
Support Manual for Teachers

Students with Specific Educational Needs

This handbook was created with the intention of making teachers aware of the Specific Educational Needs (SEN) of some students, without forgetting that each student, each course and each curricular unit is different and has different specificities. It is intended as a **guide and help** for Iscte teachers who have students in their classrooms with SEN resulting from a permanent and/or temporary disability:

1. Contribute to the elimination of barriers and prejudices in relation to the real abilities and needs of these students;
2. Providing specific information on disabilities, the most common types in the institution, as well as the repercussions at a personal and academic level;
3. Providing teachers with tools and aids to enrich the teaching-learning process.

Promoting equal opportunities!
A right! An obligation for everyone!

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1. Initial considerations

The term "Special Educational Need" (SEN) first appeared in 1978, in the *Warnock Report*, which defined a student with SEN as one who: compared to students of their own age, has significantly greater difficulties in learning or has a physical, sensory, intellectual, emotional or social problem, or a combination of these, to which the educational resources generally available in schools are unable to respond, making it necessary to resort to special curricula or adapted learning conditions (Silva, 2004). Later, and from an inclusion perspective, the *Salamanca Declaration* (1994) includes in this concept all those who are disadvantaged due to disability, mental health or learning problems, giftedness, street children or children at risk, who belong to ethnic or cultural minorities, or others. It also emphasizes the urgency of creating conditions that allow these students to be included in an accessible and universal learning process. Inclusive education aims to defend the right of all students to develop and realize their potential through quality education that is tailored to their needs, interests and characteristics (Freire, 2008). According to Professor Luís de Miranda Correia (2013): "Students with special educational needs are those who, because they exhibit certain specific conditions, may require special education support and services during all or part of their school journey, in order to facilitate their academic, personal and socio-emotional development." Nowadays, the term SEN is beginning to fall out of use, especially after the publication of Decree-Law no. 54/2018 of 6 July, which establishes the principles and standards that guarantee inclusion, as a process that aims to respond to the diversity of needs and potential of **each and every student**, by increasing participation in learning processes and in the life of the educational community. We can then talk about students with specific educational needs (SEN) or specific conditions.

We must also address the issue of the use of the concept of incapacity or disability in NE. This discussion has been orientated around two radically different models, usually referred to as the "medical model" and the "social model". The medical model, which has dominated in recent decades, sees disability as a "consequence of illness" and requires action that is confined to the medical field, whether in terms of prevention or treatment and medical rehabilitation. It also implies that the person themselves must adapt to the environment.

The social model, on the other hand, emphasizes the role of the environment in the process that leads to disability, through existing barriers (material and immaterial).

Disability is not inherent to the person, but rather a complex set of conditions, many of which are created by the environment.

The World Health Organization (WHO) then changed the classification, approving the ICF "*International Classification of Functioning, Disability and Health*" in 2001, demonstrating a paradigm shift: from a purely medical model to a biopsychosocial and integrated model of human functioning and disability. It thus rejects the classification of people by diagnostic and static categories of disability, replacing it with a classification of functional functions/profiles and functional limitations based on a dynamic and interactive model of the person and their environment. *Disability* therefore refers to dysfunctionality at all its different levels: impairments, activity limitations and participation restrictions, and not just one of its aspects. Therefore, according to the ICF (2001) it is defined as:

- **Functionality** - is the generic term ("hat") for the functions and structures of the body, activities and participation. It corresponds to the positive aspects of the interaction between an individual (with a health condition) and their contextual factors (environmental and personal).
- **Disability** - is the generic term ("hat") for impairments, activity limitations and participation restrictions. It corresponds to the negative aspects of the interaction between an individual (with a health condition) and their contextual factors (environmental and personal).

Since the term disability does not emphasize the relevant role of the environment, we will use the concept of incapacity (*disability*) in this manual, since identical impairments can have quite different incapacities.

A blind person, e.g. someone with a disability, may or may not be able to use a computer, depending on the existence of certain barriers.

If the computer has a screen-reading programme, the barriers disappear.

The disability will still be there, but the inability to use the computer will not!

2. Introduction

In the 1994/1995 academic year, the first survey of the number of students with Special Educational Needs (SEN) studying in higher education was carried out, at which time 244 SEN students were identified nationwide (Patrício, 2002). Later, the Working Group for the Support of Students with Disabilities in Higher Education (GTAEDES) identified 816 students with SEN in higher education in the 2006/2007 academic year, showing that the number had almost tripled in just over a decade (Pires, 2009). The latest national survey on support for students with SEN in higher education also carried out by GTAEDES, reveals that in the 2013/2014 academic year there were 1,318 students with SEN attending higher education, 61 per cent of whom were attending public universities. The 1,318 students are distributed by type as follows: motor disability 256, visual impairment 235, dyslexia 169, hearing impairment 160, chronic illnesses 159, psychiatric illnesses 147, neurological illnesses or problems 90, autism spectrum 45, multi-disability 28 and others 29. By area of study, it should be noted that 24 % of students with SEN are studying in Law, Social Sciences and Services, 17 % in Technology and 14 % in Economics, Management and Accounting. In seven years, there has been an increase of around 62 per cent of students with SEN in higher education.

This gradual increase in students with SEN over the last two decades has been due to the implementation of political and social measures for access and democratisation that promote educational inclusion in higher education. Iscte has been developing a set of resources and services aimed at contributing to the success and well-being of its students with SEN. In 2017 it joined [GTAEDES](#), a working group that aims to provide a better quality service to students with disabilities, as well as promoting closer ties between services that support students with disabilities, in order to facilitate the exchange of experiences, the development of joint initiatives and the rationalisation of resources within the scope of higher education.

3. Iscte Regulations for Students with Special Status.

Iscte, as a higher education institution, promotes and defends a set of ethical and citizenship values, such as diversity, freedom, equal opportunities and quality of life and work for all students.

It has a General Regulation for Students with Special Status that provides for various rights and support measures for students with SEN (chapter VI).

The regulations are available [here](#). It can also be consulted at the end of this document.

4. Iscte Resources and Services

In terms of **physical accessibility**, Iscte is an inclusive institute that takes care to provide it:

- Accessible classrooms and buildings
- Wheelchair access ramps and lifts with *braille* controls
- Adapted sanitary facilities
- Parking spaces for people with reduced mobility.

With regard to services, we would highlight

Iscte's Information and Documentation Services (**Library**) has a room where various pieces of equipment are installed for students with SEN, with particular emphasis on students who are blind or have low vision:

- Internet access
- Consultation of works in paper format
- Converting documents into formats adapted to your needs or Printing documents in *braille*.

The SEN / Audiovisual and Multimedia Room is located in Iscte Building II on floor 3 (Room B 601) of the Library.

The Library offers important support to teachers who need help adapting their teaching materials to an accessible format. To do so, please send an email to: biblioteca@iscte-iul.pt. The request must be made at least one week in advance.

More information [here](#)

[Rules](#) for using the room

The Social Services (SAS) aim to provide students with the conditions they need to study and make the most of their schooling by offering a range of support and services. Scholarship students who have a physical, sensory or other disability, with a degree of incapacity equal to or greater than 60 per cent, duly proven by a disability certificate, benefit from special status when their scholarship application is analyzed.

More information [here](#)

The Student Counselling Office (SAS/GAA) focuses its activity on supporting student integration and preventive work, by holding various workshops throughout the academic year, programmes to develop specific academic and personal skills for the different study cycles and activities to promote healthy lifestyles, as well as occasional *counselling* for students who need immediate support in solving an academic or personal problem. The SAS/GAA is also responsible for assessing requests for psychological support and referring them to internal or external services, whenever justified.

The Support Office for Special Educational Needs (SAS/GNEE) aims to provide specific support to students with SEN, acting as a facilitator in the process of integrating the student into academic life, as well as in accessing the support available at the institution. It is responsible for: welcoming students with SEN; organizing and analyzing their file with a view to obtaining their status under the Regulations for Students with Special Status; clarifying doubts and providing support to students with SEN and teaching staff; providing information on the types of support and services available at the institution; coordinating the support required for each case with other internal and/or external services, as well as with the Specialized Committee of the Pedagogical Council (CECP). This Committee is made up of the President of the Pedagogical Council, the Director of Social Services, the GNEE Psychologist and the teachers involved in the situation being considered. The CECP meets when there is a need to change curriculum content and to draw up an individual inclusive learning plan.

The IT and Communications Infrastructure Services (SIIC) promote the provision of equipment or solutions suited to the needs of students with SEN.

5. General guidelines

- Iscte students have every right to **privacy** with regard to their SEN (information relating to specific needs is considered sensitive data by the General Data Protection Regulation) and so the whole process is based on the assumption of confidentiality, with only those directly involved in granting the status and/or implementing support having access to the SEN student file, and only to the extent that is strictly necessary.
- The student has the **right to decide whether or not to share** their difficulty. This must be respected by everyone, even after the teacher has learnt about it.
- The student can inform on Fénix at the time of their first enrolment, in an optional and anonymous way, if they have any SEN and if they want to be contacted by the GNEE or if they are going to request support. During the process of assessing the student's needs, and according to the *European Agency for Development in Special Needs Education* (2011), the student should give their opinion on:
 - a) Evaluation process and definition of intervention strategies;
 - b) Learning planning, taking personal factors into account;
 - c) Support measures aimed at overcoming barriers to learning that do not stigmatize or separate them from their peers;
 - d) Learning objectives;
 - e) Evaluation of learning outcomes in order to guarantee academic success and general well-being.
- If the student has identified their SEN and has applied for the status of student with SEN, **all their teachers will have available in Fénix, in** addition to the attribution of the status, the support that has been deemed necessary for that student.
- If you have a student with SEN in your class, you may be called by the GNEE to a meeting at the beginning of the semester to give you some relevant information about the student.
- If the student has a permanent SEN, the status and support is automatically renewed every year, without prejudice to any adjustments that may be made.
- Teachers can refer the student to the GNEE and can also use this service if necessary.

- Students are primarily responsible for analyzing their ability to meet the requirements of the course throughout the year, depending on the constraints arising from their SEN.
- At the beginning of each semester, it is important that teachers try to clarify with the student their limitations and the requirements they feel they need.
- The teacher should try to find valid alternatives with the student if they need to be absent several times.
- In the assessments, the teacher must ensure that the questions are presented in a way that is appropriate to the specificities of the student's SEN (e.g. simple font; adequate spacing between lines and items; adequate grouping of questions and items, making them graphically easy to read, etc.).

The teacher must:

- Treat the student in a natural way, avoiding prejudices or over-protection that end up preventing or hindering relationships with them;
- Focusing on the student's abilities and not their limitations. A positive view of the student will favour their learning and educational quality;
- Ensure that you have understood the student's message and that the student has understood you too. Strategies such as taking your time, giving clear messages and repeating the student's message can facilitate this process;
- Facilitate and collaborate in the incorporation of technical aids into the classroom.

6. Most frequent type of support

Extra time - For example, students with slow writing or speaking skills benefit from 50 per cent extra time in assessments.

Oral exams - For example, students with difficulties that affect reading (vision difficulties and some specific learning disorders) may need their exams to be read aloud or replaced by oral exams.

Assisted technology - Use of technologies and equipment such as: laptop with screen reader (PT *JAWS*), screen magnifier (PT *Magic*) or *TrackBall*. These technologies can be used, for example, by students with Specific Learning Disorders (SLD), visual impairment and motor difficulties that limit hand and arm movements.

Alternative formats - For example, students with sight loss, motor difficulties and some ASD may need alternative forms of printing such as audio files, augmented printing, scanning to *pdf*, *braille*, etc.

7. Frequently Asked Questions

1. ***How can I encourage students with SEN to talk to me about their needs?***

You can inform the whole class at the beginning of the lesson that you are available to discuss with students with SEN appropriate methods and support for their difficulties.

2. ***Should I directly ask a student who is clearly struggling whether or not they have a SEN or refer them to the GNEE?***

No. It's not a good idea to ask directly about a possible SEN. This could be considered too intrusive for the student.

You can just tell the student that you feel they are having academic difficulties and encourage them to come and talk to you in private in order to get some kind of assistance.

3. ***How do I maintain confidentiality?***

Don't talk about your difficulties in front of the whole class, but in private, in your office.

4. ***What do I do if the student approaches me directly with a request for curricular changes or pedagogical support, but without having applied for SEN Student Status?***

If the student has a documented SEN, the best approach is to encourage them to contact the GNEE so that we can determine what their needs are and what support is most appropriate for them.

5. ***What do I do if I don't agree with the adjustments proposed by the GNEE?***

You should contact the GNEE to explain the situation and try to find alternative ways of supporting the student with SEN together. The proposed adaptation should be maintained until another solution is agreed.

6. *What should I do if the student asks me for more or different adaptations to those established when they were awarded SEN student status?*

You should refer the student to the GNEE. All adjustments should be related to the functional limitations that are usually established during the meeting with the student and the reading of the medical/psychological documentation.

7. *How are requests for adjustments assessed?*

Requests are assessed by the GNEE and the Specialized Committee of the Pedagogical Council (when necessary) and validated by the Pedagogical Council. This assessment is made by interviewing the student and analyzing the documentation that proves the existence of the physical or psychological impairment and justifies the need for pedagogical adjustments. Adaptations are proposed on a case-by-case basis. This whole process is carried out in collaboration with the student and, in the end, the adjustments must be accepted by the student.

8. *Does giving extra time in exams give students an unfair advantage?*

We're not giving an advantage, but guaranteeing equal opportunities. We are trying to eliminate a disadvantage and overcome a barrier related to education. The student may need more time to write, read, understand or process information because of their condition. With the extra time, the student is given the same conditions to produce the answers to the exams that students without SEN can produce in the allotted time.

9. *Why should I give this student more time? He/she doesn't need it. He/she got a good mark in the last test.*

Just as we don't reduce the time given to students without SEN who get high marks in exams, we shouldn't penalize students with SEN for getting good marks. The support given is based on identifying their educational needs.

10. *Can I refuse to make a certain adjustment suggested by the GNEE?*

If the teacher feels that the proposed adaptation jeopardizes the integrity of the curriculum or learning, this should be reported to the GNEE.

8. Specific needs

i Motor disability

	Mild	Moderate	Severe
Communication	Mild articulation problems.	Language difficulties. Inaccurate speech, although understandable.	Very affected, use of alternative communication systems.
Motricity	Clumsy movements that affect fine motor skills.	Unsteady gait and hand control problems. Problems with fine and gross motor skills. Unstable gait with mobility aids. Functional head control.	No limb control. Mobility with the aid of a wheelchair. Defective or absent head control.
Autonomy	Can carry out activities of daily living correctly and independently.	Some degree of independent performance of activities of daily living.	Inability to carry out activities of daily living, total dependence.

Table 1 - Relationship between difficulty and degree of motor disability

a) Characteristics and constraints

Congenital or acquired dysfunction affecting motor skills.

Gravity

The alterations occur to varying degrees: mild, moderate, severe, but they cannot be generalised since each person has a different functional capacity even with the same type of deficit. They can be evolutionary (muscular dystrophies) or nonevolutionary (cerebral palsy).

Affected area

We can talk about paralysis (decreased or abolished motor skills in one or more parts of the body with a complete deficit of muscle strength) or paresis (incomplete paralysis or decreased motor skills in one or more parts of the body).

Paralysis	Paresis
= <u>Monoplegia</u> : paralysis of a single limb.	= <u>Monoparesis</u> : mild or incomplete paralysis of a single limb.
= <u>Hemiplegia</u> : paralysis of one side of the body.	= <u>Hemiparesis</u> : mild or incomplete paralysis of one side of the body.
= <u>Paraplegia</u> : paralysis of both legs.	= <u>Paraparesis</u> : mild or incomplete paralysis of both legs.
= <u>Diplegia</u> : paralysis affecting equal parts of each side of the body.	= <u>Tetraparesis</u> : mild or incomplete paralysis of all four limbs.
= <u>Tetraplegia</u> : paralysis of all four limbs.	

Table 2 - Types of paralysis and paresis

Source:

	Brain	Spinal	Muscular	Osseo-articular
Difficulty	Control of posture, mobility, movement, manipulation, oral language, changes in perception.	Mobility, movement, posture control, fine control, sphincter control	Mobility, posture control, handling, breathing capacity.	Posture, handling.
Common examples	Cerebral palsy Brain trauma to the skull Cerebrovascular accidents Tumours	<i>Spina</i> bifida Spinal cord injuries	Muscular dystrophies Myopathies Neuropathies	Arthrogryposis Osteogenesis imperfecta (crystal bones) Rheumatism

Table 3 - Types of origin of motor disability

At Iscte some of our students with motor disabilities have:

Cerebral Palsy - A group of diseases characterized by motor dysfunction resulting from injury during the early stages of development.

It is permanent, but not evolutionary. It is not immutable, and as such is susceptible to improvement.

The motor deficiency is expressed in normal patterns of posture and movement, associated with abnormal postural tone. The injury affects the brain when it is still immature and interferes with the child's normal motor development. The most relevant disorders are motor disorders, which do not necessarily imply the existence of an associated mental disability.

Muscular Dystrophy - This is a neuromuscular disease, still incurable, which affects the muscular tissues of the body in a severe and continuous way. Intellectual and mental capacities are preserved. There are different forms of dystrophy according to the muscles affected. It can be neurogenic (due to a malfunction of the nervous system) or myogenic (degeneration of the muscle fibres themselves).

In some cases it develops into total paralysis, leaving the person wheelchair-bound.

Arthrogryposis - Also known as arthrogryposis multiplex congenita (AMC), this rare congenital disease is characterized by multiple joint contractures and can include muscle weakness and fibrosis. It is a non-progressive disease. In the most common type of arthrogryposis, called amyoplasia, hands, wrists, elbows, shoulders, hips, knees and feet are affected. In the most severe forms, practically all joints are affected, including the jaw and back. Contractures are often accompanied by muscle weakness, which further limits movement.

Osteogenesis imperfecta - A group of rare genetic diseases characterized by fragile bones and teeth. The severity of the disease depends on the genes affected. Many people with osteogenesis imperfecta are born with fractures, suffer deformities and don't survive to adulthood. Those who do survive suffer multiple fractures, short stature, respiratory, hearing and dental problems. Fractures can occur without any apparent cause. However, cognitive, sensory and emotional capacity is normal.

b) Intervention Strategies

It's normal to associate motor disability only with those students who use a wheelchair, but many other technical aids can be present to facilitate mobility, such as crutches, prostheses, walking sticks, etc.

Generally speaking, the main difficulties faced by these students are architectural barriers and difficulties in carrying or handling equipment or carrying out daily living tasks autonomously and independently. In this sense, Iscte has endeavored to eliminate architectural barriers, and most of the buildings, bathrooms, canteens and bars are adapted to accommodate students with motor difficulties. It is also the institution's responsibility to **ensure that students are accompanied by a second person**; to provide **access to the car parking spaces** on campus; to **adapt the physical environment of classrooms to** make them accessible (e.g. to those who need to use the facilities). Those who need to use a wheelchair should have adapted desks, usually higher than those of their colleagues); **Consider the student in the class when booking rooms, taking into account** factors such as their proximity or ease of access to exits to the street (as a rule, students in wheelchairs should only take classes on floors that allow direct access to building exits, for example in the event of a fire).

These students may have **difficulties**:

- Completing a given task in the time allotted to the majority of colleagues;
- Writing conventionally;
- Handle documentation;
- Participate in practical classes that involve some specific mobility;
- Maintaining high levels of concentration in class (due to tiredness from rigid postures);
- Take notes at the pace of the lesson.

In communication:

- ❖ **Always speak to the student and** not to the caregiver;
- ❖ Sit at the **same level as the** student when talking to him/her;
- ❖ Hanging or leaning on a person's wheelchair is comparable to hanging or leaning on the person. Unless you are a close friend of the person, this is not appropriate;
- ❖ Ask the student if they need support before they start pushing the wheelchair;
- ❖ **Proceed** with caution when driving a wheelchair;
- ❖ Don't avoid using words like "walk" or "run". People with motor disabilities use them too;

- ❖ **Avoid anticipating the** student's **answers** or answering for him/her.
Respect the pace of individual expression;
- ❖ Ask them to repeat what the student has said when they don't understand. If you still don't understand, ask them to write it down.

In the classroom:

- ❖ Be **flexible** with punctuality;
- ❖ **Secure** a seat near the teacher or at the end of a queue, near the doors;
- ❖ **Provide notes** and/or bibliographical information in **advance**, thus facilitating the writing/synthesis of the lesson;
- ❖ Facilitate the **audio recording** of lessons as well as the use of computers;
- ❖ **Facilitate the use of e-mail** to provide the student with information on grades, bibliography, notes, etc.

c) **Evaluation strategies:**

- ❖ Allow the student to complete the tasks, if necessary providing **additional time**, especially for oral presentations and exams.
- ❖ Allow **the written assessment to be changed to an oral one** when oral expression is easier than written.
- ❖ Allow the use of communication aids. When the student uses an augmentative or alternative communication system, it is advisable to familiarise him/herself with the system in order to achieve quality communication.
- ❖ Ask short or objective questions.

d) **Sites of interest:**

[Portuguese Association of the Disabled](#)

[Salvador Association](#)

[National Rehabilitation Institute](#)

[Come Win](#)

ii Visual Impairment

a) Characteristics and constraints

Visual impairment results from partial or global damage to the visual system and can vary in its cause (trauma, disease, malformation, poor nutrition) and/or nature (congenital, acquired or hereditary), resulting in a reduction or loss of ability to perform visual tasks (reading, recognizing faces) (Pereira, 2008).

According to the WHO, visual impairment encompasses two broad categories: blindness and amblyopia. In this sense, we can consider a blind person to be someone who has no visual potential, but who can sometimes perceive light. Amblyopia, also known as low vision, means a reduced visual capacity - whatever its origin - which is not improved by optical correction.

Visually impaired students may need a guide dog, have low peripheral vision, photosensitivity or double vision. These difficulties may often not be visible to observers.

b) Intervention Strategies

In communication:

- ❖ **Use natural words** such as see, look. These words are part of the visually impaired person's vocabulary and, like anyone else, they use them to express their way of seeing.
- ❖ Using spatial references such as "here", "there" have no meaning for the blind. They should be replaced by **more specific verbal references**, such as: "to your right", "in front of you", "above", etc.
- ❖ **Identify yourself to** the student when addressing them.
- ❖ **Notify** when you leave or move away.

In the classroom:

- ❖ If you work in *Braille*, make sure the student has a space in the classroom (bookshelf, large table) to put their materials;
- ❖ Position the student in a place with the **best visual and/or auditory access**, usually in the front row.

- ❖ **Getting in touch** with the student to find out their specific needs and developing a classroom methodology that favours their participation in the classroom dynamic;
- ❖ Give **descriptive and very specific explanations of** what is happening in the classroom. For example: say out loud what is written on the board, or what appears on different types of visual aids (*powerpoints*, videos);
- ❖ Allow **more time** to complete tasks
- ❖ **Explain the steps to** be followed to carry out an assignment, and if possible show one that has already been completed so that the student knows what they are supposed to do;
- ❖ **Read aloud** while writing on the board;
- ❖ Alert the student whenever the classroom layout **changes**;
- ❖ Write in a **colour that contrasts** with the colour of the board (e.g. white/black);
- ❖ Avoid standing in **front of the window**;
- ❖ Allow the student to take a **break**;
- ❖ **Alternate tasks** that require greater visual effort with non-visual tasks;
- ❖ Allow the use of **laptops with headphones**, as this makes note-taking more efficient;
- ❖ **Make available in advance and in an accessible format** (*Braille* or accessible digital format - converting *Powerpoints* into *Word* and avoiding the use of tables and graphs) all the bibliographical material and material used in the classroom, namely *Powerpoints* and worksheets. **SIDs can be asked to help adapt materials.**
- ❖ Allow the student to **record lessons**.

c) Evaluation strategies

- ❖ Allow **more time** for tests/examinations;
- ❖ Allow the use of a **laptop computer and** specific **software** to carry out the examination;
- ❖ Take **breaks or split** the assessment to avoid extreme tiredness;
- ❖ Preferably **oral rather** than written **assessment**.
- ❖ **Adapt the exam papers** when necessary

d) Sites of interest:

[ACAPO](#)

[European Union of the Blind](#)

iii Hearing Impairment

a) Characteristics and constraints

Hearing impairment (mild to profound hearing loss) is a state of limitation in communication or language as an expression of language and thought. Hearing loss is the partial or total loss of the ability to hear. An individual whose hearing is not functional on a day-to-day basis is considered deaf; someone whose ability to hear, although deficient, is functional with or without a hearing aid is considered partially deaf (Neves, 2007; Bispo, Clara & Clara, 2009; Paul, Trezek & Wang, 2009; Francisco & Neves, 2010). A deaf person is someone who, in addition to hearing loss, has a culture, an identity and a language of their own, the Portuguese Sign Language.

Lightweight (20-40 dBs)	Moderate (40-70 dBs)	Grave (70-90 dBs)	Deep (+90 dBs)
<ul style="list-style-type: none"> • Recognising words through hearing, although there are some consonant phonemes that are not identified with total clarity, which can cause some articulation difficulties. • Increased difficulties with low voices, distance, noisy places and use of rare words. 	<ul style="list-style-type: none"> • The need to speak up • Articulation problems, as there are many consonant sounds that are not clearly understood. • Use of hearing aids. 	<ul style="list-style-type: none"> • Great difficulty understanding words. • Many sounds are not perceived • Monotonous speech, poorly understood and with a significant language delay. • Hearing aids are very important because through them they can develop oral language. • Use of lip-reading 	<ul style="list-style-type: none"> • They only perceive very intense noises, some of which are due to the vibration component. • They can't understand words and haven't developed their oral language naturally.

Table 4 - Degrees of hearing impairment

In general, we can say that depending on the degree of hearing loss, the student may miss rapid interactions, suffer listening fatigue, miss 50% or more of the class discussion, have problems suppressing background noise, have articulation deficits, limited vocabulary or learning disabilities, may have a monotonic voice, delayed language and syntax skills (which affects reading and writing) and reduced speech intelligibility. Some hearing-impaired individuals use sign language to communicate, but most rely on lip-reading, speech, hearing aids or any combination that facilitates oral communication.

It's very important to be aware of the serious implications that a profound hearing loss has on an individual's overall development. A person born with a profound hearing loss or who loses their hearing before they develop language will have their linguistic, cognitive, affective and social development affected. Hearing is a system of continuous contact with the environment, it is a source of information and enables the development of oral language which, in turn, is an instrument of cognitive, emotional and social development.

These students may have **difficulties**:

- **In reading and writing:** Lack of knowledge of technical vocabulary; Difficulty understanding abstract concepts and comprehending statements; Errors in written expression: problems coordinating and structuring sentences and problems conjugating verbs;
- **Behavioural difficulties:** Flexibility of thought and greater susceptibility.

b) Intervention Strategies

Group activities, such as discussions or debates:

- ❖ Working groups with few people.
- ❖ Make sure there is **good lighting** in the workspace and organise the group in a semi-circle so that everyone can see each other well and the student can lip-read.
- ❖ Ensure that the session is **well moderated**. Ask all the students to indicate (e.g. by raising their hand) when they want to take part in the conversation so that the student can know in advance who is going to speak.

- ❖ Use **visual aids** with the main issues/topics of the discussion (e.g. whiteboard, *Powerpoint*). Ask someone to take minutes/summarise the issues discussed.
- ❖ Whenever possible, make sure that the workspace has good acoustics so that there is less noise interference.
- ❖ Avoid rooms near noisy indoor/outdoor areas (e.g. canteens, entrances/exits).
- ❖ **Encourage interaction.** The student has something to say (orally or in gestures), they just need more time and for others to adapt to their way of communicating.

In communication:

- ❖ Start the conversation by nodding or lightly touching the shoulder or arm.
- ❖ **Stand facing** the student to allow lip reading. Exaggerating lip movements makes them more difficult to read.
- ❖ Use **body language** to help with lip-reading.
- ❖ Be **patient and casual**. Ask for **repetition** or clarification if the person's speech is difficult to understand. Don't say you understand when you really don't.;
- ❖ If the student doesn't understand you: **Repeat** what you've said, but using different words. **Give clues** about the context of the subjects you're talking about. If you feel that communication isn't flowing, use **writing**.
- ❖ Speak **clearly and distinctly**. Slow down the pace of the conversation. Speak in a **normal tone of voice**. If you are asked to speak louder, **don't shout**. This will irritate the listener, distort the sound and alter the lip configuration.
- ❖ Metaphorical language, idiomatic phrases and jokes can be confusing, particularly if they don't belong in the context of the subject being spoken about.
- ❖ **Don't cover your mouth**, chew, smoke or move away.
- ❖ Avoid standing in front of a **light source**. Place yourself in a position where your face is **visible and well lit**.
- ❖ **In the presence of a sign language interpreter:**
 - Address your comments, **conversations and questions to the student and** not to the sign language interpreter;
 - The interpreter's role is only to **facilitate communication**, not to participate. It is the student's responsibility (not the interpreter's) to ask for clarification if the teacher doesn't understand.

- Speak at your usual pace. The interpreter will ask you to slow down, stop or repeat if necessary.
- Try to structure your session so that you have a short **break in the middle**. Sign interpreting is very demanding and interpreters will need a break after 30 minutes if they are working continuously.
- The interpreter will need to prepare the working session and should receive notes and presentations in advance that are considered relevant.

In the classroom:

- ❖ Provide the classroom **rules** orally and in writing, as well as the **requirements and assessment criteria for** assignments.
- ❖ Situate the student in the classroom so that they can better understand through the prosthesis and/or lip-reading.
- ❖ **Reduce environmental noise.**
- ❖ Make sure you are looking at the **student** when you ask a question.
Avoid walking around the room while you talk.
- ❖ **Give out in advance the materials** that will be used in the lesson or let them know where they can find information about what will be explained.
- ❖ At the beginning of the lesson, **present the following structure** (e.g. topics on the board). Refer back to it throughout the lesson to help the student follow the topics logically.
- ❖ Write down any notices you want to give (e.g. opening times, test dates, changes to timetables/rooms).
- ❖ Provide a **glossary of** new specific/technical vocabulary or write the new terms on the board. It becomes impossible to lip-read unfamiliar words and this is especially true in higher education.
- ❖ When explaining on the board, it's best to **write first** and then explain so that the deaf student is situated at all times. The student won't be able to read your lips when facing the board.
- ❖ If there are two teachers in the same classroom, **don't speak at the same time** so that both people can be interpreted.
- ❖ **Repeat your colleagues' questions** because the student with deafblindness may not have realised that someone had asked a question.
- ❖ When videos are used in class, they should be **subtitled**, otherwise try to provide a script with the relevant information.

- ❖ Invest in the student's visual memory, complementing your oral presentation with images, graphs, diagrams, shapes, colours, etc.
- ❖ Give the student **extra time** to process the information (particularly when dealing with new or important concepts).

c) Evaluation strategies

- ❖ The assessment process must guarantee the **adoption of specific measures** that allow deaf students to prove their knowledge without communication barriers affecting them.
- ❖ **Expand the exam completion time.**
- ❖ Avoid using long, complex sentences. **Divide the sentence** into several simpler parts.
- ❖ Make sure the question is posed concisely and clearly. Avoid combining multiple questions in the same question.
- ❖ If possible, **list the different issues** to be addressed in a long/clear answer.
- ❖ Encourage the creation/use of conceptual schemes to organise development responses.
- ❖ Clearly indicate the length of the answer you want.
- ❖ Avoid using multiple choice question strategies. It requires remembering the first part in order to complete the idea. This is a very difficult task for deaf students, who have an underdeveloped short memory.

d) Sites of interest:

[Deaf Citizen's Portal](#)

[Portuguese Federation of Deaf Associations](#)

[Learning with Gestures](#)

iv Specific Learning Disorders (dyslexia, dysorthography, dysgraphia and dyscalculia)

a) Characteristics and constraints

Specific learning disorder (SLD) is a neurodevelopmental disorder with biological origins. It includes an interaction of genetic, epigenetic and environmental factors that influence the brain's ability to perceive or process verbal or non-verbal information efficiently and accurately. According to the *Diagnostic and Statistical Manual of Mental Disorders 5* (DSM5), an essential characteristic of SLD is persistent difficulties in learning fundamental school skills (Criterion A), beginning during the years of formal schooling (i.e. the developmental period). Basic school skills include accurate and fluent reading of single words, reading comprehension, written expression and spelling, arithmetic calculations and mathematical reasoning (solving mathematical problems).

SLDs disrupt the normal pattern of learning school skills; they are not simply a consequence of a lack of learning opportunities or inadequate school education. They are permanent and prolonged disorders.

So there we have it:

Dyslexia - an alternative term for a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, decoding problems and spelling difficulties. This is one of the most common manifestations of the specific learning disorder.

Dyscalculia - an alternative term for a pattern of difficulties characterized by problems processing numerical information, learning arithmetic facts and performing accurate or fluent calculations.

Dysorthography - involves the formulation and codification of writing (i.e. the cognitive processes underlying the composition of texts and spelling errors).

Dysgraphia - Functional alteration in the motor component of the act of writing that affects the quality of writing.

Students with ASD may have numerous integrative processing difficulties, such as spatial orientation, perceptual-motor skills, memory, motor skills, speech/language

disorders and sequencing. They may also show neurological signs or signs / symptoms of attention deficit, such as inattention, impulsivity, hyperactivity and emotional lability. These disorders are invisible and can jeopardise students' social interactions and confidence in school activities.

In the context of higher education, dyslexia is the most common specific need, requiring particular attention from institutions (*Heiman & Precel, 2003; Mortimore & Crozier, 2006*). People with dyslexia can achieve the same results as other students, but they will have to use different methodologies to compensate for their difficulties. The difficulties presented below may not be present in all people with dyslexia. However, they are some of the difficulties to take into account when trying to identify dyslexia.

In general, students with dyslexia present:

- reduced reading speed;
- poor phonetic spelling;
- poor spelling;
- numeracy difficulties;
- greater difficulties in acquiring study skills;
- difficulty taking notes, writing assignments, revising for assessments or understanding large amounts of complex text;
- low self-confidence and self-esteem;
- high levels of frustration that affect school performance;
- higher levels of anxiety;
- feelings of academic and writing incompetence;
- difficulties in organisation;
- difficulty following instructions;
- difficulty in spatial orientation - left/right; up/down; □ difficulty concentrating.

Specifically students with difficulties in:

1. writing has:

- Difficult to understand lyrics;

- Lack of coherence in the presentation of ideas;
- Poor use of punctuation;
- Incorrect use of verb forms;
- Limited use of the verbal lexicon;
- Bizarre spelling of common words;
- Swapping letters (b for d or p for q);
- Confusing letters with the same sound (s for z);
- Inability to see errors, even in programmes with text correction.

2. Reading has:

- Difficulty recognising and remembering the sounds of words;
- They replace words with similar ones when reading aloud (semantic confusion);
- Inability to read a text "diagonally";
- Reduced reading speed;
- Difficulty with the sequence of the alphabet;

Dyslexia may have consequences for progression, achievement and completion of higher education, but it is not incompatible with a high level of success, provided it is supported by appropriate intervention. Most students with ASD do not need curricular adaptations, but benefit from some strategies in the classroom.

"EAPs do not jeopardise the potential to learn; instead they jeopardise the learning process" (Rose, 1993).

b) Intervention Strategies

Communication:

- ❖ **Recognise** that learning difficulties are often an invisible disability.
- ❖ Provide the opportunity for the student to **discuss** their needs and preferred ways of learning.

In the classroom:

- ❖ It should be very clear that the problem is not due to a lack of motivation or laziness, or a low level of intelligence, but to a biological disorder.
- ❖ Be **flexible, creative** and **adaptive** with resources.
- ❖ Students should sit in the **front rows**, close to the teacher.
- ❖ Write the **new terms** and **key points** on the board.
- ❖ **Schematise** the content of complex topics and exemplify the information in a way that simplifies the textual language;
- ❖ Assign tasks in **oral** and **written format** to avoid confusion.
- ❖ Students with **written language difficulties** can benefit from using a word processor or typewriter for written assignments, extended time or **recorded lessons**.
- ❖ Students with **visual processing or reading difficulties**:
 - They can benefit from recorded lesson materials, extended time, use of adaptive equipment in the library, various presentations of visual material and alternative test formats.
 - Help **select** key **books** and texts from the bibliography;
 - Whenever technical and specific concepts are presented, it may be important to write a **glossary**;
 - Support in "strategic reading" can also be very useful, helping you to learn how to select information and **set goals for reading**; - Avoid **asking to read aloud**.
- ❖ Ask them if they have understood the written material.
- ❖ Give yourself more time to finish your tasks.
- ❖ **Make the notes** / presentations / booklets **available in** advance. This will make note-taking easier. If this is not possible, it may be useful to give a short **summary of** what will be covered during the lesson.
- ❖ *Powerpoint* presentations should have double spacing between sentences, non-cursive, simple font, highlight important phrases or words and each slide should contain **clear and concise information**.

c) Evaluation strategies

- ❖ Provide exam study questions in advance that illustrate the test format as well as its content. Explain what constitutes a good answer and why.

- ❖ **Value content over form**, and the student should not be penalised in the final grade (unless it is a basic UC skill);
- ❖ Avoid **derogatory comments** about the writing skills of students with dyslexia (most are aware of their difficulties and feel frustrated when they receive unconstructive *feedback*);
- ❖ Whenever possible, evaluations should be done **orally**.
- ❖ Allow **more time** for exams or tests.
- ❖ It may be beneficial for the teacher supervising the written assessment to **read the questions aloud** or help you understand them on request.
- ❖ Some students may benefit from using a **computer** during the exam and therefore may need to use specific *software*.
- ❖ Allow or negotiate small adaptations to the academic tasks, for example, allowing the presentation of the work to be done **on video** (replacing the written version).

d) Sites of interest:

[Portuguese Dyslexia Association](#)

[The International Dyslexia](#)

v [Autism Spectrum Disorder \(ASD\)](#)

a) [Characteristics and constraints](#)

Overall, we can say that ASD is a neurobiological disorder that affects the way the brain processes information.

According to the DSM5, the essential characteristics of autism spectrum disorder are persistent impairment in reciprocal social communication and social interaction (Criterion A) and restricted and repetitive patterns of behaviour, interests or activities (Criterion B). These symptoms are present from early childhood and limit or impair daily functioning (Criteria C and D). Manifestations of the disorder also vary greatly depending on the severity of the autistic condition, developmental level and chronological age; hence the use of the term *spectrum*. *Autism spectrum disorder* encompasses disorders previously called early infantile autism, high-functioning autism and Asperger's disorder, among others.

Some of the difficulties that people with ASD may experience:

- Difficulty in communication;
- Difficulty in social relationships;
- Difficulty with abstract thinking;
- Limited and intense interests;
- Routine behaviour;
- Peculiarities of speech and language such as repetitions or stereotypes;
- Disturbance in non-verbal communication; □ Motor dyscoordination.

The student with ASD may have a sophisticated vocabulary and talk incessantly about their favourite subject, finding it difficult to switch to another topic of conversation or to maintain an interest in the other person's experience. They may have difficulty with the rules of conversation, unaware of some of the implicit rules of social contact and not making eye contact with the other person. They may interrupt or talk over each other, make irrelevant comments and have great difficulty starting and ending conversations.

They generally have difficulty interacting with others and may behave strangely in social situations. Their speech is usually monotonous and they don't apply prosody correctly. Their physical posture and interpretation of other people's verbal speech is often inappropriate (*Attwood, 1998*).

They are usually very dependent on routines and very sensitive to changes in their environment.

Some attention needs to be paid to the student with ASD, who may also have some of the **following characteristics**:

- Outbreaks of anger (physical or verbal);
- Motor agitation;
- An increase in obsessive or repetitive activities;
- Apathy or inactivity;
- Bizarre behaviour or ideas; □ Greater difficulty in getting around;
- Isolation.

b) Intervention strategies

- ❖ **Reduce the background noise** in the classroom.

- ❖ Give yourself **more time** to take notes on the subject.
- ❖ Explain the best time to ask questions, **correcting the posture**, without being defensive or critical of the student's attitude.
- ❖ Use clear and objective communication, **avoiding the use of metaphors or irony**.
- ❖ Concretely explain the objectives, procedures and deadlines related to the curricular activities.
- ❖ Indicate in detail the subject to be studied.
- ❖ If the student is very anxious, try to **distract them with other topics** or **inform them about what is happening or is about** to happen.
- ❖ It may be necessary to use alternative ways of presenting work if the student is unable to give oral presentations.
- ❖ **Give advance notice** of any changes to the course unit to avoid breaking routines.
- ❖ In agitated or aggressive situations, **don't respond aggressively** and wait or try to calm the student down.
- ❖ In cases where it is not possible to reach a consensus with the student on the need to modify their behaviour, it can be useful to just get the student's agreement not to repeat the misbehaviour.
- ❖ Do not opt for a confrontational attitude. Keeping calm and safe is essential to keeping the student calm and safe.
- ❖ Avoid, as much as possible, being patronising or protective, or maintaining too close and paternal a relationship.

c) Strategies for crisis situations

1. Seeking safety

- a. Make sure the person is safe and cannot hurt themselves or cause harm to others.
- b. Do not allow him to lie down at an exit point.
- c. Don't imprison the person, let them have the chance to leave.
- d. Do not chase the student if they leave and follow them at a distance.

2. Calm down

- a. It is essential to remain calm so that the student feels calm.
- b. Realise that the crisis will pass sooner or later.

3. Seeking silence

- a. Speak only what is essential.
- b. Do not question the student.
- c. If you speak, keep your tone calm and neutral.

4. Decrease the intensity

- a. Accept the crisis and give the person time to recover.
- b. Don't look at your watch or rush.

5. Restoring the person's self-control

- a. Once the crisis has passed, give the person the opportunity to explain what happened, without pressurising them.
- b. Give him space to breathe and rest.

Some qualities and **positive aspects**:

- They tend to be very noble people and say what they think at all times;
- When the job matches your interests and has low social demands, professional success is usually guaranteed;
- They tend to be perfectionists when carrying out any task;
- They have the capacity to store large amounts of information,
- They tend to be more efficient at technical work (IT, maths, photography, administration, etc.).
- When objectives are clearly defined, they are generally persistent in achieving them.

d) [Sites of interest](#):

[Portuguese Asperger Syndrome Association](#)

[Portuguese Autism Federation](#)

vi Mental Health Conditions

a) Characteristics and constraints

Recent figures suggest that more than 20 per cent of higher education students have mental health conditions that can interfere with their academic career. Each mental condition is conceptualised as a significant behaviour or psychological syndrome or pattern that occurs in an individual and is associated with current malaise (painful symptom) or disability (in one or more important areas of functioning) or an increased risk of death, suffering, incapacity or a significant loss of freedom (APA, 2002).

Mental health problems can involve disturbances in thinking, emotional stability and/or behaviour. These conditions are caused by complex interactions between various social, psychological, cultural, physical and biological variables.

As such, people with psychological conditions can have limitations in their ability to manage their day-to-day lives autonomously and effectively. These can be of a permanent nature and others of a more transitory nature. In order to be awarded the status of student with SEN, it is important to properly define the condition and its consequences.

The criteria used to define the conditions that may entitle you to this status are:

- The seriousness of the consequences on:
 - autonomy of the person
 - learning capacity
- The duration of the consequences on the person's daily life.

Students with psychological conditions can experience various difficulties, including: concentration problems, inappropriate affect, poor social skills, impulse control and/or excessive anxiety. Although these students can function adequately on a day-to-day basis, the impact on their learning is often seen in short-term memory deficits, inconsistent academic performance and excessive absences due to hospitalisations or medication changes.

The most common conditions found in higher education students are: Depression, Anxiety, and Obsessive-Compulsive Disorders.

b) Intervention strategies

- ❖ **Discard stereotypes and** focus on the person with their individual characteristics.
- ❖ Help and guide you in **your choices** and decision-making.
- ❖ Assign tasks that point to your strengths, this will increase your confidence and results.
- ❖ Provide notes and specific academic materials in a structured way and in advance, with the necessary instructions.
- ❖ **Respect the student's privacy** about their illness.
- ❖ **Flexible** delivery times.
- ❖ It may be necessary to **make assessment times more flexible**, provided they are justified.
- ❖ When assessing the knowledge learnt by the student, whenever possible, use the same examination techniques as those used with their peers. If this is not possible, carry out the test according to the student's personal abilities, through continuous assessments, oral exams, supplementary work, etc.
- ❖ It should be borne in mind that the symptoms of some illnesses, as well as the side effects of medication, can cause a significant decrease in student performance.

vii Medical conditions

a) Characteristics and constraints

Students can experience chronic health problems that significantly limit their activities of daily living. Having a chronic health problem is not necessarily disabling, the impact of the condition, such as hospitalisations, effects of medication, etc. can limit the individual within the academic environment. Side effects that can negatively affect academic performance include: fatigue, memory loss, drowsiness, loss of concentration, euphoria, mental confusion and excessive absences. Examples of these conditions include: asthma, lupus, cancer, HIV/AIDS, chronic pain, cystic fibrosis, arthritis, epilepsy, diabetes, surgical sequelae and Crohn's disease.

b) Intervention Strategies

- ❖ **Provide the lesson materials** before the lesson or a brief revision of what was said in the previous lesson to help with any reduction in concentration.
- ❖ Be **flexible with attendance** and work deadlines.
- ❖ Because of the potential reduction in energy, students may have to demonstrate their knowledge through a series of **short tests**, rather than just one or two assessments throughout the semester.
- ❖ **Divide the assessments in such a** way as to allow for breaks.
- ❖ Appropriate testing alternatives may include a testing location without distraction and/or prolonged time.
- ❖ Allow the student to leave the examination room to take medication or other conditions resulting from the illness.

9. How to produce accessible documents?

The [PLACES](#) accessibility platform has a set of "Tutorials to make the task of producing and making information available more agile and faster for those who produce it, and more accessible for those who want to access and consult it". With a view to increasingly universal *design*, the platform's tutorials cover the creation of accessible digital documents formatted in *Word* 2010, *PowerPoint* 2010 and HTML format for use on the *Web*. Through it, teachers will be able to make their documents and presentations accessible to the benefit of all students.

Some general guidelines (you should consult the PLACES tutorials for more information):

viii Word 2010

The choice of **font**:

- Avoid sizes smaller than 10 stitches;
- Use a font that is legible (e.g. Arial, Verdana, Calibri);
- Look for a good contrast between the colour of the font and the colour of the background. Using light or very light colours can make it difficult for some users to see the text;
- Line spacing - 1.5; Between paragraphs - at least 1.5 times the line spacing.

To **highlight text**:

- Avoid underlining and italicising. Use bold instead; □ Avoid using colour alone.

To **align the text**:

- It should be done on the left.

Headings and titles:

- Content labelling should always be based on the structural significance of its elements: headings, paragraphs, lists, tables.
- Always use a heading style for titles.

Images/graphic elements:

- All images should have an alternative text that does not need to be visualised with the image to make sense;
- Always include a caption for each image;

Links:

- The text of the hyperlink must be clear as to the destination to which it links; □ Avoid using the URL address itself as the hyperlink text.
- Avoid using text that cannot be understood out of context, such as "click here", "here" or "see more".

Tables:

- They should only be used to structure data.
- The logical reading order must be respected, from left to right, from top to bottom.
- Header lines should be marked as such.
- In cases where the table takes up more than one page, the headings will always be repeated to give context.

Conversion to PDF:

- Before saving *Word* files as PDFs, you should make sure to mark the various objects such as headings, paragraphs, images, tables and lists. When you save a *Word* document in PDF format, you must mark the various objects is also saved. In this way, any assistive technology is able to pass on to the user not only the text, but also its meaning in the document. For example, a screen reader user will be able to ask their technology to navigate the document by skipping through headings, or to move on to the next paragraph, or to tell them what a certain number in a data table cell corresponds to.
- To preserve the marking you should do the following:
 1. Click on the **File** tab and choose **Save As**;
 2. Click on the **Save as type** field and select **PDF**;
 3. Click on the **Options** button;
 4. Check that the following options are selected:
 - a. **Create bookmarks using: Titles**;
 - b. **Document properties**;
 - c. **Document structure tags for accessibility**.
 5. Click the **OK** button and then **Save**.

ix PowerPoint 2010 Slides:

- Use standard and simple slide show templates available in the programme;
- Contrast the background with the text and don't use images as backgrounds;
- Use sans serif fonts (e.g. Arial, Verdana) and fonts larger than 22 points; □
Provide alternative text for the graphic elements used;
- Present textual transcripts for audio and video content provided in the presentations;
- Avoid text images.

PowerPoint to PDF conversion:

If you have followed the recommendations for creating accessible Powerpoint documents described above, you can convert the document to PDF as follows:

- a. Click on the **File** tab and choose **Save As**;
- b. Click on the **Save with type** field and select **PDF**;

- c. Click on the **Options** button;
- d. Check that the following options are selected: **Document properties** and **Document structure tags for accessibility**;
- e. Click the **OK** button and then **Save**.

x Office 2010 Accessibility Checker

To check the implementation of accessibility criteria, you can use the Accessibility Checker in *Microsoft Word 2010*, *Microsoft Excel 2010* and *Microsoft PowerPoint 2010*. The validator identifies accessibility problems and provides correction tips.

Carry out the procedure in the following order:

- a. Go to the **File** tab;
- b. **In Information**;
- c. **Choice, Check for Problems**;
- d. Run, Check Accessibility - search for content in the document that is difficult for people with disabilities to read.
- e. Consult the inspection results in the **Accessibility Checker** box. The validator results are organised into three categories: **Error**, **Warning** and **Tip**.

Error - the problem encountered makes it very difficult or even impossible for people with disabilities to access the content. It is very important that the problem is corrected

Warning - the problem encountered sometimes makes it difficult for people with disabilities to access the content.

Tip - although the document is accessible to people with disabilities, it can be improved to maximise the user experience.

xi Excel

According to the accessibility guidelines of the *WEB Content Accessibility Guidelines (WCAG, 2011)*, it is considered essential to use EXCEL:

- Give a general description of the *layout*, indicating the direction in which the text flows (whether from top to bottom or from left to right).

- Identify row and column headers.
- All visual elements must be identified and have a textual equivalent (description).
- If you use colour to show information in graphics, you must ensure maximum contrast.
- Identify each sheet with a meaningful name that represents the information.

For more information on WCAG

10. Important contacts within Iscte

Social Action Services (SAS)

Email: sas@iscte-iul.pt

Tel: +351 217 903 000, option 1 and 4/+351 21 046 40 39

Location: Room 1W02 - Sedas Nunes Building

Support Centre for Students with SEN (SAS/GNEE)

E-mail: sas.nee@iscte-iul.pt

Tel: +351 217 903 000 option 1 and 4; Ext: 293907

Location: Room 1W05 - Sedas Nunes Building

Student Counselling Office (SAS/GAA)

Email: sas.gaa@iscte-iul.pt

Tel: +351 217 650 232

Location: Rooms AA201 - Autonomous Wing

Information and Documentation Services (Library)

Email: biblioteca@iscte-iul.pt

Tel: 351 217 903 024 or 217 903 023

Location: Building II floor 4

11. Other sites of interest

[Inclusion Desk](#)

[GTAEDS](#)

[World Health Organisation](#)

[Diabetes Portal](#)

[Portal for Citizens with Disabilities](#)

[Accessible Portugal](#)

[National Health Service SOS](#)

[Higher Education](#)

12. Iscte's Special Status for Students with SEN

CHAPTER VI

Special Status for Students with Special Educational Needs

[a\) Article 22 - Scope](#)

1 - *This statute applies to students with Special Educational Needs (SEN) enrolled in bachelor's, master's and doctoral programmes and other courses whose duration corresponds to at least 60 credits.*

2 - *Under the terms of Law no. 38/2004, of 18 August, a student with SEN is considered to be one who, due to a congenital or acquired loss or anomaly of bodily functions or structures, including psychological functions, presents specific difficulties which, in combination with environmental factors, limit or hinder their activity and participation on equal terms with other students, namely:*

- a) Those with a permanent physical or sensory disability, the severity of which puts them at a disadvantage in their academic performance;*
- b) Those with permanent or long-term illnesses, associated with periodic treatments or aggressive treatments that lead to disadvantageous situations for their academic performance;*
- c) Those with a temporary physical or sensory disability, the severity of which leads to conditions that limit normal academic functions during the period of that disability;*
- d) Those with specific learning disorders (e.g. dyslexia, dysgraphia, dysorthography and dyscalculia) that compromise the proper understanding and production of academic material.*

[b\) Article 23 - Procedure and proof of award conditions](#)

1 - *Applications for status under this chapter must be submitted to the Pedagogical Council secretariat no later than 30 calendar days after enrolment/registration, by completing the appropriate application form, accompanied by supporting reports or opinions issued by specialists.*

2 - The request can be submitted at another time of the year if the disability or specific need is only detected later or results from occurrences after the start of the academic year. In this case, the student has 15 consecutive days after the occurrence/detection to complete the process in accordance with the previous point.

3 - In the case of a student with permanent SEN, the application is automatically renewed each academic year, except in cases where enrolment is interrupted. It is the responsibility of the

Student Counselling, through the support service for students with special educational needs (GNEE), verifying the maintenance of student support at the beginning of each academic year.

4 - The reports or opinions issued by the specialists referred to in point 1 must explain the type of disability and its severity in terms of the academic work to be carried out by the student and its consequences for their performance, and must also include:

- a) In the case of visual impairment, an assessment of visual acuity in each eye, with the best correction;
- b) In the case of hearing impairment, an assessment of the hearing capacity of each ear, with the best correction;
- c) In the case of motor disabilities, detailed information on the affected limbs;
- d) In the case of chronic illness, infectious disease or temporary incapacity, a description of its implications for attendance and academic performance;
- e) In the case of a mental or psychological disorder, information must be included on the type of pathology, as well as the degree of impairment in relation to normal academic adaptation and learning;
- f) In the case of specific learning disorders (e.g. dyslexia, dysgraphia, dysorthography and dyscalculia), a report stating the type and degree of impairment in understanding and/or producing written material.

5 - Whenever deemed necessary, other documents may be requested in order to complete each student's individual file or to prove the maintenance of the special educational need, when this is susceptible to change.

6 - Failure to present the supporting documentation referred to in this article will result in the status not being granted.

c) Article 24 - Analysing the case and informing the decision

1 - It is up to the Pedagogical Council to analyse the student's request, and for this purpose it must request the collaboration of the GNEE and/or the Specialised Commission of the Pedagogical Council (CECP). The latter will be requested whenever pedagogical adaptations are required or whenever justified.

2 - The GNEE meets with the student in order to assess and identify their specific needs and draws up an opinion, explaining the appropriate support for each case, which it sends to the Pedagogical Council for a decision.

3 - The Pedagogical Council informs the student and the year coordinators, specifying the constraints applied to each case, indicating the adjustments deemed necessary to the student's attendance, teaching and assessment process.

4 - It is the responsibility of the year coordinators to pass on the information to the teachers responsible for the curricular units attended by the students.

d) Article 25 - Support and accompaniment for students with SEN

1 - With a view to the full integration of students, the GNEE is responsible for:

a) Welcome the student with SEN;

b) Organise the student's individual file after the status has been requested;

c) Clarify doubts and provide support to students with SEN and their teachers;

d) Provide students with information on the types of support and services available at ISCTE-IUL;

e) Articulate with other internal/external services, as well as with the CECP, the implementation of the necessary support for each case;

f) Follow up and monitor the implementation of support, proposing whenever necessary other measures more suited to their needs.

2- Whenever the situation demonstrably requires it, individual pedagogical/curricular adjustments may be made by the teachers responsible for the curricular units in conjunction with the CECP, and may involve the introduction and/or elimination of objectives and content that are not fundamental to the acquisition of competences and the fulfilment of curricular objectives.

3- The CECP is made up of the President of the Pedagogical Council, the Director of the Social Action Service and a psychologist from the GAA, and whenever necessary, teachers and collaborators from other services may be called in if the case in question warrants it.

e) Article 26 - Attendance scheme

1- For the purposes of attendance, students with SEN are granted the following rights:

- a) They are not subject to rules requiring the attendance of a minimum number of curricular units in each academic year;*
- b) They are not subject to an attendance regime that makes their academic success dependent on attending theoretical, practical or theoreticalpractical classes, taking into account, however, the provisions of paragraph 2 of this article;*
- c) They are not subject to a minimum number of attendances in a course unit in order to sit an exam;*
- d) Compensation classes or pedagogical support that are considered essential by the teachers for the assessment process;*
- e) Postponement of the presentation or delivery of work and tests to a later date, to be defined by the course coordinator, provided that the reasons given are considered sufficient;*

2 - Students with SEN must discuss with the teacher of each curricular unit, at the beginning of each semester, the possibility of acquiring the respective competences throughout the academic period through alternative forms of learning.

3 - The drawing up of timetables and the allocation of classrooms must take into account accessibility aspects for classes attended by students with SEN.

4 - Whenever the student's situation demonstrably requires it, specific seats are reserved in the classroom for students with SEN.

5 - Priority in choosing timetables and classes whose attendance regime best suits their situation.

f) Article 27 - Assessment regime

- 1 - All students are covered by the general assessment rules used in each curricular unit, without prejudice to the possibility of adaptations that best suit the special educational need.*
- 2 - By mutual agreement between teachers and students with SEN, the forms and methods of assessment may be, as far as possible, differentiated and/or adapted to their special conditions.*
- 3 - The assessment regime may also be differentiated on a case-by-case basis in accordance with a technical opinion from CECP, which must indicate the conditions and procedures for the adequacy of the regime and assessment elements:*
 - a) The written test replaces the oral test or the other way round;*
 - b) Carrying out the assessment scheme in another format more suited to the student's needs;*
 - c) Possibility of support during the assessment tests, namely with regard to consulting materials previously authorised by the teacher;*
 - d) Carrying out the test in two phases with a time interval to be determined in cases where the disability makes continuous effort impossible;*
 - e) The use by the student of other technical means, duly authorised by the teacher, in the performance of the tests when there are deficiencies that justify it.*
- 4 - During the written tests, the following will be observed in particular:*
 - a) In the case of a disability that implies slower reading and/or writing, students with SEN will be given an additional period of time to take the test, corresponding to fifty per cent of its duration;*
 - b) The test papers must be presented in a way appropriate to the type of disability (enlarged paper, audio recording, Braille characters) and the answers may be given in a non-conventional way (by audio recording, in Braille, by dictation or using an adapted typewriter or computer);*
 - c) The GNEE, under conditions to be established by higher order, will provide the necessary support for the preparation of statements, namely transcription to and from Braille;*

- d) In the case of the use of texts or other materials in oral examinations, specific provision must be made for students with SEN;*
- e) The deadlines for handing in written practical work should be extended, in terms defined by the course coordinator, in the case of students with SEN where their specific constraints recommend it;*
- f) In the case of students who are proven to be chronically ill and who need to be hospitalised repeatedly, the lecturers should give the students the opportunity to take the knowledge assessment tests on alternative dates to be agreed between them and extend the dates for handing in work.*

g) Article 28 - Access to special exam periods

Students with SEN can request up to 4 exams, or the number of curricular units corresponding to 24 ECTS credits, at a special time, as long as this is provided for in the academic calendar.

Article 29 - Documentary and bibliographic support

- 1 - Students with SEN may be allowed to make audio recordings of lessons, on the condition that the recordings are taken for school purposes only, subject to a declaration of honour.*
- 2 - In the event that the teacher does not agree to the recording of lessons, he or she must provide the material for each lesson in a format adapted to the student with SEN, requesting the collaboration of the GNEE if necessary.*
- 3 - In the case of curricular units in which there are fundamental bibliographical references and visually impaired students are enrolled, it is up to the respective teacher to inform the GNEE so that the necessary steps can be taken to convert them into an appropriate medium.*
- 4 - Students with SEN whose situation justifies it can access photocopies of academic material that is not protected by copyright, and can use the photocopier at the Social Action Service for this purpose.*
- 5 - The loan periods for home reading practised by the Information and Documentation Services will be extended for students with special educational needs, in a manner to be defined by the Services Department.*