



# ASSESSING DISABILITY OF CHILDREN IN SWITZERLAND: A MAPPING OF SYSTEMS AND POLICIES

**A CASE STUDY**

## Acknowledgements:

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The authors acknowledge invaluable inputs by Judith Hollenweger, Professor, Zurich Teacher Education University, International Classification of Functioning, Disability and Health (ICF) expert.

This case study maps the systems and policy for disability assessment of children in Switzerland and has served as background material for the preparation of the Main Report on Assessing disability of children: a five-country mapping (Armenia, Georgia, Moldova, North Macedonia and Serbia).

## Disclaimers:

The desk research and collection of information for this report took place until May 2022. As such, the analysis does not contain developments that have taken place since late 2022.

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Cover photo: 5-year-old Emma plays with a UNICEF staff member at the hub  
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# 1. Legal framework and context

Under the Swiss Federal Constitution and on the basis of federal law and the Inter-cantonal Agreement on Cooperation in Special Needs Education (Special Needs Education Agreement<sup>1</sup>) all children and young people (0-20 years of age) with special educational needs living in Switzerland are entitled to special education measures. Under the Special Needs Education Agreement special educational needs exist:

- for children before starting school where it has been established that their development is limited or jeopardized or that without specific support, they would likely not be able to follow classes in mainstream schools,
- for children and young people where it has been established that without additional support they can no longer follow or can only follow the mainstream school curriculum in part, and
- in other situations, in which the competent school authority has established that children and young people have great difficulties with social skills and learning or performance problems. Their personal context is considered in the assessment to determine the special educational needs.

Under the Federal Act on Equal Rights for People with Disabilities the cantons promote, as far as possible and where this serves the wellbeing of the child or young person with disabilities, the integration of children and young people with disabilities in mainstream schools through corresponding forms of schooling (Article 20(2)).<sup>2</sup>

The Special Needs Education Agreement specifies that integrative solutions should be preferred over segregation, considering the welfare and development opportunities of the child or young person and taking into consideration the school environment and the school organization (Article 2(b)). Under the Agreement, all children, and young people (0-20 years of age) with special educational needs living in Switzerland are entitled to special education measures. The range of measures is specified

by the cantons and contains the following services and forms of special schooling:

- remedial education in early childhood for children with disabilities or developmental delays, limitations or risks. Support measures may be provided in a family context for children from birth to up to two years after starting school,
- integrative schooling: full-time or part-time integration of children and young people with special educational needs in a mainstream class using special education measures,
- special classes (only offered in some cantons),
- special school: special schools are specialized in particular types of disability or learning and behavioral difficulties. Special schooling can be combined with in-patient accommodation or with care in day-care centers,
- educational and therapeutic services such as speech therapy and psychomotor therapy,
- the cantons also organize free transport for disabled children and young people who cannot move independently between their home, school and/or the place in which they receive therapy.

Support measures are also offered to children and young people from socially disadvantaged families and/or with a migrant background. Particular attention is paid to the transition from compulsory to post-compulsory education.

As noted, a child or young person with special educational needs may be integrated into a mainstream class on a part-time or a full-time basis (integrative schooling). This integration is supported by special education measures from the school program. If the measures carried out before starting school or in the mainstream schools prove inadequate, then a decision must be made as to whether enhanced measures are required. Enhanced measures go beyond the measures which are available locally. They are characterized by a long duration

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<sup>1</sup> <https://splash-db.eu/policydocument/intercantonal-agreement-on-special-needs-education-of-25-october-2007/>

<sup>2</sup> Adopted in 2002. See: <https://www.fedlex.admin.ch/eli/cc/2003/667/en>

and high intensity, a high degree of specialization among the specialist staff and a significant impact on the everyday life, environment or later life of the child or young person. Enhanced measures are subject to a cantonal approval procedure.

The assessment of individual needs for enhanced measures is carried out through the standardized evaluation procedure to assess individual needs (SAV – abbreviation in German language). In most cases, the assessment is conducted by school psychological services. The SAV records information systematically and gives users

(school psychological service, disabilities assessment agencies) a comprehensive, multidimensional needs assessment. Its focus is on the development and educational objectives of children and young people. The procedure is used if locally available special education resources are not adequate and additional resources need to be made available for the education of a child/young person. It serves the cantons primarily as a decision-making basis for the arrangement of enhanced special needs measure.<sup>3</sup>

## 2. Standardized evaluation procedure (SAV)

The SAV was adopted by the Swiss Conference of Cantonal Ministers of Education (EDK) in 2010 after a three-year development and testing period and made available to the cantons as a prototype from 2011. In addition to providing the common terminology and quality requirements, the SAV is one of the common instruments of the Swiss Special Education Concordat. Since its introduction, 16 out of 26 cantons have acceded to the Concordat, committing themselves to using SAV to recommend strengthened individual measures in the case of special educational needs. In 2013, the Swiss Institute for Special Needs Education (SZH) carried out a generally positive evaluation of the SAV on behalf of the EDK. Further consultations were carried out and a revised SAV (EDK, 2014) was published as a manual and prototype of an electronic tool following its new adoption by the EDK Plenary Assembly.

In the spirit of Switzerland's constitutional arrangements, SAV is not mandatory, but a "standardized framework" for the assessment of a possible needs for enhanced support measures. Practical implementation arrangements are a matter for each canton resulting in a diverse practice. For example, some

cantons implement it centrally (e.g., the Canton of Basel City), in others, it takes place depending on the organization of the school psychological services, i.e., at the school and at the level of the canton, (e.g., the Canton of Zurich). Some cantons follow SAV EDK guidelines closely (e.g., the Canton of Zurich), others have made substantial changes (e.g., the Canton of Vaud) or use it only in the sense of an "internal checklist" (e.g., the Canton of St. Gallen).<sup>4</sup> In most cases SAV is administered by a psychologist.

### Purpose and objective

SAV purpose is to determine individual educational and developmental needs of children and young people for early specialized education, mainstream schooling, reduced-size classes, or special schooling. It aims to create optimal (but not maximal) conditions for child training and development, considering international and national directives and local circumstances. It is designed to gather relevant information systematically and concurrent with multidimensionality of disability, adopts a multi-dimensional approach: a single criterion (e.g., one deficiency) is not a sufficient basis for taking measures. The aim is rather

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<sup>3</sup> The disability assessment of children for them to access welfare benefits that are in Switzerland provided through the disability insurance system is conducted by disability insurance administration. This assessment relies heavily on medical approach to disability. For details see: <https://www.ahv-iv.ch/en/Social-insurances/Disability-insurance-DI>

<sup>4</sup> Judith Hollenweger, Peter Lienhard und Matthias Obrist (2018) Standardisiertes Abklärungsverfahren. Ein Rückblick auf die Einführung und Entwicklung bis heute Schweizerische Zeitschrift für Heilpädagogik (Standardized assessment procedure, a review of the introduction and developments to date), Jg.24,10/2018 <https://www.szh.ch/themes/pes/documentation-afferente>;

to determine what measures will be effective based on transparent developmental and training objectives.

## Conceptual base

SAV is based on the World Health Organization's International Classification of Functioning, Disability and Health (ICF), in particular the version for children and youth (ICF-CY).

## Procedure

Recognizing that there are many causes for the obstacles and difficulties experienced by people with disabilities in their everyday life and that disability is a multi-dimensional phenomenon, SAV gathers information of different kinds from different sources and brings them together to understand the problems of a child with disabilities and assess her or his needs for support. This consists of two stages: a basic assessment and an assessment of special needs. Each part comprises several elements.

**Basic assessment:** This assessment considers the child's present condition and includes the following elements:

- **General information**
  1. information about institution conducting the assessment and about the person responsible for the case),
  2. Information about the child who is being evaluated, and
  3. Information about her or his problem.
- **Basic assessment**
  4. Education and training context,
  5. Family context,
  6. Statement of functioning (activities, participation, and body functions),
  7. Medical diagnoses (ICD codes) and problem description.

**Determination of needs:** Interventions, measures commensurate with the child's present situation are recommended.

The process comprises:

8. An assessment of the child's development and training objectives in the main areas of life as per the ICF,

9. Needs assessment,
10. Recommendations (measures and institution in charge).

The decision on which measures the child will receive are made by the cantons. The decision-making practice varies from canton to canton.

SAV does not have age specific versions. However, it takes into account the child's age by assigning a different level of importance to certain elements. For instance, at a preschool age, particular relevance must be assigned to the influence of the family environment, while diagnoses have less central role because a clear diagnosis is often hard to be established at an early age. SAV also takes into account different ages of the child/young person when evaluating body functions and activities and participation. Some items are mainly assigned to children in their early childhood, others to children/young persons at a school age. For very young children it is often impossible to clearly define the extent of the problem and in such cases, the problem must be labeled as "unspecifiable".

If a significant gap between chronological age and developmental stage is noticed, information should be collected based mainly on the developmental stage. This is particularly important when working with severe disabilities or multiple disabilities.

## Instruments (data collection forms) used in SAV

Below we present an informal translation of the SAV data collection forms (from original in Italian). In the Guide, a short explanation is offered for each item. We will provide examples of descriptions as an illustration.<sup>5</sup>

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<sup>5</sup> SAV Guide. Ibid.

## SERVICE CONDUCTING THE EVALUATION AND THE PERSON RESPONSIBLE FOR THE CASE

Referral service	
Person responsible for the case (last name, first name, function, address, email, telephone number)	
SAV opening date	

## DATA ON THE CHILD/YOUNG PERSON

Last name, first name	
Date of birth	
Age at the start date of the baseline assessment	
Gender	
AHV number (Social Security number used as unique ID in Switzerland)	
First language	
Other languages	
Lives in Switzerland since	
Legal guardian (full contact details)	
Civil law residence of the legal guardian	
In case of out-of-home placement, address and place of residence (place of residence according to inter-cantonal agreement for social institutions)	

Counsel (full contact details)	
Special family responsibilities (receivership, custody, family day care)	
Current main location of implementation	
Responsible municipality	

## REPORTING AND PROBLEM

Registration was made by (last name, first name, function, service, place, address, email, telephone):	
Date	
Did the holders of parental responsibility give their consent?	
Summary of the problem	

## EDUCATION AND DEVELOPMENT CONTEXT

Current main place of care for the child/young person (place of residence, institution, school level, type of school)
Supporting measures currently received at the main place of residence, since when and with what objective
Supporting measures currently received outside the main place of residence, since when
Supporting measures not directly received by the child, but aimed at her/his environment, since when
Which measures implemented in the past (and for how long) are relevant to properly understand the current situation?

## Facilitators and barriers for the child's education and development in the education/training environment

	Obstacle	Neutral element	Facilitating factor	No data available	Observations/ explanations
Provided services and interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support and relationships					
Premises and infrastructure					
Personal aids					
Additional facilitating factors ("protection factors")					
Additional hindering factors ("risk factors")					

"Supports and relationships" – for a disabled in regular class it is, for example, of fundamental importance that the teachers and the management of the school show towards her or him a benevolent and supportive attitude rather than prejudice and rejection. The evaluation of the quality of relationships should not be considered as "moral judgment" but only to estimate its effects on the process of development and formation of the child or young person in question. "Premises and infrastructure" – a spacious school building with access ramps can be

a facilitating factor for a child with a physical disability. On the other hand, an acoustically inadequate classroom combined with a lively classroom represent an obstacle for a pupil with hearing impairments.

"Personal aids" – it is necessary, for example, to check whether a pupil with visual impairments has at his/her disposal during school activity the aids he/she needs (e.g., device for enlarging the cards and pages of books) and whether he/she knows how to use them correctly.

## FAMILY CONTEXT

### Main place of residence of the child/young person

		Observations/remarks
Family	<input type="checkbox"/>	
Institution	<input type="checkbox"/>	
Other (day family)	<input type="checkbox"/>	



## Data on the current family situation

Loving and caring situation

Brothers and sisters

Additional relevant information on the current family situation

Additional relevant information on the past family situation

## Evaluation of the facilitating / hindering factors within the home environment

	Obstacle	Neutral element	Facilitating factor	No data available	Observations/ explanations
Support and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Premises and infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal assistive devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional facilitating factors ("protection factors")					
Additional barriers ("risk factors")					

## Health relevant risk factors and critical events in the life of the child

Relevant health problems known in the biological family (hereditary illnesses, disabilities and severe physical, mental or chronic illnesses)

Significant problems during pregnancy and/or early childhood (pregnancy complications, risk of preterm labor, preterm labor and delivery, childbirth complications...)

Relevant data concerning critical episodes in the life of the child/young person (accidents, severe illnesses, episodes of violence and abuse, personal losses, significant medical surgeries...)

Data on current experiences of the child / young person that might have affect his/her current development and status

“Family context” – provide information relevant and indispensable for understanding the environment in which the child or young person currently lives; however, information important for determining specific education and development needs should be recorded. Facilitators and barriers must be evaluated. In this regard – in particular in the evaluation of “supports and relationships” – assessing if current family situation presents supportive or hindering factors for the child’s education and development is important.

In early childhood, “family context” occupies a place of particular importance: the life of children from 0 to about 4 years is strictly conditioned by the familiar environment. For this reason, in this age group, the facilitating and hindering factors in the family environment are often given greater weight than the impact of individual functional limitations or medical diagnoses.

EVALUATION OF FUNCTIONS								
<b>Activities and participation</b> *Especially during school years (all other criteria apply both to early childhood and school years) (If a clear evaluation cannot be performed, please mark “no data available / not applicable”)	Not a problem	Minor problem	Moderate Problem	Serious problem	Complete problem	Unspecifiable problem	No data available / not applicable	Observations / explanations
Seeing (d110)								
Listening (d115)								
Purposeful sensory experiences (d120)								
Learning through actions with objects (d131)								
Acquiring language (d133)								
Acquiring skills (d155)								
Reading * (d166)								
Writing * (d170)								

Calculating* (d172)								
Solving problems* (d175)								
Carrying out daily routine (d230)								
Managing one's own behavior (d250)								
Communicating with – receiving – spoken messages (d310)								
Speaking (d330)								
Producing nonverbal messages (d335)								
Changing basic body position (d410)								
Fine hand use (d440)								
Toileting (d530)								
Dressing (d540)								
Eating (d550)								
Looking after one's safety (d571)								
Complex interpersonal interactions (d720)								
Formal relationships* (d740)								

Other ICF items relevant to activities and participation

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Other elements relevant to activities and participation

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<b>Body functions</b> (If a clear evaluation cannot be performed, please mark "no data available / not applicable")	Not a problem	Minor problem	Moderate Problem	Serious problem	Complete problem	Unspecifiable problem	No data available / not applicable	Observations / explanations
Orientation functions (b114)								
Energy and drive functions (b130)								
Attention functions (b140)								
Emotional functions (b152)								
Higher-level cognitive functions (b164)								
Seeing functions (b210)								
Hearing functions (b230)								
Sensation of pain (b280)								
Voice and speech functions (b310-b399)								

Muscle tone functions (b735)									
Control of voluntary movement functions (b760)									

Other ICF items relevant to the field of body functions


Other elements relevant to the field of body functions

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As presented above, SAV contains 23 activities and participation (d codes) and 11 body function (b codes) items from the ICF and ICF – CY. The aim of the evaluation procedure is to identify the child’s/young person’s needs for support, promotion, counseling, or other necessary measures to ensure that the child/young person can benefit from optimal development and learning opportunities. Thus, the choice of items reflects preschool, school and young adults’ development and learning tasks. They are meant to be used in educational and developmental contexts.

The items were selected based on empirical analyses: (i) Exploratory analysis using a regression model to identify the items that are particularly relevant to predicting needs: selection of the items with the highest explicative value; (ii) Exploratory factor analysis within the ICF chapters to identify relevant components/factors, with a distinction between preschool and school domains: selection of items with the highest focus on the specific component/factor in question; (iii) Cluster analysis to identify the “categories of needs”

or different groups of ICF items that are often listed together with respect to a specific need: selection of the items deemed to be important for highest possible numbers of need categories; (iv) Frequency calculations: if based on the results from (i)-(iii), several similar items could potentially be inserted in the list, the one with the highest occurrence was selected. The SAV Guide also provides detailed description of each item to make the instrument application easier.

*For example:*

**Seeing (d110)**

Using the sense of seeing intentionally to experience visual stimuli, such as watching a sporting event or children playing.

Further Information: This code refers to one’s ability to be present in a situation through vision and visual perceptions and to focus its sight for a certain period of time to collect information through the perception of visual stimuli. “Seeing” refers to a continuous perception of visual stimuli and not to the ability to give a quick look to an object (this last action should be classified under the code d160 “Focusing attention”).

This code is different from the one corresponding to the body function labeled as b1561 "Visual perception" (a sub-code of b156 "Perceptual functions") as it refers to a specific and intentional action, while perceptual functions refer to the integrity of neurological elaboration functions.

*Practical examples:*

An eight-year-old child with a corrected visual impairment can see what the teacher writes during class only by sitting in the front row.

Following a cerebral lesion, a fifteen-year-old boy is restless and lacks attention while in the classroom. He cannot focus his sight on the blackboard. Before the accident, he used to be a soccer fan, but now he cannot watch a game for more than half minute.

A ten-year-old child has multiple severe disabilities and can follow with his sight only showy objects that are waved in front of him.

A four-year-old girl perceives the movements of children playing only as shadows and only if there is a lot of light.

**Carrying out daily routine (d230)**

Carrying out simple or complex and coordinated actions to plan, manage and complete the requirements of day-to-day tasks or duties, such as budgeting time and making plans for separate activities throughout the day.

*Practical examples:*

A two-year old child finds it hard to get used to the daily routine (getting up, washing, eating, taking a nap, etc.)

A twelve-year old girl with Down syndrome experiences problems in collecting necessary material to do her homework. She also forgets to water the flowers at school when it is her turn.

**Communicating with – receiving – spoken messages (d310)**

Comprehending literal and implied meaning of messages in spoken language, such as understanding that a statement asserts a fact or is an idiomatic expression.

*Further information:* This code is used to describe whether a person understands spoken messages. It can be applied with reference to people with or without hearing impairments. This code is used to assess the comprehension of spoken language

and encompasses understanding of words and intonations used.

*Practical examples:*

An eleven-year-old boy with learning problems understands spoken messages with a figurative meaning only if they are extensively explained to him.

A ten-year old girl can only partially follow an easy story if the story is just told. However, she can understand a lot better if the story is accompanied by images.

A thirteen-year-old boy can understand only one-dimensional, clearly conveyed messages which are directly addressed to him. He also does not understand simple child puns.

A girl with severe mental conditions is not able to understand the meaning of words and sentences that are addressed to her.

**Attention functions b140 (one of the codes within Specific mental functions b140-b189)**

Specific mental functions of focusing on an external stimulus or internal experience for the required period.

*Includes sub-codes:* sustaining attention, shifting attention, dividing attention, sharing attention; concentration; distractibility.

*Excluded:* consciousness functions (b110); energy and drive functions (b130); sleep functions (b134); memory functions (b144); psychomotor functions (b147); perceptual functions (b156).

*Further information:* This code refers to the ability to direct one's own mental energy. Attention functions integrate several different capabilities such as sustaining attention, shifting attention, dividing attention, sharing attention. This body function represents the parallel of the code d160 "Focusing attention" listed in the section "Activities and participation". Theoretically, it is possible to distinguish between mental functions and cognitive abilities at the origin of one's attention and conscious and intentional activities aimed at directing one's own attention. However, mental functions cannot be directly observed and can only be inferred from one's behavior. Consequently, a clinical distinction between these two codes is not always possible. This code should be used only within clinical procedures aimed at analyzing attention functions.

*Practical examples:*

An autistic boy focuses his attention exclusively on doors handles and does not seem to note when other people enter the room.

A hyperkinetic child can focus on the task assigned to him only for a few seconds when in presence of more than one person.

**ICD DIAGNOSIS/SUMMARY OF PROBLEM DESCRIPTION**

Main diagnosis	
If known corresponding ICD-10 code	
Remarks	

1st secondary diagnosis	
If known corresponding ICD-10 code	
Remarks	

2nd secondary diagnosis	
If known corresponding ICD-10 code	
Remarks	

If the problem cannot be translated into a diagnosis, please provide a brief description of the problem

## NEEDS ASSESSMENT

ASSESSMENT OF DEVELOPMENTAL AND EDUCATIONAL GOALS BASED OF THE ICF LIFE DOMAINS						
	Current situation		Envisaged situation in 1-2 years		Focus points	Comments/ explanations
	Age-appropriate and/or learning plan	Individualized	Age-appropriate and /or learning plan	Individualized		
<p><b>1. Learning and applying knowledge</b></p> <p><i>Includes for example:</i>            Seeing / Listening / Oral phase / Touching            Imitating / mimicking / Collecting information/            Acquire language / Making concepts on ones' own /            Acquiring skills            Focusing attention / Reading / Writing /            Counting / Solving problems / Making decisions</p>						
<p><b>2. General tasks and demands</b></p> <p><i>Includes for example:</i>            Perform simple tasks / Perform complex tasks /            Simple tasks in a group/ Follow routines /            Knowing how to manage changes in routines /            Knowing how to control stress and other psychological pressure /            Knowing how to manage own level of activity /            Accept what's new / Knowing how to manage one's own behavior and expression of feelings.</p>						



### 3. Communication

*Includes for example:*

Reacting to the human voice / Understanding verbal messages / Understanding gestures, attitudes and symbols / Understanding the meaning of written messages

Preverbal expressions / Talking / Singing / Producing non-verbal messages / Using body language / Using symbols and drawings / Expressing messages with sign language.

### 4. Mobility

*Includes for example:*

Changing body position / Sitting / Standing

Moving around by lifting and carrying objects / Performing fine motor activities / Throwing objects

Walking / Crawling / Moving to different places

Use public transport / Driving a means of transport (e.g., cycling)

### 5. Self-care

*Includes for example:*

Washing oneself / Caring for body parts (such as teeth, skin) / Toileting / Dressing

Eating / Drinking / Taking care of one's safety / Taking care of one's health

### 6. Interpersonal interactions and relationships

*Includes for example:*

Show respect and acceptance in relationships / Interact in accordance with social rules / React differently in front of known or unknown people / Establishing relationships / Maintain social distance

Dealing with strangers / Relationship with people who have authority (e.g., teachers, pedagogical staff) / Relationship with friends / Relationship with family members.

## Early childhood

Summary evaluation of development in the family context and of early education interventions

- Teaching fully based on the age of the child
- Teaching partially based on individual objectives not corresponding to the age of the child
- Teaching exclusively based on individual objectives not corresponding to the age of the child

## School-age

Summary evaluation in relation to the need for care in the school context and related to the study plan

- Regular curriculum always followed
- Partially individualized curriculum followed, individualized objectives not corresponding to the regular curriculum established (criteria: for one or two subjects, minimum learning objectives are different from those established in the regular curriculum)
- Mainly individualized curriculum followed, individualized objectives not corresponding to the regular curriculum established (criteria: for three or more subjects, minimum learning objectives are different from those established in the regular curriculum). (Subjects to be considered: mother tongue, foreign languages, mathematics and natural sciences)

Development and learning evaluation (included the one concerning the educational curriculum) is based on:

Interview with (date when the interview took place)

With (participants)

Observations  
(Especially when holders of parental responsibility and/or professionals currently working with the child/young person have different opinions)

## NEEDS ASSESSMENT

<i>Measures related to SAV</i>	No need	Needs can be met through locally available resources / basic measures	Additional measures recommended	Observations
<b>Special pedagogical measures</b> Special early education / special education / specialized support				
<b>Pedagogical-therapeutic measures</b> Speech therapy, psychomotor therapy				
<b>Advice and support measures</b> e.g., specific advice for the visually impaired, language interpreter for teachers, personal assistance for daily activities such as going to the bathroom				

**Assistance/  
Socio-educational care**

(For example: day care facility,  
socio-educational support,  
internship, care)

**Transport**

**Measures not related to SAV**

Indications of eventual needs with respect to *therapeutic / medical / clinical measures*  
(i.e., physiotherapy, occupational therapy, psychotherapy...)

Indications of the need for support/help in the current educational environment

Indications on the need for support/help in the family environment

Observations on divergent assessments (in particular in the case of a divergent opinion  
of the parental authority of the child/boy and/or specialists in the current educational/  
training context.

**Recommendations regarding the main setting of implementation and the measures  
to be implemented**

(May be presented in a different form, depending on cantonal legal requirements)

Evaluation summary

Recommended main setting of implementation

Recommended measures to be implemented in a place other than the main setting  
of implementation

Recommended measures for the environment of the child/young person

Transport

Observations

**Attach all reports prepared by specialists from the service conducting the evaluation or outside it,  
including details about the specialist(s) who conducted them.**

### 3. Experience with SAV implementation

An article published in 2018 by Hollenweger, Lienhard und Obrist presents experience with the SAV implementation. We briefly summarize some of the points.<sup>6</sup>

The introduction of SAV has given rise to discussions concerning educational policy and technical issues: “personalization vs. standardization”, “special support vs. discrimination”, “medical criteria vs. systemic view”, or “resource management vs. right to education”. These discussions have also shaped the introduction and application of the SAV in the cantons.

There is a growing awareness that “disabilities” in the sense of clearly diagnosable “functional impairments” do not always have to be directly related to “special pedagogical needs” or the “non-achievement of basic requirements” and that often other factors such as social marginalization, or talents are decisive for “increased measures”.

“The project to define binding guidelines and quality standards in the field of special education was initially hardly perceived as an opportunity.”<sup>7</sup> The application of SAV was in most cantons assigned to school psychologists who knew little about the ICF and were not very welcoming. Training and experience have been important factors in gaining acceptance.

A better collaboration with social welfare benefits provided through the social security system is needed, as in many cases, they are as important as education sector interventions for child’s development and learning.

In addition to the above points, one can also observe that for a multidimensional instrument and complex assessment it entails, a multidisciplinary team to implement it may be more appropriate; that the use of different assessment tools as input into SAV (a choice which tests to use is at the discretion of assessors)

may lead to questions about interrater reliability and that the SAV seems not to have had a strong impact on a faster pace of inclusion of children with disabilities into mainstream schools (about one half of children assessed as having special educational needs are placed in special schools).

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<sup>6</sup> Judith Hollenweger, Peter Lienhard und Matthias Obrist (2018) Standardisiertes Abklärungsverfahren. Ein Rückblick auf die Einführung und Entwicklung bis heute Schweizerische Zeitschrift für Heilpädagogik (Standardized assessment procedure, a review of the introduction and developments to date), Jg.24,10/2018 <https://www.szh.ch/themes/pes/documentation-afferente>;

<sup>7</sup> Ibid.

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This case study is based on the following sources of information:

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