
These guidelines reflect good practice in the education of pupils with special educational needs and are provided to assist schools in addressing the following questions: 1. Why is the allocation model changing? 2. What are the main features of the revised allocation model? The special education teaching supports cannot be used to reduce the pupil-teacher ratio in mainstream classes. Neither can they be used to allow any special education teacher sole responsibility for the delivery of any curriculum subject to any particular class.

Pupils with the greatest levels of need should have access to the greatest level of support, and whenever possible, these pupils should be supported by teachers with relevant expertise who can provide continuity of support. Students with special health care needs have a written, individualized health care plan and, when appropriate, the plan is incorporated into the individualized education plan (IEP), 504 modification plan or individual family service plan (IFSP). The minimum standards for ratios of school nurses to students are:

Educational programs that empower students and families to effectively access and utilize health care services are provided. All school health records are maintained as required by law or as defined by the school health services plan. School policies include provisions for the protection of confidential health/mental health records as defined by federal and state law. School illness, injury and violence reports are analyzed to facilitate prevention. Coordination of Services. This monograph presents the California State guidelines for providing physical health care services within the public school setting. Part I addresses:

Three key mitigation strategies need to form the basis of implementing the required SOPs: 1. Staged/phased re-opening of educational institutes, staggering, cohorting of students in same groups and Standard Infrastructure Guidance, especially WASH and ventilation facilities. 2. Ensuring the SOPs of Social distancing, handwashing and face coverings. 3. Implementation of health screening, COVID19 surveillance sentinel testings and continuous monitoring. Periodic review of the implementation of the health SOPs should be carried out by local authorities and school administration. 3. Objective. In line with key FYFVMH recommendations, this guidance highlights the responsibilities of CCGs to commission services that deliver comprehensive physical health assessments and follow up care to people on the SMI register in primary care, addressing the premature mortality experienced by people with SMI compared to the general population. 2. Purpose of this guidance. This guidance is focused on securing improvements in physical health care for people with SMI within primary care, where the majority of people living with an SMI receive their care and treatment, through supporting CCGs to use transformation. 6. OFFICIAL. funds to commission enhanced provision to better address physical health risks and needs.