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A Review and Synthesis of Educational Supports for Students with Disability: Evidence-Based Practices in Australia.

SUMMARY REPORT

A Review and Synthesis of Educational Supports for Students with Disability: Evidence-Based Practices in Australia

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Copyright and disclaimer

Copyright in this report and all the information it contains vests in the Disability Strategy Implementation Team, NSW Department of Education, Australia.

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A note on terminology

The authors respectfully acknowledge that there are differences in the ways people talk about disability. Some people with disability prefer person-first language (i.e., a person with disability), and some prefer identity-first language (i.e., autistic person). In this report we use person-first language, which reflects the predominant usage in the Australian context and the majority of literature reviewed. We use the term students “on the autism spectrum”, as this is one of the preferred terms of this community (Bury et al., 2020).

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1. Conceptual Framework Guiding the Review and Synthesis

This review uses a two-stage methodology. The first stage was an umbrella review to identify international research on *evidence-based practices and interventions* that teachers and other school personnel use in their direct interaction with a student within a school educational setting. This aligns with Layer 1 of the adapted Framework of Educational Supports.

The second stage of the review consisted of a systematic and supplementary literature review to identify evidence-based practices that have been researched in Australia in order to support the full range of students with disability across diverse settings. The extent of social validity measures of these evidence-based practices was also assessed. A documentary analysis of key relevant NSW and Australian legislative, policy, strategy and practice guidance was also conducted to explore current directions for the use of evidence-based practices to meet best outcomes for students with disability. The results synthesised from the first two stages of the review were contextualised within current policy at NSW as well as a national level.

1.1 Context

Students with disability have the human right to inclusive education as articulated in Article 24.1 of the United Nation's Convention of the Rights for People with Disability (UNCRPD, 2008) and to receive adequate educational supports to ensure they achieve their goals in the educational context. This review adopts a *personalised learning approach*, which is one of the core features of inclusive education. This approach aligns with the Nationally Consistent Collection of Data on Students with Disability (NCCD) and the NSW Department of Education Strategic Plan 2018-

2022. In centring this focus, recognition is given to the need for education systems to provide a personalised educational response, rather than expecting the student to fit or "integrate" into the system.

1.2 Personalised Learning Approach

Personalisation puts individuals at the heart of determining the supports they need. In the educational context this approach is mobilised in Individual Learning/Transition Planning.

[Personalised learning and support](#) is underpinned by four key areas of activity:

- The assessed individual education needs of the student;
- Implementation of adjustments or supports to meet the students' assessed needs;
- Monitoring and review of the impact of adjustments/supports provided for the student; and
- Consultation and collaboration – between teachers with parents, support staff and other professionals where required.

The benefits of conceptually approaching the review utilising a *personalised learning approach* are that it:

- Allows consideration of individual student characteristics.
- Provides for the development of a framework of outcomes that remains connected to the individual educational experience of the student.
- Allows consideration of other core features of inclusion listed in General Comment 4, in relation to the ways these impact on students and their support needs.
- Where necessary contextual consideration may be given to distinguishing between “exclusion”, “segregation”, “integration” and “inclusion” without the need to resolve what are understood to be blurred boundaries between these in practice.

- Avoids a driving focus on types of educational settings (e.g., mainstream schools, special schools) in which education is delivered.

Overall, these benefits provide a framework that allows prioritisation of the significant body of literature uncovered in the review. Specifically, it allowed assessment of the relevance of studies and thus provided a clear approach to managing the scope of the review.

1.3 Overarching Framework

The authors adapt Bronfenbrenner's bioecological model (Bronfenbrenner, 1994) to create a *Framework of Educational Supports*, which places the student at the centre and different types of educational supports are located in five key nested layers. (see Figure 1 and Table 1).

Figure 1 Framework of Educational Supports as per Bronfenbrenner's Bioecological Model

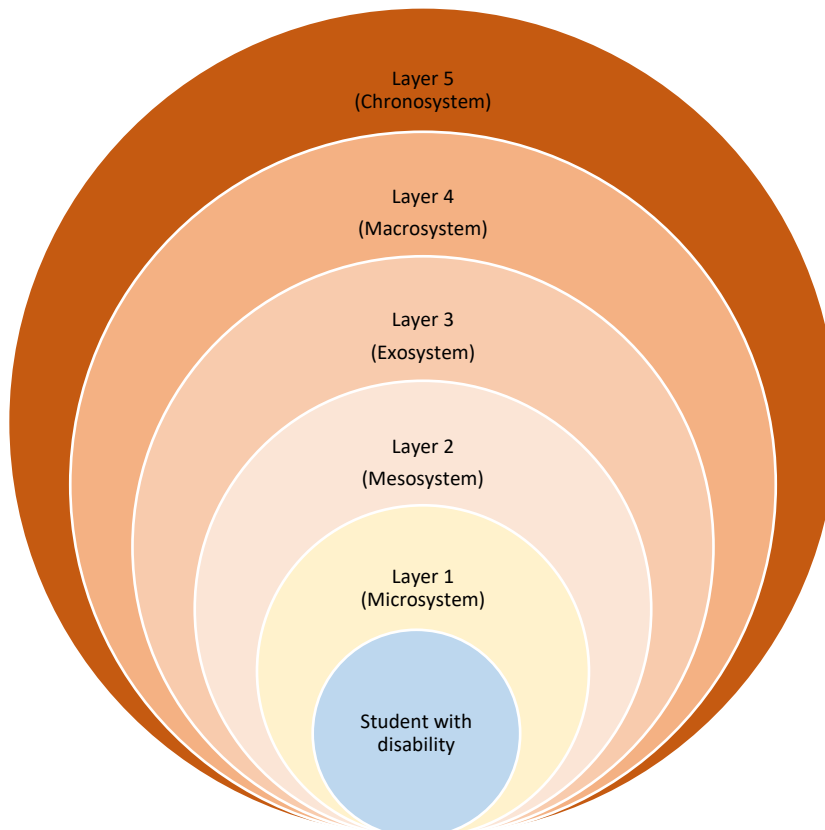


Table 1 Framework of Educational Supports – Description and examples

Framework location	Description of educational supports	Examples
Layer 1 (closest to the student)	Direct interactions between the student and the teacher (or other school personnel) within class/school, learning tasks, and learning environment.	• Evidence-based practices and interventions, used by teachers and other school personnel in their direct interaction with a student within an educational setting (e.g., video modelling, prompting, task analysis); • Monitoring and assessment of a student's progress; • Educational adjustments (e.g., enlarged text, extended time for completing an assessment task); • Differentiation.
Layer 2	Interactions between the various education-related stakeholders relevant to the student. The student can but does not need to be involved. This includes interactions between family and school, parents and teachers, teachers and teacher's aides, etc.	• Development of Individual Learning Plans (ILPs); • Development of Individual Transition Plans (ITPs); • Evidence-based practices (e.g., student active involvement in ILP process, functional behavioural analysis); • Behavioural plans.
Layer 3	Education Government laws and standards, social policy and community; social systems. Entities the student does not have direct interaction with, but that affect them. Includes state and federal economic systems, finances and resources available to schools to ensure quality support for students with disability, government and educational philosophies, laws, standards and policies regarding students with disability.	• Resources for schools for adequate infrastructure (e.g., ramps, lifts), services (speech therapist, school counsellor) and technology (assistive technology) for students with disability; • Evidence-based practices (e.g. technology-aided instruction and intervention); • Disability related legislation and policies.
Layer 4	Overarching values, beliefs, attitudes and culture about education and belonging for students with disability, including societal views and scholarly theories).	• Social and Educational approaches (e.g., inclusive education, high expectation of all students, including students with disability); • Whole-school approaches (e.g., Response to Intervention, Universal Design for Learning); • Teacher training.

Layer 5 (most distant from the student)	Stage of life course; stages of education (i.e., events over the course of a lifetime that influence the experiences of the student).	• Educational supports provided throughout schooling (e.g., during diverse schooling transitions).
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1.4 Evidence-Based Practices

Evidence-based practices are instructional approaches that are proven by high-quality and rigorous research and have demonstrated success in improving outcomes for students with disability across diverse areas (e.g., academic, social and emotional, and self-determination and life skills outcomes) and settings (Mazzotti et al., 2013; Torres, Farley, & Cook, 2014). In order for an evidence-based practice to be acknowledged as such, the Council for Exceptional Children (2014) as well as What Works Clearinghouse (2017) established guidelines for systematic identification of these practices and to distinguish them from “best-practices” or “research-based practices” (Burke et al., 2019). The term “research-based practices” came about in recognition of practices that are supported by research, but where this research may not meet the rigorous criteria of evidence-based practices (Cook & Cook, 2011). Likewise, the term “best-practices” cannot be used interchangeably with “evidence-based practices” as a practice may be deemed “best” based on the opinions of experts, tradition, and theory, rather than being empirically validated and satisfying the rigorous standards of evidence-based practices (Cook & Cook, 2011). See Appendix B for the Council for Exceptional Children’s criteria (2015) on evidence-based practices.

It is important to note that an evidence-based practice must be implemented with fidelity to ensure that educators are able to decide if they should continue implementing it based on logical reasoning backed by data (Konrad et al., 2019). Another caveat regarding evidence-based practices is that while it may be identified as a practice that is highly likely to improve a specific outcome

of a target student population in a particular context, it will not work for all targeted students (Cook & Cook, 2011).

Evidence-based practices align within a personalised learning approach, which highlights the importance of assessing individual student's strengths and needs. This assessment leads to the development of a personalised learning plan in collaboration with all relevant stakeholders (actively including a student with disability, who is at the centre of this process). In this process, student's learning goals are identified, as well as relevant adjustments and supports (including appropriate evidence-based practices) to achieve these goals. Selecting an appropriate evidence-based practice is also guided by teachers' expertise. Once an evidence-based practice is implemented, monitoring takes place in order to determine whether it works for the student.

It is important to highlight, that all evidence-based practices are considered equivalent in the strength of their efficacy, however the decision to utilise an evidence-based practice requires informed consideration of the ways that individual practices may address different student outcomes in different ways. While a practice/intervention may be recognised as evidence-based, this cannot be interpreted as ensuring that it will necessarily work for every student. Thus teachers need to have knowledge of a range of evidence-based practices which may be used to achieve the same outcome. As always, one size does not fit all. That is why having a wide choice of evidence-based practices is so important; as well as professional training of teachers, so they have the skills to assess what evidence-based practices are and how to use them effectively and with fidelity. The choice of particular evidence-based practices depends on the individual student and their needs and preferences.

Furthermore, there is growing recognition, highlighted especially by people with disability, that any practice used to support people with disability needs to be not only evidence-based; it also

needs to have *social validity*. The concept of social validity measures the overall acceptability of an intervention beyond treatment effectiveness (Strain et al., 2012). This can be done by asking opinions about the practice of the people who are implementing, receiving and consenting to it. The nexus between practices being evidence-based and socially valid reflects the existing tension between the imperatives of the human rights agenda and of research and practice. In recognition of this tension a set of criteria based on research on the social validity of evidence-based practices was developed and applied in this review to assess the presence of measures of social validity within the studies that were analysed in depth. Thus, this review provides guidance on how and when social validity is utilised in evidence-based practices.

2. Findings from Umbrella Review

Key findings

- This report identified 44 evidence-based practices within Layer 1 of the Framework of Educational Supports, which have been recognised as such in international literature in the last 10 years (2010-2020).
- Sixteen evidence-based practices combined into six groups of practices were analysed in depth.
- For these practices, significant variation was found in the relationship between practices and the outcomes they target, with academic outcomes most commonly targeted.
- These evidence-based practices were most often applied to students with autism and intellectual disability. Even where the international research is focused on students with intellectual disability, there is very seldom any differentiation of severity level or level of support need.

In total, 44 evidence-based practices used with students with disability were identified from the umbrella review. All 44 evidence-based practices were compared, and where possible those that were representing similar or almost identical practices have been combined. This process of combination allowed identification of identify 6 groupings of practice, consisting of 16 evidence-based practices. Following this criteria, six synthesised evidence-based practices encompassing the total of 16 individual practices were identified, and studied in greater detail in this review. These are:

- Visual and video supports

- Peer-mediated instruction
- Systematic instruction
- Self-management
- Prompting
- Time delay.

Notable findings in relation to the types of disability and the outcomes targeted for each of the six key evidence-based practices include:

- Video and visual supports were most commonly cited as supports to students with autism and intellectual disability in the academic area.
- Peer-mediated instruction was most cited as support to assist students with autism in achieving social and emotional outcomes.
- Systematic instruction was only used to target academic outcomes and predominantly for students with intellectual disability and developmental disability.
- Self-management was used to support students with emotional and behavioural disorders in achieving academic outcomes.
- Time delay was most often used to assist students with a range of disabilities such as intellectual disability, cognitive disabilities, and developmental disability/multiple disabilities to enhance academic outcomes.
- Prompting was mostly used to promote academic outcomes in students with intellectual disability, cognitive disabilities and autism.

Due to the massive body of research captured in the 31 included systematic reviews (with each review analysing on average 37 individual studies with a range of 5 and 456 individual studies per review), it was not possible to examine all the identified evidence-based practices. In order to produce the best assessment of the field within the time and resources allowed for this project, the evidence-based practices were put into hierarchy according to a three criteria matrix addressing 1) number of reviews focused on these practices, 2) number of types of disabilities covered, and 3) number of targeted outcomes. In other words, for an evidence-based practice to be selected and studied in greater detail in this review, it needed to be (a) cited in at least four reviews, used across at least two types of disabilities, and have resulted in either academic, social and emotional, or self-determination and independence outcomes, or be (b) cited in at least three reviews, used across four disabilities, and resulted in at least one area of student outcomes (i.e., academic, social and emotional, or self-determination and independence outcomes).

The remaining 28 evidence-based practices could not be combined as while many of them targeted similar outcomes (e.g., communication, social skills, behaviour) or subject areas (e.g., reading, mathematics), they are substantially different techniques and thus could not be combined for the purposes of the in-depth analysis.

3. Findings from Systematic and Supplementary Reviews

Key findings

- Of 39 identified Australian research studies, 14 examined the relationship between an evidence-based practice and student outcomes, 19 explored teachers' and other stakeholders' perspectives about their knowledge and use of these evidence-based practices, and six focused on other areas.
- Of the 44 evidence-based practices identified in the international literature, only 21 were found to be present in Australian research studies.
- A greater proportion of student participants in Australian studies were those on the autism spectrum. Students with intellectual disability, physical disabilities, sensory disabilities, communication disorders, emotional and behavioural disorders, and twice exceptional students appear to be under-represented.
- There was a relatively equal number of research studies focusing on mainstream and on specialised settings, or on both mainstream and specialised settings. Similarly, primary, secondary or both primary and secondary schooling stages were represented.
- There is a lack of consistency in articulating the outcomes of interest associated with the researched evidence-based practices.

In total, 39 Australian research studies were included in this systematic and supplementary review.

The 39 studies cited an array of evidence-based practices, which are recognised by research using

the Council for Exceptional Children (2014), What Works Clearinghouse (2017) or other rigorous guidelines as meeting the rigorous criteria for evidence-based practices. These are:

- cognitive behavioural approaches,
- visual supports with and without systematic instruction,
- video self-modelling and video peer-modelling,
- metacognitive strategies,
- self-management intervention,
- peer-tutoring,
- goal setting,
- direct instruction,
- simultaneous prompting,
- structured teaching,
- mathematical modelling,
- cooperative learning,
- explicit teaching,
- functional behaviour assessment, and
- a range of classroom behaviour management strategies.

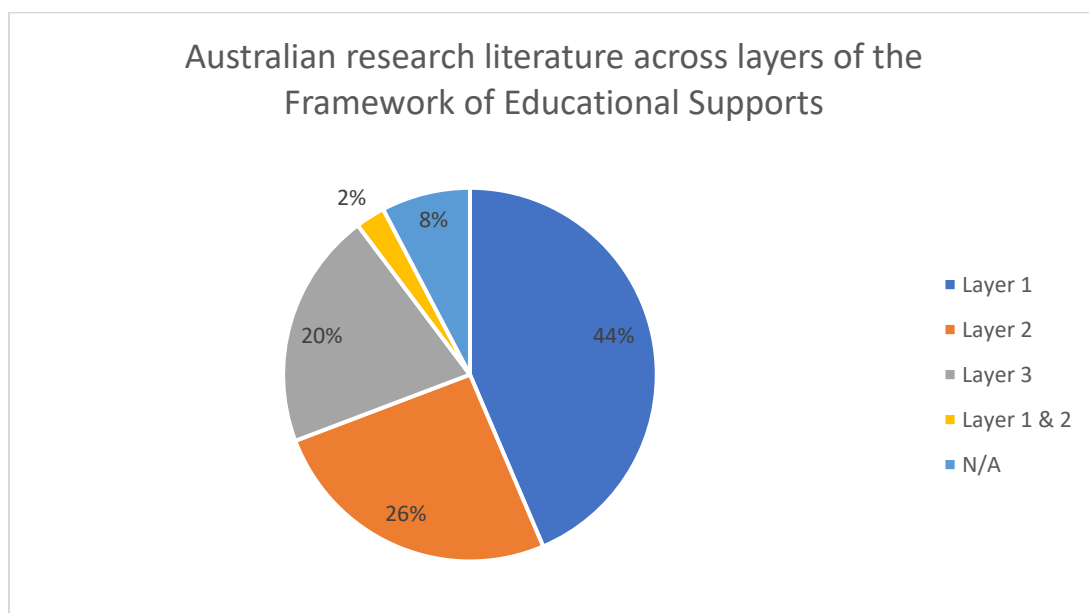
There were 10 research studies that explored evidence-based practices and other educational supports located in Layer 2 of the Framework of Educational Supports, that is, those related to interactions between the various education-related stakeholders relevant to (but not including) the student. These include:

- Individual Learning Plans,

- Transition Planning Meetings,
- evidence-based transition practices advocated by NSTTAC,
- student-led program support group meetings,
- interagency collaboration,
- home-school collaboration, and
- student focused planning.

Thus, the notable findings from the analysis include the fact that the majority of evidence-based practices identified in the Australian research are concentrated on direct interaction/intervention. Further, although there was a variety of Layer 1 evidence-based practices explored, some of those identified in the umbrella review of international practice were not mentioned at all. Likewise, the only Layer 3 evidence-based practice that was investigated was technology (please see Figure 13).

Figure 13 Australian research literature across layers of the Framework of Educational Supports



Less than half of the research studies (n=14) explored the impact of implementing evidence-based practices on student outcomes or reported on the relationship between evidence-based practices and outcomes. There is also *a gap in measuring social validity of evidence-based practices* with only approximately a quarter of the Australian research articles doing that, and only nine studies gave *voice to students with disability about their experience with the evidence-based practices*.

4. Findings from Documentary Analysis of the Key Relevant NSW and Australian Legislative, Policy, Strategy and Practice Guidance

Key findings

- The selected legislative, policy, strategy and practice guidance show that the supports primarily recognised and recommended are focused on activities and relationships in the classroom (Layer 1 of the Framework of Educational Supports), collaborative planning and practice (Layer 2), and teacher training and support (Layer 3). Significantly less attention is given to the factors that enable educational supports (Layer 4), with little attention to the nuances of the provision of these supports across the student life course or throughout educational stages (Layer 5).
- While the current legislative, policy, strategy and practice guidance documents refer to evidence-based practice, a lack of clear definition of what constitutes evidence-based practices hampers any consistency.
- The terms evidence-based practices, research-based practices and best practices tend to be used interchangeably.
- There is a strong focus on academic and social and emotional outcomes across the analysed NSW documents, with a lesser focus on self-determination and independence outcomes.

The outcomes of the analysis of the selected legislative, policy, strategy and practice guidance show that education supports are a widely recognised and accepted foundation in the provision of supports to students with disability. Primarily the supports recognised and recommended are focused on activities and relationships in the classroom (Layer 1 of the Framework of Educational Supports), collaborative planning and practice (Layer 2), and teacher training and support (Layer 3). The findings also indicate that a focus on evidence-based and research-based practices is present in many of the document's reviewed, however definitions of the terms themselves are seldom provided (see Appendix T). Where terminology associated with evidence-based practices, research-based practices, and best practices are utilised in the selected documents, there is little clarity of definition or criteria for their use.

In exploring how student outcomes are defined and classified in the documents, analysis revealed that there is a strong focus on academic and social and emotional outcomes across the analysed NSW documents, with a slightly lesser focus on self-determination and independence outcomes (see Appendix U). Further, not all documents explicitly referred to students with disability and for those that did, the type of disabilities was diverse across the documents. Level of severity or extent of support needs was not discussed in the documents. Moreover, there was a lack of consistency in the terms used to discuss students of a particular disability, which could result in confusion. There is also a lack of clarity regarding the setting in which the policies and practices are applicable. This could potentially jeopardise the applicability of guidance which is ostensibly designed to enhance practice.

5. Key Findings

1. *A range of evidence-based practices are proven to achieve outcomes for students with disabilities*

Evidence-based practices are instructional approaches that are proven by high-quality and rigorous research to achieve outcomes for students with disability across diverse areas (e.g., academic, social and emotional, and self-determination and life skills outcomes). Evidence-based practices are critically important educational supports for students with disability. This report identified 44 educational practices within Layer 1 of the Framework of Educational Supports, that can be used across diverse environments and with diverse populations of students with disability to achieve targeted outcomes, and which have been recognised as evidence-based practices in international literature in the last 10 years (2010-2020). All 44 evidence-based practices were compared and where possible combined. This process of combination identified the following six groupings of practice, consisting of the most commonly studied 16 evidence-based practices, for in-depth analysis.

Visual and video supports	Peer-mediated instruction	Systematic instruction
Self-management	Prompting	Time delay

Section 4.3.4 and Table 2 in the main report lists all 44 practices and their definitions as well as the groups of students with disability they are predominantly used with.

2. *Limited use of evidence-based practices to support Australian students with disability*

Evidence-based practices are well-established in the international literature, based on rigorous research, for a wide array of students with disability. However, the research literature related to

the use of evidence-based practices in Australia is limited, without a strong link to international evidence. There remains a significant deficit in information about the use of evidence-based practices that specifically addresses the adoption of evidence-based practices in general in education for students with disability in Australia and more specifically on the utility and outcomes achieved for specific practices suited to students with diverse types and severity of disability.

3. Selective use of evidence-based practices with Australian students with disability

Of the 44 evidence-based practices identified in the international literature, only 21 were found to be present in Australian research studies. Practices were identified in five of the six common groupings devised for the international umbrella review, while others fell outside these common categories.

Grouped evidence-based practices	Visual and video supports (n=7)	Peer-mediated instruction (n=2)	Systematic instruction (n=2)
	Self-management (n=2)	Prompting (n=3)	Time delay (n=0)
Other evidence-based practices	Cognitive behavioural intervention	Functional behaviour assessment	Social narratives
	Social skills training	Mathematical representation	

Section 4.3.4 and Tables 2 and 3 in the main report list all practices and their definitions as well as the groups of students with disability they are predominantly used with. Notably, practices in the groupings prompting and self-management, which featured significantly in the international literature, were underrepresented in the Australian literature and no studies of time delay were found. Just over half (n=23) of the 44 evidence-based practices identified in the international

literature were not present in the Australian research studies (see section 7.7 in the main report for more detail).

4. Limited focus on supports for the full range of students with disabilities

The international and Australian research both focused on students with diverse disabilities including students with autism, intellectual disability, emotional and behavioural disorders, learning disabilities and multiple disabilities. The international literature has a greater focus on students with autism and intellectual disability compared to the Australian research which is primarily focused on students with autism. Even where the international research is focused on students with intellectual disability, there is very seldom any differentiation of severity level or level of support need. Furthermore, very few Australian studies examine evidence-based practices effective for students with more severe intellectual disability and multiple disabilities who comprise a low incidence group within the Australian education system. There is a relatively equal number of Australian research studies focusing on implementing evidence-based practices either in mainstream, specialised settings, or both mainstream and specialised settings, and primary, secondary or both primary and secondary school stages. However, it was not specified if the students were included in general education class all the time or spent part of their time in support units.

5. Low emphasis on the social validity of educational supports and student voice for students with disability in Australia

There is a lack of focus on measuring the social validity of evidence-based practices used with students with disability in Australia. Only around a quarter of Australian research explored the

overall acceptability of a practice as perceived by those who experience it, and less than a quarter gave voice to students with disability about their experience with evidence-based practices.

6. Inconsistent identification and labelling of student outcomes

Student outcomes are often not consistently identified in the evidence-based practices literature. Where stated, the language used to label or categorise student outcomes associated with evidence-based practices is not standardised and glossaries/definitions of terms used are often missing. This review has utilised the following categories in order to bring some coherence to outcome reporting: (i) academic, (ii) social and emotional, (iii) self-determination and independence, and (iv) other outcomes. (See Section 4.3.3 in the main report for a description of these outcome categories). In all research and grey literature reviewed for this report, academic outcomes were most commonly identified, appearing in 22 studies, followed by social and emotional outcomes in 8 studies. Self-determination and independence outcomes were less commonly identified as associated with evidence-based practices for students with disability, appearing only in 4 studies. It should be noted that across the research and grey literature, some outcomes were identified in more than one category. In total, 11 studies and 12 documents referred to outcomes in more than one category.

7. Incomplete guidance on evidence-based practices

Australian legislative, policy, strategy and practice guidance broadly promotes evidence-based practices without providing a clear definition as to what these are considered to be. In addition, currently Australia and NSW lack a comprehensive framework for the identification, implementation and evaluation of evidence-based practices for students with disability.

6. Directions for Reform

The Department of Education would benefit from access to a fuller picture of the extent of utilisation of evidence-based practices (as well as promising practices) with students with disability beyond only those reported in academic research. Consideration may be given to the ways that this can be captured from teachers and schools via existing or new information gathering means. This would ensure a baseline understanding of the extent of use in practice.

There is also an opportunity to promote awareness and utilisation of the full range of evidence-based practices identified in the international literature. This will require explicit policy directives regarding the use of evidence-based practices as well as information and assistance for teachers to be knowledgeable of the options for evidence-based practices through ongoing Professional Development programs. Enhancing knowledge about evidence-based practices is fully in line with the *Australian Professional Standards for Teachers* (AITSL) (i.e., Standards 1.5 and 1.6). The Department of Education may also consider a coherent framework for requiring and incentivising schools (or principals and teachers) to promote the use of evidence-based practices with students with disability. Establishing and maintaining a database for teachers of students with disability to consolidate guidance, research and resources for the use of evidence-based practices should be considered.

Relatedly, a focus on social validity should be an integral aspect of these programs for the promotion, utilisation, monitoring and evaluation of evidence-based practices with students with disability in Australia. To ensure that students with disability have a voice in matters relevant to their education and well-being, the development of a consistent, accessible and effective mechanism for encouraging and capturing the experiences and opinions of students with disability in the context of their education is needed.

Further, the Department of Education has the opportunity to provide clarity on the relative representation of students with a range of disabilities and to invest in ensuring that evidence-based practices that address the range of supports are equally promoted and utilised within education. Attention to the variation in level of support needs within different groups where, for example, different practices and adjustments will be required for those with higher support needs or severity of disability will ensure greater and more comprehensive impact on outcomes of Australian students with different types and severity of disability.

There is also demonstrated need for a coherent and consistent framework through which to identify, capture and report outcomes for students with disability in Australia and internationally. The Department of Education has the opportunity to draw on existing outcome categories and Australian and NSW policy directives to develop such a framework to enable consistent capture and reporting of the achievement of outcomes for students with disability, particularly those outcomes specifically associated with individual or suites of evidence-based practices.

7. Suggestions for Future Inquiry

In order to guide its investment decisions regarding evidence-based practices, the Department of Education may consider commissioning research which specifically addresses the economic cost of the implementation of an evidence-based practice relative to the potential impact across its student population. It is important to conduct research to establish whether and how internationally recognised evidence-based practices are implemented in Australian classrooms to assist students with disability to reach their goals, and with what results. Social validity should be assessed and ensure – where relevant – that student voice is included.

More research is also needed to understand whether and to what extent pre-service and in-service teachers' training programs include an emphasis on evidence-based practices. This can be achieved by a combined strategy which focuses on both teacher's professional development and on supporting collaborations between universities and schools in gathering the evidence. Research opportunities would include projects which monitor and evaluate the efficacy and impact of enhanced professional development for teachers on the use of evidence-based practices, including both implementation in their teaching practice and impact on targeted student outcomes. Promoting collaborations between educators and researchers will enable the translation of this knowledge to the national and international special education research field.

Further, specific focus is needed in future research on establishing which evidence-based practices are effective for students with the full range of types of disabilities, including physical and sensory disabilities, communication or emotional and behavioural disorders, and twice exceptional students, as well as students with severe intellectual disability and with multiple disabilities. To address a key gap identified in the overall literature, that is, lack of evidence for practices that improve student outcomes, the Department of Education may consider a focus on

funding trials and research to identify these practices. In particular, to address the lesser focus on and lack of evidence-based practices which are known to promote self-determination and independence outcomes in students with disability, research which explores the efficacy of research-based or promising practice could be prioritised.

Lastly, review and assessment of the approaches utilised by other jurisdictions, both Australian and international in providing resources, professional development and mentoring and other forms of support to educators in the use of evidence-based practices with students with disability will provide helpful insight into the structures, protocols and approaches currently utilised to promote and enhance the use, monitoring and evaluation of evidence-based practices to achieve identified outcomes for students with disability.

This summary report is drawn from:

- The report:

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- Accompanying Appendices:

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