PARENT HANDBOOK

2026 - 2027

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Approved By	Inderjot Singh
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Mission Statement

Our mission is to enrich the lives of individuals with ASD or related disorders, and their families, through evidence-based and compassionate practice; by supporting them in attaining the greatest level of independence and quality of life and encouraging each individual's uniqueness. We strive to empower families to be an integral part of the success of their child and resolve to reimagine the path to an inclusive community by educating the community to recognise and embrace neurodiversity.

Vision Statement

Empowering our students to achieve their full potential by building on their unique abilities.

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Welcome to Small Steps!

Since opening our doors in September 2016, Small Steps has remained committed to empowering students with autism and related challenges within mainstream educational settings. Our dedicated team of educators, therapists, ABA practitioners and administrators works collaboratively to maximise each student's learning potential in a welcoming, transparent and professional environment.

As part of the wider school community, our students are well positioned for meaningful inclusion in classroom activities, school outings and events. Our programme is built on data-driven decision-making, tailored Individual Education Plans (IEPs), individualised clinical programming and a commitment to high educational, ethical and professional standards. Above all, we are deeply committed to our students and their families.

We continuously review our practices, update our methods and work to improve the quality and effectiveness of our services. Each student receives an individualised education and intervention plan, with a strong focus on skill acquisition through Natural Environment Teaching (NET), modified Discrete Trial Teaching (DTT), small-group activities and inclusion in mainstream classrooms. Speech and Language Therapy and Occupational Therapy may also be available where clinically indicated, subject to the arrangements, permissions, availability and fees explained in this guide.

We are pleased that you have chosen Small Steps to support your child's journey. Our aim is to help your child develop meaningful skills, increase independence and participate more fully at school, at home and in the community through evidence-based, best-practice intervention. A constructive partnership between parents, the clinical team and the school is essential to achieving meaningful and sustainable progress.

Beginning intervention or moving to a new provider can feel overwhelming. This Parent Handbook explains our approach, services, policies, procedures and shared expectations. It is intended to support parents and to provide clear information for school representatives, regulators and other professionals who may need to understand how Small Steps operates. Please read it carefully, together with any contracts, consent forms and policies provided separately. Questions may be directed to info@smallstepsbd.com or +971 528546200.

Sincerely,
The Small Steps Team.

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OUR VALUES

In our commitment to providing the highest quality intervention and support for your child's developmental and academic journey, our team consistently upholds the following core values:

Quality Focus: At Small Steps, we are driven by a commitment to excellence. We hold ourselves to the highest standards of professional evaluation, continuous improvement and innovation.

Integrity: We adhere to the professional and ethical compliance codes applicable to our practitioners. Our work is guided by honesty, transparency and a steadfast commitment to the best interests of the families we serve.

Social Impact: We believe in the inherent worth and dignity of every individual. At Small Steps, we aim to apply the science of behaviour analysis to produce socially meaningful, positive outcomes for our students.

Collaboration: We foster a culture of teamwork and mutual support. Our strength as a community lies in our ability to work together, support one another's growth and align individual goals within a shared vision.

Family-Centred Approach: We design programmes that not only support our students' development but also enhance the quality of life of their entire family.

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8. Policies

9. Safeguarding: Health and Safety Procedures

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1. Our Approach to Intervention at Small Steps

At Small Steps, we view every child as a unique and autonomous individual with the right to self-determination. Our goal is not to shape students to appear or behave like their peers, but rather to equip them with meaningful, functional skills that support their development in the most natural and least-restrictive environments.

We prioritise autonomy, communication, and trust over mere compliance with instructions or the pursuit of "typical" behaviour. Our interventions focus on promoting independence, reducing challenging behaviours through proactive and respectful strategies, and fostering self-regulation and confidence. Physical intervention strategies are avoided unless a serious safeguarding concern arises. Instead, we emphasise collaboration, choice, empowerment, and relationship-building at the core of all our work, while ensuring the dignity, care, and safeguarding of every student.

Our team is committed to using only evidence-based, best-practice interventions and actively integrates emerging research to ensure our methods remain current and effective. Research-based Applied Behaviour Analysis (ABA) can significantly support student inclusion in mainstream education by providing individualised interventions that promote essential skills such as communication, social interaction, and academic performance. Where a student's needs extend across communication, sensory, motor or functional areas, ABA may form part of a multidisciplinary intervention coordinated with other relevant professionals. By identifying how the environment affects behaviour and teaching new, functional skills, ABA helps students with Autism Spectrum Disorder (ASD) and developmental challenges to better navigate classroom routines, engage with peers, and participate in academic activities. This approach not only addresses behaviours that may hinder progress but also fosters a more inclusive and supportive educational environment, allowing students to thrive both socially and academically.

We also recognise that a child's development does not occur in isolation. Reaching one's full potential requires the support of both family and community. That's why our comprehensive programmes go beyond behaviour and skill-building to include:

- Social relationship development
- School inclusion and adapted academics
- Play and exploration
- Collaborative family and community involvement

By combining the principles of Applied Behaviour Analysis (ABA) with a holistic, person-centred philosophy, Small Steps strives to create truly meaningful and lasting outcomes for each child and family we serve.

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2. Understanding ABA: A Guide for Families

Applied Behaviour Analysis (ABA) is a scientific, evidence-based approach that uses principles of learning, motivation, and reinforcement to teach functional skills and reduce behaviours that interfere with learning or daily life.

ABA is widely recognised as an effective intervention for individuals with Autism Spectrum Disorder (ASD), particularly in early intervention and educational settings. However, its principles are also applied across healthcare, business, and community programmes. At Small Steps, we use ABA to build individualised programmes that support children from FS1 age and beyond, helping them develop essential skills in areas such as communication, social interaction, academics, and self-care. Our approach also addresses behaviours that may hinder progress, always aiming for meaningful, socially significant outcomes.

ABA helps children by:

- Identifying how the environment affects behaviour
- Teaching new skills that promote independence
- Replacing problem behaviours with more functional alternatives
- Using motivation to drive progress

2.1 Key Focus Areas of ABA at Small Steps

Our ABA-based interventions may target the following skill domains:

- Reduction of Maladaptive Behaviours
- Language and Communication Skills
- Functional Play Skills
- Adaptive and Self-Care Skills
- Social and Community Living Skills
- Attention and Cognitive Skills
- Academic Skills:
- School Readiness and Mainstream Inclusion
- Group Learning
- Individualised and Functional Academics
- Pre-Vocational Skills

2.1.1 Evidence-Based ABA Strategies

Our therapists use a variety of well-established ABA methods, selected based on each student's unique goals and learning style:

- Positive Reinforcement
- Differential Reinforcement Procedures

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- Discrete Trial Teaching (DTT)
- Pivotal Response Training (PRT)
- Verbal Behaviour Strategies
- Natural Environment Teaching (NET)
- Visual Supports and Prompting Techniques

ABA at Small Steps is always implemented with compassion, collaboration, and a deep respect for each child's individuality. Our goal is to promote independence, confidence, and meaningful participation at school, home, and in the community.

3. How Intervention is Structured at Small Steps

At Small Steps, Applied Behaviour Analysis (ABA) is delivered through a comprehensive, multidisciplinary approach that modifies the environment and daily routines to teach meaningful skills and reduce behaviours that interfere with learning and quality of life. Our intervention model brings together clinical, therapeutic, educational and family perspectives through four key components working in collaboration:

3.1 Certified Behaviour Analysts (BCBA/QBA/QASP-S/IBA)

Our certified Behaviour Analysts lead the intervention process. They conduct assessments, design individualised treatment plans, create goal-oriented programming, supervise Behaviour Therapists, train team members, and provide ongoing support to families.

3.1.1 Behaviour Therapists

Therapists implement the treatment plan by teaching new skills through structured techniques. They break tasks down into manageable steps, using reinforcement and prompting strategies to help children progress toward independence.

3.1.2 School Inclusion Team

In collaboration with SEND staff, teachers, and Learning Support Assistants (LSAs), this team ensures that students receive academic accommodations and support through an Individualised Education Plan (IEP). Close coordination between Small Steps and the school fosters successful classroom inclusion.

3.1.3 Family Involvement

Families are key partners in the intervention process. They work alongside the BCBA to generalise learned skills at home, reinforce positive behaviours, and create supportive environments that reduce the need for maladaptive responses.

3.1.4 Intervention Planning and Delivery

Each student begins with a skill-based developmental assessment to establish baseline performance and identify priority goals. These assessments, guided by standardised and/or criterion-referenced

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tools and ongoing data collection, form the foundation of a customised treatment plan that evolves with the child's progress.

Our programmes are:

- Individualised to suit each child's unique strengths, needs, and learning style
- Flexible and creative, adapting to ensure engagement and effectiveness
- Outcome-driven, with goals focused on communication, social interaction, daily living, play, and academics

3.1.5 Learning Environments and Daily Structure

Small Steps provides a range of instructional settings that bridge therapy and mainstream education.

These include:

- 1:1 intervention in a small group setting to replicate classroom dynamics
- Support within mainstream lessons through individualised inclusion plans
- Daily activities incorporating:
    - Discrete Trial Teaching (DTT)
    - Natural Environment Teaching (NET)
    - Pivotal Response Training (PRT)
    - Activities of Daily Living (ADL)
    - Group learning and social interaction
    - Speech and Language Therapy
    - Occupational Therapy

This collaborative, child-centred multidisciplinary intervention model ensures that support is meaningful, practical and sustainable across school settings.

3.2 Speech and Language Therapy and Occupational Therapy

Speech and Language Therapy and Occupational Therapy may be recommended according to a student's assessed needs and may be available through Small Steps or an approved provider. Where permission has been granted by the partner school, sessions may be delivered on the school premises. Clinic-based sessions may also be available, subject to therapist availability, clinical suitability, scheduling and any required approvals.

3.2.1 Speech and Language Therapy (SLT)

Speech and Language Therapy (SLT) focuses on developing a child's communication skills. This may include understanding language, expressing needs and ideas, conversation skills, social communication, speech sound production, articulation, fluency, and the use of augmentative and alternative communication systems when needed. Before intervention begins, the Speech and Language Therapist completes an independent, discipline-specific assessment using clinical observation, relevant background information and appropriately selected standardised and/or norm-referenced speech and language measures.

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The clinician interprets the results within their professional scope and develops individualised SLT goals, outcome measures and recommendations, which are reviewed according to the student's needs and the requirements of the selected assessment. Strong communication skills are essential for successful participation in the classroom, building friendships, following instructions and engaging in learning activities. SLT services help students develop the communication skills necessary to access the curriculum, advocate for themselves and participate more confidently in mainstream educational settings. Communication development is also a key area within Small Steps' inclusion framework and multidisciplinary approach.

3.2.2 Occupational Therapy (OT)

Occupational Therapy (OT) supports students in developing the skills needed to participate successfully in everyday school activities. Before intervention begins, the Occupational Therapist completes an independent, discipline-specific assessment using clinical observation, relevant background information and appropriately selected standardised and/or norm-referenced occupational therapy measures. The clinician interprets the findings within their professional scope and establishes individualised OT goals, outcome measures and recommendations, which are reviewed according to the student's needs and the requirements of the selected assessment. Occupational therapists may address fine motor skills, handwriting, sensory processing, self-regulation, attention, organisation, independence, self-care skills and participation in classroom routines. By helping students manage sensory challenges, improve motor coordination and build independence, OT can increase a student's ability to engage in learning, interact with peers and participate meaningfully in mainstream school environments. Support for sensory processing, fine motor development and classroom participation is an important component of holistic student support.

3.2.3 How SLP, OT, and ABA Work Together

At Small Steps, ABA, Speech and Language Therapy, and Occupational Therapy are viewed as complementary services within a multidisciplinary approach that supports the whole child. While ABA focuses on teaching meaningful skills, increasing independence, supporting behaviour regulation, and promoting learning through evidence-based strategies, SLP focuses on communication development and OT addresses sensory, motor, and functional participation skills. Through collaboration between therapists, supervisors, educators, and families, goals can be aligned across disciplines to ensure a consistent and coordinated approach.

When combined as part of a coordinated multidisciplinary intervention, these services help students develop the communication, social, behavioural, sensory, and independence skills needed to access mainstream classrooms, participate in school activities, build relationships with peers, and make meaningful progress toward greater inclusion and long-term educational success. Multidisciplinary collaboration between teachers, therapists, specialists and families is a core component of Small Steps' approach to inclusion and student development.

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These services are arranged separately and are not included in the standard Small Steps tuition or programme fee unless they are expressly identified as included in the parent's signed service agreement or current fee schedule. Parents will receive information about availability, applicable fees, consent requirements and scheduling before any service begins.

4. Mainstream Classroom Inclusion at Our Partner Schools

At Small Steps, mainstream classroom inclusion is a collaborative, individualised process developed jointly with the partner school. The School Inclusion Team, Class Teacher, Small Steps clinical team and family share relevant observations, assessments and perspectives to determine each child's readiness and agree the most appropriate level of support. Decisions are made collectively and reviewed regularly, with the child's developmental, behavioural, academic and wellbeing needs at the centre of the process.

4.1 Readiness Criteria

A child's inclusion plan is guided by specific milestones across the following key domains:

- Behaviour Regulation
- Communication and Social Engagement
- Listener Responding Skills
- Group Learning Skills

We always consider the child's ability to tolerate noise, navigate classroom routines, manage behavioural challenges, and show interest in academic lessons.

4.1.1 Inclusion Process

Once a child is deemed ready:

- An individualised inclusion schedule is created in partnership with the School Inclusion Team.
- A Behaviour Therapist supports the child within the classroom to provide prompting, reinforcement, and motivation.
- A gradual fade-out plan is implemented to build the child's independence while reducing reliance on direct support. When not in the mainstream class, the child receives focused ABA instruction within the Small Steps setting. These sessions align with their academic and developmental goals and serve to prepare them for full participation in future classroom activities.

4.1.2 Ongoing Collaboration with Partner Schools

Our partnership with the School Inclusion Team ensures each child receives high-quality, inclusive education. Regular coordination helps balance time between Small Steps and mainstream classrooms. All placement and planning decisions are guided by:

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- Developmental and behavioural assessments
- Sensory processing profiles
- Individualised academic goals

This approach ensures children can thrive both socially and academically, while building the skills and confidence to succeed in a mainstream environment.

5. Meet the Small Steps Team: Roles and Responsibilities

At Small Steps, our multidisciplinary team is dedicated to helping children reach their full potential through a blend of evidence-based practices, clinical expertise, and family-centred care. Our staff bring academic and professional backgrounds in Psychology, Education, Special Education, and Behaviour Analysis, working together to deliver personalised support to every child.

5.1 Clinical Director: Ms. Veronica Lucy Micalizio

Ms. Veronica Lucy Micalizio is a CDA Licensed Psychologist, Board Certified Behavior Analyst (BCBA), and International Behaviour Analyst (IBA) with over 15 years of experience in Applied Behaviour Analysis (ABA), early childhood development, and psychological assessment. Having lived in the UAE for 12 years, she has extensive experience working with culturally diverse populations, which has enriched her understanding and approach to individualised care.

As the Clinical Director at Small Steps, Veronica oversees all aspects of clinical service delivery, ensuring the highest standards of quality assurance. She leads a dedicated team of certified behaviour analysts, guiding them in the development and implementation of evidence-based interventions. Her role involves overseeing assessment protocols and monitoring student progress through data reviews and classroom observations.

In addition to her clinical responsibilities, Veronica serves as the Designated Safeguarding Lead (DSL) for the centre, ensuring the safety and wellbeing of all students. In this role, Veronica is responsible for upholding and implementing policies and procedures related to the safeguarding of students. She works closely with the safeguarding leadership team of the school to ensure that all safeguarding measures are effectively enforced and that any concerns are promptly addressed. Her commitment to maintaining a safe and supportive environment is paramount, and she collaborates with staff, students, and families to promote a culture of vigilance and care.

Key responsibilities include:

- Ensuring clinical quality and ethical practice across all programmes
- Designing and approving assessment protocols and clinical procedures
- Overseeing curriculum development, programme fidelity, and outcome tracking
- Leading the supervision and development of Case Supervisors and Therapists
- Monitoring progress and outcomes through data reviews and classroom observation
- Conducting regular multidisciplinary team reviews and parent meetings
- Guiding inclusion decisions and liaising with school stakeholders

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- Managing critical incident response, risk assessments, and safeguarding concerns
- Leading professional development initiatives and staff training.

5.1.1 Case Supervisors

Case Supervisors provide the clinical oversight that ensures each student's ABA programme is individualised, evidence-based and responsive to changing needs. In line with recognised ABA best practice, they use assessment findings, direct observation and ongoing data to identify socially meaningful goals, guide intervention planning and evaluate progress. They supervise and coach Behaviour Therapists, monitor treatment integrity and make timely programme adjustments to support effective and consistent implementation across relevant settings. They also work collaboratively with families, school teams and other professionals so that priorities are coordinated and skills can generalise beyond direct teaching sessions. The Case Supervisors at Small Steps are Lara Sabbagh, BCBA; Keely Peard, IBA; Hero AlQaisi, QASP-S, IBA; Janine Galang, QASP-S; and Ghina Saab, BCaBA. In addition to their clinical responsibilities, they serve as Deputy Designated Safeguarding Leads (DDSLs) within the centre.

Key responsibilities include:

- Developing and updating individualised ABA programmes and skill acquisition plans
- Conducting curriculum-based and functional assessments
- Training and supervising Behaviour Therapists, ensuring treatment integrity
- Monitoring student progress and adjusting interventions based on data
- Collaborating with families, school teams, and inclusion coordinators
- Creating and managing inclusion schedules and transition plans
- Providing parent and caregiver training, including behaviour support strategies
- Coordinating student transitions between Small Steps and mainstream classrooms
- Supporting safeguarding procedures and promoting child welfare within the centre

5.1.2 Behaviour Therapists

Our Behaviour Therapists hold at least a Bachelor's degree in Psychology, Special Education, or a related field. Wherever possible, Small Steps recruits therapists who already hold a recognised professional certification, such as Registered Behavior Technician (RBT), International Behaviour Therapist (IBT), or Applied Behaviour Analysis Technician (ABAT). Candidates who are not yet certified must have relevant experience and meet the eligibility requirements for an approved certification pathway. They are required to obtain an applicable professional certification within six months of commencing employment.

Key responsibilities include:

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- Implementing ABA programmes under the supervision of Case Supervisors
- Delivering 1:1 instruction and group learning support
- Collecting daily data and maintaining student progress notes
- Supporting students during activities of daily living (ADLs), group time, and play
- Assisting students during mainstream class inclusion and school activities
- Maintaining daily communication with families through the Parent Communication Book
- Providing consistency and care during arrival, transitions, and dismissal

5.1.3 Safer Recruitment Practices

Small Steps is committed to safeguarding and promoting the welfare of children. Our Human Resources Department follows rigorous safer recruitment procedures to ensure that only qualified and suitable individuals work at the centre.

Key practices include:

- Mandatory UAE Police Clearance for all staff
- Reference checks with specific focus on child protection and past conduct
- Screening for prior disciplinary actions or safeguarding concerns
- Adherence to Small Steps' child protection and safeguarding policies during onboarding

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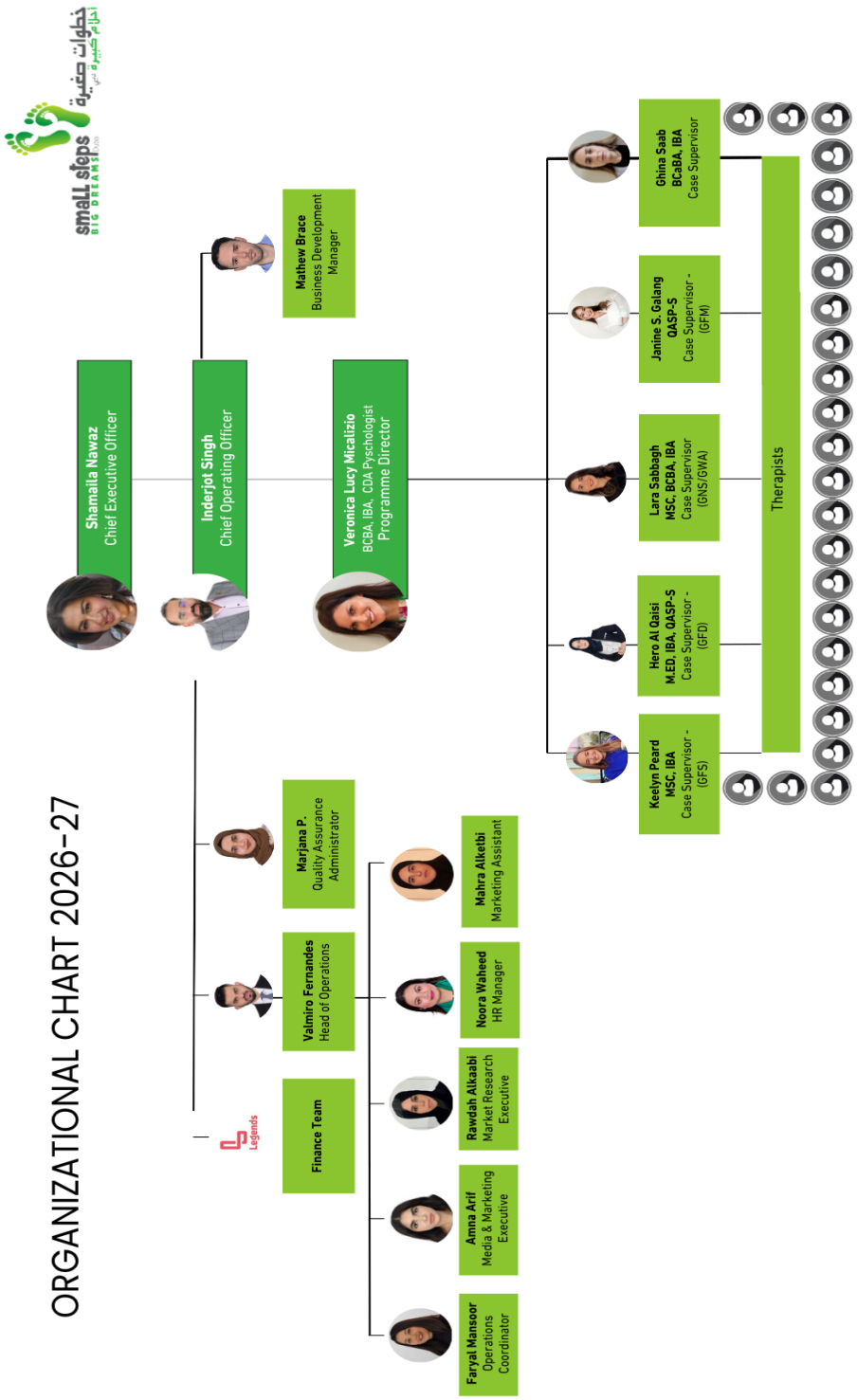
5.2 Organisation Structure



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6. Ethical and Professional Practice

Small Steps is committed to ethical, lawful, culturally responsive and person-centred practice. These responsibilities apply to employees, contractors, trainees, supervisees and credential applicants according to their role, qualifications, credential status and scope of practice. Where more than one professional code or regulatory requirement applies, staff must follow the requirement that provides the strongest protection for the student and seek guidance from the Clinical Director. Applicable UAE law and the requirements of the relevant Dubai regulator take precedence.

6.1 Professional Codes and Regulatory Standards

- The BACB RBT Ethics Code (2.0) for Registered Behavior Technicians, RBT applicants and those providing services under RBT requirements. bacb.com/wp-content/uploads/2022/01/RBT-Ethics-Code-240830-a.pdf
- The BACB Ethics Code for Behavior Analysts for BCBAs, BCaBAs, BCBA-Ds, applicants and individuals completing supervised fieldwork or training under BACB requirements. bacb.com/wp-content/uploads/2022/01/Ethics-Code-for-Behavior-Analysts-240830-a.pdf
- The International Behavior Analysis Organisation (IBAO) Ethical Guidelines for IBAs, IBTs, applicants, trainees and supervisors, including its culturally and contextually responsive ethical decision-making framework. IBAO Ethical Guidelines - Ibao
- The QABA Code of Ethics for ABAT, QASP-S and QBA credential holders, candidates, trainees and supervisees. Code of Ethics - QABA
- Current Community Development Authority (CDA) licensing and facility requirements applicable to the Small Steps centre and to licensed professionals, including psychologists and behaviour-analysis professionals.
- Applicable UAE and Dubai requirements concerning psychology and social-care practice, safeguarding, informed consent, confidentiality, data protection, professional conduct, advertising, clinical records and mandatory reporting.

6.2 Core Ethical Commitments

- Protect each student's welfare, dignity, rights, preferences, safety and best interests.
- Provide services only within the practitioner's competence, authorised role and scope of practice, with appropriate supervision, consultation and referral.
- Use evidence-based, least-restrictive and socially meaningful interventions, with informed consent and developmentally appropriate assent wherever possible.
- Respect privacy and confidentiality, maintain accurate records and share information only with authorised persons or where disclosure is legally required.
- Maintain clear professional boundaries and avoid conflicts of interest, exploitation, discrimination, harassment and relationships that could impair professional judgement or place a student or family at risk.
- Communicate honestly about qualifications, services, progress, risks, limitations, fees and likely outcomes, without guaranteeing results.
- Act promptly on safeguarding, serious risk and ethical concerns, and cooperate with lawful regulatory or professional investigations.

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6.3 Raising an Ethical Concern

Parents and staff may raise an ethical concern with the student's Supervisor, the Clinical Director, the Designated Safeguarding Lead or the Head of Operations. Concerns will be documented, reviewed promptly and managed without retaliation. Where required, Small Steps may report a matter to the relevant school safeguarding team, CDA, credentialing body, competent authority or law-enforcement agency. Parents retain the right to contact a regulator or credentialing body directly.

6.4 Review of Ethical Requirements

Professional codes and regulatory requirements may be amended. Small Steps reviews its ethical and professional requirements regularly and may issue updated policies, procedures or parent notices during the academic year. The current official version of any applicable law, regulatory standard or professional code will apply.

7. Getting Started at Small Steps: What to Expect

We understand that embarking on a new journey can raise many questions. To help you navigate the initial stages of your child's time with Small Steps, we've prepared a step-by-step overview of what to expect during the first stages of your child's time with us.

7.1 Initial Intake

During this meeting, parents will receive detailed information about:

- The Small Steps programme and approach
- Enrolment procedures and required documentation
- Tuition structure and policies

7.1.1 Parent Questionnaire

Parents complete a brief questionnaire about their child's:

- Strengths, needs, and interests
- Developmental and intervention history
- Communication and behaviour patterns

This helps our Clinical Team prepare for the Initial Student Observation.

7.1.2 Initial Student Observation

Parents and their child are invited to Small Steps for a 30-to-45-minute play-based observation with a clinician. This allows us to:

- Understand the child's current developmental level
- Assess readiness for classroom-based ABA support
- Observe early learning, play, and social engagement

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A written Observation Feedback Report will be provided following the session.

7.1.3 Enrolment Contract

If parents choose to proceed, they will sign a Small Steps Services Contract outlining:

- The scope of services offered
- Attendance expectations
- Terms and conditions of enrolment

7.1.4 School Registration Approval

The child's Observation Report and other relevant details will be shared with the School Inclusion Team, who provides final approval for school registration.

7.1.5 School Enrolment and Fees

Parents are responsible for ensuring all required documents and school-related fees are submitted to the school administration to complete enrolment.

7.1.6 Start Date and Transition Plan

Once enrolment is confirmed, the Small Steps Clinical Team will:

- Assign a start date
- Provide you with Consent Forms to ensure parent consent is given for physical contact, toileting care, and media sharing with parents
- Develop a Soft Start transition plan tailored to your child's needs to ensure a smooth and supportive start in school
- Communicate individualised drop-off and pick-up times
- Provide a profile of your child's primary therapist
- Provide key contact information

7.1.7 Your Child's First Small Step

On the first day, your child will be welcomed at the school's main reception by the Behaviour Therapist and Case Supervisor.

For your child's first day of school, please send one sturdy, clearly labelled school bag containing the lunch box, snack container and water bottle. Students must carry one daily bag only, inclusive of the lunch box and water bottle. Extra clothing, toileting supplies and personal hygiene items must be placed in a separate, clearly labelled bag. This second bag will be kept at school and sent home regularly for cleaning, replenishment and replacement of items. A clearly labelled hat is required for outdoor play. Shoes must be closed-toe and suitable for outdoor activity. A small comfort item, such as a family photograph or small toy, may be agreed where it supports transition.

The following documents will be prepared within the first days of enrolment and will require parent signature:

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- **Intimate Care Plan (ICP):** The Intimate Care Plan (ICP) is a document designed to ensure that students receive appropriate and respectful personal care while at the ABA centre. It outlines the specific care procedures required for each student, including toileting, nappy changing, and other personal hygiene needs. The plan is developed in collaboration with the student's family and the clinical team to ensure consistency and comfort for the student. It includes details such as the type of care needed, the frequency of care, and any special instructions or preferences.

- **Personalised Emergency Evacuation Plan (PEEP):** The Personalised Emergency Evacuation Plan (PEEP) is a tailored plan designed to ensure the safe evacuation of students with specific needs during an emergency. Each PEEP is customised to address the individual requirements of the student, considering their physical, cognitive, and emotional abilities. The plan includes detailed instructions on how to assist the student, the roles of staff members, and the use of any necessary equipment. PEEPs are shared with the School Clinic and Operations Team to ensure everyone involved is aware of the procedures and can act swiftly and effectively in an emergency.

- **Risk Assessment:** A Risk Assessment for a student is a thorough evaluation process aimed at identifying potential hazards and determining the necessary measures to ensure the student's safety and wellbeing. This assessment considers the student's unique needs, abilities, and any specific risks they may face in various environments, such as the classroom, playground, or during school activities, field trips, and bus rides. A bus risk assessment is conducted to evaluate the safety and suitability of the student riding the school bus. This assessment involves collaboration between the student's Supervisor, Small Steps' Clinical Team, and the School Operations Team. It considers factors such as the student's ability to ride safely, any special accommodation needed, and the overall safety of the transportation process. Based on the assessment, appropriate measures are implemented to ensure the students' safe travel to and from school. The goal is to create a safe and supportive environment that minimises risks and promotes the student's independence and participation.

7.1.8 What Happens Next: The First Few Weeks

7.2 Initial Assessment and Goal Setting

During the first two to four weeks, the Case Supervisor completes a formal initial assessment using direct observation, caregiver and school input, review of available records and standardised, norm-referenced and/or criterion-referenced tools selected according to the student's age, developmental profile, communication, adaptive functioning and programme needs. Tools that may be used include, but are not limited to, the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP), Assessment of Basic Language and Learning Skills–Revised (ABLLS-R), Vineland Adaptive Behavior Scales, Third Edition (Vineland-3), and PEAK Relational Training System.

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This is not an exhaustive list, and no single tool is appropriate for every student. Assessment findings are interpreted alongside ongoing clinical data and information from the family, school and relevant professionals to identify strengths, priority needs, barriers to learning and socially meaningful goals.

- Your child's developmental strengths and challenges
- Behavioural barriers
- Proposed ABA therapy goals and objectives
- Recommended support strategies

A comprehensive initial report is prepared and used to develop the student's individualised ABA programme. Formal reassessment is typically completed twice each academic year, usually near the beginning and/or end of the school year; however, the timing, frequency and measures used may vary according to the student's needs, programme intensity, goals, rate of progress, significant changes in presentation or setting, and the clinical purpose of the assessment. Progress is also reviewed continuously through direct observation and daily data so that teaching procedures, targets and supports can be adjusted when needed rather than waiting for a scheduled reassessment.

Progress reports are written at the end of each term and describe progress towards the goals and targets identified for that term, supported by relevant data and clinical interpretation. The Case Supervisor reviews whether goals should be continued, revised, generalised or concluded and writes individualised goals and targets for the following term based on current performance, functional priorities, family and school input, and the student's developmental and educational needs. This assessment, intervention and review cycle supports accountable, data-based and developmentally appropriate decision-making.

A clinic meeting is held once each term to give parents dedicated time with the Case Supervisor to review the progress report and current data, discuss progress towards ABA and developmental goals, consider participation and progress in mainstream inclusion, share relevant updates from home and school, and agree priorities for the following term. Additional meetings may be arranged when there is a significant change in need, risk, placement or programme direction.

7.3 Positive Behaviour Support Plans (PBSPs)

If needed, a PBSP (or Behaviour Intervention Plan) will be developed to address specific behavioural challenges. These plans:

- Are based on observation and data
- Use evidence-based strategies to teach new, appropriate behaviours
- Focus on prevention, skill-building, and reducing reinforcement of problem behaviours

7.4 Therapy Team and Skill Generalisation

Therapists are assigned based on clinical considerations to support learning across various people, settings, and activities. Students are paired with multiple therapists throughout the year to promote generalisation of skills.

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Therapists receive continuous training in:

- ABA principles and data collection
- Discrete Trial Teaching (DTT), Natural Environment Teaching (NET)
- Reinforcement and prompting strategies
- Social development and behaviour support interventions

Therapists support students in mainstream classrooms, inclusion activities, and school events to help bridge learning between therapy and real-world settings.

7.5 Data Collection

Small Steps currently uses Hi Rasmus as its clinical data-collection and programme-monitoring platform. Each student has an individual profile containing the active ABA programmes, goals, targets, teaching procedures and data sheets approved by the Case Supervisor. During intervention sessions, Behaviour Therapists record performance as teaching takes place rather than relying on memory at the end of the day. Depending on the goal, Hi Rasmus may be configured to record trial-by-trial responses, prompt levels, task-analysis steps, frequency or rate, duration, interval data, ABC observations and other clinically appropriate measures.

The platform organises data by programme and target and displays progress over time through session-level information and visual graphs. This allows the Case Supervisor to review skill acquisition, behavioural goals, prompt dependence, mastery, maintenance and generalisation; identify patterns or stalled progress; and decide whether teaching procedures, prompts, reinforcement, targets or measurement systems need to be adjusted. Hi Rasmus supports clinical judgement and data-based decision-making, but it does not make treatment decisions independently.

Hi Rasmus is also used to support consistent clinical documentation. Therapists may enter programme notes and session notes, while supervisors review the quality and completeness of data, monitor treatment integrity and use the information when updating programmes and preparing progress reports. Access is role-based and limited to authorised staff according to their responsibilities. Information entered into Hi Rasmus must be accurate, relevant and limited to what is required for assessment, intervention, supervision and progress monitoring. Parents receive interpreted progress information through reports, clinic meetings and agreed communication channels; access to raw clinical data or internal notes is not routinely provided.

Small Steps may introduce selected parent-facing Hi Rasmus features in the future, and families will be informed before any change is made.

7.6 Diagnostic Services

Small Steps plans to introduce diagnostic assessment services in the future. These services are not currently available and no diagnosis is provided through the standard ABA, SLT or OT assessment process described in this guide. Families will be informed when diagnostic services become available and will receive clear information about clinician qualifications, scope, eligibility, assessment procedures, consent, fees, reporting and any applicable regulatory approvals before deciding whether

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to proceed. Until then, families who require diagnostic clarification will be supported through the external referral and Information, Advice and Guidance process in Section 9.1.

7.7 Individualised Education Plan (IEP)

The IEP is created collaboratively by:

- The student's mainstream Teacher
- The School Inclusion Team
- Small Steps' Clinical Team
- Speech Therapist and Occupational Therapist when applicable

Parents are invited to attend IEP meetings throughout the year. The IEP outlines academic goals, classroom support, and participation strategies.

7.8 Parent Collaboration and Coaching

Parental involvement is key to a child's success. The Supervisor assigned to your child will:

- Collaborate with you to generalise skills at home
- Provide helpful resources, tools, and strategy reviews
- Offer support with home-based challenges when needed (e.g., routines, reinforcement strategies)

While the Supervisor can provide reasonable support and strategies to target home challenges, the student's intervention programme is focused on school-based intervention and functioning; home visits/sessions are not included, and the Supervisor cannot take responsibility for home-based intervention plans and needs.

8. Policies

8.1 Communication and Contact

At Small Steps, we value consistent and clear communication between home and school. The following channels are in place to keep families informed and engaged:

- **Daily Communication:** The therapist will provide a written summary of the day's activities, 1:1 sessions, targets and special events. Detailed clinical notes, raw data and detailed information about specific interventions will not be included; questions about programming should be directed to the Supervisor. Small Steps may move some or all daily communication to a secure online format in the future, potentially through the HiRasmus data application or another approved platform. Families will be informed before any change is introduced.
- **Body Map Form:** Completed each morning by the therapist to document and report any visible marks, bruises, or injuries on the child when they arrive at school. This form will be submitted to the parent for signature. The student will be brought to the school Clinic for evaluation.

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- **Photo Sharing Application:** A secure app used for weekly sharing of videos and pictures. Therapists are advised to share no more than five photos or videos daily. Recording should never interfere with the session or the student's engagement.
- **Email Communication:** Parents should email their child's Supervisor for queries related to therapy goals, progress, or support needs. WhatsApp (or similar) communication should be avoided.
- **Clinic Meetings:** Held once each term, these meetings provide dedicated time for parents and the Case Supervisor to review progress towards current goals, discuss school inclusion and relevant home or school updates, and agree priorities for the following term. Parents are expected to attend and should contact the Case Supervisor promptly if rescheduling is needed.
- **Social Media Consent:** Parents may choose to grant or withhold consent for the use of their child's images on Small Steps' social media or marketing materials. A consent form is provided at enrolment, and consent can be withdrawn at any time.

Support Staff: Valmiro Fernandes, Head of Operations, coordinates the day-to-day operational and administrative requirements of Small Steps. He works with the clinical team, partner schools and support departments to help ensure that services are organised, resources are available and operational matters are addressed efficiently.

- Contact Information:
  - **Veronica Micalizio, Programme Director: veronica@smallstepsbd.com**
  - **Valmiro Fernandes, Head of Operations: valmiro@smallstepsbd.com**

8.2 School Schedule and Drop-Off/Pick-Up Procedures

- School gates open: 7:00 AM
- Small Steps programme:
  - Monday–Thursday: 7:45 AM – 3:00 PM
  - Friday: 7:45 AM – 11:45 AM
- Mainstream classes: Students attending mainstream classes must be in their class by 7:40 AM.
- Bus users: Follow the STS (School Transport Services) schedule provided.

8.2.2 Drop-Off and Pick-Up Procedures

Schools have strict safety protocols for arrival and dismissal:

- Parent Lanyards: Only parents or guardians with a valid Parent Lanyard may enter school grounds unaccompanied. Lanyards are issued after completing the enrolment and providing required identification. Up to three individuals may be designated as authorised "Safe Persons." For the safety and security of all students, children will only be released to parents or guardians who present a valid Parent Lanyard. If the correct lanyard is not visible at the time of collection, the therapist will strictly follow school procedures and will not release the student until authorised by the school.
- Required Documents for Registration:

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- Emirates ID and passport photos of both parents
- Emirates ID and passport photo of any designated “Safe Person”

8.2.3 Morning Drop-Off:

- The assigned therapist will meet your child at reception from 7:45 AM.
- Students must arrive at school latest by 8:00 AM.
- Therapists are not available to discuss programming or intervention during drop-off. Please direct any questions via email to the Supervisor.
- If you are running late, please inform the Supervisor before 7:45 AM.

8.2.4 Afternoon Pick-Up:

- Parents must collect their child from the designated gate and reception area by 3:00 pm.
- Therapists will personally hand the student over to the parent or authorised guardian within the school premises. Students cannot walk outside or cross the street without the parent/guardian. Therapists cannot exit the building with the student.
- A 5-minute check-in time is allowed for a brief conversation about the child’s day, before the therapist returns to other clinical and admin duties.

8.2.5 Late Pick-Up Policy:

To ensure a smooth end to the day:

- Please arrive at least 5 minutes before the scheduled dismissal time.
- If an unavoidable delay occurs, contact the Operations Coordinator or Supervisor immediately.
- Staff are not available to supervise students after school hours. After School Care will be charged if pick up is delayed for more than 10 minutes twice in a month, at 30-minute increments, at the cost of 199 AED + VAT per lateness.
- ATTENDANCE POLICY: Ministry guidelines state that a child’s school place can be withdrawn following 20 consecutive or 25 non-consecutive days of unauthorised absence. The target attendance is 100% with the minimum expectation of 96%. If a student is marked as absent without reason in the school register, parents will be contacted by the school.

Where a child has five consecutive days of unexplained absence, this will be logged on School safeguarding records, and a referral will be made to the school safeguarding team for investigation. Absences must be communicated by 8:00 AM to the Supervisor. Please refer to the School Policies, available on the individual school website for more detailed information.

8.3 School Transportation

Schools partner with School Transport Services (STS) for student transportation. Bus access is contingent on location and a student’s ability to ride safely. The decision is made collaboratively by:

- The school Inclusion Team and the student’s Supervisor

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- The School Operations Team

Following a Risk Assessment, parents may arrange and pay STS fees if approved.

8.3.1 Bus Routine:

- Morning: Therapist meets the student upon school bus arrival.
- Afternoon: Therapist escorts the student to the designated bus area. Small Steps staff do not ride the bus.

Safety Tip: Clearly label your child's school bag with name, emergency contact number, and bus ID tag.

8.4 Field Trips

Small Steps organizes educational field trips throughout the year to support community integration, social interaction, and new learning experiences.

- Parents must sign a Consent Form prior to each trip.
- In-school therapy will not always be available for students who do not attend field trips.
- Some trips may require a parental contribution to cover costs. These will be detailed in advance.
- Small Steps may request specific snacks, supplies, or personal transport for some trips.
- Medication: Small Steps staff are not authorised to administer medication; medical needs will be assessed by the School Clinic.
- For School field trips (mainstream class), the Supervisor will assess each student's readiness to participate in the trip. Payment for the trip is made separately via the school parent portal. Transportation for the field trips is provided by the school. Additionally, a Small Steps therapist will accompany the student on the trip to provide support and ensure their wellbeing throughout the experience.

8.5 Snacks and Lunches

- Please send healthy, balanced snacks and meals in clearly labelled plastic or metal/tin containers only. Glass containers are not permitted. Meals must be ready to eat and must not require heating, as Small Steps does not have access to a microwave for student meals.
- Poor nutrition can impact attention, focus, and engagement during sessions.
- Small Steps maintains strict food allergy protocols: parents must provide a comprehensive allergy list upon enrolment.
- Foods containing nuts are not allowed as per the school regulations.
- Students are always supervised during meals and snack times.

8.6 Celebrations and Birthdays

We love celebrating special occasions in meaningful, safe ways.

- Notify your child's Supervisor at least one week in advance.

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- For health and safety reasons, food items may not be shared with classmates (e.g., cakes, cupcakes, doughnuts).
- You may send:
    - A “pretend” cake or centrepiece; Wrapped party favours (e.g., stationery, stickers, small toys); Individually packed gift bags with labelled candy or toys, which will be sent home in the student’s backpack.

8.7 Uniform Guidelines

- Uniforms must be worn daily and are available for purchase through Threads Middle East.
- Students must be in full, tidy, and clean, uniform when arriving at and leaving school, and during field trips. Students must wear the sports uniform during P.E., in line with the class schedule.
- Additional uniform and dress code details are available in the School Policies.

8.8 Home Sessions

Home sessions are not currently provided by Small Steps and will not be offered as a means to make up for missed sessions or school days.

8.9 Absences and Make-up Sessions

Make-up sessions are not available for student absences. This includes sessions missed due to school holidays, natural disasters, or other unforeseen circumstances.

8.10 Materials and Other Items

Parents are required to provide the materials listed on the student’s assigned class list, except for study books, workbooks or other items unless required by the class teacher and/or Supervisor. Stationery, art materials, notebooks, folders and other items intended for the student’s personal use must be purchased by parents at the start of the academic year or termly, as specified on the class list. Small Steps will provide shared clinical teaching materials and specialist materials used as part of intervention sessions. Parents must also provide any individual sensory, communication, personal-care or hygiene items required by the student. All items sent to school must be clearly labelled with the student’s full name.

8.11 Gifts Policy

At Small Steps, we deeply appreciate the kind gestures of our parents. To maintain professional boundaries and avoid conflicts of interest, we kindly ask that gifts do not exceed a value of 50 AED. Small, infrequent, and non-monetary expressions of appreciation are always welcome, as long as they do not lead to ongoing benefit or expectation. Gifts in the form of cash, cheques, transfers, gift cards, or similar are strictly prohibited. The best way to show your appreciation is through a personal card, which we cherish and value greatly.

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8.12 Reinforcers

To help keep students motivated throughout the day, parents are encouraged to provide their child's preferred reinforcers, such as snacks or toys. While every effort will be made to safeguard these items, Small Steps cannot guarantee they will not be lost or damaged. Parents should avoid sending items of sentimental value or that cannot be easily replaced. All reinforcers must be labelled with the child's full name, and parents should provide a list of the child's most effective motivators.

Use of tablets as reinforcers will be evaluated on a case-by-case basis; parents are responsible for ensuring that electronic devices are sent to school with parental controls enabled, charged, and in a protective case.

8.13 Therapist Absence

If a child's assigned therapist is absent, a substitute therapist will be appointed to ensure continuity of care. Selection is based on:

- Student needs
- Clinical judgement
- Therapist-student familiarity
- Scheduling considerations, such as mainstream attendance, Flourish lessons, SLT/OT sessions, or pick-up/drop-off times

If a dedicated 1:1 therapist cannot be assigned to a student for the full day, a modified support plan will be implemented to ensure continuity of care and learning:

- A 2:1 student-to-therapist ratio may be used during certain parts of the day. In these instances, the student will receive 1:1 session on a scheduled rotation throughout the day to support their individual therapy goals.
- The student will still receive targeted 1:1 session time with an assigned therapist, either in individual sessions or as part of small group instruction.
- During group activities or lessons, therapists will rotate between students to maintain support, ensuring each child receives appropriate guidance and attention.
- In some cases, full participation in mainstream inclusion lessons may not be possible. In these instances, the schedule will be adjusted based on the student's therapy needs.

Every effort will be made to maintain the highest standard of support while remaining flexible to the logistical needs of the school and therapy teams.

8.14 Compliments and Complaints

We highly value parent feedback and are committed to addressing any concerns or complaints you may have. Your input is essential in helping us improve our services and ensure the best possible experience for your child. For more information on how to provide feedback or raise concerns, please visit the Small Steps website.

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9. Safeguarding: Health and Safety Procedures

The safety and wellbeing of our students is our top priorities. Our safeguarding policies and procedures are designed to protect students from harm, abuse, and exploitation, and are regularly updated to comply with the latest legislation and best practices. For detailed information on our safeguarding and health and safety procedures, please refer to the Small Steps website and the school website.

The Programme Director serves as the Designated Safeguarding Lead (DSL) for Small Steps, responsible for upholding and implementing safeguarding policies and procedures to ensure the safety and wellbeing of all students. The DSL works closely with the safeguarding leadership team of the school to enforce safeguarding measures and address any concerns promptly. The Case Supervisors—Lara Sabbagh, BCBA; Keely Peard, IBA; Hero AlQaisi, QASP-S, IBA; Janine Galang, QASP-S; and Ghina Saab, BCaBA—are trained as Deputy Designated Safeguarding Leads (DDSLs). They assist the DSL in maintaining a secure environment by monitoring safeguarding practices, supporting staff training, and ensuring compliance with safeguarding protocols.

9.1 External Referrals and Continuity of Support

Small Steps provides services within the team's professional competence, authorised scope and available resources. If information identified at intake, during intervention or when services are ending indicates that a student would benefit from assessment, treatment, medical care, specialist expertise or a level of support beyond what Small Steps can safely or effectively provide, the Case Supervisor will review the available observations, assessments, progress data, risk information and input from the family, school and other involved professionals. The family will then receive clear and balanced Information, Advice and Guidance (IAG) explaining the student's identified needs, the reason for referral, suitable types of service or professional, relevant qualifications or regulatory requirements, available referral pathways and practical next steps. Families remain free to choose an appropriately qualified and authorised provider, and Small Steps will disclose any relevant professional or financial relationship. With written parent or guardian consent, the team may share an appropriate summary of assessments, goals, progress, effective supports and relevant risk or safeguarding information, consult with the receiving professional and coordinate a planned handover. Where clinically appropriate, Small Steps will support continuity by maintaining safe elements of the current programme, allowing reasonable transition time and providing a discharge or transition summary so that support is not interrupted unnecessarily. If an urgent medical, mental-health or safeguarding risk is identified, immediate safety and reporting procedures will take priority. The referral rationale, IAG provided, consent, information shared, actions taken and follow-up will be documented in the student's file.

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9.2 Injuries and Emergencies

As part of a school-based programme, Small Steps operates in accordance with the school's emergency protocols. We are prepared to manage various situations including minor injuries, natural disasters, fire emergencies, and potential security threats. Staff receive training in emergency preparedness and first aid and are supported by the school's medical team. Minor injuries sustained during the day are handled either by the School Clinic. When the Clinic is involved, parents are contacted promptly with details and next steps. Students are checked daily for visible injuries such as bruises, scratches, or other marks. Any noted injuries are documented using the Body Map Form. Fresh or serious injuries are immediately reported to the School Clinic.

All injuries that occur during school hours will be:

- Documented by the Therapist using the Body Map Form and the Incident Report Form.
- Communicated to the DDSL and DSL.
- Monitored by the School Clinic.
- Communicated to the parent/guardian.

Fire drills are held once per term to ensure that students are familiar with evacuation protocols. Each student also has a Personal Emergency Evacuation Plan (PEEP) tailored to their individual needs. These plans are shared with the School Clinic and Operations Team.

During emergencies, staff assigned to students with physical disabilities or high-risk behaviours are prioritised. The designated lead staff member is responsible for taking the attendance sheet and emergency contact list to confirm the safety of all students and ensure timely communication with families.

In the event of a school closure due to emergency, all parents will be notified immediately.

9.3 Safeguarding and Reporting Child Abuse

We are committed to ensuring that every student is safe, feels safe, and is protected from harm, abuse, or exploitation. All staff must obtain a UAE Police Good Conduct Certificate upon hiring and are required to complete safeguarding and first-aid training. Staff also undergo specific training in Wadeema's Law to understand reporting obligations. Any suspicion or evidence of abuse or neglect must be immediately reported to the designated Small Steps Safeguarding Lead and to the school. The Safeguarding Policy is reviewed annually to ensure its effectiveness and relevance and is available on the Small Steps website and School websites.

9.4 Positive Handling

Positive handling in a school setting refers to the use of proactive and supportive strategies to manage challenging behaviours and ensure the safety of all students. This approach emphasises de-escalation techniques, positive reinforcement, and the creation of a safe and supportive environment. Physical restraint is only used as a last resort to prevent immediate harm when no safer option is available. The goal is to maintain the dignity and wellbeing of the student while addressing any behavioural concerns in a respectful and effective manner.

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Physical restraint is defined as any action that limits a child's physical movement, such as being carried or moved. This does not include minimal supportive physical contact for calming, guiding, assisting with medical devices, or preventing self-injury when part of an approved treatment plan. Seclusion is defined as the confinement of a student alone in a room or area from which they are physically prevented from leaving. This practice is used only as a last resort to prevent immediate harm to the student or others when no safer option is available.

Seclusion is never used for disciplinary purposes or convenience.

Small Steps therapists are trained to prevent crises and avoid the use of restraint wherever possible. They use positive reinforcement, de-escalation strategies, and safety-focused interventions. Case Supervisors have completed Level 2 Behaviour and Positive Handling Training delivered by the Institute of Conflict Management. Physical restraint is only used as a last resort to prevent immediate harm when no safer option is available. If this is necessary, the parent or guardian will receive a detailed incident report.

Key principles regarding physical restraint and seclusion include:

- Life-threatening restraint is strictly prohibited, including chest compression or prone (face-down) holds.
- Restraint or seclusion must never be used for discipline, convenience, or as a substitute for less restrictive methods.
- Restraint or seclusion may be used solely as a last-resort emergency measure to prevent immediate or imminent injury and must be continuously monitored by trained personnel. The incident must be documented in the child's records.
- A student in seclusion must be continuously observed by trained staff, and with regular checks for distress.
- Restraint or seclusion must not exceed 15 minutes without specific approval from trained staff, such as administrators, school health professionals, or a certified Behaviour Analyst. Reviews are required every 15 minutes.
- Only individuals trained in positive handling, restraint, crisis prevention, de-escalation, and safety procedures may carry out restraints or seclusions.
- Reasonable physical force may be used to protect others, prevent property damage, or ensure safe movement of students in an emergency, and must be documented immediately after the incident.

9.5 Illness Policy

To protect students and staff, it is essential that sick children remain at home. Parents must notify the Case Supervisor of any illness or need for late arrival or cancellation. Students should only return to school once they have been symptom-free for at least 24 hours without medication.

Each day, students undergo a health check upon arrival. If symptoms of illness are present, they will be referred to the School Clinic. If the Clinic determines that a student is unwell, the parent will be contacted to collect the child. The school policy for illness is available on the school website.

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Symptoms that require immediate pick-up include:

- Fever above 37.5°C
- Diarrhoea or vomiting
- Persistent cough, sore throat, or breathing difficulties
- Skin rash
- Symptoms linked with Pink Eye, Hand-Foot-Mouth Disease, Mumps, Measles, etc.
- Head lice or frequent scratching
- Lethargy that interferes with participation
- Other contagious illnesses as advised by the Clinic

9.6 Medications and Non-Medicinal Products

Small Steps staff do not administer medications of any kind. If your child requires medication during school hours, parents must coordinate with the School Clinic and provide the appropriate documentation and prescription.

For non-medicinal products such as sunscreen, nappy cream, or insect repellent, written parental authorisation is required. Parents must supply the labelled products with the child's full name. These consents are to be submitted with enrolment documents.

9.7 Personal Care and Toileting

Parents are responsible for providing all necessary personal care supplies, including nappies, pull-ups, wipes, sanitary products, and at least two changes of clothing per day. Only disposable items are accepted. If supplies are not provided, Small Steps reserves the right to charge families for the use of programme-provided items. Care procedures must be coordinated with the clinical team, and toileting support requires a signed Intimate Care Plan (ICP) and Toileting Consent Form.

Toilet training is a crucial developmental milestone that requires a collaborative effort between the ABA centre and the family to ensure consistency and success. At Small Steps, we believe that a shared responsibility in toilet training helps create an easier transition for the child between home and school environments. Families play a vital role in initiating and maintaining toilet training efforts at home, while the ABA centre provides support and reinforcement during school hours. Certain steps of toileting, such as frequent bathroom visits, extended time for toileting routines, and nappy-free days, cannot always be maintained in a school environment due to logistical constraints and the need to balance the needs of all students. Additionally, the school setting may not always allow for the same level of privacy and comfort that a child experiences at home. Therefore, it is essential for families to initiate and continue practicing and reinforcing toileting skills at home to ensure the child's progress and success in becoming independent in this area.

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9.8 Electronic Devices and Online Safety

For educational use, parents must provide an electronic device, charger, and protective case, which will travel between home and school each day. Devices must have the latest software updates and parental controls enabled to block unsafe content. Parents are responsible for ensuring online safety features are active and appropriate. Small Steps Therapists check each device's search history daily and report concerns to the Case Supervisor. Devices will never be accessible to students unsupervised and may also be used as reinforcers in accordance with the student's programme and family agreement.

10. Data Collection and Data Protection

Small Steps is committed to protecting the privacy and security of the personal data of our students, staff, and parents. The Data Protection policy outlines the procedures and measures in place to ensure that all data is handled responsibly and in compliance with relevant data protection laws.

Our approach to data protection is guided by the principles of confidentiality, integrity, and availability of information. We adhere to strict guidelines for the collection of personal data, ensuring it is done only for specified, explicit, and legitimate purposes. The types of personal data we may collect include: Contact details (name, address, phone number, email); Medical and health information; Educational records; Behavioural assessments; Programme Specific Goals and Objectives; Daily target performance, and daily behaviour episodes; Emergency contact information. Our policy ensures that data collection is conducted for specified, explicit, and legitimate purposes, using the following applications and tools:

- **HiRasmus:** Used for secure programme data collection and clinical progress monitoring. Small Steps may also use the platform for selected parent communication or updates in the future. Families will be informed before any change in use is introduced. All information entered must be accurate, relevant and limited to what is necessary.
- **Slack:** Employed for internal communication. Personal information should only be shared in private channels or direct messages on Slack, avoiding public channels.
- **MS Co-pilot and MS OneDrive:** Used for secure file storage and management to safeguard personal data.
- **Redrock Training:** Utilised for internal staff training and Continuing Education Units (CEUs), ensuring staff competence and compliance with data protection protocols.
- CURA: Employed as safeguarding software to uphold the safety and wellbeing of our students, integrating data protection measures.
- **Photo Circle:** Utilised for sharing videos and photos within our internal network and with parents. It is crucial to ensure that images and videos do not include students without explicit consent, students who have not consented to media sharing are cut, blurred out, or covered to protect their privacy.
- **Valmiro Fernandes** is the Data Protection Officer and can be contacted for further information about this policy.

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11. Parent Commitment

A child makes the strongest and most lasting progress when the adults around them work with consistency, honesty and shared purpose. This commitment is not intended as a contract, but as a personal promise to remain an active and dependable partner in your child's journey: to support regular and punctual attendance; send your child to school rested, well and prepared; collect them on time; communicate openly with the Case Supervisor about concerns, changes, outside services, medications or treatments; attend meetings and engage thoughtfully with guidance; provide agreed materials; and carry helpful strategies into home life wherever possible. We recognise that family life can be demanding and that no parent will manage every day perfectly. What matters is a genuine willingness to stay involved, follow through, ask for support when needed and make decisions with your child's safety, dignity, wellbeing and long-term growth at heart. In return, Small Steps commits to approaching families with the same respect, openness, compassion and sense of responsibility.

11.1 Acknowledgment

Acknowledgement of Receipt and Understanding of the Parent Handbook.

I have received, reviewed, and understood the policies outlined in the Small Steps Parent Handbook. I have contacted the Small Steps team for any questions and needed clarifications and fully understand the contents of the Parent Handbook.

11.1.1 Parent Signature:

Parent Signature:	
Date:	____/___/____
Printed Name:	

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