



POLICY ON LEARNING SUPPORT ASSISTANT

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Next Review : May 2021

Compiled by : SLT & SMT

Approved by : Ms. Asma Gilani, Principal & CEO



POLICY ON LEARNING SUPPORT ASSISTANT

At Our Own English High School, we believe in giving the best educational experience to every child. It is a whole-school approach with a focus on inclusive practice and removing barriers to learning, meeting each student's individual needs.

Being identified with SEND could mean that students require specialist support, specific curriculum modification or individualized planning to ensure that they make the expected levels of progress given their starting point.

LSA (Learning Support Assistant) programme supports the student's social, emotional, academic needs and behavioral concerns. It incorporates a system that aims towards fading off the learning assistant support as the student's skills improve. LSA works in partnership with the parent, special educator, counselor and the concerned teachers.

ROLE OF LSA

- facilitate student in completing classroom activities when necessary.
- create daily student reports
- help the student display appropriate classroom behavior
- be positive in her approach to new tasks; and helping him/her to gain self-control
- facilitate the process of modification, implementation and outcomes of the students educational, behavioral programs set by the counsellor and special educator.
- set up and maintain an appropriate learning environment
- help the child to be prepared and organized for the class and reminds him/her to be a responsible and committed student.
- maintain discretion and confidentiality of child and family information at all times.

NOTE

The LSA will:

- be employed by the parents to work with the child at school
- be responsible only for the student under her charge
- arrange for own transport
- comply with all rules and policies in regards to safety.
- be required to attend IEP meetings
- provide prior notification to the school authorities in case of absence.



LEARNING SUPPORT ASSISTANT AUTHORIZATION

I _____, father/ mother of _____ give my full authorization and consent for my child to be supported by _____ the proposed Learning Support Assistant.

Parent's signature:

Date:

CONSENT OF THE PROPOSED LEARNING SUPPORT ASSISTANT

I, solemnly affirm that I will assume full responsibility for _____ whom I will be supporting. I agree to take responsibility of his/her classroom behavior and will be abiding to the school rules and regulations keeping in mind the responsibilities of Learning Support Assistant.

Address:

Contact details:

Learning Support Assistant's Signature:

Date:

Special Educator's/ Counselor's Signature:

Supervisor: