**Template for collecting best practices**

**Instructions**: With this template, we are asking the partners on the project „ ***WAI4PwDs – Web Accessibility and Initiatives for Persons with Disabilities in EU in pandemic and other Crisis Times***“ to collect at least 2 best practice examples that are connected to web and other forms of accessibility in their regions. The information collected will be used for making Best Practice Guide in Web and other Accessibility to Persons with Disabilities in EU. The examples can be, but are not limited to the following:

* Programmes and initiatives promoting access to education, employment, culture/entertainment, public services: social, health, municipal etc. in a certain region during any crisis, but especially during COVID19.
* IT or any other products or solutions that are addressing PwDs’ right to accessibility in times of crisis, especially during COVID19.
* Projects (local/national or EU funded) that have promoted accessibility in times of crisis in your regions especially those created and implemented during COVID19.

Please complete the table for each best practice collected based on the following criteria:

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| Name of the project or action:Education of children with moderate and severe intellectual difficulties in pandemic times |  |
| Lead organizer (legal entity): Centre for education and upbringing Tomislav Špoljar |  |
| Other partners leading the action: N/A  |  |
| When the project/action started (and ended if applicable): Outbreak of COVID19- still ongoing |  |
| Project location(s): Varaždin, Croatia |  |
| Website and social media page (if applicable): www.centar-tomislavspoljar.hr |  |
| Description of the initiative (what is it? How does it function? You can address the goal of the action, its main activities and expected results/outcomes): Centre Tomislav Špoljar offers among other programmes also primary education of children with moderate and severe intellectual disabilities and primary education of children with autism and influential developmental disabilities. In the pandemic times those were the groups of pupils whose education was extremely challenged because of the lack of live rehabilitation. Teachers tried to organise online education for pupils who had equipment and internet at home and who had the intellectual and physical possibilities to follow the lessons and rehabilitation online. Lessons materials were sent by email, viber, messenger and other social media with instructions to the parents how to use them. Some teachers could organise the lessons through ZOOM and could communicate with their pupils daily. The pupils and their parents who did not have technical possibilities for online lessons got paper materials by regular mail. At first, everyone was trying to work out the best in order for pupils to get the best possible education at the challenging times, but everybody lacked experience in online materials to work with.During the second lockdown things were different. We learned how to adapt lessons to possibilities at home, informatica literacy and social - economic level of pupils and their parents. Pupils got tablets to work with. The amount of online methods and materials increased and teachers from the whole country shared their materials with others. Still most challenging was to work with pupils with severe intellectual disabilities and autism. Those pupils needed rehabilitation procedures which could only be provided by personal contact with educational rehabilitators. Instead of working with pupils, most of the time the teacher instructed parents how to fulfil a task given. This was not easy for some parents who are not professionals in educational rehabilitation and who mostly had other school going children at home. But, we saw it as education for the parents too. The communication with the parents increased too, as they were the connection between the teacher and the pupil.In spite of all the difficulties, we succeeded in fulfilling everything we needed according to our programme. After a few months of lockdown, the pupils were happy to return to school and went on with a normal school day.We still miss joint activities at school, as every class and group work in their own ˝bubble˝ although one of the main activities for this group of pupils ought to be socialisation and immediate environment.  |  |
| Impact of the project on the local/regional/national level and lessons-learnt? (i.e. in terms of sustainability and other aspects such as the level of achieving social inclusion in a certain local community. Was it accepted in the community? Did it involve volunteers? Etc.)  |  |
| Level of action transferability? Please consider the point to which the action can be multiplied and what factors can be facilitating it or preventing it to happen (for example legislation, level of citizens’ awareness and sensibility to persons with disability etc.)The knowledge transfer between colleagues of the same school and other schools increased significantly. The result is a huge number of digital platforms and materials to use by teachers and pupils. Both teacher and pupils learned how to use new learning methods and techniques. The Ministry of education and science organised daily lessons on the television programme and posted many materials for everyone to use. In this way the school came to many homes and the public was offered the possibility to learn how the lessons at school are given. But the most valuable effect the circumstances had on the parents of children with disabilities was they learned how to work with their children.  |  |
| Photos- please provide at least three photos that illustrate the action/the project |  |

