

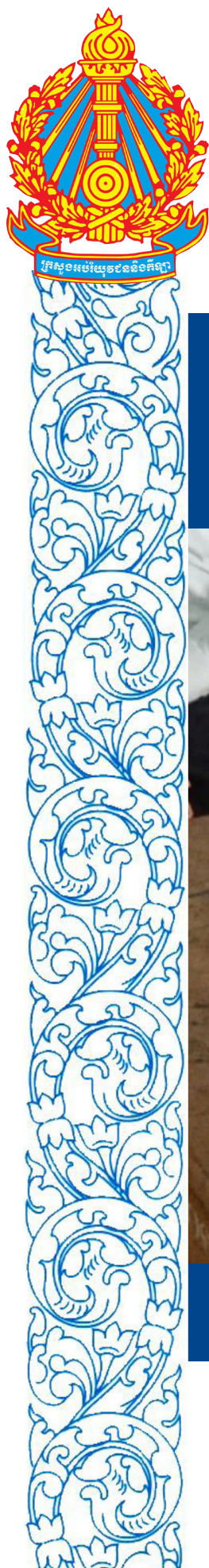
KINGDOM OF CAMBODIA
NATION RELIGION KING

MINISTRY OF EDUCATION,
YOUTH AND SPORT

Guideline for Screening Children with Disabilities at Preschool



2019





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*Cover Photo:
TWG for the Early Childhood Education Project
of CRS Project, June 2008.*

Photos: Cambodia/CRS



PREFACE

In order to respond to the Sustainable Development Goal Number 4: inclusive, equitable, quality education and promotion of lifelong learning for everyone, the **Ministry of Education, Youth and Sport (MoEYS)** has committed great effort to promote education quality. In particular, the Ministry has focused on increasing enrollment and promotion rates, decreasing dropout rates, and implementing basic children's rights which ensure enrollment equity for all children.

In cooperation with national and international development partners, the **Ministry of Education, Youth and Sport (MoEYS)** worked with **Catholic Relief Services (CRS)** to develop the "**Guidelines for Screening Children with Disabilities at Preschools**" with an aim to raise awareness of disability and provide timely intervention for young children with disabilities. The purpose of this guideline is to provide training to preschool teachers and stakeholders and equip them with the knowledge and skills to identify children with disabilities ages three to five, thus supporting children's development skills and preschool learning in order to prepare them for transition to grade one.

The **Ministry of Education, Youth and Sport** would like to thank and express appreciation to **CRS** and other relevant development partners for making great effort and commitment to develop the guideline for the early identification of children with disabilities in order to achieve the right to education for all children and children with special needs.

I would like to encourage all stakeholders to use this Guideline as the fundamental material for identifying and responding to the needs of children with disabilities in preschools toward the achievement of Sustainable Development Goal 4.

Phnom Penh, October 30, 2019

Minister of Education, Youth and Sport

Signature and Stamp

H.E. Dr. HANG CHUON NARON

បុព្វកថា

ដើម្បីឆ្លើយតបទៅនឹងគោលដៅអភិវឌ្ឍប្រកបដោយចីរភាពត្រង់ចំណុចទី៤ ការអប់រំបរិយាបន្ន សមធម៌ គុណភាព និងលើកកម្ពស់ការសិក្សាពេញមួយជីវិត សម្រាប់ទាំងអស់គ្នា ក្រសួងអប់រំ យុវជន និងកីឡា បានខិតខំ យកចិត្តទុកដាក់លើកកម្ពស់គុណភាពអប់រំ ជាពិសេសបង្កើនអត្រាចុះឈ្មោះចូលរៀន អត្រាឡើងថ្នាក់ និងកាត់ បន្ថយអត្រាបោះបង់ការសិក្សា ហើយផ្ដោតលើការអនុវត្តសិទ្ធិកុមារជាមូលដ្ឋាន ដែលធានាសមធម៌ នៃការចូលរៀន របស់កុមារគ្រប់ប្រភេទ។

ក្រោមកិច្ចសហប្រតិបត្តិការ ជាមួយដៃគូអភិវឌ្ឍជាតិ និងអន្តរជាតិ ជាពិសេស ក្រសួងអប់រំ យុវជន និងកីឡា សហការជាមួយអង្គការស៊ីអារអែស បានចងក្រង **ឯកសារជំនួយ ការកំណត់អត្តសញ្ញាណកុមារមានពិការភាព អាយុក្រោម៦ឆ្នាំ** ដើម្បីលើកកម្ពស់ការយល់ដឹងពីពិការភាព និងផ្តល់កិច្ចអន្តរាគមន៍ទាន់ពេលសម្រាប់កុមារមាន ពិការភាព។ ឯកសារនេះ មានគោលបំណងបណ្តុះបណ្តាល និងបំប៉នសមត្ថភាពគ្រូមត្តេយ្យសិក្សា និងអ្នកពាក់ព័ន្ធ ឱ្យមានចំណេះដឹងនិងបំណិន ក្នុងការកំណត់អត្តសញ្ញាណកុមារមានពិការភាព និងបញ្ជូនទៅរកសេវា គាំទ្រដល់ ការអភិវឌ្ឍបំណិនរបស់កុមារ ដើម្បីបានបន្តការចូលរៀនថ្នាក់ទី១។

ក្រសួងអប់រំ យុវជន និងកីឡា សូមថ្លែងអំណរគុណដល់អង្គការស៊ីអារអែស និងដៃគូអភិវឌ្ឍនានា ដែលបានសហការ និងខិតខំប្រឹងប្រែងទាំងកម្លាំងកាយ កម្លាំងចិត្ត ក្នុងការចងក្រងឯកសារជំនួយស្មារតីនេះ ដើម្បី ឱ្យកុមារទទួលបានសេវាការអប់រំ ប្រកបដោយបរិយាបន្ន សមធម៌ គុណភាព និងលើកកម្ពស់ការសិក្សាពេញមួយ ជីវិតសម្រាប់ទាំងអស់គ្នា។

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FOREWORD

In cooperation with **CRS**, the **Guidelines for Screening Children with disabilities at Preschools** was prepared by the **Ministry of Education, Youth and Sport (MoEYS)** with input from various departments including: Special Education Department; Early Childhood Education Department; Teacher Training Department; Preschool Teacher Training Center; National Institute for Special Education; and five other relevant departments of the MoEYS. The main purpose of the Guidelines is to provide early interventions for children with disabilities that improve their daily life and learning.

The contents of the Guidelines outline clear ways to assist school administrators, preschool teachers, and parents with early detection of children with disabilities. In addition, it details how to refer children to the appropriate medical services.

The team that developed this manual warmly welcomes all constructive feedback from teachers to contribute to the early detection and intervention for children with disabilities.

The team that developed this manual warmly welcomes all constructive feedback from teachers to further improve the inclusive education sector.

Manual Development Team

COMPOSITION OF TECHNICAL TEAM

I. MANAGEMENT BOARD

His Excellency PUTH Samith	Director-General of the General Department of Education, Ministry of Education, Youth and Sport (MoEYS)
Mr. THONG Rithy	Director of Special Education Department, MoEYS

II. REVIEW COMMISSION

Mr. TIM Sahen	Deputy Director of Special Education Department, MoEYS
Ms. PEN Thavy	Deputy Director of Special Education Department
Ms. KE Ra	Madam Vice Principal of Preschool Teacher Training Center
Ms. PRUM Chanmakara	Deputy Office Chief, Early Childhood Education Department
Mr. PRUM Vicheth	Deputy Office Chief, Early Childhood Education Department
Ms. MAO Navy	Office Chief, Department of Teacher Training Development
Ms. MAO Tann Navy	Office Chief, Department of Curriculum Development
Mr. SEAN Kosal	CRS Cambodia Education Specialist

III. DOCUMENT DEVELOPMENT TEAM

Mr. EAT Vuthy	Office Chief, Department of Special Education
Mr. HIM Sarin	Deputy Chief of Special Education Office, Department of Special Education
Mr. PEN Chan Kanap	Deputy Chief of Special Education Office, Department of Special Education
Mr. PAT Kimnin	Principal of Secondary School for Central Preschool Teacher Training
Mr. NGIN Saophireak	Office Chief, Secondary School for Central Teacher Training
Ms. SOK Sorphea	Office Chief, Department of Early Childhood Education
Mr. KHOU Hao	Deputy Office Chief, Department of Education Quality Assurance
Mr. MEN Thavro	Technical Staff of Department of Welfare for Persons with Disabilities, Ministry of Social Affairs, Veterans and Youth Rehabilitation
Mr. CHEK Channy	Acting Head of Persons with Disabilities Integration Unit, Disability Action Council (DAC)
Mrs. CHRISH Kunthy	Trainer of Preschool Teacher Training Center
Mr. NGIN Vet	Official of Teacher Training Center
Mr. DUONG Hai	Official of Primary Education Department
Mr. VENG Rath	Official of School Health Department
Mrs. PRING Kimny	Ophthalmologist at Takeo Eye Hospital, Caritas Cambodia
Mrs. SREY Kalyan	Technical Staff of The Rabbit School Organization
Mr. Phum Kinmai	CRS Cambodia Senior Education Project Officer
Technical Staff	Representative of OIC Cambodia
Technical Staff	Representative of AAR-Japan
Technical Staff	Representative of HHC
Technical Staff	Representative of CCMAH, Caritas Cambodia
Technical Staff	Representative of HI

BACKGROUND

CRS piloted the Early Childhood Intervention for Inclusion of Children with Disabilities in nine schools in three districts in Takeo Province from January 2016 to September 2017. The findings from the After-Action Review (AAR) and discussion with the Early Childhood Education Department (ECED), the Special Education Department (SED) and the School Health Department (SHD) led to the identification of top project priorities. These priorities included preparing children ages three to five for the transition from preschool to primary school; developing guidelines for screening children with disabilities ages three to five and; developing toys and games manual for preschool teachers.

In collaboration with, and under the support of, the Ministry of Education, Youth and Sport, CRS has partnered with the Special Education Department to lead the development of the guidelines for screening children with disabilities at preschool. The technical team that was created consists of 39 members from relevant departments of the Ministry of Education, Youth and Sport, Ministry of Social Affairs, Veterans and Youth Rehabilitation and national and international NGOs.

The technical team organized a series of meetings and workshops to review existing screening tools and select the most appropriate tools for preschoolers. The technical team developed the guidelines for screening children with five types of disabilities (visual, hearing, speech, motor, and intellectual impairments). The team organized workshops to draft the guidelines, collect input and feedback on the draft, and finalize the Guidelines document. In addition, the team conducted two training sessions on the identification of children with disabilities.

The technical team conducted two separate trainings on using the Guidelines for screening children with disabilities. The first training was conducted for key technical staff of the MoEYS departments, provincial offices, and district of education; the second training was conducted for the school management, preschool teachers, and staff of the commune health center from 12 schools in Samrong, Prey Kabas, Tramkak, Chhouk and Chumkiri districts of Takeo and Kampot provinces. After training, the school management and the preschool teachers collaborated with commune health center staff to utilize the guidelines for screening children in their individual schools.

GOAL

1. To build the capacities of the education staff and stakeholders in the early identification and intervention for children with disabilities in preschool
2. To establish a functioning and sustainable mechanism for identification and referral
3. To enhance collaboration between relevant stakeholders while screening and providing referrals for children with disabilities

NOTE ON ENGLISH VERSION

This guide is a direct translation from the guidelines developed by local experts for use in the Cambodian context. Processes, roles and responsibilities, and communication channels reflect what is in line with current Cambodia process and practices and will need to be adapted for use within other contexts.

EFFECTIVE PROCESS FOR IDENTIFYING CHILDREN WITH DISABILITIES AND PROVIDING REFERRALS FOR SERVICES

1. ESTABLISH A MECHANISM FOR REFERRALS AND FOLLOW UP

- a. Principal or Deputy Principal in charge of school health
- b. Teacher in charge of school health
- c. Village Health Support Group
- d. Parent representative
- e. Ensure the above persons receive orientation on the referrals and use of service directory

2. TRAIN THE TARGET GROUP ON THE IDENTIFICATION OR SCREENING OF DISABILITIES

- a. Principal or Deputy Principal in charge of school health
- b. Teacher in charge of school health
- c. Technical Grade Leader of preschool classes
- d. Staff of the commune health center
- e. Preschool teachers

3. SCREEN AND IDENTIFY CHILDREN WITH DISABILITIES AT SCHOOLS

THE PARTICIPANTS

- a. Principal or Deputy Principal in charge of school health
- b. Teacher in charge of school health
- c. Technical Grade Leader or preschool teachers
- d. Staff of the commune health center

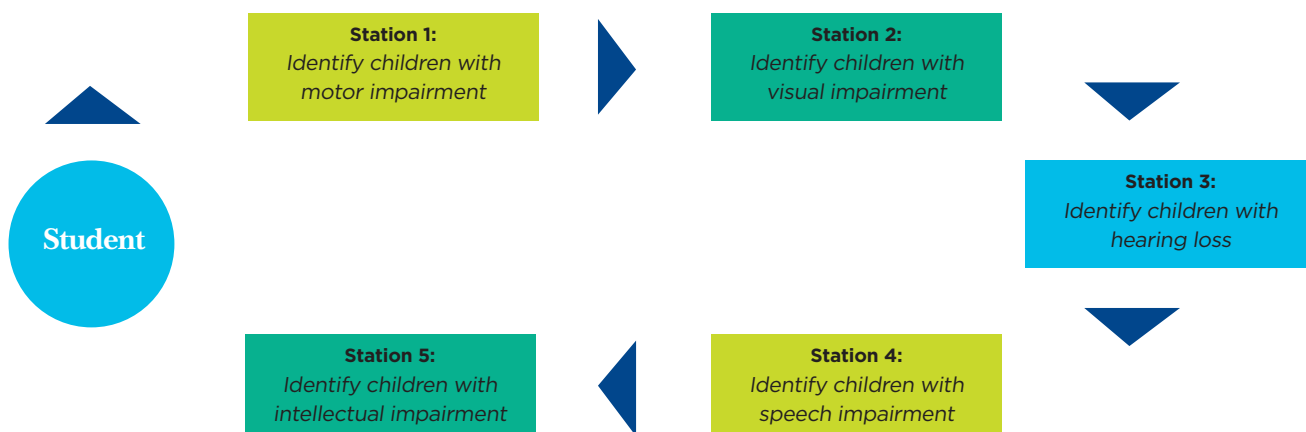
IDENTIFICATION PROCESS

- a. Conduct basic identification to identify the children who are suspected of having a disability by asking a few questions and doing some activities
- b. Conduct in-depth identification for suspected children using the screening checklists or questionnaires

NOTE: The identification or disability testing in each school needs to be completed during a set period (1-3 days). It should not be conducted multiple times because it will interrupt teaching and learning.

IDENTIFICATION FLOW

A. PRELIMINARY IDENTIFICATION: TESTING ALL STUDENTS TO IDENTIFY THOSE WHO ARE SUSPECTED HAVING DISABILITIES



- B. DETAILED IDENTIFICATION:** The team conducts in depth testing for the students who are suspected having a disability. The testing team must use the screening checklists and questionnaires and screen the children with five different types of disabilities.

4. SERVICE REFERRALS FOR YOUNG CHILDREN WITH DISABILITIES

- a. The teacher in charge of school health or the village health support group should be involved in the first and/or second referrals
- b. Parents/guardians of children with disabilities must join all referrals
- c. Parents/guardians need to follow up and refer their children according to the doctors' advice
- d. The service provider writes the records of the medical examination into the referrals record booklet

5. FOLLOW UP AFTER REFERRAL

- a. Record the result of the referral at the school
- b. Parents/guardians need to cooperate with the schools for follow up and referrals
- c. Parents/guardians keep the referrals record booklet
- d. Make plan for the next referral

6. FUNDING SOURCE FOR REFERRALS

The referral of children with disabilities to medical services is an important and urgent task which schools and families need to do. Children with disabilities will not benefit after they are identified if they are not referred to any medical services.

In order for children with disabilities to benefit after they are identified, individual schools must plan and mobilize internal and external funding sources as following:

- a. **GOVERNMENT FUNDING SOURCES:**
 - // School budgets (Program Budget, School Operation Budget, or school saving fund)
 - // Fund supported by the commune development budget
- b. **POSSIBLE PARTNER FUNDING SOURCES:**
 - // Funds from charitable persons
 - // Support fund from Ministry of Social Affairs or Disability Action Council (DAC)
 - // Funds from Development Partners or NGOs



ROLES AND RESPONSIBILITIES OF STAKEHOLDERS

ROLES AND RESPONSIBILITIES

To effectively identify children with disabilities at schools, all stakeholders need to perform the following roles and responsibilities:

1. CAPITAL/PROVINCIAL DEPARTMENT OF EDUCATION, YOUTH AND SPORT:

- // Develop legal framework in collaboration with the School Health Department to effectively identify and test children at preschools;
- // Provide guidance to cities, districts, Khans offices of education, youth and sport, and schools to cooperate with commune health centers, referrals hospitals or provincial hospitals to refer children with disabilities for their rehabilitation;
- // Assign the staff in charge of school health to closely collaborate with Khan/district Offices of Education, Youth and Sport and other relevant officials and conduct screening for children at preschools;
- // Monitor, coordinate, write the report, and submit to the Special Education Department and School Health Department.

2. DISTRICT, KHAN AND CITY OFFICE OF EDUCATION, YOUTH AND SPORT

- // Guide schools to conduct screening for children with disabilities by collaborating with stakeholders and commune health centers;
- // Designate staff in charge of school health to closely collaborate with school management committee and stakeholders;
- // Monitor, coordinate, and compile the screening results and report to Provincial Office of Education.

3. SCHOOL PRINCIPAL OR MANAGEMENT BOARD

- // Update and provide student information;
- // Have a good understanding of the guidelines for screening children with disabilities;
- // Conduct meetings with teachers, parents, guardians, and other stakeholders to schedule and conduct screening, and to ensure that parents and guardians give consent to screening;
- // Coordinate and ensure all children are screened;
- // Work with parents or guardians to refer children with disabilities to medical and health care services;
- // Report the screening results to cities, districts, or Khan offices of Education, Youth and Sport.

4. TEACHERS

- // Instruct children to participate in screening;
- // Undertake screening and ensure all children are screened;
- // Collaborate with school principals and parents or guardians to refer children to care services;
- // Report and record the screening results.

5. CHILDREN

- // Participate in screening activities;
- // Inform parents or guardians of screening results, if possible.
(Note that this is not entirely the child's responsibility; schools will also formally notify parents of screening findings.)

6. PARENTS OR GUARDIANS AND COMMUNITY

- // Allow children to participate the screening activities;
- // Follow referrals and participate in early interventions for children with disabilities.

SCREENING CHILDREN FOR HEARING LOSS OR HEARING IMPAIRMENT

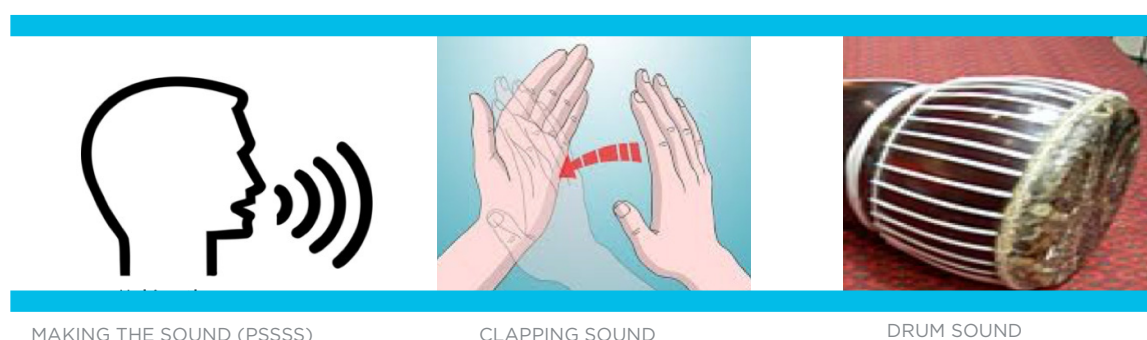
OBJECTIVES

- // Build teachers' capacities to identify children with hearing impairments
- // Provide timely information and receive early support and intervention
- // Strengthen the school mechanism for screening and testing hearing impairments so it is functional and sustainable

STEPS TO IDENTIFY CHILDREN WITH HEARING LOSS

STEP 1: CHECK TOOLS AND PREPARE MATERIALS

- // Meet, discuss and develop action plans for identification with stakeholders (principals, classroom teachers, students' parents, school management commission and partner organizations...
- // Prepare instrument and materials for identification
- // Questionnaires
- // Drum, hissing sound made by mouth (PSSSS), clapping ...



NOTE: Hearing test materials should make only one tone at a time. For example, clap only once at a time.

STEP 2: PREPARE LIST OF CHILDREN

- // List all children by grade level
- // List children who are suspected of having hearing loss (consult teachers who have observed students' behavior)
- // Send a letter to the parents or guardians to inform them that a disability has been identified

STEP 3: FIND A PLACE

- // Choose a quiet room on the school campus without interruptions

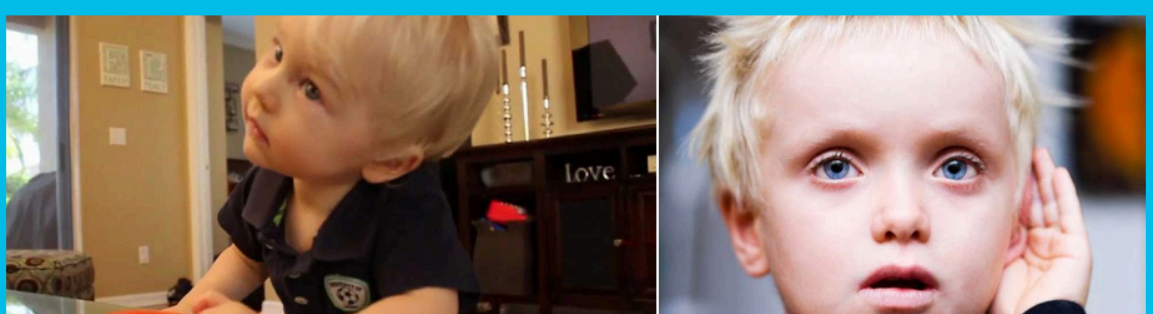


STEP 4: FOLLOW SCREENING OR TESTING PROCEDURES

- // Ensure that the children feel comfortable
- // Show the testing tool to the students
- // Use the materials listed in Step 1
- // Explain how all materials will be used to the children
- // Explain the purpose of the test to the children
- // Instruct students on how to respond when they hear a sound. For example, **the sound of the drum, clapping or a hissing sound (PSSSS)**.
 - > If they hear a sound from their left ear, they should raise their left hand
 - > If they hear a sound from their right ear, they should raise their right hand
 - > If they hear a sound from both ears, they should raise both hands
- // Let children practice testing; first starting with left hand; then the right hand

STEP 5: HOW TO CONDUCT THE TEST

- // Teacher uses the instruments
 - > Hit the drum with hands
 - > Clap hands
- // Make a hissing sound
- // The teacher conducts the direct test with the child by starting from left to right hand.
- // The teacher places the instrument that makes a sound at the same height of the child's ear.
- // The teacher makes the sound of each instrument starting from low to high pitch depending on the sound level of the child's ear.
- // Children respond when they hear a sound.



GIVE INSTRUCTION TO THE CHILD BEFORE HEARING TEST.



GIVE INSTRUCTIONS TO THE GROUP BEFORE HEARING TEST.

1ST STEP:

- > The teacher claps hands or makes a hissing sound about **one meter from the side of the child's left ear.**
- > Let the child raise left hand if he/she hears from the left ear.

2ND STEP:

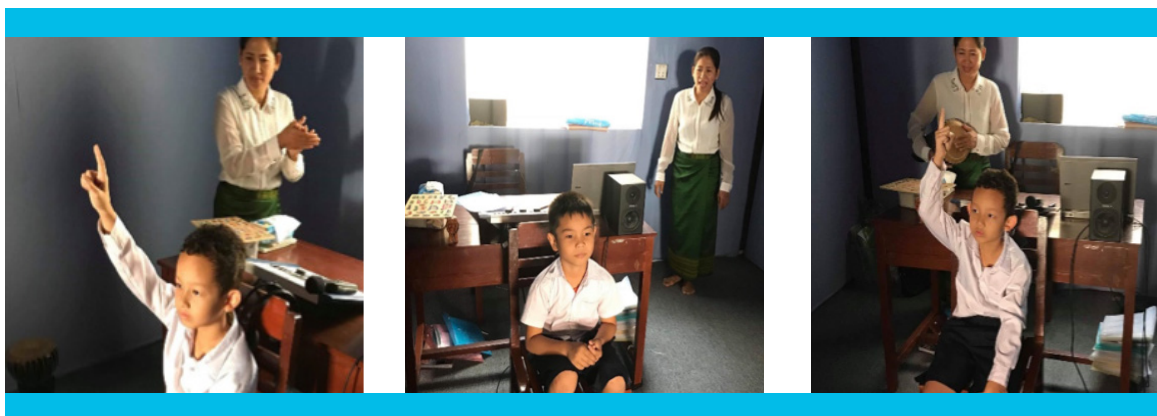
- > The teacher claps hands or makes a hissing sound about **one meter from the side of the child's right ear.**
- > Let the child to raise hand if he/she hears from the right ear.

3RD STEP:

- > The teacher claps hands, hits the drum with hands, or makes a hissing sound about one meter from behind the child.
- > Let the child to raise left hand if he/she hears from the left ear.
- > Let the child to raise right hand if he/she hears from the right ear.

NOTE:

- // The teacher must not tell the child when practicing by switching from left or right ear.
- // The child can raise both hands when he/she hears the sounds from both ears.
- // If the child does not hear the sound the child does not raise their hand.
- // If the child does not hear the sound or raise their hand, the teacher must make the sound 2-3 times.



DO HEARING TEST BY CLAPPING, MAKING THE SOUND, PSSS AND WITH THE SOUND OF DRUM

- // The instructor must tick (✓) in Yes or No column in the questionnaire below.
- // The instructor completes test questionnaire of a child with hearing loss.

CHECKLIST FOR SCREENING CHILDREN FOR HEARING LOSS

NO.	QUESTIONS	YES	NO
1	Does the child have difficulty hearing when you speak to him/her from behind?		
2	Does the child turn his/her ear for listening?		
3	Does the child speak too loudly?		
4	Does the child speak too softly?		
5	Can the child understand things only after it is repeated?		
6	Does the child answer your questions off the topic?		
Note: If any answer "Yes", then, the child may have hearing loss.			

STEP 6: RECORD THE RESULT

- //Review results of the identification questionnaire
- //Make a list of children who are suspected having hearing loss

STEP 7: REFERRALS

- //Refer the child suspected of having hearing loss to the nearest ear specialist or services listed in the Service Directory listed in Appendix 2.
- //In case the child is suspected of having a hearing problem, the schools need to inform their parents or guardians and refer to the appropriate health services.
- //If a specialized physician confirms that the child has hearing loss, the parents should take them to the appropriate services such as hospitals, rehabilitation centers or non-governmental organizations.

STEP 8: FOLLOW UP

- //The teacher must list the children with disabilities for follow-up.
- //The school and parents should monitor and record the progress of hearing and learning results
 - > Has the child been referred to the health services?
 - > What types of support or assistive devices did the child receive?
 - > Following referral and support, what are the observable changes related to the child's behaviors and learning results?



SCREENING CHILDREN FOR SPEECH IMPAIRMENT

OBJECTIVES

- // Build teachers' capacities to identify children with speech impairments
- // Provide timely information for seeking early support and interventions
- // Formulate and improve a sustainable and quality mechanism for identification of children with speech impairment at schools

STEPS TO IDENTIFY CHILDREN WITH SPEECH IMPAIRMENT

STEP 1: CHECK TOOLS AND PREPARE MATERIALS

- // Meet and discuss with stakeholders
- // Place setting and time
- // Check tools and prepare materials
- // Tools and materials for testing:
 - > Posters or real objects
 - > Informing letters to the parents
 - > Monitoring and Evaluation Tools

STEP 2: PREPARE STUDENT LISTS

- // Collect lists of all students
- // List students suspected of having the problem (list of children with disabilities)

STEP 3: PLACE SETTING

- // Prepare and manage an appropriate place and tools for screening and testing

STEP 4: PROCEDURE OF CONDUCTING THE SCREENING FOR SPEECH IMPAIRMENT

- // Introduce the screener and explain the process to the children to make them feel comfortable
- // Tell them about the objective of the test
- // Present the materials used for testing speaking impairment

STEP 5: SCREENING OR TESTING FOR SPEECH IMPAIRMENT

INSTRUCTIONS ON THE PROCESS:

- // **Participants:** Children, their parents or guardians or classroom teachers
- // Inform participants and parents/guardians of the objective of the screening test
- // Instruct the child how to respond to the questions
- // Conduct the test by asking questions and asking the child to respond
- // Ask the child to speak freely and observe sounds/actions while the child is speaking

TESTING:

Using the Checklist for screening children with speech impairment

- // Test directly with the children
- // Listen and observe when the children speak
- // Ask the parents if the child cannot respond
- // Complete the checklist as the children are tested

Using the additional questionnaires for screening children ages from 2-5 years old

- // The teacher uses 3-5 pictures or objects depending on the child's age
- // The teacher raises a picture or object and asks a question.
 - > Use the questionnaire below, **child's speech impairment test tool**
 - > Use the questionnaire for children aged **2-5**
- // Summarize the results of the test for child

NOTE: Even before the screening process, the teacher should observe the child in class. If the child stutters or speaks in a jerky, not in a smooth way, then, he/she has a speech impairment.

CHECKLIST FOR SCREENING CHILDREN FOR SPEECH IMPAIRMENT

NO.	QUESTIONS	YES	NO
1	Does the child have difficulty saying some words and/or be unable to make some sounds when speaking?		
2	Does the child stutter or speak in a jerky, rather than smooth, manner?		
3	Does the child point or use sign language instead of use words to communicate?		
4	Is the child unable to use more than two words (2-3 syllables) or phrases?		

Note: If any response is “Yes”, then the child may have a speech impairment.

ADDITIONAL QUESTIONNAIRE TO SCREEN CHILDREN FOR SPEECH IMPAIRMENT BY AGE

AGE	QUESTIONNAIRE	YES	NO
2 years old	1. Can the child speak two words together?		
3 years old	2. Can the child make short phrases stringing 4-5 words together? (s/he can correctly speak 50% of these words)		
	3. Can the child name the familiar animals or objects?		
4 years old	4. Can the child tell his or her name and gender?		
	5. Can the child describe at least two colors?		
	6. Can the child tell about the shapes of any objects? (E.g. round, square, long, short ...)		
	7. Can the child tell function of any objects? (E.g. We can use spoon for)		
5 years old	8. Can the child tell direction of any objects? (E.g. Above, under, in, out, in front of, in the back of)		
	9. Can the child say many words or describe what s/he knows?		
	10. Can the child repeat the story?		
	11. Can the child compare between two animals? (E.g. An elephant is bigger and a mouse).		

Note: If there are two or more “no” responses, then the child may have a speech impairment.

STEP 6: TEST RESULT REPORT

- //Use results from the identification questionnaire
- //Make a list of children who are suspected having a speaking impairment

STEP 7: REFERRALS

- //Refer to Appendix 2 for a list of specialized service providers.
- //In case the child is identified having the speaking impairment, the schools need to inform their parents or guardians and refer to the appropriate health services.
- //The school makes an appointment with the service providers for referrals
- //Parents cooperate with the schools by taking their child to the specialized service provider.

STEP 8: FOLLOW UP

- //Parents/guardians cooperate with the school to refer the child according to the recommendations of the service providers.
- //Parents/guardians and schools note and record any progress made following referrals and treatment.



SCREENING CHILDREN FOR INTELLECTUAL IMPAIRMENT

OBJECTIVES:

- //Build the teachers' capacities to identify children with intellectual impairment
- //Timely inform the guardians and seek early supports and intervention
- //Formulate and improve a sustainable and quality mechanism for identification of children with intellectual impairment at schools

STEPS TO IDENTIFY CHILDREN WITH INTELLECTUAL IMPAIRMENT

STEP 1: CHECK TOOLS AND PREPARE MATERIALS

- //Meet with stakeholders (principals, teachers, students' parents, school management commission and partner organizations ...) to make plans for children with intellectual impairment
- //Prepare student lists and screening tools (checklist found in Step 5)

STEP 2: PREPARE A LIST OF CHILDREN

- //List of all children by grade level
- //List of children who are suspected of having an intellectual which the teachers observed their behaviors
- //Send the informing letters the parents on the screening child with disability.

STEP 3: PLACE SETTING

- //Select an appropriate room in the school campus
- //Organize a suitable place which will not be interrupted during the testing process.

STEP 4: PROCEDURE OF CONDUCTING SCREENING OR TESTING

- //Make the children comfortable
- //Present the testing tools and explain to the parents/guardians and children about the purpose and method of testing

STEP 5: SCREENING PROCESS

- //Interview with a guardian about a child's background and issues (use the questionnaire below)
- //Observe the children when s/he is playing and doing activities with others

DIRECTLY TEST THE CHILDREN

Take note when the child takes part in activities or communicates with others, particularly for behaviors that s/he does differently from peers, such as playing alone, not sharing, not participating in group games and activities, or fighting with others.

- //Sit face to face with children and have some materials for doing practical exercises (described under "Additional means for testing children for intellectual impairment")
- //Record in the questionnaire anything discovered during direct testing/observation.

QUESTIONNAIRE FOR IDENTIFICATION OF CHILDREN WITH INTELLECTUAL IMPAIRMENT

Child's name: _____ Sex: _____ Age: _____

Grade level: Low Average High

(Note that these are the levels of pre-school in the Cambodian education system.)

School's name: _____ village, _____ commune, _____ district _____

NO.	QUESTIONS	YES	NO
	All the questions need to start with "If compared to the children with the same age"		
1	Does the child seem to have difficulty understanding things (For example, when you are pointing out parts of the body)?		
2	Does the child have difficulty with daily activities? (For example, dressing and undressing properly, putting on shoes or sandals correctly on the right and left feet...)		
3	Does the child sometimes have or used to have seizures, become rigid, or lose consciousness?		
4	Does the child find it difficult to change their daily routine?		
5	Does the child behave differently from other children? (Sample behaviors to observe include paying attention to work, annoying others, being obstinate, or play practices, fixations on objects, etc.)		
6	Does the child choose to play on his/her own or play differently from other children of the same age?		
7	Does the child have a short attention span or poor memory? (For example, tell a child s/he needs to say 3-5 words in the same order that they are said by the teacher: "Cow, cat, chicken, buffalo, duck". Then, ask the child repeat to these words in the order that they were stated.)		
<p>Note: If any 4 of the responses to the questions are yes, then the child may have an intellectual impairment..</p>			

STEP 6: TEST RESULT REPORT

// List children who are suspected of having an intellectual impairment

STEP 7: REFERRALS

- // In the case that a child is suspected of having an intellectual impairment, the schools inform the parents and refer the child to a specialized service provider
- // According to the recommendation of the specialized service provider, the child with an intellectual impairment may be referred to the relevant health services to receive appropriate supports at the hospitals, rehabilitation centers or specialized services.
- // A list of specialized support services can be found in Annex 2

STEP 8: FOLLOW UP

- // The teachers record the list the names of children with intellectual impairment for follow up
- // The teachers record the progress of the children with intellectual impairments
- // The schools and parents conduct routine monitoring on the child's progress:
 - > Is the child referred to the services specialized in intellectual impairment?
 - > Has the child received any services? If so, what were they?
 - > Is there any noticeable change after the child received services?

ADDITIONAL MEANS FOR TESTING CHILDREN FOR INTELLECTUAL IMPAIRMENT



ASSESSMENT OF INTELLECTUAL IMPAIRMENT CAN BE DONE BY TESTING THE FOLLOWING SKILLS:

1. SOCIAL COMMUNICATION SKILLS:

Objective: Find out the level at which children communicate with others.

Testing tools: Use the testing tools or activities which allow children to play with other children to see how s/he can play with others. Can s/he share or ask for something from others? Can s/he apologize when s/he makes a mistake? Do they understand how others feel?



USE DIFFERENT MATERIALS AND ACTIVITIES WHICH CHILDREN CAN PLAY TOGETHER

2. COGNITIVE SKILLS:

Objective: Understand how children recognize shapes, colors, pictures and connections among objects.

Testing tools: Use testing tools or other activities which allow children to paint, draw, and name an object or shape of an object.

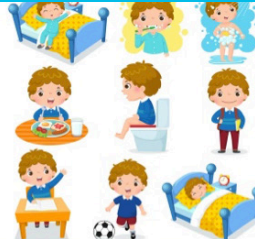
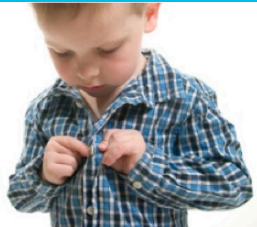


RECOGNIZING COLORS, OBJECTS AND SHAPES

3. SELF-CARE SKILLS:

Objective: Learn about self-care skills and daily activities.

Testing tools: Use the tools or activities that can test a child in self-care skills such as: bathing, dressing, brushing teeth, eating, going to the bathroom



USE TOOLS OR ACTIVITIES WHICH MIMIC
HAND MOVEMENTS USED TO GET DRESSED.
USE DIFFERENT TOOLS, PICTURES, OR PROPS
TO HELP A CHILD UNDERSTAND DAILY ACTIVITIES

4. MOTOR SKILL

Objective: Observe fine and gross motor skills; gain understanding on how the child moves and balances.

4.1 GROSS MOTOR SKILL:

Testing tools: Use tools or activities which can test move and balance related to gross motor skills (walking, standing, and sitting).



4.2 FINE MOTOR SKILLS

Testing tools: Use tools or activities that can test a child on their fine motor skills to test their physical ability to move and balance.



NOTE: The assessment of potential intellectual impairment must focus on the level of understanding/ability in line with to the child's ages.

SCREENING CHILDREN FOR VISUAL IMPAIRMENT

OBJECTIVES

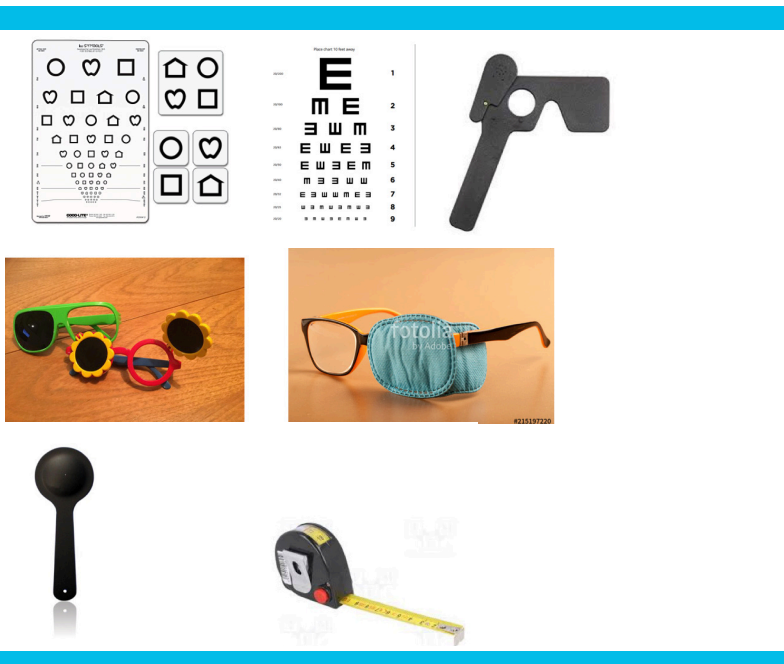
- // Build teachers' capacities for early detection of children with visual impairments
- // Provide timely information and seek early support and interventions for children with visual impairments
- // Formulate and improve a sustainable and quality mechanism for testing the vision of children at schools.

STEPS TO IDENTIFY CHILDREN FOR VISUAL IMPAIRMENT

STEP 1: CHECK TOOLS AND PREPARE MATERIALS

A. MATERIALS

- // Use LEA Symbols Chart or E-Chart
- // Goggles or handheld eye patch
- // Measuring tape
- // Glasses with eye cover



B. DOCUMENTS

1. Checklist for questionnaire for screening or testing children with visual impairment
2. The table recording the result of eye testing

NO.	CHILD'S NAME	SEX	AGE	RIGHT EYE		LEFT EYE		REFERRED	PARENT'S NAME AND CONTACT
				6/60 or 3/30	6/12 or 3/6	6/60 or 3/30	6/12 or 3/6		
1				<input type="checkbox"/> Poor vision	<input type="checkbox"/> Normal	<input type="checkbox"/> Poor vision	<input type="checkbox"/> Normal		<input type="checkbox"/> Normal
2				<input type="checkbox"/> Poor vision	<input type="checkbox"/> Normal	<input type="checkbox"/> Poor vision	<input type="checkbox"/> Normal		<input type="checkbox"/> Normal
3				<input type="checkbox"/> Poor vision	<input type="checkbox"/> Normal	<input type="checkbox"/> Poor vision	<input type="checkbox"/> Normal		<input type="checkbox"/> Normal

STEP 2: PREPARE STUDENTS LIST

- // Prepare a list of students by grade level
- // Prepare a list of children who are suspected having visual impairment as observed by teachers
- // Send a letter to parents about screening the child for visual impairment

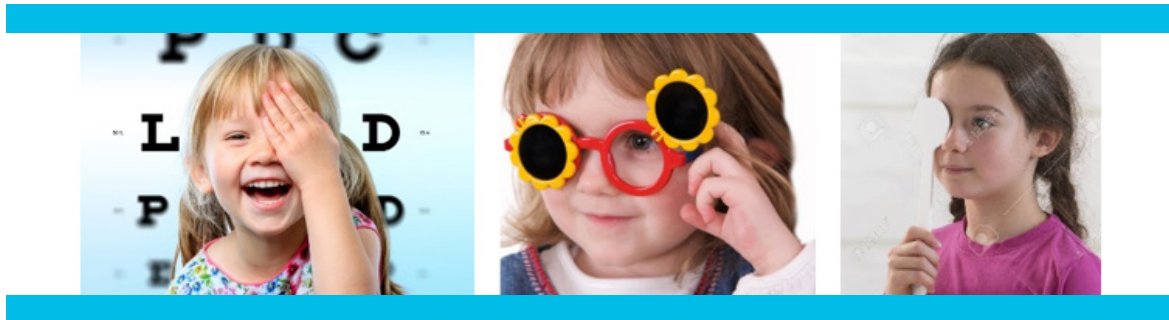
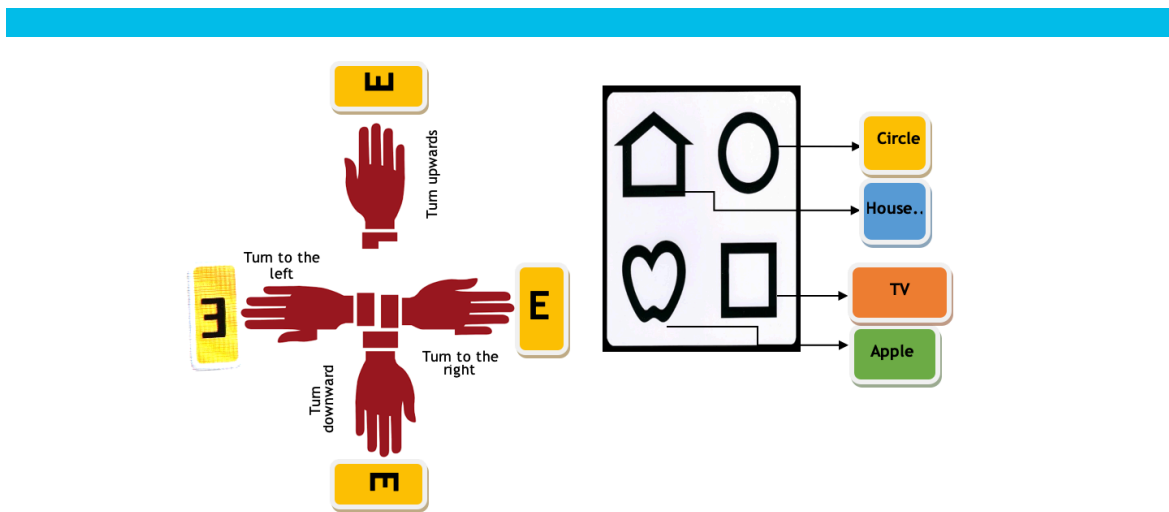
STEP 3: PLACE SETTING

- // Find a suitable place free from interruptions
- // Select a room with adequate light so that visual cards can be placed in clear bright light with no reflection and can be placed at a distance of 3-6 meters from the child being tested
- // Select a room where the child can stand or sit easily



STEP 4: PROCEDURE OF SCREENING

- // Make the children comfortable
- // The teacher should explain the objective of testing
- // How to use the Chart to test for visual impairment:
 - > Show cards or pictures to students
 - > Ask the children to respond to what s/he can see (encourage them to speak freely by letting them know that any answers they provide are correct)



EXAMPLE:

- > Use an eye patch to cover on (first the left eye; then the right eye)
- > Test one eye at one time
- > Record the results from the visual test

STEP 5: VISION TESTING

// Schools and teachers should first use the Checklist below to screen for visual impairment

// If school management committee and teachers can have the skills to use LEA Chart or E-Chart, they are highly encouraged to use them as well

The checklist below is a basic tool with which schools and teachers can test and identify the children with visual impairment. More detailed tests, described after this checklist, can be used to provide more information to parents and service providers.

CHECKLIST

NO. EYES AND BEHAVIORS INDICATING POSSIBLE VISUAL IMPAIRMENT		✓
SYMPTOMS OF EYE PROBLEMS		
1	Red eye	
2	Blurred cornea (not transparent)	
3	Pupils are not black	
4	Both eyes move in different directions.	
5	Both eyes blink frequently	
6	Lump spread and cover eyes	
7	Eyes are sensitive to sun light, frequent squinting	
8	White spots in black part of the eye	
9	Sore/watery eye	
VISUAL IMPAIRMENT RELATED BEHAVIORS		
10	Headache or dizziness when looking at any objects in close proximity	
11	Difficulty in reading text in a book or from the blackboard from his/her seat, even when seated in front	
12	Difficulty walking in unfamiliar places or to touching objects	
13	Unable to see things at night	
14	Appears frustrated, blinks, and/or frowns when trying to see something	
15	Moves head towards text/object while trying to see it	
16	Puts face close to books and paper when reading or writing	
17	Approaches the board or TV when reading, writing, or watching	
18	Unable to read the small font sizes in the textbook	
19	Frequently rubs eyes with fingers or knuckles	
20	Prior surgery on either eye	
Note: If any of the responses is marked with (☐), the child may have a visual impairment.		



1. EYE TEST

A. TEST BOTH EYES SO THAT THE CHILD CAN UNDERSTAND AND PARTICIPATE THE TESTING PROCESS

B. RESULTS OF VISUAL LEVELS:

If the results show:

- // 6/60=<3/30 a child needs to be urgently referred
- // 6/48=<3/24 a child needs to be referred
- // 6/6=<3/3 a child looks OK and doesn't needs to be referred

NOTE:

- // 6/60 (6 means 6 meters; and 60 means sizes of E letter)
- // 3/30 (3 means 3 meters; and 30 means sizes of E letter)

STEP 6: RECORD THE RESULTS

Record the vision testing results according to performance on the test using small and large “E”
Tick ✓ in the box as appropriate in a table like the one below:

TABLE ON RESULT OF TESTING VISION

NO.	CHILD'S NAME	SEX	AGE	RIGHT EYE		LEFT EYE		REFERRED	PARENT'S NAME AND CONTACT
				6/60 or 3/30	6/12 or 3/6	6/60 or 3/30	6/12 or 3/6		
1				<input type="checkbox"/> Poor vision	<input type="checkbox"/> Normal	<input type="checkbox"/> Poor vision	<input type="checkbox"/> Normal		<input type="checkbox"/> Normal
2				<input type="checkbox"/> Poor vision	<input type="checkbox"/> Normal	<input type="checkbox"/> Poor vision	<input type="checkbox"/> Normal		<input type="checkbox"/> Normal
3				<input type="checkbox"/> Poor vision	<input type="checkbox"/> Normal	<input type="checkbox"/> Poor vision	<input type="checkbox"/> Normal		<input type="checkbox"/> Normal

Keep a record of phone number of the parents to contact for referrals.

STEP 7: REFERRALS

- // See Table 2 in the Appendix for a list of specialized service providers
- // In case the child cannot see the capital letter E (size 6/60 or 3/30) (6/12 or 3/6), schools need to inform the parents and they are referred to the specialized eye service.
- // In case that any child has any noticeable wounds, items in the eye, or red eyes s/he should be urgently referred to any specialized eye service.

STEP 8: FOLLOW UP

- // Schools and teachers inform the parents or guardians
- // Schools and teachers need to conduct follow-up to check the child's progress:
 - > Has the child been referred to the eye health services?
 - > Has the child received an eye health service?
 - > Did the child receive and use the visual aids (spectacles or magnifiers)?
 - > Did the parents/guardian follow the doctor's advice?
 - > Is there any noticeable progress with regard to the child's vision?



SCREENING CHILDREN FOR MOTOR IMPAIRMENT

OBJECTIVES

- // Build teachers' capacities to identify children with motor impairments
- // Provide information and seek early supports and intervention
- // Formulate and improve a sustainable and quality mechanism for testing children for motor impairments

STEPS TO IDENTIFY CHILDREN WITH MOTOR IMPAIRMENT

STEP 1: CHECK TOOLS AND PREPARE MATERIALS

- // Meet and make plan with stakeholders (parents, classroom teachers, principal)
- // Check tools and prepare materials for identification and screening

STEP 2: PREPARE A LIST OF CHILDREN

- // Prepare the list of children with suspected motor impairment
- // Send informing letters to parents or guardians

STEP 3: PLACE SETTING

- // Find suitable place where it is not interrupted by people and noise
- // Select a room with enough light and air.
- // Choose the flat floor

STEP 4: PROCEDURE OF SCREENING

- // The teacher explains the purpose of the test
- // Make the child comfortable
- // Instruct the child to do different movements

STEP 5: HOW TO CONDUCT THE TEST

- // Interview the parents or guardians to find out the medical history of the child
- // The teacher instructs the child to do activities/make movements
- // Let the child walk or move and teacher observes the child directly
- // The teacher records the results in the following checklist.

CHECKLIST FOR SCREENING CHILDREN WITH MOTOR IMPAIRMENT

NO.	QUESTIONS	YES	NO
1	Does the child have difficulty to move or use any parts of their body?		
2	Is any part of the child's limbs amputated or missing that makes it difficult to move?		
3	Does the child have an unequal leg length that makes it difficult to move?		
4	Does the child have difficulty with fine and gross motor movements? (For example, difficulties with holding things, climbing up and down the stairs/chairs, or buttoning or unbuttoning a shirt ...)		
5	Does the child walk jerkily or fall easily?		

Note: If any one of the responses to the questions is "Yes", then the child may have a motor impairment.

Comprehensive assistive device in the identification of children with motor or physical impairment

1. THE CHILD IS MISSING ANY PARTS OF HIS/HER LIMB.



UPPER LIMB AMPUTATED

LOWER LIMB AMPUTATED

USING A WHEEL CHAIR

2. THE CHILD HAS DEFORMED OR ABNORMAL LIMBS.

Deformity on soles of the feet
Have the child put the feet in water and placed them on the paper

Flat soles of the feet Feet with problem		
Normal soles of the feet		
Highly curved soles of the feet Feet with problem		

Walk on tip-toes Walk on heels

Normal legs Deformed legs Deformed legs

3. THE CHILD HAS UNEQUAL LEG LENGTH

Measured from the child's cord down to the ankle

Measured from the child's hip down to the ankle

MEASURED BY USING STAND

STEP 6: RECORD THE RESULT

- Record the test results

STEP 7: REFERRALS

- Refer to the table in Appendix 2 for a list of specialized service providers.
- In case a child suspected to have any type of disability/impairment, schools need to inform the parents and refer the family to the appropriate support services for the child.
- If the specialized service identified that a child has motor impairment, s/he needs to be referred to appropriate support services such as hospitals, rehabilitation centers or partner organizations.
- Make a record of health services referrals.

STEP 8: FOLLOW UP

Schools and teachers should follow-up with the student's parents/guardian to check on the following:

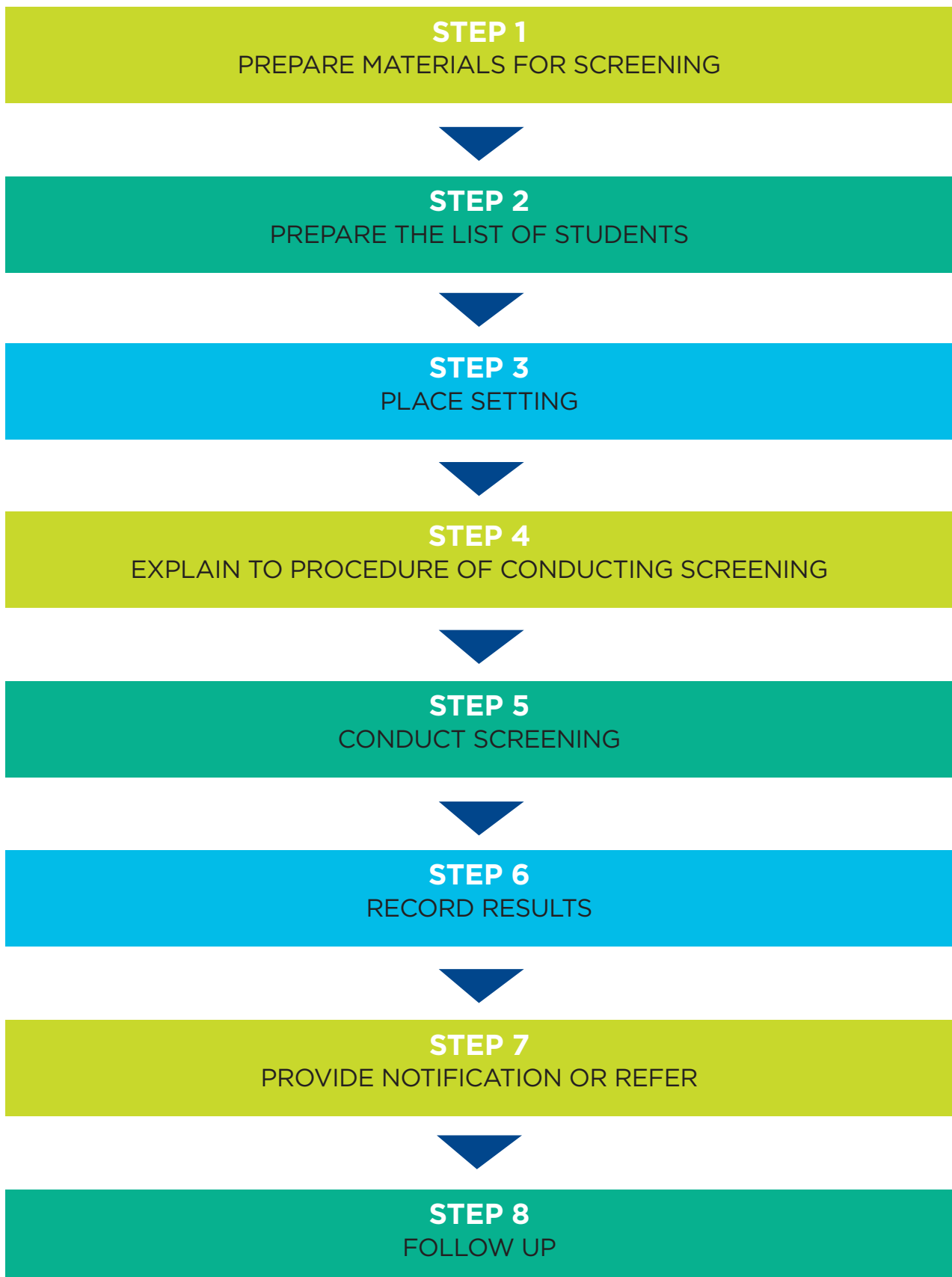
- Did the child go to health services or physical rehabilitation services?
- What types of physical rehabilitation services did the child receive?
- Is child routinely receiving services and following up on the advice provided?
- Has the child received any physical aids (crutches, wheelchairs, prosthetic legs ...)?
- Is there any noticeable improvement of the child after s/he received referral and treatment?

Photo: Jennifer Hardy/CRS.



APPENDIX

APPENDIX 1: DIAGRAM OF STEPS TO IDENTIFY CHILDREN WITH DISABILITIES



APPENDIX 2: SERVICES FOR CHILDREN AND PERSONS WITH DISABILITIES IN CAMBODIA (UPDATED OCTOBER 2019)

1. MEDICAL CARE AND TREATMENT QUESTIONS		
1	Name of Units	ALL EARS Cambodia
	Address	House number 109z Street number 228, Khan Daun Penh, Sangkat Chaktomukh, Phnom Penh
	Telephone	087 528 617/ 012 630 197/ 012 624 530
	Type of Service	Ear examination, treatment and providing hearing aids
2	Name of Units	Takeo Eye Hospital
	Address	Phsar Takao village, Roka Knong commune, Daun Keo district, Takeo province
	Telephone	032 931 324/016 320 066
	Type of Service	Optical examination, treatment, surgery, providing glasses and identification of blindness
3	Name of Units	OPBG (Italy)
	Address	Lary village, Roka Knong commune, Daun Keo district, Takeo province
	Telephone	032 640 3381
	Type of Service	Pediatric examination and treatment
4	Name of Units	Center for Child and Adult Mental Health (CCAMH)
	Address	National road number 2, Chey Chumneah Hospital, Takhmao city, Kandal province
	Telephone	023 300 534 011 87 81 58
	Type of Service	Providing medical care for children with disabilities, identification and medical treatment
2. REHABILITATION SERVICES		
1	Description	Details
	Name of Units	Happy Kids Clinic
	Address	House number 28 Street Oknha Chrun Youhak (Street number 294), Boeng Keng Kang 1, Phnom Penh
	Telephone	077 715 578
	Type of Service	Therapy for children with speaking impairment

2	Name of Units	Pediatric Surgery Center (CSC)
	Address	Kien Khlaing Rehabilitation Center, Phnom Penh
	Telephone	023 430 202/ 012 807 679
	Type of Service	Visual, speaking and hearing impairment support

3	Name of Units	Kampong Speu Rehabilitation Center
	Address	Ang Serey village, Roka Thom commune, Chbarmon city, Kampong Speu province (The Rehabilitation Center is based within Kampong Speu Referrals Hospital.)
	Telephone	025 987 159/089 952 269
	Type of Service	Rehabilitation and providing assistive devices to persons with disabilities

4	Name of Units	Takeo Provincial Rehabilitation Center
	Address	Street number 14, Village 13, Roka Knong commune, Daun Keo district, Takeo province (The Rehabilitation Center is located in front of the Takeo Provincial Red Cross near the Orphanage.)
	Telephone	032 921 293 / 097 8864 690
	Type of Service	Rehabilitation and providing assistive devices to persons with disabilities

5	Name of Units	Veterans International Cambodia (VIC)
	Address	Kien Khlaing village, Sangkat Chroy Changvar, Khan Russey Keo, Phnom Penh
	Telephone	023 430 305
	Type of Service	Rehabilitation, identification of any kind of disabilities, providing treatment, assistive devices, and community visits for self-help groups

6	Name of Units	Exceed Worldwide Organization
	Address	House number 22 Street Duong Leap 2, Sangkat Meanchey, Khan Meanchey, Phnom Penh
	Telephone	012 894 446; 012 514 056
	Type of Service	Rehabilitation, providing assistive devices, treatment, travel support for treatment, and food for children with disabilities

7	Name of Units	Khmer Sight Foundation
	Address	House number 93, Norodom Street, Khan Daun Penh, Phnom Penh
	Telephone	085 866 650 / 070 824 222
	Type of Service	Vision impairment support (treatment, surgery and providing glasses)

APPENDIX 3: REPORT ON THE RESULTS OF THE IDENTIFICATION OF CHILDREN WITH DISABILITIES

List of children with suspected impairment or disability (Step 6 in Screening Instructions)

Primary School: _____ Commune _____, District _____

NO.	CHILD'S NAME	SEX	AGE	GRADE LEVEL	CHILDREN SUSPECTED HAVING IMPAIRMENT	PARENT'S NAME, CONTACT PHONE NUMBER	CURRENT ADDRESS

Day: _____, Month: _____, Year: 20 ____

Principal/Madam Principal

APPENDIX 4: LIST OF CHILDREN REFERRED FOR SERVICES

List of children to be referred for support services (Step 7 in Screening Instructions)

Primary School: _____ Commune _____, District _____

NO.	CHILD'S NAME	SEX	AGE	GRADE LEVEL	SUSPECTED IMPAIRMENT	PARENT'S NAME, CONTACT PHONE NUMBER	SERVICE PROVIDER, CONTACT PHONE NUMBER	# OF REFERRALS

Day: _____, Month: _____, Year: 20_____

Principal/Madam Principal

APPENDIX 5: NOTICE FORMS 1 & 2

Notice Form 1

KINGDOM OF CAMBODIA
Nation Religion King

Department of Education, Youth and Sport of _____ Province
Office of Education, Youth and Sport of _____ District
_____ Unit

NOTICE

I (Mr./Mrs.) _____, a kindergarten teacher at _____ School

Would like to inform

The guardian of the student, named _____, studying in the kindergarten class at _____ School, that a screening test indicates that your child may have the following impairment: _____ The school recommends that you refer and take the child to the following support service: _____

As mentioned above, we hope you will cooperate with the school to assist in timely referrals and sending of your child to the support services.

Day: _____, Month: _____, Year: 20 _____

Principal/Madam Principal

Please kindly provide feedback to the school by filling in below and returning the form:

I (Mr./Mrs.) _____, parent or guardian

Agree to refer my child for services Decline to refer my child for services

To discuss further, please contact me via (phone number) _____

Signature or thumbprint of the child's guardian

Name _____

Notice Form 2

KINGDOM OF CAMBODIA
Nation Religion King

Department of Education, Youth and Sport of _____ Province
Office of Education, Youth and Sport of _____ District
_____ Unit

NOTICE

I (Mr./Mrs.) _____, a kindergarten teacher at _____ School

Would like to inform

The guardian of the student, named _____, studying in the kindergarten class at _____ School, that a screening test for speech impairments conducted at the school indicates that your child has the following problem: Stutter Speaks in a jerky (not smooth) way

Slow progress of speaking and language Cleft lip Cleft palate

Problem with intonation Other: _____ As a result of these findings, the school recommends that you spend more time speaking with the child and to take him/her to the following support service:

As mentioned above, we hope you will take action to provide timely assistance to your child.

Day: _____, Month: _____, Year: 20 _____

Principal/Madam Principal

APPENDIX 6: CHECKUP LIST OF CHILDREN WITH DISABILITIES

Checkup list of children with disabilities (Step 8)

Primary School: _____, Commune _____, District _____

NO.	CHILD'S NAME	SEX	AGE	GRADE LEVEL	TYPES OF IMPAIRMENT	SERVICE PROVIDER'S NAME	DIAGNOSIS (MADE BY PHYSICIAN OR MEDICAL DOCTOR)	PHYSICIAN OR MEDICAL DOCTOR'S ADVICE	DATE REFERRED, ORDER...	LAST DATE OF REFERRALS	CHILD'S PROGRESS AFTER REFERRALS
	Example										
1	A	M	5			Krousar Thmey	Mute and deaf	Use left hearing aid	11 Nov 19		11 May 19



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Ministry of Education, Youth and Sport and Catholic Relief Services



Thank you to the Development Partners and NGOs
who have fully participated in developing
GUIDELINES FOR SCREENING CHILDREN WITH DISABILITIES AT PRESCHOOL

AAR-Japan

CCAMH, Caritas Cambodia

Hands of Hope Community (HHC) Humanity and Inclusion (HI)

The Rabbit School

Takeo Eye Hospital, Caritas Cambodia

Organization to Improve Communication and Swallowing Therapy in Cambodia (OiC Cambodia)

Komar Pikar Foundation

Krousar Thmey