

FORM DBE 126: HEALTH AND DISABILITY ASSESSMENT FORM

This form is to be completed by the **Health Professional** for learners who experience medical/physical/neurological/sensory/cognitive/psychological and emotional barriers to learning.

The learner is referred to a health professional by the School-based Support Team (SBST) and/or the District-based Support Team (DBST) for further assessment to determine the nature of the disability/health condition.

Assess the learner in terms of the specific barrier(s) that the learner has been referred for
Make recommendations for further interventions required
Provide advice on support and adjustments required to assist the school to support and make
reasonable accommodation for the learner

Complete Part B which contains personal information about the child, and contact details of the health professional.

Complete all sections of **Part C** relevant to the child in accordance with the diagnostic criteria provided.

*Sign the declarations in **Part D** and make recommendations regarding the support to be provided.*

NB. Please note that this form may not be completed by the teacher

Please write legibly

NAME OF LEARNER:	DATE OF BIRTH: / /
PRESENT SCHOOL:	ASSESSMENT DATE: / /
PATIENT NUMBER:	MALE/FEMALE M/F
ASSESSED BY:	PROFESSION:
FACILITY/PRACTICE:	TELEPHONE NUMBER/S:
MEDICAL HISTORY OR BACKGROUND OF LEARNER/PATIENT:	

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C. DIAGNOSTIC CRITERIA

Notes for the health-care professional/practitioner completing the form

* Learners who have been screened through the health system, their parents, the School-based Support Team (SBST) or the District-based Support Team (DBST), and suspected of having a disability and/or health condition, need to be referred for further assessment by a health-care professional. * The purpose of such an assessment is to obtain information on the impact of the disability and/or medical condition on the learner's ability to participate meaningfully and productively in the learning process. * Recommendations should be made on the medical/health interventions and support required by the learner. * In accordance with the definition of the Convention on the Rights of Persons with Disabilities (CRPD), persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. * "Moderate to severe limitation", in the context of disability, means a significant restriction on a person's ability to function or perform one or more basic daily activities after maximum correction, except where indicated. Maximum correction in this context means appropriate therapy, medication, educational and personal support and use of devices. * The diagnostic criteria seek to assess the functional impact of the impairment on a learner's ability to perform daily activities and participate in learning. * Please complete the section(s) that apply to your patient/client and fall(s) within your scope of practice.	Disability / Medical Condition	Duly registered health professional specially trained to deal with condition
	Vision (including eye conditions, visual processing)	Professional trained in the assessment of vision function in children using specialised assessment tests which include at least LogMAR charts, contrast sensitivity charts and near-vision charts (e.g. an optometrist or primary health-care nurse practitioner)
	Hearing (including ear conditions, auditory processing)	Professional trained to perform or conduct a battery of diagnostic audiometry tests (i.e. Audiologist) or auditory processing (speech-language therapist OR audiologist)
	Physical	Physiotherapist or occupational therapist, medical practitioner and relevant specialists
	Communication	Speech-language therapist, audiologist
	Intellectual	Clinical psychologist, educational psychologist, counselling psychologist, psychiatrist, paediatrician
	Mental Health	Psychiatrist, clinical psychologist, educational psychologist, counselling psychologist, medical practitioner, paediatrician, occupational therapist.
	Chronic health condition	Medical practitioner, professional nurse, paediatrician, physiotherapist.
	Neuro-Developmental disorder	Physiotherapist or occupational therapist, medical practitioner, educational psychologist and relevant specialists

PLEASE COMPLETE THE PARENTAL CONSENT FORM AT SECTIONS F AND G

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	School attendance	
☐	Administration of medication and access to medical supplies	
☐	Learning and concentration	
☐	Endurance	
☐	Interpersonal relationships	
☐	Personal care	
☐	Obesity or malnutrition	
☐	Pain	

Chronic Health Condition

Condition diagnosed by Health Professional*: _____

The condition of the learner impacts on his functioning in school in the following areas:

Notes:

A chronic condition refers to a condition that continues or persists and will require management over an extended period of time and can include:

- Non-communicable diseases (diabetes, hypertension, asthma)
- Persistent communicable diseases (HIV & TB)
- Long-term mental disorders
- Persistent physical impairment (stroke)

When did your patient meet the above criteria for the first time?

YY/MM/DD

Mobility

Condition Diagnosed*: _____

- A learner is regarded as a learner with a physical/mobility impairment if he/she experiences activity limitations and participation restrictions in at least two of the domains of gross mobility, fine mobility, self-care and communication, e.g. the learner:

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	Is unable to walk, e.g., wheelchair user	
☐	Is only able to walk with the use of assistive devices, e.g., callipers, crutches, walking frames and other such devices	
☐	Is able to walk without the use of assistive devices but with a degree of difficulty, e.g.,	

	learners with cerebral palsy		
☐	Is functionally limited in the use of their upper limbs		
☐	Has a fine mobility restriction		
☐	Has a communication restriction		
☐	Needs assistance with personal care		
Notes: • Areas in which support can be provided are provision of assistive technology, accessible environment, educational or physical support by peers, teacher, personal assistant or therapist, etc. • How frequently must support of the above nature be available?			
When did your patient meet the above criteria for the first time?		YY/MM/DD	

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	A mental impairment that disrupts daily functioning	
☐	An impairment that moderately or severely interferes with or limits the performance of major life activities, such as learning, thinking, communicating	
☐	Impairment that interferes with sleeping	
☐	Impairment that interferes with socialisation	
☐	An impairment that limits cooperation	
☐	Effect of medication limits participation	
☐	Conditions that require access to medication	
☐	Impairment which results in serious behaviour challenges	

Other Mental Disorders

Condition Diagnosed by Health Professional*: _____

With the exclusion of intellectual disability, a learner is regarded to be a learner with a mental disability if he or she has been diagnosed, in terms of accepted diagnostic criteria (*Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), 2013 or the *International Statistical Classification of Diseases and Related Health Problems*, 10th revision of the WHO (ICD10)) by a mental health-care practitioner authorised to make such diagnosis:

Notes:

- Moderate impairment means a Global Assessment Functioning Score (GAF-Score) between 31 and 60
- Severe impairment means GAF-Score of 30 and below.
- Support recommended: educational, social or psychological support by peers, teacher, social worker, psychologist or counsellor, etc.
- Sensitisation of teachers and peers required to support and accommodate learner.

When did your patient meet the above criteria for the first time?

YY/MM/DD

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning, and learning from experience	
☐	Self-care	
☐	Social/interpersonal skills	
☐	Self-direction impacting on independence at school	
☐	Functional cognitive skills	
☐	Concentration, leisure, health and safety	

Developmental Functioning/Learning Disability/Intellectual Disability

Condition Diagnosed*: _____

In terms of the Diagnostic and Statistical Manual of mental Disorders Fifth Edition (DSM-V) Intellectual disability (intellectual developmental disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social and practical domains. The following criteria must be met:

- *Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning and learning from experience, confirmed by both clinical assessment and individualised, standardised intelligence testing;*
- *Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without on-going 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;*
- *Onset of intellectual and adaptive deficits during the developmental period.*

Notes:

- An IQ test is not a recommendation but could be administered to determine the actual academic ability of the learner for support planning purposes, provided that the test being used has been standardised in his/her home language
- Support recommended: remedial interventions, assistive technology, adapted learning and teaching support materials, educational or physical support by peers, teacher, personal assistant or therapist, etc.
- Specify current severity: Mild, moderate, severe or profound.

When did your patient meet the above criteria for the first time?

YY/MM/DD

Vision

Condition Diagnosed*: _____

The minimum requirement for a learner to be classified as a visually impaired learner is as follows:

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	Visual acuity in the better eye with best possible correction, less than 6/12 (0.3). <3/60 Snellen in the better eye, after maximum correction,	

	constitutes blind	
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	6/60 to 3/60 Snellen in the better eye = severe visual loss (partially-sighted learner, sometimes considered blind, depending on complicating specific eye conditions)	
☐	Visual Field 10 degrees or less around central fixation. 6/6 – 6/18 = normal vision 6/18 to 6/60 Snellen = moderate visual loss (partially-sighted learner);	

Notes:

“6/18” means that what a person with normal vision can read at 18 metres, the person being tested can only read at 6 metres.

“Best possible correction” refers to the position after a person’s vision has been corrected by means of spectacles, contact lenses or intraocular (implanted) lenses.

Support recommended: assistive technology, adapted LTSM, orientation and mobility or Braille instruction, educational or physical support by peers, teacher, assistant, ophthalmic nurse, therapist, etc.

When did your patient meet the above criteria for the first time? YY/MM/DD

Tick when applicable	Area of functional limitation	Recommendations of support that could be provided at school
☐	Inability to make him/herself understood to familiar communication partners using speech in a quiet setting	
☐	Inability to make him/herself understood, to familiar and or non-familiar communication partners and to meet communication needs as appropriate for his/her age by using speech, in less than 30 intelligible words	
☐	Problems in understanding meaningful language by familiar communication partners that lead to substantial difficulty in communicating	
☐	Relying on augmentative or alternative communication (AAC), including unaided (Sign language or other manual signs)	
☐	Aided means of communication (ranging from communication boards to speech-generating devices)	

Communication

Condition Diagnosed*: _____

A learner is regarded as having a moderate to severe communication disability if he or she has any one or a combination of the following, which even with appropriate therapy, medication and devices, substantially limits (that is, more than inconvenient or bothersome) one or more major life activities below age-appropriate:

Notes

Support recommended: assistive technology, educational support by peers, teacher, interpreter or therapist, etc.

When did your patient meet the above criteria for the first time?

YY/MM/DD

Tick when applicable	Area of functional limitation Degree of hearing loss (PTA)	Recommendations of support that could be provided at school
☐	-10 to +15 dB HL (hearing level): Normal hearing	
☐	16 to 25 dB HL: Minimal loss	
☐	26 to 40 dB HL: Mild loss	
☐	41 to 55 dB HL: Moderate loss	
☐	56 to 70 dB HL: Moderately severe loss	
☐	71 to 90 dB HL: Severe loss	
☐	91 dB HL and more: Profound loss	
☐	Chronic otitis media	

Hearing

Condition Diagnosed*: _____

Hearing disability is defined as the functional limitations resulting from a hearing impairment. Hearing impairment is a sensory impairment that will influence verbal communication between speaker and listener.

Notes:

- Hearing impairment is an abnormal or reduced function in hearing resulting from several causes.
- A child is a person between the ages of 0 to 18 years.
- Amplification devices include hearing aids, bone conductors, implantable devices and assistive listening devices.
- Pure Tone Average (PTA): average of hearing sensitivity thresholds (in decibel hearing level) to pure tone signals at 500 Hz, 1000 Hz and 2000 Hz of each ear.
- Bilateral hearing loss is a hearing sensitivity loss in both ears.
- Unilateral hearing loss is a hearing sensitivity loss in one ear only.

When did your patient meet the above criteria for the first time?

YY/MM/DD

Neurodevelopmental and Neurological Disorders

Condition Diagnosed by Health Professional*: _____

Can include disorders such as epilepsy, cerebral palsy, traumatic brain injury, attention deficit disorder, dyslexia, foetal alcohol syndrome and autism.

Tick when applicable	Area of functional limitation	Recommendation of support that could be provided at school
☐	Communication (ability to effectively communicate using speech/language)	
☐	Self-care (ability to effectively perform activities of daily living. e.g. feeding, dressing, washing, etc.)	
☐	Social/interpersonal skills (ability to interact appropriately with peers and adults)	
☐	Mobility (ability to ambulate or use assistive devices to move)	
☐	Functional cognitive skills (ability to pay attention,	

	concentrate, learn, etc.)		
☐	Vocational/Scholastic (ability to execute academic tasks)		
☐	Leisure/Play/Sports (ability to actively participate in leisure tasks)		
☐	Sensory (seeing, hearing and related functions)		

Notes:

With the exclusion of intellectual disability, a learner is regarded as being a learner with a neurological or neurodevelopmental disorder if he or she has been diagnosed, in terms of accepted diagnostic criteria, by a medical practitioner authorised to make such diagnosis:

When did your patient meet the above criteria for the first time?	YY/MM/DD	
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D. RECOMMENDATIONS BY HEALTH-CARE PROFESSIONAL

Summary of conditions diagnosed:

Specific interventions required by the learner (Tick when applicable):

☐	Medication/ medical examination	☐	Assistive devices and consumables	☐	Psycho-social support and counselling
☐	Physiotherapy	☐	Occupational therapy	☐	Family/caregiver support and counselling
☐	Speech language therapy and/or audiology	☐	Psychotherapy	☐	Other

FURTHER REFERRAL NEEDED:

Yes		No	
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Describe/Explain

EFFECT OF MEDICAL CONDITION OR DISABILITY ON PATIENT'S ABILITY TO LEARN IN A SCHOOL ((Tick when applicable):

None/minimal		Moderate		High	
☐	<i>Learner ought to cope in an unmodified school environment with recommended assistive devices</i>	☐	<i>Will be able to cope in a slightly modified school environment and may need assistive devices</i>	☐	<i>Will only be able to cope in a modified school environment (modified toilets/ramps/ground-level classrooms, etc.)</i>
☐	<i>Learner needs a low level of support in school environment</i>	☐	<i>Needs occasional therapy/ treatment/support</i>	☐	<i>Needs frequent, high level of treatment/therapy/support by a medical professional</i>

Explain your choice

E. DECLARATION BY HEALTH-CARE PROFESSIONAL

PLEASE ATTACH DETAILED REPORTS WHERE APPLICABLE

Signature: Date: 20 / /

Initials and surname (print): Tel no.:

F. HEALTH-CARE PROFESSIONAL WHO COMPILED THE REPORT

PLEASE ATTACH DETAILED REPORTS WHERE APPLICABLE

Signature: Date: 20 / /

Initials and surname (print): Tel no.:

G. PARENT/LEGAL CAREGIVER'S PERMISSION TO SHARE INFORMATION

I hereby give permission to dispose this report, which was discussed with me, to the school or other relevant professionals for the benefit of my child.

Signature of parent/legal caregiver: Date: 20 / /

Print name: Tel. no.

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COMMENT: