



# THE STATEMENTING PROCESS

## Referral Procedures for Schools



**GOVERNMENT OF MALTA**  
MINISTRY FOR EDUCATION,  
SPORT, YOUTH, RESEARCH  
AND INNOVATION

STATEMENTING PANEL

MEYR 2023

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(Official Needs Identification)
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# Terminology and Acronyms



## TERMINOLOGY

### **COLLEGE**

Refers to a cluster of Primary, Middle and Secondary schools in the Public Education Sector in Malta.

### **FORMAL IDENTIFICATION OF NEEDS**

Refers to the professional opinion on the needs of the child. Following this, the school will plan how to meet those needs.

### **MEDICAL CONSULTANT**

Refers to a medical doctor who by training and experience has acquired a special knowledge in a subject area that has been recognized the local competent authority.

### **OFFICIAL STATEMENT OF SUPPORT**

Refers to a Statement of Support issued by the Statementing Panel

### **PARENT**

Refers to the biological or legal guardians of the learners attending the school.

## ACRONYMS

<b>DG DES</b>	Director General Department for Educational Services
<b>DES</b>	Directorate for Educational Services
<b>DER</b>	Education Resources Directorate PEOPLE MANAGEMENT DEPARTMENT
<b>HCN</b>	Head of College Network
<b>HoD</b>	Head of Department
<b>HoS</b>	Head of School
<b>IEP</b>	Individual Education Programme
<b>LSE</b>	Learning Support Educator
<b>SfCE</b>	Secretariat for Catholic Education
<b>SP</b>	Statementing Panel

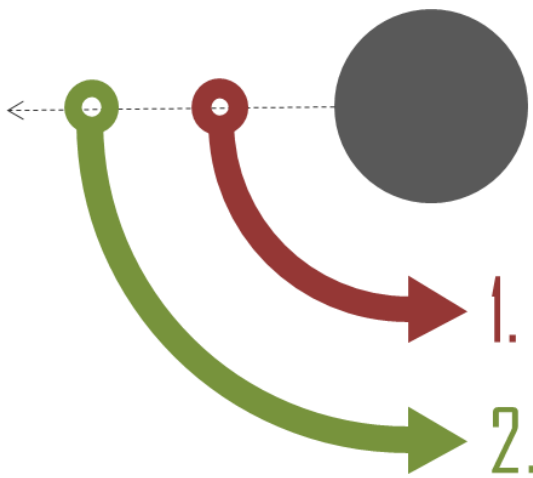
# Chapter 1

## Application for Additional Class Support (Official Statement of Support)



### 1.1 INTRODUCTION

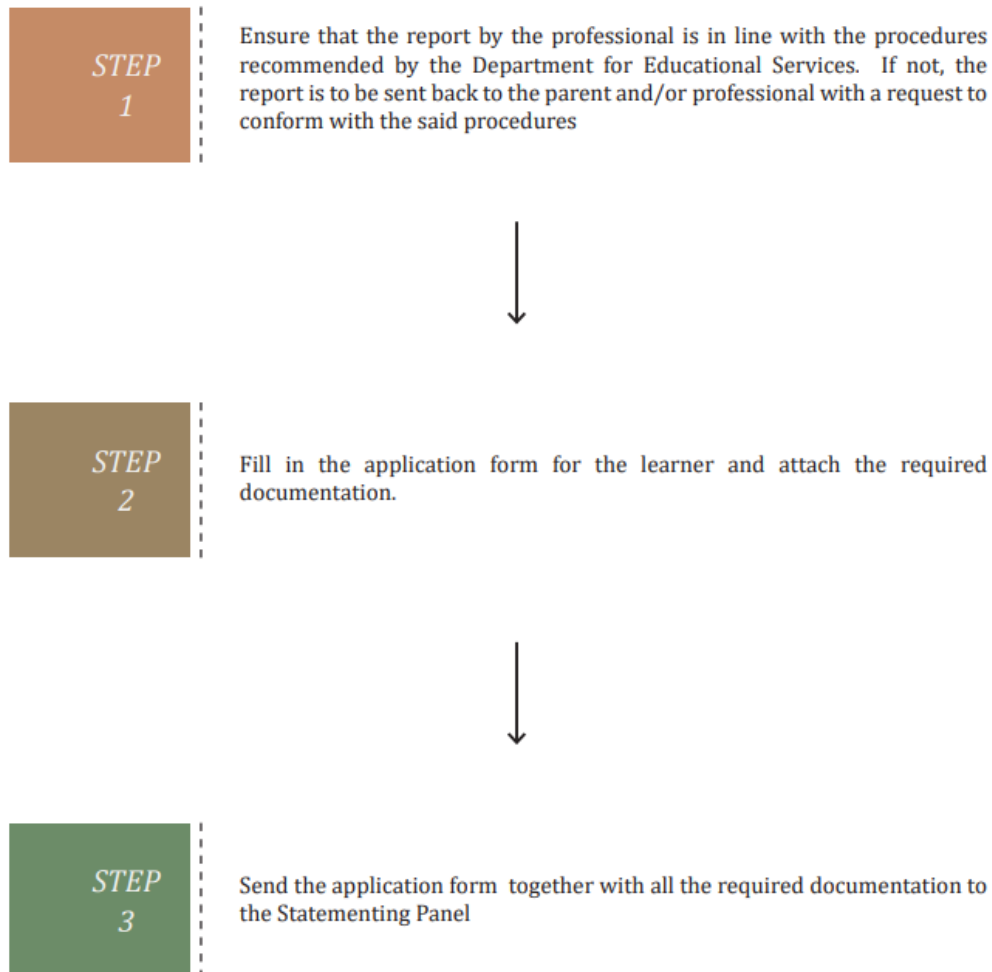
When applying for Additional Class Support (Official Statement of Support), the school may submit an application to the Statementing Panel for one of the following circumstances.



1. A learner is registered to enter school and a formal identification of needs is already in place
2. A learner is already in the school but his/her needs are not able to be met at class, school and/or college level

## 1.2 AT REGISTRATION

- (i) When a child with a formal identification of needs as per **Criteria for Referral for Additional Support** (Chapter 2) stated in a report by a psychologist and / or a medical consultant indicates challenges synonymous with a disability or a condition registers to enter school, the following procedures need to be followed by the Head of School or delegate:



- (ii) When upon registration, a child requires a formal identification of needs, the Head of School shall consult with the HoD (Inclusion) .

In both situations (i) and (ii) the aforementioned steps must be followed in consultation with the parents / guardians of the child.

Before an application is considered to be sent to the Statementing Panel, the Head of School needs to ensure that the needs of the child cannot be met with the appropriate strategies and resources at class, school and college level.

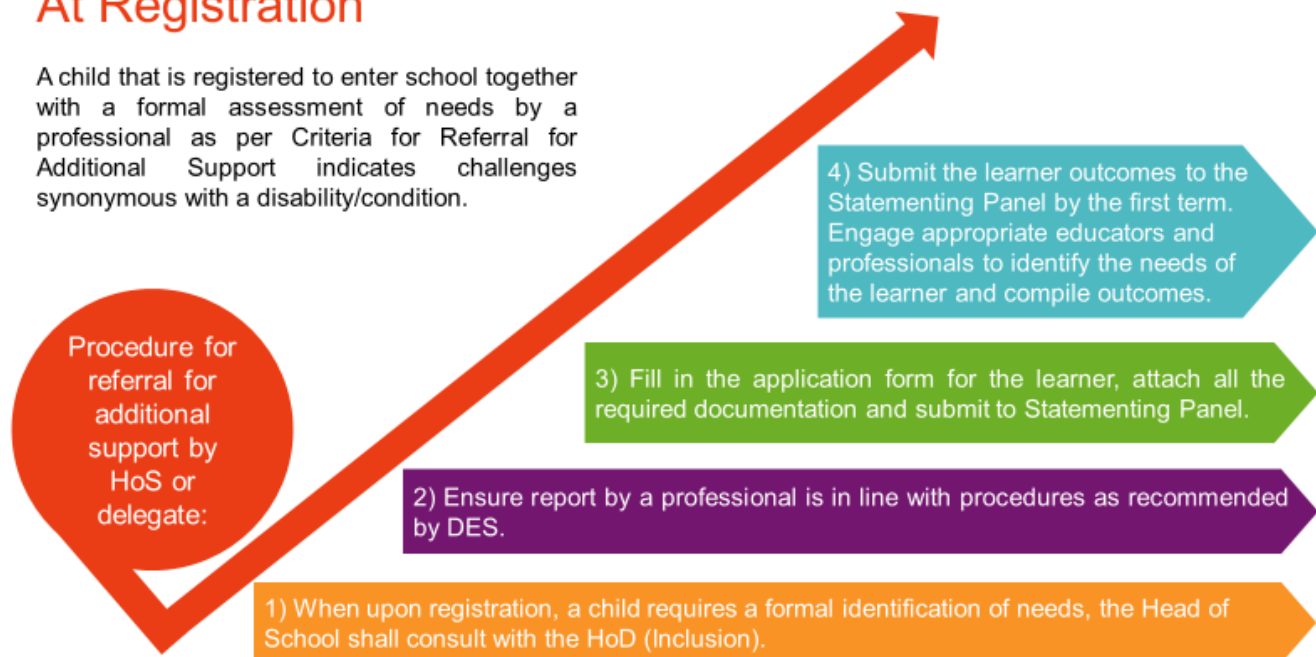
**If the report of the professional is not in line with the procedures recommended by DES or does not fall under the Criteria for Referral for Additional Support the Head of School shall discuss with the parents / guardians in the presence of the HoD (Inclusion) to explain the support that will be given by the school and College resources.**

Once the Head of School confirms that the learner's application to the Statementing Panel is **warranted**, s/he forwards the application to the Statementing Panel.

### **Diagrammatic Summary for Learners at Registration**

## At Registration

A child that is registered to enter school together with a formal assessment of needs by a professional as per Criteria for Referral for Additional Support indicates challenges synonymous with a disability/condition.

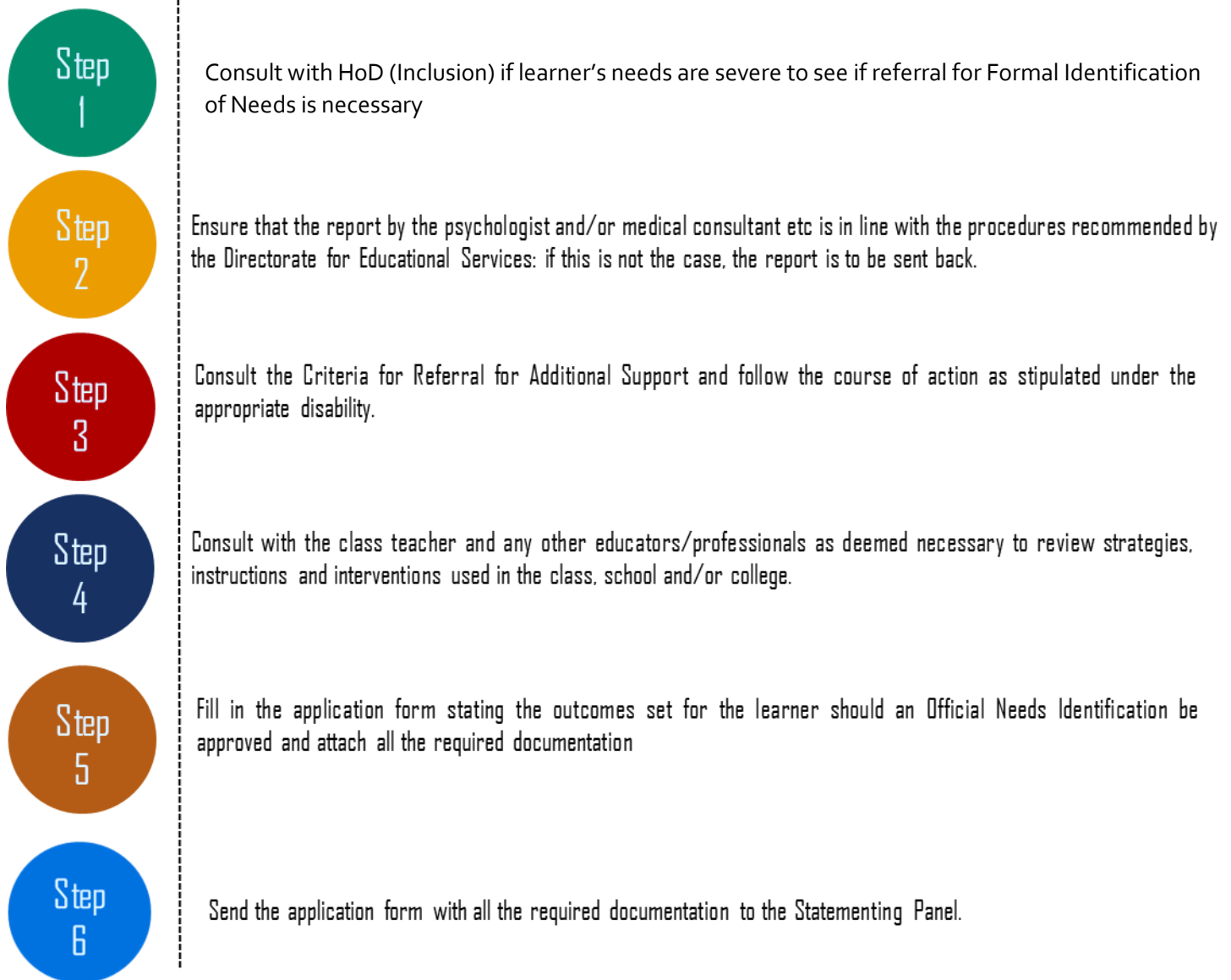


### 1.3 LEARNER ALREADY IN SCHOOL

When the Head of School together with the Class Teacher and any other College Educator / Professional involved conclude that the learner's needs are severe and the set outcomes are not being met through the **resources available in the school and /or College, the HoD (Inclusion) and if necessary the Inclusion Specialist are consulted.** Parents / guardians are advised and a referral for a Formal Identification of Needs by the appropriate professional/s is made.

When a report by a competent professional (psychologist and / or medical consultant *etc*) indicates challenges synonymous with the **Criteria for Referral for Additional Support**, the Head of School shall consult the HoD (Inclusion) to see if these merit referrals for additional support. After such consultation, the Head of School concludes that procedures need to be followed for referral, the following steps shall be carried out.

**At no point shall the school refer a learner to the Statementing Panel if a parent / guardian presents a Formal Identification of Needs obtained solely on the initiative of the parent/guardian. Such referral shall only be processed if the Formal Identification of Needs is requested by the school's SLT together with the HoD (Inclusion) and obtained from the parent / guardian. Once the Formal Identification of Needs has been received by the SLT and HoD (Inclusion) a referral to the Statementing Panel shall only be considered by the school's SLT and HoD (Inclusion), when all the recommendations in the Formal Identification of Needs have been implemented.**

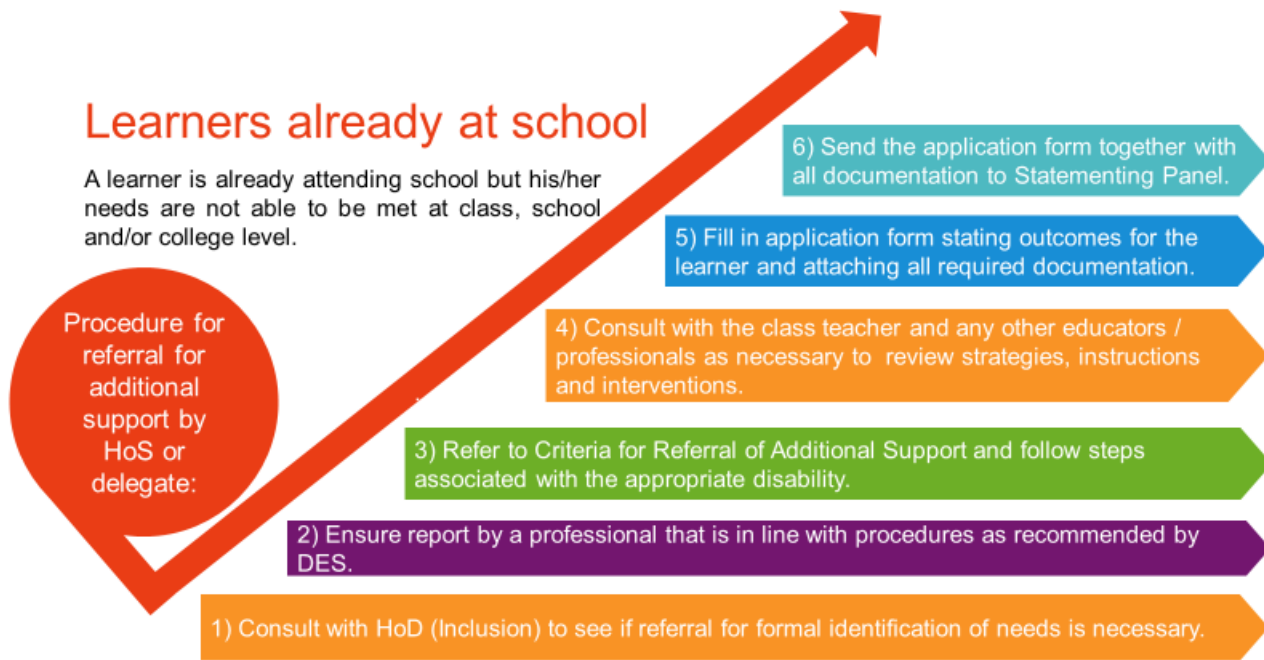


These aforementioned steps must be followed in consultation with the parents / guardians of the child.

Before the application is sent to the Statementing Panel, the Head of School needs to review the application to ensure that all the necessary steps have been followed at school level, appropriate strategies have been implemented and that all resources at class, school and college level have been appropriately utilised.

**If the report of the professional is not in line with the procedures recommended by DES or does not fall under the Criteria for Referral for Additional Support the Head of School shall discuss with the parents / guardians in the presence of the HoD (Inclusion) to explain the support that will be given by the school and College resources,.**

## Diagrammatic Summary for Learners already at School



## 1.4 RECEIPT OF APPLICATION BY STATEMENTING PANEL

On receiving the application, the Statementing Panel will:

- ⇒ Send an acknowledgement of receipt to the parents / guardians
- ⇒ Verify application to ensure:
  - (i) that all steps were carried out at school and college level; and
  - (ii) that the attached formal report/s by the competent professional/s (psychologist and /or medical consultant *etc*), indicates/s challenges that according to the **Criteria for Referral for Additional Support (Chapter 3)** merit referral for additional support;
  - (iii) the extent of the learner's needs through class observations may be carried out by the Inclusion Specialist and,
- ⇒ Call parents / guardians/learner/SMT for an interview OR send the applications back to the Head of School, if applications are not in line with the procedure and criteria.
- ⇒ The Head of School shall then communicate with the parents / guardians.

## 1.5 THE INTERVIEW

During the process the panel will review and discuss the needs of the learner, the needs of the class/school and the outcomes (set by the school) that the learner should achieve within set time-frames and develop an Official Statement of Support.

## 1.6 OFFICIAL STATEMENT OF SUPPORT

The Official Statement of Support will indicate:

- ⇒ the Panel's decision to the Head of School
- ⇒ time-framed outcomes that the learner should achieve by the time of review or termination of additional support as indicated by the school and/ or amended by the Panel; and,
- ⇒ the review date (not more than 3 years) or date of termination of additional support if needed.

The Statementing Panel will send the report to the DG DES and once approved will forward the report to the DER who will send a copy of the Official Statement of Support to the Head of School / Secretariat for Catholic Education (SfCE).

Parents / guardians will also receive a copy of the report.

## 1.7 APPEAL

Parents / guardians and/or the Head of School who do not agree with the decision taken by the Statementing Panel may send a letter to the Chairperson of the Appeals Board appointed **within three (3) months** from the date of issue of the Official Statement of Support. The letter should include the Official Statement of support, the formal identification of needs and the reason for the appeal.

## 1.8 INDIVIDUAL EDUCATIONAL PROGRAMME [IEP]

The SMT, Class Teacher and Educators involved will collaborate with parents / guardians and any other professionals working with the learner to set the learner's IEP in line with the outcomes approved by the Statementing Panel. The IEP needs to be reviewed annually (third term) through the IEP review meeting to evaluate the learner's progress and/or challenges vis-à-vis the time framed outcomes. The Statementing Panel will have access to IEPs so that, where and when deemed necessary, it can check the learner's progress.

## 1.9 MONITORING AND REVIEW

1. It is the role of the Head of School or his/her delegate and the HOD (Inclusion) to ensure that proper monitoring is carried out through class observations and IEP reviews.
2. The Review Panel will follow up issued Official Statement of Support through IEPs and other monitoring, recording and reporting procedures.
3. The Review Panel will review the outcomes and support issued in the Official Statement of Support:
  - ⇒ at the time of review;
  - ⇒ at any time after one year has elapsed since the Official Statement of Support. This can be done on the request of the school and/or parents / guardians if outcomes have been reached and support can be re-dimensioned or removed or if the outcomes are not being reached and there is a need for increased support. When it is felt by the school that the time framed outcomes, as stated in the Official Statement of Support, are not being met by the learner due to a significant regression in the condition of the learner / new diagnosis which is accompanied by a recent formal identification of needs with details on the matter. **The school shall request an evaluation of the situation by filling in the *Request for Review of Support* referral to the Inclusion Specialist. The referrals will be vetted and unannounced observations are carried out. Any review request to increase support shall be monitored and endorsed by the Inclusion Specialist in collaboration with HoD (Inclusion).** Any review request can be requested only after a year has passed since the date of the Official Statement of Support issued by the Statementing Panel. The Review Panel can review those cases with a review recommended in their initial statement and those cases which, according to school, progress has been made since last stated or

⇒ at any time by request of Review Panel after one year has elapsed. since the Official Statement of Support.

Review requests for learners with an end of support date as stipulated by the Stated Panel, Review Panel and Appeals Board **cannot be requested** unless there is a change in circumstances identified by the Inclusion Specialist and/or HoD (Inclusion).

# Chapter 2

## Criteria for Referral – Condition Specific



### INTRODUCTION

The Criteria for Referral for Additional Support has five purposes:

1. Provide a framework within which additional support can be considered.
2. Ensure equity, transparency, fairness and consistency across settings.
3. Ensure that resources are used to provide the appropriate level of support.
4. Assist decision when referring for additional support.
5. Assist the Statementing Panel in considering referrals for a Statement of needs.



- 1 PROVIDE A FRAMEWORK WITHIN WHICH ADDITIONAL SUPPORT CAN BE CONSIDERED
- 2 ENSURE EQUITY, TRANSPARENCY, FAIRNESS AND CONSISTENCY ACROSS SETTINGS
- 3 ENSURE THAT RESOURCES ARE USED TO PROVIDE THE APPROPRIATE LEVEL OF SUPPORT
- 4 ASSIST DECISION WHEN REFERRING FOR ADDITIONAL SUPPORT
- 5 ASSIST THE STATEMENTING PANEL IN CONSIDERING REFERRALS FOR A STATEMENT OF NEEDS

Seven categories are identified for the purpose of these **Criteria for Referral** which are:

1. Intellectual Disability
2. Autism Spectrum Disorder
3. Communication Disorders
4. Attention deficit and Hyperactivity Disorder (ADHD) / Hyperkinetic Disorder
5. Severe behavioural problems and Conduct Disorder
6. Mental Health Difficulties
7. Physical, medical and / or neurological conditions

### 3.1 INTELLECTUAL DISABILITY

Intellectual disability affects adaptive functioning in three domains:

- ⇒ *conceptual domain* – which includes skills in language, reading, writing, numeracy, reasoning knowledge and memory;
- ⇒ *social domain* – refers to capabilities to make social judgement, empathise and interpersonal communication skills with the ability to make and retain friendships; and,
- ⇒ *practical domain* – focuses on self-management which includes personal care, job responsibilities, money management, leisure and organisation skills.

These domains affect how well an individual can cope with everyday tasks and independent living skills. Although intellectual impairment is diagnosed on the basis of the severity of deficits in the adaptive functioning skills, it is considered to be chronic and often occurs along with other conditions.

A learner may be referred to the Statementing Panel for additional support if there is a diagnosis based on **DSM-5-TR**<sup>1</sup> criteria of a **moderate to profound level of severity** in any of the following:

1. Intellectual Developmental Disorder
2. Global Developmental Delay
3. Unspecified Intellectual Developmental Disorder

A learner may also be referred to the Statementing Panel if there is a diagnosis of Intellectual Developmental Disorder based on **ICD 11**<sup>2</sup> criteria, of a **mild to profound level of severity**.

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<sup>1</sup> DSM-5-TR: Diagnostic and Statistical Manual of Mental Disorders – 5<sup>th</sup> edition(2022), American Psychiatric Association (APA).

<sup>2</sup> ICD 11: International Classification of Diseases, 11<sup>th</sup> edition (2019) World Health Organisation (WHO)

### **1. Intellectual Developmental Disorder (according to DSM-5-TR) of at least moderate severity**

Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing (on test with a mean of 100 and a standard deviation of 15, this involves a score of 65-75 (70 plus or minus 5) or lower).

AND

Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.

### **2. Global Developmental Delay (according to DSM- 5-TR) of at least moderate severity**

This is a diagnostic category reserved for individuals under 5 years of age when the clinical severity level cannot be reliably assessed during early childhood – when the individual fails to meet expected developmental milestones in several areas of intellectual functioning and where the individual is unable to undergo systematic assessments of intellectual functioning, including children who are too young to participate in standardized testing.

***This category requires reassessment after a period of time.***

### **3. Unspecified Intellectual Disability (according to DSM-5-TR) of at least moderate severity**

This is diagnosed when standardized testing is difficult or impossible, because of a variety of factors (*e.g.* sensory impairment, severe problem behaviour). Used only when individual is over 5 years of age.

### **4. Intellectual Development Disorder (according to ICD-11) of at least mild severity.**

Approximate IQ range of 50 to 69 (on an IQ test with a mean of 100 and a standard deviation of 15) which is likely to result in some learning difficulties in school. Many adults will be able to work and maintain good social relationships and contribute to society.

If the Intellectual disability is mild or if the IQ range is higher than that specified in the diagnostic criteria mentioned above, the learner is to be first supported through the resources available at the School and College

An application to the Statementing Panel shall include all of the following:

<input type="checkbox"/>	A report issued by a psychologist and, if necessary by a Medical Specialist, indicating the diagnosis, nature and severity of the difficulty and the extent to which this is hindering the education of the learner;
<input type="checkbox"/>	A certificate by a competent Medical Practitioner if the learner is on medication;
<input type="checkbox"/>	A cognitive assessment and other psychometric assessments as necessary; if such assessments are not carried out a reason why these were not carried out must be forthcoming;
<input type="checkbox"/>	A re-integration plan if the learner is not attending school due to this difficulty;
<input type="checkbox"/>	An identification of the professional/s following the child;
<input type="checkbox"/>	A school report outlining the challenges and support offered together with the reasons why the resources available in the School and College is not enough to meet the needs; and,
<input type="checkbox"/>	A school-based behavioural plan including the identified professional/s within the school and /or college monitoring and supporting the learner where necessary.

### 3.2 AUTISM SPECTRUM DISORDER

At one end of the autism spectrum are those learners who fail to develop verbal communication and have additional learning difficulties, while at the other end are those learners who usually develop adequate communication and intellectual abilities (Wing, 1996).

Learners with Autism Spectrum Disorder experience difficulties in their social interaction and relationships, social communication as well as in flexible thinking and behaviour. Autism Spectrum Disorder occurs across a wide range of abilities and may also be found in combination with other difficulties.

A learner may be referred to the Statementing Panel for additional support if there is an official Identification of needs diagnosing Autism Spectrum Disorder according to DSM-V-TR:

The severity level, the intellectual ability of the child, and the areas in which help is required for inclusion must be indicated together with evidence that the learner requires one-to-one support to be included in school.

#### **Autism Spectrum Disorder (DSM-5-TR/ ICD 11)**

The essential features of autism spectrum disorder are persistent impairment in reciprocal social communication and social interaction, and restricted, repetitive patterns of behaviour, interests or activities. These symptoms are present from early childhood and limit or impair everyday functioning. The stage at which functional impairment becomes obvious, however, will vary according to characteristics of the individual and his or her environment.

**Learners who do not have a clear diagnosis of Autism Spectrum Disorder or whose condition is not severely interfering with their inclusion in class are to be first supported through the resources available in the School and/or College.**

An application to the Statementing Panel shall include all of the following:

<input type="checkbox"/>	A report issued by a psychologist and, if necessary by a Medical Specialist, indicating the diagnosis, nature and severity of the difficulty and the extent to which this is hindering the education of the learner;
<input type="checkbox"/>	A certificate by a competent Medical Practitioner if the learner is on medication;
<input type="checkbox"/>	A cognitive assessment and other psychometric assessments as necessary; if such assessments are not carried out a reason why these were not carried out must be forthcoming;
<input type="checkbox"/>	A re-integration plan if the learner is not attending school due to this difficulty;
<input type="checkbox"/>	An identification of the professional/s following the child;
<input type="checkbox"/>	A school report outlining the challenges and support offered together with the reasons why the resources available in the School and College is not enough to meet the needs; and,
<input type="checkbox"/>	A school-based behavioural plan including the identified professional/s within the school and /or college monitoring and supporting the learner.

### 3.3 COMMUNICATION DISORDERS

Young learners may exhibit a range of speech and language difficulties, some of which will get resolved as the learner develops. Most learners with more significant and enduring speech and language difficulties may be identified prior to school entry.

For some learners, such difficulties may be confined to problems with their production of speech. For others, it may be hard to find the right word or join words together meaningfully in expressive language. They may have problems in communicating through speech and other forms of language use and may find it hard to acquire language and express thoughts and ideas. They may experience difficulties or delays in understanding or responding to verbal cues from others, or in understanding and using appropriate language for social interaction.

In some instances, a persistent failure to communicate effectively with others may give rise to feelings of frustration and anxiety. These feelings may in turn lead to some behavioural difficulties and/or deteriorating social relationships with peers and adults alike (Kevan, 2003).

It is important to note that for bilingual and multilingual learners, one language is considered as the mother tongue and it is therefore important to establish which language that is. Difficulty in developing no language does not constitute a speech and language difficulty if the learner is developing the mother tongue age-appropriately.

**Communication difficulties normally are to be addressed through the resources available at the School / College or by the local Speech and Language Pathology services. If, however, the communication difficulties of the learner are of such severity that they severely interfere with his/her inclusion in class, the learner could be referred to the Statementing Panel for additional support.**

**In such cases a detailed psychological report with the diagnosis, the severity indicators and the needs of the learner must be presented accompanied by a report by the school stating why such needs cannot be met through the support offered by the School /College.**

An application to the Statementing Panel shall include all of the following:

<input type="checkbox"/>	A report issued by a psychologist and, if necessary by a Medical Specialist, indicating the diagnosis, nature and severity of the difficulty and the extent to which this is hindering the education of the learner;
<input type="checkbox"/>	A certificate by a competent Medical Practitioner if the learner is on medication;
<input type="checkbox"/>	A cognitive assessment and other psychometric assessments as necessary; if such assessments are not carried out a reason why these were not carried out must be forthcoming;
<input type="checkbox"/>	A report by the Speech and Language Pathologist indicating the severity of the language difficulties (if any), the extent to which this is hindering the learner together with his/her specific needs in this regard as well as a therapeutic/intervention plan (this plan is to include the prognosis and frequency of sessions).
<input type="checkbox"/>	A re-integration plan if the learner is not attending school due to this difficulty;
<input type="checkbox"/>	An identification of the professional/s following the child;
<input type="checkbox"/>	A school report outlining the challenges and support offered together with the reasons why the resources available in the School and College is not enough to meet the needs;
<input type="checkbox"/>	A school-based behavioural plan including the identified professional/s within the school and /or college monitoring and supporting the learner.

### 3.4 ATTENTION DEFICIT AND HYPERACTIVITY DISORDER (ADHD)

ADHD is a neurodevelopmental disorder described as an ongoing pattern of inattention and/or hyperactivity-impulsivity that affects the learner's daily life or typical development. Persons with ADHD may also have difficulties with maintaining attention, executive function (or the brain's ability to begin an activity, organize itself and manage tasks) and working memory.

Most learners with ADHD diagnosis which is not severe may cope in class through support offered through the resources available at the School / College. Learners with severe ADHD challenges generally need to be helped through medication and further support.

A learner however, may be referred to the Statementing Panel if her/his official identification of needs satisfy the following:

1. diagnoses **ADHD** (according to DSM-5-TR) (combined / hyperactive and impulsive)
2. the severity of the symptoms is marked and hindering the learner from being included in class; **and**,
3. if the learner is on medication (but symptoms remain marked) or medication is contra-indicated or has been receiving intervention for their difficulties, but symptoms remain marked.

#### **Attention-Deficit/Hyperactivity Disorder (DSM-5-TR/ ICD 11)**

The essential feature of Attention-Deficit/Hyperactivity Disorder (ADHD) is a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. *Inattention* manifests behaviourally in ADHD as wandering off task, lacking persistence, having difficulty sustaining focus, and being disorganized and is not due to defiance or lack of comprehension. *Hyperactivity* refers to excessive motor activity (such as a child running about) when it is not appropriate, or excessive fidgeting, tapping, or talkativeness. *Impulsivity* refers to hasty actions that occur in the moment without forethought and that have high potential for harm to the individual (*e.g.*, darting into the street without looking). Impulsivity may reflect a desire for immediate rewards or an inability to delay gratification. Impulsive behaviours may manifest as social intrusiveness (*e.g.*, interrupting others excessively) and/or as making important decisions without consideration of long-term consequences.

An application to the Statementing Panel shall include all of the following:

<input type="checkbox"/>	A report issued by a psychologist and, if necessary by a Medical Specialist, indicating the diagnosis, nature and severity of the difficulty and the extent to which this is hindering the education of the learner;
<input type="checkbox"/>	A certificate by a competent Medical Practitioner if the learner is on medication;
<input type="checkbox"/>	A cognitive assessment and other psychometric assessments as necessary; if such assessments are not carried out a reason why these were not carried out must be forthcoming;
<input type="checkbox"/>	A re-integration plan if the learner is not attending school due to this difficulty;
<input type="checkbox"/>	An identification of the professional/s following the child;
<input type="checkbox"/>	A school report outlining the challenges and support offered together with the reasons why the resources available in the School and College is not enough to meet the needs; and,
<input type="checkbox"/>	A school-based behavioural plan including the identified professional/s within the school and /or college monitoring and supporting the learner.

### a. SEVERE BEHAVIOURAL DIFFICULTIES AND CONDUCT DISORDER

Disorders characterized by a repetitive and persistent pattern of dissocial, aggressive, or defiant conduct. Such behaviour should amount to major violations of age-appropriate social expectations; it should therefore be more severe than ordinary childish mischief or adolescent rebelliousness and should imply an enduring pattern of behaviour (six months or longer). Features of conduct disorder can also be symptomatic of other psychiatric conditions, in which case the underlying diagnosis would need to be established. .

Examples of behaviour on which a diagnosis of Conduct Disorder (DSM-5-TR) or Conduct-dissocial Disorder (ICD 11) is based include: excessive levels of fighting or bullying, cruelty to other people or animals, severe destructiveness to property, fire-setting, stealing, repeated lying, truancy from school and running away from home, unusually frequent and severe temper tantrums, and disobedience. Any one of these behaviours, if marked, is sufficient for the diagnosis, but isolated dissocial acts are not.

Learners with conduct problems typically violate the rights of others and will not conform their behaviour to the law or social norms as is appropriate for their age. This involves a number of problematic behaviours, including oppositional and defiant behaviours as well as antisocial activities.

Behaviour that is considered for a diagnosis of Conduct/ Conduct-dissocial Disorder may be includes the following:

- (1) aggression toward people and animals;
- (2) destruction of property without aggression toward people or animals;
- (3) deceitfulness, lying, and theft; and
- (4) serious violation of rules

Behaviour difficulties are normally dealt with through the **resources available at the School/College**

**If, however, there is a diagnosis of Conduct/ Conduct-dissocial Disorder, together with behaviours which are putting others at risk or severe distress, the learner may be referred to the Statementing Panel for additional support. Referral for support must be accompanied by a psychological and/or psychiatric intervention plan and a school-based behavioural plan.**

**Other behavioural disorders and/or severe behavioural problems may be considered for referral to the SP for additional support, if the difficulty is posing severe challenges to the school**

**and / or other learners, and if the resources at the School and / or College are not sufficient enough to meet presenting needs. The referral for support must be accompanied by an intervention plan by a competent professional and a school-based behavioural plan.**

An application to the Statementing Panel shall include all of the following:

<input type="checkbox"/>	A report issued by a psychologist and, if necessary by a Medical Specialist, indicating the diagnosis, nature and severity of the difficulty and the extent to which this is hindering the education of the learner;
<input type="checkbox"/>	A certificate by a competent Medical Practitioner if the learner is on medication;
<input type="checkbox"/>	A cognitive assessment and other psychometric assessments as necessary; if such assessments are not carried out a reason why these were not carried out must be forthcoming;
<input type="checkbox"/>	A time-framed therapeutic / intervention plan
<input type="checkbox"/>	A re-integration plan if the learner is not attending school due to this difficulty;
<input type="checkbox"/>	An identification of the professional/s following the child together with a plan indicating the frequency of sessions;
<input type="checkbox"/>	A school report outlining the challenges and support offered together with the reasons why the resources available in the School and College is not enough to meet the needs; and,
<input type="checkbox"/>	A school-based behavioural plan including the identified professional/s within the school and /or college monitoring and supporting the learner.

**3.6 MENTAL HEALTH AND DISTRESS**

A learner suffering from mental health issues or experiencing marked distress may be referred to the SP if s/he is undergoing therapy and / or treatment with the appropriate professional/s.

If additional support is required, this will be considered in conjunction with an established therapeutic plan.

The support will be granted on a temporary basis and subject to review.

An application to the Statementing Panel shall include all of the following:

<input type="checkbox"/>	A report issued by a Medical Specialist (psychiatrist), indicating the diagnosis, nature and severity of the difficulty and / or a report by a psychologist indicating the extent to which the presenting difficulties are hindering the education of the learner;
<input type="checkbox"/>	A certificate by a competent Medical Practitioner if the learner is on medication;
<input type="checkbox"/>	A cognitive assessment and other psychometric assessments as necessary; if such assessments are not carried out, a reason why these were not carried out must be forthcoming;
<input type="checkbox"/>	Identify types of treatment followed.
<input type="checkbox"/>	A re-integration plan if the learner is not attending school due to this difficulty;
<input type="checkbox"/>	An identification of the professional/s following the child;
<input type="checkbox"/>	A school report outlining the challenges and support offered together with the reasons why the resources available in the School and College are not sufficient to meet the presenting needs; and,
<input type="checkbox"/>	A school-based behavioural plan including the identified professional/s within the school and /or college monitoring and supporting the learner.

### 3.7 PHYSICAL, MEDICAL AND/OR NEUROLOGICAL CONDITIONS, HEARING & VISUAL IMPAIRMENT

Physical disabilities and health conditions are classified as either congenital or acquired. Learners with congenital conditions are born with physical difficulties which may appear at birth or soon after. Acquired disabilities are those developed through injury or disease during normal development and may or may not be permanent. Learners with severe congenital physical difficulties are normally identified at the pre-school stage. The age at which a condition develops often determines the extent of its impact on the learners.

A physical disability and/or medical condition may or may not affect a learner's academic performance. Therefore, although a curriculum adaptation may not always be necessary for such a learner, there may be a need to modify performance requirements or to implement adaptations to allow the learner access to instructional materials. Learners who often miss school because of their medical conditions may require adjustments to the pace of instruction or to the amount of content they must learn.

It is important to note that the existence of a medical diagnosis or a disability in itself does not imply that the learner in question has individual educational needs. A learner with a particular diagnosis or medical condition may not require a Statement or any form of additional educational provision in any phase of his/her education. In the context of these criteria, it is the learner's educational needs rather than a medical diagnosis that must be considered.

**A learner whose physical difficulties and/or medical condition are enduring and/or deteriorating, significantly impairing his/her inclusion in the classroom, ability to take part in specific activities or participation in school may be referred to the Statementing Panel for additional support.**

An application to the Statementing Panel shall include all of the following:

<input type="checkbox"/>	A report issued by the competent medical specialist indicating the nature of the difficulty/disability and the extent to which this is hindering the learner from being included in the classroom and /or school;
<input type="checkbox"/>	A report by the school giving the reason why the needs outlined in the medical report cannot be met through the class, school and / or College Resources.
<input type="checkbox"/>	A psychological report (if the learner has got an additional psychological / developmental condition mentioned in the appendix);
<input type="checkbox"/>	A school-based plan including the identified professional/s within the school and /or college monitoring and supporting the learner.

## Hearing Impairment

A significant proportion of learners have some degree of hearing difficulty at some point in time. Hearing losses may be temporary or permanent. Temporary hearing losses in the early years are usually caused by the condition known as 'glue ear'. Such hearing loss fluctuates and may be mild or moderate in degree. They can compound other learning difficulties. Occasionally a significant hearing loss may be caused by a long-term conductive loss in both ears. Permanent hearing losses are usually bilateral and neurological in origin. They vary from mild through moderate to severe or profound origin and may give rise to severe and complex communication difficulties.

The definitions below of the degree of hearing loss are for broad guidance only:

Mild 20 - 40 dB

Moderate 41 - 70 dB

Severe 71 - 95 dB

Profound 95 + dB

Progressive - deteriorating

Unilateral - one side

Bilateral - both ears

Asymmetrical – hearing levels in both ears differ

A permanent hearing loss in one ear and a temporary loss in the other may also cause significant hearing impairment. Other factors need to be taken into account, which include the learner's general sensory and physical development; speech and language development; social communication skills; levels of educational and developmental attainment; cognitive processing; behaviour; and emotional functioning.

### **Conductive Hearing Loss**

This is not usually a permanent loss, but results from a block in the transmission of sound. One of the most common forms of conductive loss is 'glue ear'. It has been estimated that as many as 20% of children have a mild conductive hearing loss at some point in their school life.

## Sensori-neural Hearing Loss

This refers to a permanent hearing impairment arising from damage to the inner ear or to the auditory nerve. It can vary from mild to profound and may occur before birth or after language has been established. Most children with a severe or profound sensory hearing loss will have been identified and assessed audiological before they reach school age.

If the school authorities / professionals suspect hearing difficulties, they must ask the parents / guardians to refer the learner for an audiological assessment.

A learner may be immediately referred to the Statementing Panel for additional support if there is moderate to profound hearing loss in one or both ears that is affecting learning and where intervention by the specialist teacher is not sufficient and the learner's hearing impairment is significantly hindering learning and impeding curricular access.

An application to the Statementing Panel shall include all of the following:

<input type="checkbox"/>	A report issued by a registered audiologist or ENT specialist indicating the nature and severity of the difficulty/disability and the extent to which this is hindering the learner;
<input type="checkbox"/>	An attestation if the learner's language skills are lacking to the point that s/he cannot cope with the curriculum;
<input type="checkbox"/>	A psychological report in the case the learner has an additional psychological/development condition mentioned in this appendix;
<input type="checkbox"/>	A school-based plan including the identified professional/s within the school and /or college monitoring and supporting the learner.
<input type="checkbox"/>	A report by a peripatetic teacher of the hearing impaired supporting the learner.

## Visual Impairment

Visual difficulties take many forms, with widely differing implications for a learner's education. They range from relatively minor and remediable conditions to total blindness. Some learners are born blind, others lose their sight, (partially or completely), as a result of accident or illness. In some cases, visual impairment is one aspect of a multiple disability.

Whatever the nature and cause of the learner's visual impairment, the major issue is identifying and assessing his/her special educational needs will relate to the degree and nature of the functional vision and the learner's ability to adapt socially and psychologically, as well as to progress in an educational context.

A defect of a learner's colour vision alone may not necessarily result in any individual educational needs.

### Visual Acuity

Distance vision is measured and expressed as a fraction denoting the size of print on a Snellen chart seen at distance;

6/6 - learner sees at 6 metres that which it is normal to see at this distance (normal vision).

6/12 - learner sees at 6 metres that which it is normal to see at 12 metres (vision required for driving).

6/18 - learner sees at 6 metres that which it is normal to see at 18 metres (impaired vision).

Similarly, near vision can be measured in terms of visual acuity and may be expressed in fractions. However, an individual's level of difficulty does not depend on distance and near visual acuity only.

### Statutory Definition of Blindness

Locally, the British system has been adopted which defines blindness as follows:

- ⇒ Visual acuity of less than 3/60 with a full visual field;
- ⇒ Visual acuity between 3/60 and 6/60 with a severe reduction of field of vision, such as tunnel vision;
- ⇒ Visual acuity of 6/60 or above but with a very reduced field of vision, especially if a lot of sight is missing in the lower part of the field.

**A learner whose visual difficulties fall within the statutory definitions of blindness may be immediately referred to the Statementing Panel for additional support.**

An application to the Statementing Panel shall include all of the following:

<input type="checkbox"/>	A report issued by an ophthalmologist indicating the nature and severity of the difficulty and the extent to which this is hindering the learner;
<input type="checkbox"/>	A psychological report in the case of a learner with an additional psychological/developmental condition mentioned in this appendix;
<input type="checkbox"/>	A report by a peripatetic teacher of the visually impaired supporting the learner whose visual difficulties are within or below the range 6/18;
<input type="checkbox"/>	A school-based plan including the identified professional/s within the school and /or college monitoring and supporting the learner.

## Chapter 3

### References



DSM-5-TR: Diagnostic and Statistical Manual of Mental Disorders – 5<sup>th</sup> edition(2022), American Psychiatric Association (APA).

ICD 11: International Classification of Diseases, 11<sup>th</sup> edition (2019) World Health Organisation (WHO)

Kevan F (2003) Challenging behaviour and communication difficulties. *British Journal of Learning Disabilities* Vol 31, Issue 2 p 75 - 80

Wing, L. (1996). Autistic spectrum disorders. *British Medical Journal*, 312, 327–328

## DISCLAIMER

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This document 'The Statementing Process – Referral Guidelines for Schools' is being introduced during Scholastic Year 2019/2020 and reviewed in September 2023. The document will be reviewed accordingly.

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