Positive interactions in the learning environment

The student may benefit from:

- memory aid strategies e.g. notebook, calendar and tape recorder
- assessment requirements in writing as well as verbally
- learning techniques such as mind mapping, colour highlighting, regular review, step by step notes, a work diary with specific information to refer back to
- clear timelines for the completion of work
- clear steps or small work goals rather than one big project or goal
- assistance in sequencing activities
- explicit expectations and outcomes at the beginning of a task
- reduced visual and noise distractions
- being comfortable with existing tasks before being introduced to new ones
- abstract thoughts presented in a more concrete manner, such as physically demonstrating concepts rather than verbalising them.

Adjustments may need to be provided to enable a person with a disability to gain equitable access to education. Reasonable adjustments may include:

- modifying or providing equipment
- modifying assessment procedures
- changing course delivery
- modifying educational premises.

Adjustments must be determined in consultation with the student concerned.

For further advice contact your TAFE NSW Teacher Consultant

Other sources of support

Brain Injury Association of NSW Inc.
http://www.biansw.org.au

Disability Discrimination Act 1992
Disability Standards for Education 2005
The effects of brain injury can vary from minor temporary problems to severe, long-term changes in some bodily or mental functions. These can be categorised in four groups of possible impairments:

**Physical and sensory**
- loss of function and coordination, changes to posture and balance
- difficulties with vision: blurred vision, visual field loss
- changes with hearing: tinnitus or ‘ringing’ in the ears
- heightened or reduced sensation and sensory awareness
- headaches
- epilepsy

**Cognitive**
a brain injury can affect:
- memory
- attention and concentration
- planning and organising
- reason and abstract thinking
- problem solving
- information processing
- language
- perception
- insight

**Psychosocial**
relates to the interaction between a person’s mental/emotional state and socially expected behaviour. This balance may be affected by:
- emotional changes: increased anxiety, depression, anger, irritability, silliness
- social perception: lack of insight, self-centredness, decreased inhibition or tact, over-familiarity, inappropriate behaviour
- lack of self control: impulsivity, impatience
- dependency: lack of initiative or motivation, indecisiveness, impaired judgement and planning skills
- rigidity: inflexibility in thoughts and actions, inability to learn from mistakes or cope with change, repetition of words, actions, ideas.

**Communication**
- dysphasia – difficulty staying on the topic, reduced volume of speech, slow response time
- pragmatics – poor eye contact, inability to take turns in a conversation, inability to initiate topics; interrupting, talking too much, lack of expression, standing too close, using too much gesture.

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**What is an Acquired Brain Injury (ABI)?**
This term refers to damage to the brain that has occurred as a result of disease or injury. This term is often used when damage has occurred following a period of otherwise normal development.

Like any other living tissue, brain tissue dies when something interferes with the delicate balance of temperature, pressure and chemicals necessary to keep it healthy. There are a number of ways this can happen, the most common being:

- trauma resulting from motor vehicle accidents, assault, serious sporting accidents etc.
- cerebrovascular accident (CVA) or stroke resulting from a blockage of blood vessels or from a brain haemorrhage
- brain tumours
- degenerative disease such as Alzheimer's
- infection; e.g. meningitis, encephalitis
- lack of oxygen e.g. near drowning accident, severe asthma attack
- poisoning e.g. substance abuse, petrol sniffing.
**Positive interactions in the learning environment**

The student may benefit from:

- reduced visual and noise distractions
- awareness of major need for personal space and privacy of thoughts
- appreciation that verbal communication is difficult
- little or no group work
- explicit, written expectations of outcomes and clear timelines for work completion and assessment
- appreciation of the difficulties of working to timelines, and assistance with this
- clear, small work goals rather than one big project or goal
- assistance in sequencing activities
- abstract thoughts presented in a more concrete manner
- memory aid and study strategies e.g. notebook, calendar and tape recorder
- appreciation of special talents and an opportunity to showcase them
- appreciation of difficulties in tolerating quickly paced changes.

**Adjustments** may need to be provided to enable a person with a disability to gain equitable access to education. Reasonable adjustments may include:

- modifying or providing equipment
- modifying assessment procedures
- changing course delivery
- modifying educational premises.

Adjustments must be determined in consultation with the student concerned.

For further advice contact your **TAFE NSW Teacher Consultant**

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**Other sources of support**

Autism Spectrum Australia  

Disability Discrimination Act 1992  
Disability Standards for Education 2005

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**Some advice and strategies for teachers**
What are Autism Spectrum Disorders?

**Autism Spectrum Disorders** (commonly referred to as ‘Autism’) include:
- Autistic Disorder (also known as infantile or childhood autism)
- Asperger’s Syndrome
- Atypical Autism.

Autism Spectrum Disorders are lifelong disabilities affecting more than half a per cent of the population. People with Autism (80% of whom are male) typically display significant impairments in three areas, known as the Triad of Impairments:
- social interaction
- communication
- behaviour (limited interests and repetitive behaviours).

Many people with an Autism Spectrum Disorder also have under- or over-sensitivity to sound, sight, taste, touch, smell, temperature and/or pain.

The impairments can cause anxiety, confusion or frustration in dealing with the challenges of everyday life.

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The Effects of an Autism Spectrum Disorder

There is no known cause of Autism Spectrum Disorders although damage to the brain, before, during or soon after birth, is suspected. There is no known cure. Students may reveal some of the following characteristics.

**Psychosocial**
- impaired social skills, such as difficulties with eye contact, trouble initiating or maintaining conversation
- communication difficulties in receptive and expressive language and non-verbal cues, such as social cues and body language (may have extensive vocabulary)
- some people have an unresponsive facial expression and vocal tone
- may appear to have impaired comprehension or poor listening skills, especially when there are other distractions
- repetition of heard words and phrases
- preference for routines
- highly specific and unusual preoccupations and attachments

**Learning**

Whereas the majority of people with an Autism Spectrum Disorder also have an intellectual disability, those with Asperger’s Disorder may have above average intelligence, relatively intact communication skills, and a specific learning disability. These students are often creative, lateral thinkers and may have leadership skills.

Many people with Autism Spectrum Disorders have been bullied at school and have difficulty resolving conflict, preferring to withdraw. Some get angry in conflict situations and appear to be unable to appreciate the other person’s point of view.

Remember, TAFE NSW students with Autism are often highly intelligent, value intelligence highly, and expect a very high level of professional competence.

Teachers are advised to avoid verbal jokes, metaphorical explanations and irony. Assessment requirements need to be very specifically spelled out, and the non-negotiable aspect emphasised. A clear process of appeal or dispute resolution also needs to be given in writing. Rules and requirements should be dealt with in a direct way, logically and simply.

**Humour**

Sometimes those with an Autism Spectrum Disorder can say and do things that they find funny, that others consider outrageous or unacceptable for the occasion.
What is deafness or hearing impairment?

Around 10% of Australians have a hearing loss which is measured in decibels (loudness) and frequency (pitch). Audiograms show the levels of hearing loss: Mild (40-50dB), Moderate (55-70dB), Severe (70-90dB) or Profound (90+dB). Human speech is around 60dB so it is difficult to hear or understand speech if you have more than a mild or moderate hearing loss.

Generally, the more hearing a person has, the more they will speak and rely on lip reading. The less hearing they have, the more likely they will prefer to use Sign Language. Each individual has a particular communication preference which is often related to family upbringing and the schools they have attended.

Hearing aids can help some people, but they only amplify whatever sounds can be heard. Unclear sounds remain unclear; they are just louder.

Finger spelling alphabet

Adjustments may need to be provided to enable a person with a disability to gain equitable access to education. Reasonable adjustments may include:

- modifying or providing equipment
- modifying assessment procedures
- changing course delivery
- modifying educational premises.

Adjustments must be determined in consultation with the student concerned.

For further advice contact your TAFE NSW Teacher Consultant

Other sources of support
Deaf Society of NSW
Deaf Education Network
The National Relay Service
Disability Discrimination Act 1992
Disability Standards for Education 2005

State Office: TAFE Disability Programs Unit Ph: 9244 5089 TTY: 9266 8189
A few communication tips

• Reduce background noise, particularly for students who use a hearing aid or have a cochlear implant.
• Ensure adequate lighting.
• Use diagrams, pictures and clear written language.
• Ensure the student is looking at you and can see your lips and facial expression before you start speaking.
• Check if captioned videos on the topic are available from the college library.
• Utilise an FM microphone system when available.
• Speak normally, do not exaggerate mouth movements.
• Use your normal pace and volume of speech.
• Don’t expect the student to watch you and write things down at the same time.
• Avoid the use of slang and clichés.
• Where practical use demonstration rather than just talking about it.
• Colleges which have designated facilities should display symbols such as:
  - a teletypewriter phone (TTY)
  - audio loop
  - telephone with volume control

Positive interactions in the learning environment

The Australian Deaf Community

People with a hearing loss can be divided into two groups:

• 'Deaf' with a capital 'D' refers to people who use Auslan and identify with the Deaf community and culture; and
• 'deaf', 'hearing impaired', or 'hard of hearing' people who, (after acquiring speech), experience various degrees of hearing loss e.g. from the effects of ageing, industrial accidents or exposure to excessive noise. They do not necessarily see themselves as part of a separate culture or community.

The Australian Deaf Community is made up of diverse individuals and families who share a common culture and language, generally not known to the hearing community. Many deaf people identify with the Deaf community and see themselves as members of a cultural and linguistic group whose first language is Auslan and second language is written English. They do not necessarily see themselves as a person with a disability.

Auslan

Auslan (Australian Sign Language) is the language used by the Australian Deaf Community. Deaf communities have developed different Sign Languages in different places. Auslan was derived from British Sign Language (BSL) but has since developed into a distinct language used by Australian Deaf people.

Auslan is recognised by the Australian Government as an Australian Community Language. Auslan is a visual language that includes: sign vocabulary, complex grammatical rules, facial expression, body language and finger-spelling. It is not the same as English.

Auslan Interpreters

The role of the Auslan interpreter is to facilitate communication between the Deaf or hearing impaired student, other students and the teacher. The interpreter is not a teacher and responsibility for the educational exchange remains with the class teacher. You may find the following tips useful when working with an interpreter in the classroom.

• Take time at the onset of the class to become familiar with the interpreter and the Deaf or hearing impaired student.
• Inform the interpreter on the class format for that lesson and position him/her as near to you as possible.
• Avoid speaking too rapidly.
• Be aware that the interpreter will need regular breaks.
• Speak directly to the student, not to the interpreter.
• Provide a copy of the lesson to the student as it is impossible to focus on the interpreter and write simultaneously.

Oral Communication/Lip-reading

Many people with a mild or moderate hearing loss use oral communication. This is where a deaf person speaks for themselves and reads the lips of the other person. However, this is not an easy thing to do. The more you can hear, the easier it is to distinguish the sounds you are lip-reading. If you have never heard speech, then lip-reading takes much longer to achieve. Even people with highly developed lip reading skills can only read about 30% of what is visible on the lips.
**Positive interactions in the learning environment**

The student may benefit from:

- working in a low stress environment
- a high degree of personal space
- avoiding exposure to identified triggers such as flickering computer screens or lights
- provision of LCD monitors, anti-glare screens and audio-format learning materials
- having a scribe and/or tutorial support
- the repeating of missed information
- the opportunity to inform other students about epilepsy.

If the student is comfortable with disclosing such information, it may be useful to endeavour to find out:

- possible effects of medication
- any restrictions on activity
- the possibility and usual length of seizures.

**Adjustments** may need to be provided to enable a person with a disability to gain equitable access to education. Reasonable adjustments may include:

- modifying or providing equipment
- modifying assessment procedures
- changing course delivery
- modifying educational premises.

Adjustments must be determined in consultation with the student concerned.

For further advice contact your **TAFE NSW Teacher Consultant**

**Other sources of support**

- Epilepsy Action of Australia  
  [www.epilepsy.org.au](http://www.epilepsy.org.au)
- Human Rights & Equal Opportunity Commission  
- Disability Discrimination Act 1992
- Disability Standards for Education 2005
What is Epilepsy?

Epilepsy occurs in 1–2 per cent of the population. The few known causes of epilepsy include birth trauma, head injury, brain infection, lack of oxygen to the brain e.g. from near-drowning.

Temporary physical changes in the brain can cause seizures, which can be convulsive (jerking) or ‘phase-outs’ (staring into space, lack of consciousness).

In people with epilepsy, seizures may be triggered by a range of stimuli including: failure to take medication, flashing or flickering lights or screens, stress or anxiety, fatigue, illness, poor diet, alcohol and drugs, inactivity and boredom.

Generally, participation in the full range of educational activities can occur without major adjustments.

Some epilepsy medication can adversely affect concentration, short term memory, alertness, coordination or mood. Epilepsy can cause frequent small lapses of consciousness which can interfere with learning.

First Aid Procedures

- Note the time when the person started to have a seizure.
- Keep calm. Although the manifestations may be intense they are generally not painful to the individual.
- Help lower the person to the floor and place cushioning under their head.
- Turn the person’s head to the side so that breathing is not obstructed.
- Loosen tight clothing. Do not put anything in the person’s mouth.
- Do not try to restrain bodily movement.
- Make sure someone stays with the person until they recover.

The majority of seizures will resolve within a 5-10 minute period, making ambulance attendance unnecessary.

Sometimes after a seizure, the person may be exhausted and require a deep sleep.

Call an ambulance if:

- food or water is in the mouth
- injury has occurred
- the seizure lasts longer than is usual for that person
- jerking lasts longer than 5 minutes or another seizure follows
- you arrive after the seizure has started
- the person has breathing difficulties after the jerking stops
- the person has diabetes
- the person is pregnant
- it is the person’s first known seizure
- you are in doubt about what to do.

Epilepsy:

- can affect anyone at any age
- is wrongly surrounded by fear, prejudice and misunderstanding
- is common and can be managed
- does not necessarily limit expectations or achievements.
**A few communication tips**

- Teach in small steps with repetition.
- Speak clearly using uncomplicated language and statements - plain English.
- Check that the person has understood what has been said and be prepared to repeat what you have said using different words.
- Respect the person’s right to have a support person such as a scribe or tutor.
- Allow sufficient time for the student to respond and to ask questions.
- Use a wider range of teaching strategies such as illustrations, pictorial systems, site visits or breaking down the activity to smaller, more achievable units of learning.

**Adjustments** may need to be provided to enable a person with a disability to gain equitable access to education. Reasonable adjustments may include:

- modifying or providing equipment
- modifying assessment procedures
- changing course delivery
- modifying educational premises.

Adjustments must be determined in consultation with the student concerned.

For further advice contact your **TAFE NSW Teacher Consultant**

**Other sources of support**

- NSW Council for Intellectual Disability (CID)
- Human Rights & Equal Opportunity Commission  
- Disability Discrimination Act 1992
- Disability Standards for Education 2005
A person with an intellectual disability will have individual needs, just like everyone else. It is important to consult directly with the individual, and possibly their advocate, to determine the level of assistance and modifications needed.

- Treat the person with respect as you would others.
- Talk directly with the person and not to the person accompanying them.
- Attempt to use plain English.
- The person may need help with everyday functions such as handling money, deciding which bus to catch or where to catch it, waiting their turn or standing in queues and so on.
- Exercise patience when teaching a new skill and be prepared to revise the task.
- Discuss age-appropriate topics such as sport, television, theatre, music or news. Do not use reference material written for children.

For people with an intellectual disability, the method of teaching and learning may need to be adjusted. For example, using pictorial and visual learning systems with practice can be more beneficial than large chunks of text.

Exploring innovative ways of teaching and learning is a positive practice that benefits all people, including people with an intellectual disability.

People with an intellectual disability make a positive contribution to the community. Many people with an intellectual disability live independently or with support in the community working in various levels of employment and participating in social activities and facilities.

**What is an Intellectual Disability?**

Approximately 3% of the Australian population have some sort of intellectual disability and may require support with daily living activities, according to the NSW Council for Intellectual Disability.

A person with an intellectual disability is identified as having:

- difficulties with adaptive skills such as following and understanding directions, understanding abstract concepts
- an IQ score of less than 70-75
- the above characteristics prior to age 18.

In practical terms, having an intellectual disability may mean:

- the need for support (either short term or life-long) with some daily living tasks such as financial management, meal planning, accessing public transport or self care
- some difficulties with learning new information and understanding complex instructions
- some difficulties expressing and understanding language.

For many people with an intellectual disability no cause can be identified. However, the most common causes of intellectual disability are genetic, physical or environmental in nature.

These can include:

- genetic factors such as Down’s syndrome
- physical factors such as prenatal (maternal infection); perinatal which affects the child during birth (lack of oxygen or injury); or postnatal (head injury, infections, accidents, encephalitis, meningitis, child abuse)
- environmental factors such as inadequate nutrition or health care.

**Positive interactions in the learning environment**

A person with an intellectual disability may need support (either short term or life-long) with some daily living tasks such as financial management, meal planning, accessing public transport or self care.
**Positive interactions in the learning environment**

- A positive environment can encourage skill building, learning and asking questions.
- Flexible hours or deadlines may help accommodate doctor or therapist appointments and/or optimum performance times of the individual.

Disclosure is often a very difficult issue for people with a mental illness due to stigma, misconceptions and prejudices demonstrated daily in our community, media and historical literature. Privacy and confidentiality principles are critical for developing and maintaining trust.

It is very rare that a person with a mental illness will display completely unacceptable or challenging behaviour. Research indicates that people receiving treatment for a mental illness are no more violent or dangerous than the general population.

**Handling Confrontation Positively**

- Outline clear boundaries of acceptable and non-acceptable behaviour.
- Make tasks clear and precise.
- Where possible, deal with unacceptable behaviour in a confidential setting.
- Remain calm and logical.
- Do not argue. Speak in a calm and clear manner.
- Do not make promises you may not be able to keep.
- Do not say things like ‘Now, don’t do anything silly’.

**Adjustments** may need to be provided to enable a person with a disability to gain equitable access to education. Reasonable adjustments may include:

- modifying or providing equipment
- modifying assessment procedures
- changing course delivery
- modifying educational premises.

Adjustments must be determined in consultation with the student concerned.

For further advice contact your **TAFE NSW Teacher Consultant**

**Other sources of support**

- Mental Health Association NSW Inc.
- Mental Health Coordinating Council
- Human Rights & Equal Opportunity Commission
  www.hreoc.gov.au
- Disability Discrimination Act 1992
- Disability Standards for Education 2005

http://www.sane.org

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State Office: TAFE Disability Programs Unit Ph: 9244 5089 TTY: 9266 8389
What is a mental illness or disorder?

'A mental illness/disorder is a diagnosable illness that significantly interferes with a person's social abilities. Mental illnesses/disorders are of different types and degrees of severity and include depression, anxiety, substance abuse disorders, and psychosis.' (World Health Organisation)

Psychiatric disability and mental illness are often used interchangeably. Mental illness refers to the actual disorder, while psychiatric disability refers to the impairment the individual experiences as a result of mental illness.

Not every person who has had a mental illness will experience a disability. Many people recover from an episode of illness and enjoy long periods of complete health. Psychiatric disability is seldom permanent, and the level of disability experienced often fluctuates. Most mental illnesses are episodic and the majority are treatable.

Mental illness or disorders can affect anyone from any social or ethnic background, with any intelligence level and at any age. It is estimated that one in five of the population will experience a mental illness at some point in their lives.

Currently, over one million Australians experience a mental illness or disorder. 3-4% of Australians experience severe mental illnesses or disorders which will significantly interfere with their well being and reduce their capacity to participate fully in community life.

National Mental Health Strategy:

Common forms of Mental Illness

Anxiety disorders: a group of illnesses characterised by persistent feelings of high anxiety, continual or extreme discomfort and tension and fear of panic attacks usually without discernible cause. An anxiety disorder is distinguished from normal feelings because the level of anxiety and feelings of panic are so extreme that they significantly interfere with daily life.

• Obsessive compulsive disorder and post-traumatic stress disorder are considered types of anxiety disorder. Effective treatments are available and new, improved therapies can help most people with anxiety disorders lead productive, fulfilling lives.

Depressive disorders range from mild to severe forms with extreme cases resulting in hospitalisation. Experiences include a prolonged period of sadness during which people lose interest or pleasure in previously enjoyed activities; they slow down and are negative in their thoughts.

Bipolar mood disorder is the new name for what was called manic depressive illness. The new term better describes the extreme mood swings – from depression and sadness to elation and excitement – that people with this illness experience. With access to appropriate support, most people with bipolar mood disorder lead full and productive lives.

Psychotic disorders are a group of serious illnesses that affect the mind. These illnesses alter a person's ability to think clearly, make good judgments, communicate effectively, understand reality and behave appropriately. When symptoms are severe, people with psychotic disorders have difficulty staying in touch with reality and often are unable to meet the ordinary demands of daily life. However, even the most severe psychotic disorders are treatable. Psychotic disorders include schizophrenia and delusional disorder.

Schizophrenia affects approximately 1% of the population and 20% to 30% of these will only experience one episode in their lifetime. It affects a person's ability to think clearly, manage emotions, make decisions, and relate to others. People with this illness may be fearful and withdrawn. Other symptoms may include depression, anxiety, extreme fears (phobias) and obsessive behaviour. During occurrence symptoms may include delusions such as false beliefs of persecution, guilt or grandeur-hallucinations, commonly involving 'hearing voices', and thought disorders characterised by illogical and 'jumpy' thought patterns. Secondary symptoms include lack of drive, blunt emotions, social withdrawal and lack of insight. This illness is highly treatable and new treatments are continually improving the outlook for people with this disorder.

Personality and disruptive disorders are characterised by significant impairment in social, educational or occupational functioning, interacting with groups and accommodating group needs.

• Oppositional defiant disorder is a pattern of antagonistic, deliberately disobedient and hostile behaviour. The person often blames others for mistakes and is easily annoyed by others

• Conduct disorder may cause the person to bully, intimidate, or coerce others and to be cruel

Eating disorders are real, treatable medical illnesses involving certain maladaptive patterns of eating. They frequently develop during adolescence. They are not due to a failure of will or behaviour and often occur in conjunction with other psychiatric disorders such depression, substance abuse, and anxiety disorders. Anorexia and bulimia are the two most serious eating disorders but both are treatable.
**Access Considerations**

**Accessibility** encompasses:

- the environment leading into and within the classroom or campus
- access to learning.

Physical access suitable for people with physical disabilities benefits everyone and often helps address occupational health and safety requirements as well.

Ergonomic furniture, page turning devices and document holders may be helpful. Extra time or a scribe may be needed for someone prone to fatigue or with poor dexterity. The student may also have a carer or personal assistant.

Absence or lateness may be caused by transport problems, weather conditions, waiting for lifts or personal care assistance, lift or wheelchair breakdown.

**Assistive Technology**

**Voice or speech recognition programs** allow the user to dictate information into the computer through a microphone and, to varying degrees, control the computer by voice.

Some examples:

- Dragon Naturally Speaking and Dragon Dictate
  http://www.dragonsys.com
  http://www.cvv.com

**Adjustments** may need to be provided to enable a person with a disability to gain equitable access to education. Reasonable adjustments may include:

- modifying or providing equipment
- modifying assessment procedures
- changing course delivery
- modifying educational premises.

Adjustments must be determined in consultation with the student concerned.

For further advice contact your **TAFE NSW Teacher Consultant**

**Other sources of support**

- Spinal Cord Injuries Australia
- Northcott Society
- Human Rights & Equal Opportunity Commission
  www.hreoc.gov.au
- Disability Discrimination Act 1992
- Disability Standards for Education 2005

State Office: TAFE Disability Programs Unit Ph: 9244 5089 TTY: 9266 8189
What is a Physical Disability?

A physical disability is one that affects the person's mobility and or dexterity. The Australian Bureau of Statistics (ABS) estimates that at least 6% of Australians over the age of 5 years have mobility disabilities.

Physical disabilities can be permanent, intermittent or temporary. Physical disabilities can be caused by:

- congenital factors
- trauma/accident
- infection
- degeneration
- disease
- chronic medical conditions.

Mobility impairments vary from person to person and may include problems with balance, gait and co-ordination; dizziness and weakness; pain and paralysis. Aids such as crutches, a walking stick or a wheelchair may be used. Sometimes, people with physical disabilities may have involuntary movement of the muscles. Some conditions may go into remission; others may come and go with no particular pattern, or there may be gradual deterioration.

Among the most common permanent disorders are partial or total paralysis, amputation, severe spinal injury, types of arthritis, cerebral palsy, motor neurone disease, multiple sclerosis, muscular dystrophy, post-polio syndrome and spina bifida. Additionally, some respiratory and cardiac diseases may affect mobility. Any of these may impair strength, speed, endurance, coordination and dexterity.

Positive interactions in the learning environment

- Do not assume people with a physical disability cannot comprehend because of physical appearance.
- Where possible, position yourself at the same level as the person when communicating.
- Look at the person directly.
- If you think the person may require some assistance, ask first and be willing to accept ‘no’ for an answer. If the person says ‘yes’, ask what kind of help would be appropriate.
- If waiting is necessary, ask if the person requires a chair.
- If teaching resources need to be carried, it may be helpful to offer to carry them for the student.
- If you are in a lift when a person with a physical disability is entering or leaving, hold the door open to ensure the person’s safety.
- People who are dependent on taxis to get around may need to book the cab by phone, or be advised when the cab arrives.

People using wheelchairs

People who use wheelchairs have varying degrees of difficulty with mobility. Some use their arms to propel the chair; others use a motorised wheelchair, which is usually heavier and cannot be easily lifted or folded into a car.

- Respect the person’s personal space. Stand or sit clear of a wheelchair as it is often considered a part of the person’s body space.
- Do not use the term ‘wheelchair bound’. A wheelchair is an enabling device not a restriction.
- Be aware that heavy doors can be awkward or impossible for a person in a wheelchair.
- Offer to reach things on high shelves.
- If possible and appropriate, sit down to speak with a person in a wheelchair so that you are at the same eye level.
- Use of a wheelchair usually means it takes longer to get from one place to another; bear this in mind if the person is late for a class.
- If the person carries their pads, notebooks and pens in a bag hung over the back of the chair, they might appreciate an offer of assistance to get them out or put them away.

Pushing a wheelchair

Always ask the person if assistance is needed and what they require. When pushing a wheelchair do not move too quickly.

To negotiate a step or gutter while pushing a wheelchair, reverse the chair down the step then ease the front wheels to the ground level once down. To go up a step, you may need to tilt the chair backwards enough to land the front wheels on the higher level, then lift the rest. Never tilt a wheelchair forward or backward without the occupant’s knowledge or consent.
**Assistive Technology access to information**

**Braille** is the tactile representation of text. Not all blind people read Braille but for those who do, ensure sufficient time is allowed for notes and exams to be transcribed. Consult your teacher consultant.

- Closed Circuit TV (CCTV) enlarges print onto a computer screen.
- Micro recorders are useful for recording meetings, conferences etc.
- Monocular hand held mini-scopes magnify information to provide a close-up view.
- Large print software programs magnify text on the computer screen eg: *ZoomText*.
- *ZoomCaps* computer keyboards provide more visible keys.
- A portable Brailler can manually record directly into Braille.

**Screen readers** enable a person to hear, review and edit text that is typed on the computer screen.

- Keynote Gold; OutSPOKEN; TextHELP! [www.pulsedata.com](http://www.pulsedata.com)
- WYNN What You Need Now! [www.synapseadaptive.com](http://www.synapseadaptive.com)
- Dragon Naturally Speaking; Dragon Dictate [www.dragonsys.com](http://www.dragonsys.com) [www.cvv.com](http://www.cvv.com)
- Speak to Write [www.edc.org](http://www.edc.org)

**Adjustments** may need to be provided to enable a person with a disability to gain equitable access to education. Reasonable adjustments may include:

- modifying or providing equipment
- modifying assessment procedures
- changing course delivery
- modifying educational premises.

Adjustments must be determined in consultation with the student concerned.

For further advice contact your **TAFE NSW Teacher Consultant**

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**Some advice and strategies for teachers**

**Other sources of support**

Royal Blind Society
Blind Citizens Australia
Guide Dog Association
Disability Discrimination Act 1992
Disability Standards for Education 2005
**What is Blindness or Vision Impairment?**

'Legal' blindness is considered to be the inability to identify anything less than 6/60 distance vision or a restriction of this visual field to 10 degrees of arc. This means that what people can usually see at 60 metres a person with vision impairment can only see at 6 metres.

Vision impairment varies from person to person and may range from blurred vision, reduced depth and distance perception, sensitivity to glare, tunnel vision to poor night vision. Vision impairment may impact on a person at birth, deteriorate over time or occur suddenly as a result of an accident, hereditary condition, diabetes, glaucoma, stroke, eye infections and congenital conditions.

It is estimated that less than 5% of people with vision impairment are totally blind. Most people have some useful vision. The amount and kind of sight they have, and how well they are able to use it, depend largely on the diagnosis of their particular impairment. An appropriate environment can, however, greatly increase their ability to function independently.

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**Positive interactions in the learning environment**

**Communicating**
Be conscious of additional messages conveyed non-verbally such as facial expressions and body language and attempt to verbalise these. For example, you may need to convey that someone has nodded or smiled to indicate agreement.

- Introduce yourself by name and introduce anyone else who may be present.
- Always face the person and speak normally, neither louder nor more exaggerated.
- Say when you are leaving the room.
- Ensure that the student is aware of any room changes, not relying on a note on the door or board.

**When offering assistance**
- Ask if the person would like any help.
- Allow them to take your arm and walk about half a pace behind you; never grab them or try and lead them.
- Ensure that the path of travel is clear especially if the person uses a cane.
- Give clear and concise information about what is ahead.
- Don't use gestures to indicate directions.
- Use clear indicators such as '100 metres to your right'.

**When approaching stairs**
- Advise whether you are going up or down and how many steps there are.
- Say when you are reaching the top or bottom of the stairs.
- Advise when there are signs like "work in progress" or "slippery when wet."

**When guiding a person to a chair**
- Place their hand on the back of the chair.
- Indicate which way the chair is facing and whether it swivels or has arms.
- Place their hand on the roof of the car so they can bring it down to touch the back of the car seat.

**Trained dogs**
- Anti-discrimination legislation makes it unlawful for guide dogs to be refused entry to any building or public transport.
- A guide dog or any animal trained to assist a person with a disability will be highly disciplined. It is important not to interfere in any way in the interaction between the guide dog and its owner.
- Do not feed, pat or talk to the guide dog.
- Take into account the dog’s needs for food and water, always checking with the owner first.
- Ensure there is adequate access to outdoor areas for exercising and toileting.
- If you are asked to take a guide dog for a walk, be sure to ask the owner or regular handler for any special instructions on how to handle the animal.