

Primary and secondary barriers

2.3 Primary and secondary barriers and their associated sub-areas are as follows. This is not an exhaustive list and there may be barriers not included that IB World Schools will be able to communicate to the IB for requests for access arrangements.

| Primary or secondary barrier | Sub-area |
|---|---|
| Additional language (first or best language is not the language of instruction) | English/French/German/Japanese/Korean/Spanish (the IB response languages) as an additional language (first or best language is not the language of instruction) |
| Cultural variations | New or unfamiliar environmental contexts |
| | Socio-communication |
| Hearing | Mild or moderate hearing loss |
| | Severe or profound hearing loss |
| Intellectual exceptionalities | Cognitive delays |
| | Gifted and talented |
| Movement and coordination | Fine motor |
| | Neurological (cerebral palsy) |
| | Oral/verbal |
| | Physical/spatial |
| Medical | Asthma |
| | Cancer |
| | Crohn's disease/irritable bowel syndrome (IBS) |
| | Diabetes |
| | Epilepsy |
| | Muscular dystrophy |
| | Rheumatism |
| Mental health | Anxiety |
| | Depression |
| | Eating disorder |
| | Obsessive compulsive disorder |
| | Post-traumatic stress |
| Numeracy | Mathematical anxiety |
| | Numerical operations/Mathematical fluency |
| Processing | Attention and executive processing |
| | Auditory processing |
| | Information processing |

| Primary or secondary barrier | Sub-area |
|------------------------------|---|
| | Language processing |
| | Long-term retrieval |
| | Scotopic sensitivity (Irlen syndrome) |
| | Short-term memory |
| | Visual–motor |
| | Visual–spatial |
| | Working memory |
| Reading | Reading comprehension |
| | Reading fluency |
| Seeing | Blindness (total) |
| | Colour blindness |
| | Low or partial vision |
| | Nystagmus |
| Social–emotional | Emotional disturbances (depressive, stress, etc.) |
| | Gender identity related |
| | Neurodevelopmental (autism, Asperger’s, etc.) |
| | Sexuality related |
| | Withdrawal/isolation |
| Speech and language | Expressive language |
| | Receptive language |
| | Stammer/stutter |
| Writing | Handwriting/typing speed |
| | Spelling |
| | Written expression/fluency |

2.4 The following table lists some examples of some primary barriers, their sub-areas and the associated secondary barriers.

| | Primary barrier | Sub-area of primary barrier | Secondary barrier | Sub-area of secondary barrier |
|------------------|---------------------|-----------------------------|-------------------|-------------------------------|
| Student 1 | Processing | Language processing | Social–emotional | Withdrawal/isolation |
| Student 2 | Reading | Reading comprehension | Processing | Working memory |
| Student 3 | Reading | Reading fluency | Reading | Reading comprehension |
| Student 4 | Social–emotional | Gender identity related | Mental health | Anxiety |
| Student 5 | Cultural variations | Socio-communication | Social-emotional | Emotional disturbances |

| | Primary barrier | Sub-area of primary barrier | Secondary barrier | Sub-area of secondary barrier |
|------------------|---------------------|-----------------------------|-------------------|-------------------------------|
| Student 6 | Speech and language | Expressive language | Writing | Writing fluency |

Removing and reducing barriers

Access to learning and teaching

2.5 Once a student is admitted into a school, it is the responsibility of the school to meet the student's learning needs. This includes provision of access to learning and teaching with suitable access arrangements.

2.6 As access arrangements serve to reduce or remove barriers to learning, the first step in planning for access arrangements is to identify the barriers. Observation of the student in the classroom, information from past teachers, parents/legal guardians or the student about previously identified challenges, anecdotal information from parents/legal guardians about what they currently observe at home, combined with reports from professionals such as psychologists and doctors will all help to identify the barriers.

2.7 The inclusive access arrangements provided for a student must:

- be carefully individualized, evaluated and monitored
- be applied throughout the course of study
- reflect the optimal support that the student requires
- be based on current, not past, requirements
- be drawn from teacher observations in the classroom
- be considered in line with the eligibility criteria for inclusive access arrangements in this policy
- be strictly based on individual requirements (and not provided as a standard to all students with learning support requirements in the school/classroom).

2.8 The access arrangements for a student must be based on the principle of optimal support, which means that they must be accurately planned to remove or reduce barriers during teaching, learning and assessment. They must neither be more nor less than what the student requires.

2.9 Inclusive access arrangements must be put in place as soon as the need for additional support is identified by a professional such as a psychologist, observed (at school or at home) or after learning about a previously identified challenge (such as when the student enters an IB programme).

2.10 The inclusive access arrangements for a student must be in place throughout the course of learning and teaching, including for all formative assessments.

2.11 Access arrangements must be considered in instructional planning as part of universal design for learning (UDL). To learn about UDL and how it can be used in the IB classroom, please refer to the publication *Using Universal Design for Learning (UDL) in the IB classroom*.

2.12 While some inclusive access arrangements may apply to the classroom context, others may also be applicable for IB summative assessment.

2.13 In some instances, a student may require an access arrangement for one subject but not another. For example, a student may require support with a graphic organizer for writing history essays but would not need the same type of support while working in science subjects. Sometimes, a barrier may exist within one learning and assessment construct and a student may require a specific type of scaffolding in addition to use of access arrangements. For example, a student with partial vision working on the visual elements of the language and literature course will require enlarged papers and also scaffolding to understand language through visual media.

2.14 A student's access requirements may change over the course of their study. Their challenge or condition may worsen (such as a medical condition) or improve (such as mental health difficulties), which would alter their access requirements. For this reason, inclusive access arrangements for a student must be

monitored, evaluated and reviewed at periodic intervals, so that they continue to provide the optimal level of support.

2.15 Figure 1 provides a decision-making framework for educators to plan access arrangements for their students. The framework starts with provision of arrangements during learning and teaching and continues to requests for arrangements for IB summative assessments.

Figure 1

The decision pathway for inclusive access arrangements
Inclusive access arrangements: Decision pathway

