

# **Student Support Care Policy**

[Includes SEN]

**Vision:**

To redefine education by nurturing young minds through our GROWTH values, empowering them to thrive and contribute meaningfully to a just and sustainable future.

**Mission:**

To unlock every learner's unique potential and foster a love for lifelong learning by creating a purpose-driven ecosystem built on our pillars of happiness.

**A] Purpose:** Our aim is to ensure that students with mild to moderate special educational needs and behavioural/emotional challenges receive the essential support and resources necessary for achieving personal growth and academic success, enabling them to reach their full potential.

**B] Special Education Needs:** At our school, we prioritize creating an environment where every student can learn according to their specific abilities and requirements. We provide educational support tailored to individual needs, aiming to prevent issues and intervene early to facilitate progress based on each student's strengths.

We are committed to offering a supportive, welcoming, and safe environment that is sensitive to gender differences. Currently, our services encompass a range of support for students facing mild to moderate learning challenges, including additional academic assistance, counselling, and behaviour modification for those experiencing behavioural and emotional difficulties.

**C] Objectives:**

- Our goals are to ensure that students with mild and moderate special educational needs are identified and supported equitably, fostering their learning potential, self-esteem, and dignity.
- Identify and provide appropriate education that matches the needs of students with special educational needs, considering available resources.
- Offer a broad, balanced, and inclusive teaching and learning environment that is tailored and differentiated to meet the diverse needs of these students.
- Engage parents in their children's education, encouraging their active involvement in decision-making and providing support at home, thereby nurturing positive partnerships.
- Equip all staff members with awareness of students' special educational needs and empower them to contribute effectively to these students' progress.
- Provide counselling and therapeutic interventions to assist students facing behavioural and emotional challenges.
- Integrate special educational needs within the broader context of the school and community, promoting inclusivity and understanding.
- Coordinate with and seek guidance from other specialized agencies to enhance support for students needing special education or counselling.
- Facilitate arrangements for Shadow Teachers as needed, including their induction, training, and ongoing monitoring based on individual requirements.
- Evaluate and monitor the effectiveness of practices supporting learners with special educational, behavioural, and emotional needs.
- Maintain confidentiality of student records and relevant documents to ensure privacy and security.

**D] Procedure for Identifying Students Requiring Student Support Care:**

To identify students needing support, the following steps are followed:

- When a student consistently shows low academic performance despite differentiated techniques, the class teacher completes a referral form and directs it to the Programme Coordinator, who then forwards it to the Special Educator or School Counsellor.
- Other teachers can also refer students after consulting with the class teacher and coordinator.
- The Special Educator or Counsellor initiates rapport-building and observation sessions to develop an action plan, involving teachers and parents/legal guardians throughout the process. If formal assessments are deemed necessary, external professionals may be consulted.
- Based on assessment results, an Individualized Educational Plan (IEP) is crafted to address the student's specific needs.
- For students with behavioural and emotional concerns, referrals can come from teachers, parents, or through self-referral for middle and high school students. Teachers fill out a counselling referral form to aid in understanding the student's history and provide feedback.
- Identified students' parents are invited for a meeting with the Counsellor to discuss concerns and gain consent for counselling or additional academic assistance.

An Individualized Plan (IEP/ICP) is then formulated to guide the support process.

**Individualized Education Plan (IEP)** is to provide a plan to help a student meet individual outcomes or goals beyond his or her current skills. For this reason, an understanding of what a student can and cannot do is essential to the individual education planning process. Each IEP is individual to the student for whom it is designed. IEP is revised at least twice a year or depending on the goals achieved by the child. It is done after evaluation of the progress of the child so that modification in current program may be made or new goals may be set accordingly.

**Individualized Counselling Plan (ICP)** is a customized counselling plan for each counselee for the presenting behavioural/emotional issues. Strengths, weaknesses, stressors, supports, and resources are all important variables to consider in the development of a counselling plan. ICP is reviewed for termination or continuation every 10 sessions depending on the goals achieved by the counselee.

ICPs and IEPs are carried on with regular monitoring of goals set and progress achieved in association with the teachers and parents.

For Pre-Primary students requiring student support care, teacher led classroom management strategies will be undertaken.

Regular Parent meeting for case management will be conducted.

#### **E] Inclusion:**

Empyrean School fully aligns with the philosophy of the affiliated board(s) across its curriculum. We are committed to fostering a holistic development profile for all learners, including those with identified special education needs and emotional/behavioural concerns.

Recognizing the challenges they face; Empyrean School is dedicated to providing comprehensive support for learners with Special Education Needs and emotional/behavioural concerns throughout their engagement in both curricular and extracurricular programs offered at our institution.

#### **F] Student Support Care process**

Sequence to be followed in case of **referral for Counselling/Special education needs:**

1. Orientation to all the teachers and staff members on different areas of concern in academics, behaviour and emotions.

2. Checklist based Student Referral form to be provided to all coordinators/teachers for possible identification.

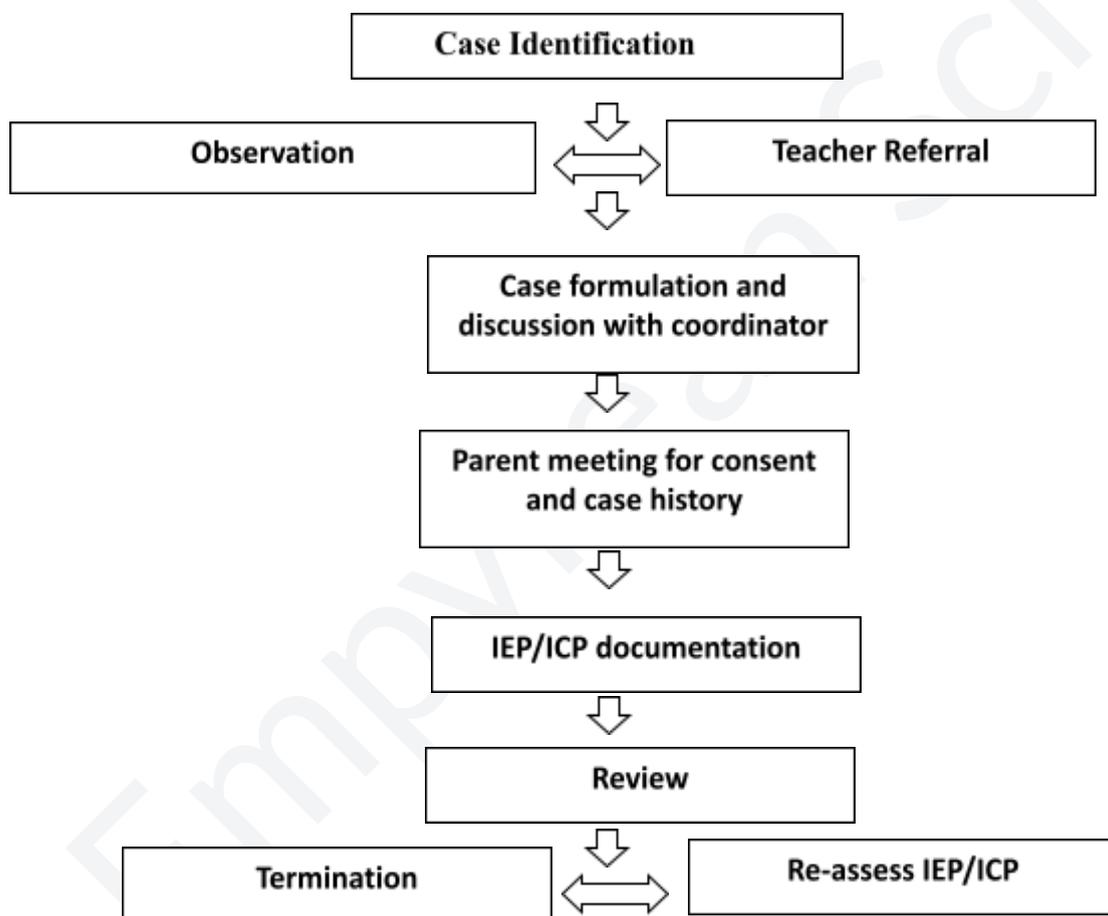
##### **(Referral Form-Annexure A)**

3. Based on Student referral form, coordinators/teachers can refer learners to the counselor.

4. Meeting with respective coordinator and concerned teachers.
5. First meeting with the parents for parental consent (**Annexure B**) and case history if not matching as submitted during admission.
6. Special Educator/Counsellor to prepare case record (**CASE History-Annexure C**) and also assess need for Shadow teacher.
7. Outside referral for assessment, if needed.
8. Special Educator/Counsellor to prepare a plan of action, if required IEP (**Annexure D**)  
ICP (**Annexure E**)
9. Sharing of plan with respective coordinator, teachers and parents
10. Assessment on basis of goals planned.
11. Further course of action and follow-up
12. All meeting minutes are recorded (**Appendix H**)

*ALL INDIVIDUAL SESSIONS ARE STRICTLY CONFIDENTIAL IN NATURE.*

### Process Flow



### G] SEN and Language Support:

#### English as a Second Language (ESL) Support:

Language Assessment: New students whose first language is not English are assessed to determine their proficiency level.

Support Classes: Targeted classes are offered to improve language skills, focusing on reading, writing, listening, and speaking.

In-Class Support: ESL specialists may work alongside classroom teachers to provide additional support and ensure that language barriers do not hinder academic progress.

**Additional Language Programs:** For students who speak languages other than English or the primary language of instruction, support is provided to ensure they can fully participate in the curriculum.

**Monitoring and Evaluation:**

Progress Tracking: Regular assessments are conducted to monitor language development and effectiveness of support strategies.

Feedback and Adjustments: Feedback from teachers, parents, and students is used to make necessary adjustments to language support programs.

**Review**

The Student Support Care policy will be reviewed annually and monitored periodically to ensure that it remains effective, relevant, and in alignment with best practices.

**Name, Signature and stamp of Principal**

Soumyabrata Mukherjee



Principal  
Empyrean School  
Plot No.2, Sector -35G,  
Near Tata Cancer Hospital,  
Kharghar, Navi Mumbai - 410210

**School stamp**



## Annexure A: Teacher Referral Form

### Student detail

Student Name:	Grade & Div:
DOB:	Age:
Name of Class Teacher	Subject Taught:
Date of Referral:	

### Presenting Concerns

Please tick  the relevant concern for the student:

#### Reading Comprehension:

Comprehending passage	Difficulty understanding inferential passage
Comprehending questions	Difficulty in identifying main context
Skill of answering questions	

Additional information, if any:

#### Reading:

Reading - slow / laboured/ loud/ clear/ fast / choppy / with pauses	Reversals of letters while reading
Phonetically reading - completely / partial	Distortion of letters while reading
Uses syllabification rules while reading	Substitution of letters while reading
Skipping words / letters	Addition of letters while reading
	Subtraction of letters while reading

Additional information, if any:

#### Listening skills:

Initiates eye contact	Follows instructions and commands
Maintains eye contact	Difficulty paying attention to one task
Need to call for attention always	Unable to form mental image of the information being communicated
Follows direction	Active listener

Additional information, if any:

**Writing/Handwriting:**

Pencil grip - too light / too dark / too close to the tip / too far from the tip/ too tight grip / too loose grip / proper grip	
Formation of letters & size	Reversal of letters
Difficulty organizing letters / words on a page	Inversal of letters
Punctuation missing	Distortion of letters
Sentence structure	Substitution of letters
Ideas	Addition of letters
Difficulty in grammar	Subtraction of letters
Mixing lower & upper case letters	Sloppy writing
Skipping lines	Spacing between letters / words
Inaccuracy in copying	Multiple errors
Writing is slow	Writing is fast

Additional information, if any:

**Spelling:**

Recognition of alphabets	Diphthongs
Phonics sounds	Silent 'e'
Consonant sounds	Syllabification
Letter formation	Difficulty in big words
Diagraphs	Difficulty in small words

Additional information, if any:

**Mathematics:**

Difficulty in counting numbers	Understanding concepts
Trouble pointing to and counting	Difficulty in left / right concept
Difficulty in recognizing numbers and writing	Word problems
Skipping numbers	Reversal of numbers
Unable to recognize patterns/ shapes/ colours	Inversal of numbers
Difficulty in mental calculations	Difficulty in sequencing
Unable to recognize basic mathematical signs	Comprehending questions

Additional information, if any:

**Speech:**

Clarity	Communication
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Additional information, if any :

**Behaviour:**

Disrespectful	Hitting
Unfriendly	Pushing
Low concentration	Climbing on chair
Poor organizing skills	Climbing on table or racks
Restlessness	Roaming around the class
Stereotyped behaviour	Poor sitting tolerance
Sitting posture not proper	Attention seeking
Constant body movement	Low attention

Additional information, if any :

**Subject Teacher's observation:**

Performance observed since:

Coordinator: \_\_\_\_\_  
Date: \_\_\_\_\_

Counsellor: \_\_\_\_\_  
Date: \_\_\_\_\_

## Annexure B: Informed Consent Form

Dear Parent/Guardian,

We, at Empyrean School provide Student Support Care wherein short-term individual and small group counselling/special education service is offered to our students. We aim at making this school a safe place to facilitate learning and holistic development of our students. With our Student Support Care service, we hope to enable students to effectively learn and socialize in the school community. Possible topics that can be covered in the sessions are:

- Improving study skills (reading, writing, comprehension etc)
- Self esteem
- Coping with change/transitions
- Anger and stress management
- Time management
- Fear or worries
- Emotional regulation
- Developing friendships and social skills
- Managing difficult behaviour

### **Procedure:**

If you choose to give consent for the services, the counsellor will complete an informal assessment using paper-pencil tasks, games and activities and observations taken from the parent/guardian, teacher and other staff members (if necessary) as well as the counsellor's own observations. This is to better understand the student's abilities and concerns.

Based on the assessment, the counsellor will create a plan and carry it forward in individual sessions. If the counsellor feels that the student might benefit from group sessions, 2-3 other students, maximum, will be included. The same will be discussed with the parent/guardian. During this process, the counsellor will be regularly supervised to ensure that your child is getting the best possible help.

You as a parent/guardian will also be informed briefly about the progress of your child and might be given suggestions for intervention at home. Kindly discuss and follow these suggestions to the best of your ability to ensure that the student is supported in multiple environments.

Please note, under no circumstance will your child be given any form of medication during the counselling process.

### **Confidentiality:**

Counselling is process that is based on the trusting relationship between the counsellor and counselee (student). The school counsellor will keep information confidential with some possible exceptions. Since the student is a minor, the counsellor can share relevant information with their parents/guardians.

Additionally, relevant information might be shared with the student's teacher (if the teacher's intervention is required) and/or administrators who work with the child on a need-to-know basis, so that we can help the student as a team. The counsellor's supervisor will keep a routine check on his/her/their work with the student to ensure that the best possible help is being given. The counsellor is also required to share information if the student is in danger or harm to self or others, if the situation arises.

Since consent is an ongoing process, any changes with the same will be discussed with you.

### **Rights and Responsibilities:**

The relationship between the counsellor and student/parent/guardian will remain limited to a respectful therapeutic framework. You or your child can discuss or refuse the therapeutic suggestions offered. If you decide to stop or suspend the process, kindly notify the counsellor regarding the same via a written notice (Termination form).

We assure you of consistent support and cooperation for the betterment of your ward. In the absence of the required assistance from your end, the Student Support Care cell reserves the right to discontinue the services provided and not hold the school responsible for any regression in the student's performance.

**Informed Consent:**

I am informed that my ward will be availing Student Support Care Service that would cater to his/her immediate needs and thereby agree to:

- Provide complete Case History of my ward
- Provide Formal assessment report – psychological / educational / diagnostic (medical), if required
- Allow my ward to attend the sessions conducted by Student Support Care during the school hours.
- Seek services from external professionals- Occupational Therapist / Speech Therapist/ Counselor/ Special educator/ Language Therapist (if recommended)
- Provide progress report of the external services as and when required
- Follow- up with School Counselor

I have read the above form and have asked any questions that came to my mind. If I have more questions in the future, I am aware that I can contact the counsellor and get them answered.

I allow my ward to appear for assessments in a separate room if required, under the supervision of the student support team on fulfilment of eligibility criteria based on formal assessment reports.

To give consent for my child to participate in the Student Support Care process.

OR

I do not give consent for my child to participate in the Student Support Care process.

Name of child:

Name of Father:

Name of Mother:

Name of Legal Guardian:

Grade/division:

Signature:

Signature:

Signature:

Date:

## Annexure C-Case History Form

### General Information

Student Name		Grade	
Date of birth		Age	

Does the child live with both parents: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Qualification: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Qualification: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Legal Guardian( if other than parent):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Qualification: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Brother and Sisters:( include name, age and school)

Other members at home:

With whom does the child spend most of the time:

Languages spoken at home:

Language the child can speak:

Primary language of the child:

How does the child usually communicate: (gestures, signs language, single words, short phrases, sentences)

### Current concerns:

1) Academic and learning:

2) Behaviour:

3) Speech and Language:

4) Social:

5) Emotional:

Is the child aware of the concerns? If yes, how does the child feel about it?

**Birth History:**

Is your child adopted? If yes, mention details:

Mother’s general health during pregnancy:( any illness, hospitalization, medication etc)

Any other complications during pregnancy:

Length of pregnancy:

Type of delivery:

Preterm	Natural	C-section	Assisted
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Did the child cry immediately after birth: \_\_\_\_\_

Birth weight:

Low	Normal	High
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Any, other concerns post-natal:

**Developmental history:**

Milestone	Yes/No Age at which achieved		Yes/No Age at which achieved
1. Neck holding		5.Simple sentences	
2. Standing		6. Feeding self	
3. Walking		7. Toilet training	
4. Single words		8. Self-dressing	

Any other information:

**Medical history:** If any, provide age and other details

High grade fever	Siezuers
Frequent cold	Frequent ear infections
Allergies	Pneumonia
Tosillitis	Meningistis
Vision concerns	Hearing concerns
Convulsions	Other

Any major accidents/illness/hospitalization: If yes, please specify:

Is the child currently on any medication? If yes, please specify:

**Psychological history:**

Has the child undergone any psychological assessment previously? If yes, please specify and forward the copy of the reports to the school counsellor.

Is the child seeking any external support in the form of therapy/counselling? If yes, specify details.

**Educational history:**

Which other school has your child attended in the past?

Is your child having difficulty in any particular subject?

What is the child's attitude towards attending school?

Has your child repeated any grade?

**Any other information:**

Name of child:

Name of Father:

Name of Mother:

Name of Legal Guardian:

Name of Counsellor:

Date:

Grade/division:

Signature:

Signature:

Signature:

Signature:

## Annexure D- Individualized Education Plan

### Part A

#### Student Profile

Name of student:	Class and section
Date of birth:	Age:
Name of Class Teacher:	Type of disability:
Any assisted device used:	Parent Name:
Date of IEP started:	Date of IEP review:

#### Relevant Assessment Data

Information source	Date	Summary
Psycho-educational Assessment		
Speech-Language Assessment		
Occupational/Physiotherapy		
Counselling/Special Education		

#### Students Areas of Strength and Areas of Weakness

Areas of strength	Areas of weakness

## Student Observation

Domains	Needs continuous support	Needs Occasional support	No concern
<b>Preparedness:</b> Student arrives on time and brings his learning material			
<b>Concentration:</b> Student gets distracted but stays on task, focuses on the teacher, remembers and follows instructions			
<b>Communication:</b> Student can communicate (listen/ talk/ask/question)			
<b>Behaviour:</b> Relationship with other students and teachers			
<b>Language:</b> Understands language, acquires new word, can express self clearly in sentences.			
<b>Reading:</b> Student is able to read a paragraph of grade level.			
<b>Spelling:</b> Student is able to spell common words.			
<b>Handwriting:</b> Student produces neat handwriting			
<b>Comprehension:</b> Student is able to understand and remember the content of spoken language.			
<b>Numeracy:</b> Student demonstrates basic ability to use numbers like addition, subtracting, multiplication and division.			
<b>Work in class:</b> Student is able to complete work in class.			
<b>Motor skills:</b> Student is able to use hands and has motor coordination skills.			
<b>Interpersonal skills:</b> Student is able to work well with others.			
<b>Managing emotions:</b> Student is able to realize, accept and control his/her feelings.			
<b>Problem Solving:</b> student is able to find out the solution to the problem effectively.			
<b>Independent decision Making /Clear choices:</b> Student is able to choose better by seeing, listening and doing.			

## Part B

### Accommodations, Modifications and Exemptions:

*Exemption in third language	Yes/No	Weekly home bound program	Yes/No
*Extra time	Yes/No	Modified question paper	Yes/No
Large font	Yes/No	Modified co-curricular activities	Yes/No
Assistance in reading	Yes/No	*Assistive devices	Yes/No
Prompter	Yes/No	Disability friendly toilets	Yes/No
Classroom Accommodation	Yes/No	Signage, ramps, lift	Yes/No
Visual clue	Yes/No	Accessibility to school facilities	Yes/No

*Scribe	Yes/No	*Flexibility in subjects	Yes/No
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*\*Based on formal assessment report*

Preferred Learning Style:
Specific Objectives/ Behavioural Objectives:
Teaching strategies:

**Annual Goal:**

<p><b>Language</b></p> <p>English:</p> <ol style="list-style-type: none"> <li>1) Reading</li> <li>2) Spellings</li> <li>3) Comprehension</li> <li>4) Writing</li> <li>5) Receptive language</li> <li>6) Expressive language</li> </ol>
<p><b>Math:</b></p> <ol style="list-style-type: none"> <li>1) Number skills</li> <li>2) Concepts</li> <li>3) Word problems</li> </ol>
<p><b>Other subjects:</b></p>

**Short Term Goals:**

Subject	Goal	Strategies
English	<ol style="list-style-type: none"> <li>1) Reading <ul style="list-style-type: none"> <li>• Phonemes</li> <li>• Visual discrimination</li> <li>• Blends</li> <li>• Sight words</li> <li>• Word families</li> <li>• Exceptions</li> <li>• Fluency</li> <li>• Accuracy</li> <li>• Speed</li> <li>• Skimming</li> <li>• Scanning</li> </ul> </li> <li>2) Spellings <ul style="list-style-type: none"> <li>• Phonics</li> <li>• Auditory discrimination</li> <li>• Syllables</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1) Flashcards</li> <li>2) Sand letters/tray</li> <li>3) Worksheets</li> <li>4) Passages</li> <li>5) Story books</li> <li>6) Games</li> <li>7) Puzzles</li> <li>8) Word search</li> <li>9) Social Stories</li> <li>10) FIE instrument</li> <li>11) Graphic organizer</li> <li>12) Word webs</li> <li>13) Mind map</li> <li>14) Time management</li> <li>15) Proof reading</li> <li>16) Posture control</li> <li>17) Endurance</li> </ol>

	<p>3) Comprehension</p> <ul style="list-style-type: none"> <li>• Reading skills</li> <li>• Reading fluency</li> <li>• Questioning skills</li> <li>• Picture comprehension</li> <li>• Direct questions</li> <li>• Inferential questions</li> </ul> <p>4) Writing</p> <ul style="list-style-type: none"> <li>• Letter formation</li> <li>• Sizing</li> <li>• Spacing</li> <li>• Spatial organization</li> <li>• Transcription</li> <li>• Speed</li> <li>• Legibility</li> </ul> <p>5) Receptive language</p> <ul style="list-style-type: none"> <li>• Following simple instructions</li> <li>• Following complex instructions</li> <li>• Sequencing</li> <li>• Wh questions</li> <li>• Reasoning</li> </ul> <p>6) Expressive language</p> <ul style="list-style-type: none"> <li>• Narration</li> <li>• Vocabulary</li> <li>• Picture composition</li> <li>• Creative writing</li> <li>• Sequencing</li> <li>• Prediction</li> <li>• Cause and effect relationship</li> <li>• Problem solving</li> </ul>	<p>18) Brain gym</p>
<p>Math</p>	<p>1) Number skills</p> <ul style="list-style-type: none"> <li>• Number recognition</li> <li>• Number association</li> </ul> <p>2) Concepts</p> <ul style="list-style-type: none"> <li>• Addition</li> <li>• Subtraction</li> <li>• Multiplication</li> <li>• Division</li> <li>• Fraction</li> <li>• Algebra</li> </ul> <p>3) Word problems</p>	<p>1) Flash cards</p> <p>2) Counters</p> <p>3) Puzzles</p> <p>4) Worksheets</p> <p>5) Experiential learning</p>

	<ul style="list-style-type: none"> <li>• Concept application</li> <li>• Computation</li> </ul>	
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**Part C**

**Re-evaluation:**

Progress 1) 2) 3)	Method: 1) Worksheets 2) Oral assessment 3) Generalization
Suggestions:	
Recommendations (New targets/adjustments):	

## Annexure E- Individualized Counselling Plan (ICP)

### Part A

#### Student Profile

Name of student:	Class and section:
Date of birth:	Age:
Name of Class Teacher:	Parent Name:
Referred by:	Name of Counsellor:
Date of ICP started:	Date of ICP review:

#### Relevant Data

Presenting concerns	
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### Part B:

Objectives	Interventions

### Part C

#### Re-evaluation:

Areas of strength	Areas of weakness	Stressors	Support


Progress: 1) 2) 3)
Suggestions:
Recommendations (New objectives/adjustments):

**Annexure F- Case Termination**

I/We \_\_\_\_\_, the parent/guardian of my/our ward \_\_\_\_\_  
studying in Grade \_\_\_\_\_ Div \_\_\_\_\_ in the academic year 20\_\_ - 20\_\_. I/We am/are aware that my ward  
has been availing the Student Support Care services since Grade \_\_\_\_\_.

I/we attended a Parent Meeting conducted on \_\_\_\_\_ to discuss concerns of my/our ward. During this  
meeting it was mutually decided by me/us/Student Support Care member to discontinue the services given by the  
Student Support Care team and I/We hereby give consent for the same.

I/We agree not to hold the school responsible for any regression in my ward's academic or behavioural performance.

Date:

Signature of Father:

Signature of Mother:

Signature of Legal Guardian:

Signature of Counsellor: