

Access in and Around the School

| What you might see | What this could mean | Strategies |
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| <ul style="list-style-type: none"> • Child has difficulty moving around safely and accessing areas in the school. For example difficulty managing stairs, uneven grounds, slopes. • Child has difficulty changing classes, slow to move between classes. • Child has difficulty using stairs safely. • Child has difficulty accessing the canteen. • Child has difficulty accessing bubblers, taps. | <ul style="list-style-type: none"> • Physical Impairment e.g. muscle weakness, paralysis, hemiplegia (where one side of the body is affected). • Visual impairment including impaired depth perception. • Gross motor co-ordination impairment. • Reduced balance. • Reduced stamina and speed when mobilising particularly over distance. • Inability to move around without mobility aide e.g. Wheelchair, walking frame. Mobility aides may only be required for mobilising over longer distances. • Muscle weakness. • Decreased balance. • Decreased co-ordination. • Poor motor planning. • Poor awareness of body in space. • Reduced organisational skills and memory impairment. • Inability to handle money due to cognitive deficits. • Poor access for child with mobility aids. | <ul style="list-style-type: none"> • Occupational Therapist and Physiotherapist to provide school visit to assess mobility and to make recommendations regarding modifications. For example: - • Rails on stairs, highlight edges of stairs, non-slip surfacing for stairs. • Ramps to eliminate stairs. • Covering open grates. • Rails next to toilets. • Ensure child is able to access all areas to encourage inclusion and socialisation with peers including canteen, library, playground etc. • Extra time to move between classes, not in crowds. Supervision may be required when mobilising. • Classes moved to ground floor and within close proximity to each other. • Ensure appropriate footwear (laces done up). • Avoid additional tasks and distractions, e.g., avoiding crowded situations, carrying objects, talking etc. • Provide supervision. • Allow additional time, e.g., leave class 5 mins early. • Encourage use of handrail. • Provide assistance with money management, support from canteen staff, practice process of going to canteen – allow child to go first. • Modify bubblers and taps. Occupational Therapist can advise. |
| <ul style="list-style-type: none"> • Use of legs splints. | <ul style="list-style-type: none"> • Increased muscle tone. • Muscle weakness. | <ul style="list-style-type: none"> • Contact Physiotherapist to provide education about correct use and to answer any questions or concerns. |

Access in and Around the School Cont'd

| What you might see | What this could mean | Strategies |
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| <ul style="list-style-type: none"> • Child has difficulty with orientation in the school environment (e.g. changing classrooms). • Child gets lost in previously familiar environments. | <ul style="list-style-type: none"> • Impaired spatial awareness/ ability to interpret visual cues. • Visual inattention. • Memory problems - The child may have difficulty learning/remembering their way around in a new environment or in an environment that they weren't fully acquainted with before their brain injury. | <ul style="list-style-type: none"> • Provide visual cues, markers or prompts in the school ground. For example, for necessary routes to the toilet or canteen mark the route with colour-coded dots or symbols either on the footpath or walls. • Practice route with child – familiarise them with environmental clues to provide prompts for orientation. • Provide buddy system or TAS and supervision when mobilising. • In early days of return check re. impact of fatigue. • Minimise need to change locations in the school. |