a
Screening can only be done if the child has been identified and the correct profession can complete a screen. Currently I do not feel as though schools are able to identify at risk students and refer appropriately. For screening to occur staff need to be better educated around identifying the factors which could be the key markers of dyspraxia.
minimal
unable to comment
? if this is often missed by teachers / referrals aren't generated by GPs to the correct services / referrals aren't recognized as urgent by MOE/MOH / referrals are rejected as not high priority or don't meet service criteria - Need some national guidelines and targets on best practice around how to assess, diagnose, and treat - Need some consistency with access to therapy - Need more funding across the system
Research is still unclear re differential diagnosis of CAS in NZ, but acceptance of certain parameters that indicate a Motor Speech disorder is obviously occurring in Australia for this disability to be recognized as verifiable and funded over time.
As above
There is no current standard screening for dyspraxia The well child program could be used to educate parents about developmental norms. A simple screening questionnaire to parents at age 3 could be used to identify children with speech sound difficulties. Those children could be screened in person by someone an assistant trained by a SLT. They would then be referred for a full assessment by an SLT.

Statistic	Value
Total Responses	18

9. What comments do you have about current screening? Please comment on both primary and secondary settings and explain what you think needs to be in place for students with: Dyslexia
Text Response
Again -- I am unaware of formal, established screening procedures. Focused screening in the first 2 years of school and then again when students are 8-9 years old and starting to read to learn (instead of learning to read). At any age, teachers should have checklists they can refer to and refer those students for screening, which leads to full assessment if needed. Red flags such as increases in behavioral problems, falling behind peers in reading level, stand downs, poor test scores etc. should also trigger a screening. Parents should also be able to refer for a screening. Screenings should be done within 6 weeks.
Not so easy to pick up with pre-k but important to screen in the first year of primary school, certainly by age 7 if possible. Should be a free service not one that family have to pay for.
Not sure what is meant by 'current screening'? Diagnosis of dyslexia is made by other professionals.
very poor. unless the teacher is on to it in the primary school - a student can go through school without appropriate support. More needs to be in place for these students to identify them early on.
Plunket nurses, early childhood educators, GPs, teachers, SENCOs, child development health professionals need more training because they don't know much A multi disciplinary team should be involved in the screening process - always including an SLT!!!
Covered.
Unable to comment
Varied understanding of the underlying processes of reading, and varying tests used in school with different levels of efficacy.
as above
Speech Language Therapist assessment of phonological awareness skills is a necessary prerequisite to treatment
a/a
Screening can only be done if the child has been identified and the correct profession can complete a screen. Currently I do not feel as though schools are able to identify at risk students and refer appropriately. For screening to occur staff need to be better educated around identifying the factors which could be the key markers of dyslexia.
minimal, there are many children not screened who are experiencing learning difficulties and most likely have dyslexia
unable to comment
? if this is often missed by teachers / referrals aren't generated by GPs to the correct services / referrals aren't recognised as urgent by MOE/MOH / referrals are rejected as not high priority or don't meet service criteria - Need some national guidelines and targets on best practice around how to assess, diagnose, and treat - Need some consistency with access to therapy - Need more funding across the system
As above
There is no standard screening for dyslexia. Children at age 5 should be screened for phonological awareness skills. Those at risk should receive group intervention. Those identified as at risk should be screened for Dyslexia.

Statistic	Value
Total Responses	17

10. Tell us your views about support available to and in schools for the transition through education for students with: ASD
Text Response
Transitions are a weak point in the system. There isn't enough time for core teaching staff to meet from both the sending and receiving school. We should have access to both the time (and also technology such as video samples of the child in the previous school) to coordinate and make this possible. Transitions are a huge issue for children with ASD.
Requires a comprehensive team approach from most disciplines; dependent on severity level and if any other physical disability maybe present or if severe behavior management is required. Requires a holistic approach with the team insuring they aware aware of not just the diagnosis but also the challenges these families face day in day out. These families often require not only support but an open mind and ideally the SENCO will provide a bridge to ensure not just access to the curriculum and engaging with learning but also a basis for community support. There is a great deal of research available that supports evidence based practice
There are a range of supports available for transition to, within and leaving school. Each transition is different so a different transition support package is planned.
No increase in support for students with ASD at these critical points in their life where extra support is required for it to be successful.
for students with a diagnosis of ASD and where MOE-SES is involved - good. for other student's parents try to do this to the best of their abilities. I feel that there is a lot of support for these transitions.
SENCOs, MOE Special Ed should be supporting but they often only come to IEPs and don't do ongoing support. It is not helpful to come in and 'observe' once a term, MOE SLTs need to be writing language programmes and assessing to see gaps in their language and social communication and then providing training to support this. Teachers get taught NOTHING about special education in Teacher College so they are often getting drip fed information along the way rather than having a robust understanding about how to support this student and modify the curriculum. Parents are often not told about other supports available and are left to research things for themselves Visuals should be used for ALL transitions - which means an SLT should be involved!
Covered.
Transition support for the most part is poor. It takes a long time but ultimately the new team doesn't get to know the student until they are in their new environment. All too frequently students transition without robust communication systems in place making it difficult for them to understand what is going on and/or express themselves
Please refer to previously answered question regarding new entrant students with ASD.
Transition support CAN be good IF a child is picked up at the right time, does not wait to long on a waiting list and supported through the transition. Problems arise when the child is not identified and so not supported, or has been identified but not picked up for support due to extreme waiting lists.
If the child is deemed 'severe enough' then ORS funding seems to meet most needs of children with ASD. However, if the child does not receive ORS funding , then there does not seem to be much available in terms of support.
Good support, however ruled by funding
Very dependent upon whether child has been able to access ORRS funding. Then dependent upon the hrs./ level of ORS funding provided. I understand ORS funding is available only for 3% of children with needs. The support available for children with moderate needs and those who miss out on ORS funding, receive inadequate support throughout their school yrs. These are in fact the children with most potential to develop productive life skills, who would benefit most from supports which actually optimises their potential. Families remain concerned and frustrated.
Speech Therapy and Teacher Aide are important

Although teacher aides are employed within schools I have found through experience that often the children that have hours allocated to them for support do not receive it. As for moving through the education system from primary to secondary the support seems to fall apart as teacher aides often stay with the school rather than the child and it can take child with ASD a considerable amount of time to establish a positive relationship with a new teacher aid in a new school environment.
RTLB but they are only for episodes, SLT, talk link. they need more support especially high functioning and kids
variable and relies on good will people are managing their best with minimal resources ad hoc across the country and within cities
- Lacks cohesion
Where children are clients of Special Education or RTLB there is usually a clear transition process which is followed in collaboration with schools, families and specialists. Transition can be more difficult when there is not a clear lead agency or key worker managing this process.
There does not appear to be good, consistent systems in place to support transitions whether it is between classes or schools. ORS funded students are the most likely to have some form of transition, as they have regular IEP meetings to plan, and access to a "specialist" teacher and some TA time who may put together a transition book, organize visits etc.
There is not enough teacher education and not enough teachers trained in special needs to support children with ASD. Especially as the child gets older. There are not programs preparing the child for leaving school or job training after school.

Statistic	Value
Total Responses	21

11. Tell us your views about support available to and in schools for the transition through education for students with: Dyspraxia
Text Response
Dyspraxia -- particularly of speech -- can be slow to respond to therapy. It is important that there is a plan that goes with the child so that he/she can continue to make progress at their pace.
Ditto
There are a range of supports available for transition to, within and leaving school. Each transition is different so a different transition support package is planned.
if diagnosed and a MOE-SES person involved - usually good. otherwise poor.
SENCOs, MOE Special Ed should be supporting but they often only come to IEPs and don't do ongoing support. It is not helpful to come in and 'observe' once a term, MOE SLTs need to be writing language programmes and assessing to see gaps in their language and social communication and then providing training to support this. Teachers get taught NOTHING about special education in Teacher College so they are often getting drip fed information along the way rather than having a robust understanding about how to support this student and modify the curriculum. Parents are often not told about other supports available and are left to research things for themselves
Covered.
Unable to comment
My view is skewed as I am in private practice so I see many of the children who do not receive help or support (or inadequate help/ support) through government funding. I believe there are many children who 'slip through the cracks' and the parents are left to their own devices to seek out private help.
as above
Speech Therapy is required
RTLB for episodes, SLT no other OT or education psych unless their RTLB is one
unable to comment
- Lacks cohesion
As above
This varies across areas but therapy/funding needs to continue until termination by the speech therapist, even if this is beyond the age of 8.

Statistic	Value
Total Responses	15

12. Tell us your views about support available to and in schools for the transition through education for students with: Dyslexia
Text Response
Accommodations and assistive technologies need to accompany the students (with modification as need be). There should be no wait. On day one of each school year, the tools the student has learned to used in the past should be embraced and available to them. Students should not be forced to wait to re-acquire or learn new technology between schools. Teachers need access to meaningful data/information from the previous teachers regarding techniques and progress levels.
Limited knowledge and support available - not much is known about dyslexia or how to support students in schools.
Support for transition here is variable. Support for students with dyslexia is more usually the responsibility of schools
I do not believe there is enough support for these students during their transitions through education
SENCOs, MOE Special Ed should be supporting but they often only come to IEPs and don't do ongoing support. It is not helpful to come in and 'observe' once a term, MOE SLTs need to be writing language programmes and assessing to see gaps in their language and social communication and then providing training to support this. Teachers get taught NOTHING about special education in Teacher College so they are often getting drip fed information along the way rather than having a robust understanding about how to support this student and modify the curriculum. Parents are often not told about other supports available and are left to research things for themselves
Covered.
Unable to comment
as above
1:1 Speech Therapy is helpful for Phonological awareness and catching up with spelling patterns
Minimal support for children with dyslexia from what I have experienced working in a school as a speech therapist.
this is such an untouched area, unless you have help through SPELD or education psychology privately there is minimal
unable to comment
- Lacks cohesion
Support/ Funding is usually good when the child in 3-8 years but declines in older children. Support needs to continue so that the child can continue to participate in learning. This would include: funding for technology exam help Teacher training.

Statistic	Value
Total Responses	14

13. Tell us your views about support available to assist with adaptations for students' learning including Special Assessment Conditions for students with: ASD
Text Response
I have little knowledge of this
Quite a bit available with loads of research to support implementation of theoretical strategies such as intensive interaction.
There is a range of support available to assist with adaptations for students' learning including specialist staff & school staff.
great supports are available - professionals, resources, workshops, support groups etc.
MOE therapists are not very available. Talk Link are available not everyone knows about us.
Covered.
The support is available from specialist teachers and MOE but the time to do so and the expertise in what to do is lacking
I am unaware of the Special Assessment Conditions. Supports are so useful for students when they are received - the school report that the support is of high quality, but it is not frequent enough nor provided for the appropriate number of students with needs. Teachers require more training during their training years about special education adaptations, general child development, and curriculum adaptation.
The waiting list is very long. Children are waiting up to a 1 year to 18 months to receive help through Talk link.
Over reliance on one size fits all. e.g 'visuals'. or sensory treatment. ASD children need a well rounded environment underpinned by professionals with advanced skills in ASD.
A quiet corner to work in on their own at times.
I think that having special assessment conditions is a great adaptation within the school however more specific adaptations need to be allowed to be adapted across the population based on individual needs i.e. extra time should be increased if needed, more frequent breaks etc.
AAC but very difficult to get
- Lack of funding to support teachers, teacher aids, provision of therapy
I believe and Special Assessment Conditions would depend entirely on the expertise of the Teacher involved. I am not aware of any recommendations or resources that are available to schools/teachers.
Extremely limited...some teachers aren't interested in adapting (I don't think they see that students needs as their responsibility), some don't know how to adapt, and most simply don't have the time to do it.

Statistic	Value
Total Responses	16

14. Tell us your views about support available to assist with adaptations for students' learning including Special Assessment Conditions for students with: Dyspraxia
Text Response
I have little knowledge of this
Not a common disorder, not much known in schools. Schools require a high level of support and provision of information, resources and strategies to provide adequate support for learning
There is a range of support available to assist with adaptations for students' learning including specialist staff & school staff.
very good support is available to be accessed - including support groups, resources, workshops, professionals.
MOE therapists are not very available. Talk Link are available not everyone knows about us.
Covered.
I have less experience in this area but I suspect as above
The waiting list is very long. Children are waiting up to a 1 year to 18 months to receive help through Talk link.
AAC but diff to get
Lack of funding to support teachers, teacher aids, provision of therapy
As above

Statistic	Value
Total Responses	11

15. Tell us your views about support available to assist with adaptations for students' learning including Special Assessment Conditions for students with: Dyslexia
Text Response
I have little knowledge of this, however I have heard that it can be very hard to get access to reader writers... and often other forms of assistance (such as assistive technology that with proper instruction many students can learn to use more independently than a reader/writer) are not accepted.
Dyslexia more common than many realise but as with dyspraxia schools not set up to manage without specialist SLT intervention
There is a range of support available to assist with adaptations for students' learning including specialist staff & school staff.
very good support is available to be accessed - including support groups, resources, workshops, professionals.
MOE therapists are not very available.
Covered. Happy to speak in person.
Unable to comment
A scribe at times
Special assessment conditions should be provided for students who present with dyslexia. Currently although there has been a small positive shift towards recognising and supporting students with dyslexia, I feel as though this is still overlooked by schools with the mindset of "the child is just being lazy".
AAC, learning support through OT, SLT, education psychology but private is only option
Lack of funding to support teachers, teacher aids, provision of therapy
As above

Statistic	Value
Total Responses	12

16. Please comment on whether teacher training and professional development prepares teachers to identify and support the education of dyslexic, dyspraxic, and autism spectrum students. Please identify both good practice and describe any gaps you are aware of and what you think is needed.

Text Response
I hear that most teachers only receive 1 hour of instruction in teaching college regarding how to support students with these learning challenges. Teachers need to know how to flip classrooms so that they work directly with the most complex students and support teaching assistant to work with the rest of the class. Teachers need training in understanding the unique learning profiles, strengths, and weaknesses of these populations. Visual supports and assistive technology require demonstration and hands on experience to become proficient in. Knowledge in these areas of best practice is ever evolving -- meaningful professional development is essential for these teachers -- as well as time to incorporate new ideas into their classrooms. Differential teaching is an art -- teachers need opportunities to observe other teachers using these skills.
In my opinion teacher training is adequate to teach typically developing children but not those with specialist learning needs and does not prepare them to identify and support etc. Good practice: Teaches are trained to teach and to learn about typical development which leaves gaps for knowledge about non-typical development. Have student teachers attend an SLT workshop on children with speech, language and communication deficits/disorders
Professional development at teacher training in all areas of special education is sadly lacking. It is generally an 'optional' study area, and of short duration anyway. Professional development for teachers to support students with ASD, dyspraxia and dyslexia is often available, but can vary in appropriateness for the specific students the teacher are supporting. Specialist staff have a significant role to play to support teachers to adapt the information they have learnt for the specific needs of their students.
I think that overall there needs to be more covered in teacher training re: special needs. I don't believe teachers are prepared enough in their training for the complexity of the students that they will have in a class. e.g. one class could have two with ASD, with student with dyspraxia and also 3 with dyslexia and ADHD. there are many professional development events out there in NZ, including workshops and seminars - but teachers being released to attend this can be difficult, e.g. due to costs. The TIPS for Autism is an example of one of the great PD courses. it would be great to have something similar for say Dyspraxia and Dyslexia. I think gaps are largely in diagnosis and then support - from who if they don't meet MOE-SES criteria (which is often the case), and we know that upskilling is vital for teachers if they are to best support these students.
There is hardly any training on special needs at university Teachers and TAs of students with ASD should attend the Sue Larkey courses!
Done.
Not at all!!! It doesn't appear that special education is covered in any great depth during teacher training. Nor does there seem to be any drive/incentive for teachers to up skill once they have a special needs child in their class. All too often the school SENCO is the DP who doesn't actually have interest or experience with special needs students but rather has taken on the role for the extra pay. I have come across individual teachers who show a real interest in their special needs students but these are few and far between. A larger component of teacher training needs to be in the area of special needs if mainstreaming is to be truly successful.
Teacher training appears severely lacking in this regard. Professional development is useful but only if it is followed by individualized, practical, in class support. Also to be repeated frequently and often for new staff / as refreshers. TIPS for ASD is an excellent course for ASD, but would be great for all teachers to have this knowledge and then to go on a course to individualize it for a student.
Many teachers I have worked alongside have embraced training opportunities, while others do not seem to have the flexibility to be open to change.

This varies greatly, but most learning done 'on the job'. Teacher training does not prepare teachers well to work with special needs, and does not give primary teachers the grounding in child development and language that would be beneficial for when they get a child who starts school without 'school entry requirement'.
I am unaware of the content of teacher training- however, feedback from teachers, and parents, and observations of practice, indicate a low level of understanding of ASD, dyslexia, and dyspraxia, and of the individual needs of many children with different needs. A drive for all children to meet curriculum expectations fails to recognise those expectations may be totally inappropriate learning goals for many children, and in fact set them up to fail
I don't know about the teacher training programs but I know many don't have explicit knowledge of how reading skills develop and how to determine whether the children in their class are decoding text at an appropriate level for their age. There also seems to be limited understanding of what common reading assessments analyse and what alternatives there are with regards to assessment.
PD is necessary for Teachers and support staff, on each diagnosis and its best treatment. Children will also need individual assistance as Teachers have enough levels to cater for in a class.
I believe professional development does prepare teachers to identify and support the education of dyslexic, dyspraxia and ASD students however; the teachers need to prepared to and feel confident to be able to take the information and apply it to their teaching in order for the students to be identified as needing help. Professional development focused on recognising the warning signs and being provided with classroom strategies that can be easily implemented needs to be provided to teachers.
teachers need so much more support in this are, most teachers think AAC are Remote hearing devices only in mainstream environments. huge gaps, especially when to update AAC.
Basic training seems to be provided but this is very different to being able to manage a kid in the classroom appropriately. Lack of 'on the ground' support for teachers to manage challenging behaviours and learning/language disorders or disability. Let along specialist knowledge on the disorders mentioned and how to appropriately integrate their learning needs into the classroom. More actual support and therapy from RTLBs, SLT, teacher aids etc. is required to really manage, treat and support these kids in their educational development. Early intervention and ongoing life long support here may help prevent these kids getting lost in a system - which may lead to youth offending where it will be a much bigger problem (and another one without enough SLT support)
I am unsure of the specifics of teacher training however my impression is that they receive minimal training in the area of Special Needs as a whole.
There is not enough of this content in teacher training. Teachers may also access more PD around general subjects such as maths or reading to meet the needs of the majority of their students, rather than applying for PD relating to conditions that relate to 1 or 2 students. There also needs to be more specialized Training for teachers who work with ORS students. It would be great if schools had full time "special needs" teachers to support the regular teachers and provide in house PD
Current teacher training does not prepare teachers at all. There should be a course on ASD in all teaching degrees/qualifications. There should be a course on special needs including speech and language disorders. Teachers should be allowed more time for professional development. There should be accountability for teachers with children with special needs.

Statistic	Value
Total Responses	19

17. Please comment on the implementation of the 2008 NZ Autism Spectrum Disorder Guideline recommendations specific to education (see supplementary information, p3-4).
Text Response
These guidelines are great... however in practice, many of the guidelines are not yet currently implemented. I have never once heard them mentioned in a school that I work in.
no comment
Implementation of the Guidelines education recommendations can vary. Best education practice has also moved on since the Guidelines were finalised.
fantastic resource. I refer people to it all the time.
These are not always been carried out by all educational services.
I am happy to read this at a late date and comment.
Having now read the documentation, I can see it is a good generalised approach with acknowledgment that all children are different and one size will not fit all. In truth, progress for children with ASD comes down to access to funding, more is always needed! I find that parents experience a quagmire and myriad of agencies at the beginning of the ASD journey which is often overwhelming. It would be helpful for parents to receive an outline of the help available to them at the very start of their journey, for both public and private options, so that they can wisely choose the best options for their child and move forward. Having a case worker per referral through the public system may help this situation. It's great that the current focus is evidence based and acknowledgment that the child needs help within the system is also made.
No comment
Useful resource.
Requires an audit of how much is being implemented and how employers (e.g. Special Education) are supporting their professionals on the front line in implementing these recommendations
The Guidelines were a giant step forward and some dedicated FTE have been established in Health to support some of the ASD guideline recommendations. All ASD supports however are woefully underfunded and ambiguous. I believe there would be major benefit in shifting Speech Language Therapy service provision for these children from Education to Health- with the creation of a Children's Service which provides SLT and other Allied Health services, for children throughout their life. Changes are needed to raise the standard of care that ASD & other children receive, accessing this from appropriately skilled professionals with therapeutic intent, could achieve this, while also removing current ambivalent service provision issues
I've never had any formal follow up or reference to it in any MOE documentation or DHB documentation although I do refer to it in my reporting.
unable to specifically comment
I know for a fact all children with a diagnosis of ASD do not have an updated SLT assessment and programme every year which was one if the recommendations! I think this document outlines the "gold standard" in support, but there is a wide gap between "theory" and "practice".

Statistic	Value
Total Responses	14