



SEN Handbook

*A Guide for High Quality Teaching
(HQT) strategies & support for pupils
with additional needs*

Legal requirements

In the Special Educational Needs and Disability (SEND) Code of Practice (2014) the definition of SEN remains the same:

“A pupil has SEN where their learning difficulty or disability calls for special educational provision, that is provision different from or additional to that normally available to pupils of the same age.”

A child of compulsory school age has a learning difficulty or disability if he or she:

- Has a significant greater difficulty in learning than the majority of others of the same age *or*
- Has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools.

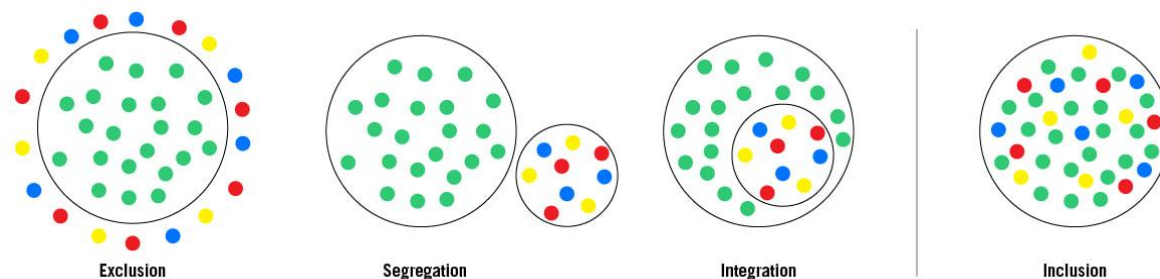
"Class teachers, supported by the SLT, should make regular assessments of progress for all pupils. These should seek to identify pupils making *less than expected progress* given their age and individual circumstances. This can be characterised by progress that:

- Is significantly slower than that of their peers starting from the same baseline
- Fails to match or better the child's previous progress
- Widens the attainment gap
- fails to close the attainment gap between the child and their peers

It can include progress in areas other than attainment- for instance where a pupil needs to make additional progress with wider development or social needs in order to make a successful transition to the next phase of education or to adult life."

Where a pupil is identified as having SEN, to enable the pupil to participate, learn and make progress schools should take action to:

- remove barriers to learning
- put effective special educational provision in place.



The role of class teachers

The SEND Code of Practice makes it clear **that class teachers** are directly responsible and **accountable** for all pupils in their class, even when pupils are receiving support from a teaching assistant or other specialist staff, within or outside the classroom. The responsibility and accountability for the progress and development of pupils with SEN lies with the class teacher, not with the SENCO, TA or Head.

This expectation is firmly embedded in the Teachers' Standards (2012).

High quality teaching for all children and young people with SEND

High Quality Teaching (HQT) also referred to as Quality First Teaching (QFT) is the vital first step in meeting the needs of all children and young people with SEND in any given educational setting. As such, it plays a key role in reducing the number of children and young people who will need to access SEN interventions and targeted support.

To be effective, HQT needs to be embedded into all subject areas, at all levels, across all years by all teachers.

HQT may look different in each educational establishment but there are some general strategies or 'knowledge and tools' that form the basis of all HQT. These are:

Positive relationships

- Teachers know the children/ young people well. They know and understand their individual needs
- Teachers work with the children/ young people every day or every time they teach them
- Teachers treat each child/ young person as a unique individual. They do not make assumptions about the child/ young person based on their experiences of working with other children/ young people
- Teachers take time to talk to the children / young people about their interests outside of school
- Teachers don't hold grudges when a child / young person has had a bad day. New day. Fresh start
- Teachers show the children/ young people that they care about them
- Teachers are positive. Positive words, positive body language
- Teachers tell children/ young people what they want them to do, not what they want them to stop doing. "Good walking" rather than "Stoprunning"
- Teachers praise children/ young people for giving full effort not just for being correct
- Teachers provide focused, in the moment praise so children/ young people know what they have done well "you read that really well" rather than "well done"

Good pedagogical choices

- Teachers have the skills and knowledge to choose the teaching strategies, methods and techniques that will be best to support children/ young people through the learning process
- Teachers can choose the strategies that are most suitable for the topic they are teaching
- Teachers can choose the strategies that are most appropriate for the level of expertise of the children/ young people they are teaching
- Teachers can choose the strategies that are most relevant for the stage that each child/ young person in the class is at in their learning journey
- Teachers make regular use of strategies that have been found to have a positive impact on the learning of pupils with SEND: scaffolding, explicit instruction, chunking, metacognition, flexible grouping, use of technology
- Teachers deploy additional adults effectively

Prioritising learning over performance

- Teachers understand that learning = remembering
- Teachers understand that performance = short term memory, learning = long term memory
- Teachers are clear of the difference between the lesson task/ activity and what children/ young people need to LEARN for completing the task/ activity
- Teachers help children/ young people to remember key concepts, facts and truths by providing lots of opportunities to rehearse, repeat, revisit and recall them
- Teachers enable children/ young people to link new information with existing knowledge for instance by using 'elaborative rehearsal' techniques

Personalised teaching

- Teachers know that children/ young people are more likely to engage with learning when it appeals to their interests
- Teachers know what motivates/ interests the children/ young people in their class
- Teachers use children's/ young people's interests to adapt lessons and 'hook' them into learning
- Teachers use real life examples so that children / young people can relate to the concept

Effective use of formative assessment

- Teachers understand that formative assessment = every day, ongoing assessment in every lesson
- Teachers use formative assessment to make in lesson evaluations of:
 - how well children / young people are understanding
 - the learning needs of each child/ young person
 - the progress that children/ young people are making from their individual starting points
- Teachers use formative assessment to:
 - check understanding and make 'in the moment' adaptations and adjustments to lessons
 - establish what children/ young people know about a new topic before beginning to teach them about it
 - gauge how well children/ young people have remembered/understood a topic or concept
 - find out what has been learnt (remembered)
 - ensure children/ young people know what they are meant to be learning
 - identify and fill gaps in knowledge and learning
 - identify children/ young people who are misunderstanding or struggling
 - adapt their teaching during the lesson to address any gaps and misunderstandings and
 - to better meet the need of those who are struggling to understand
 - evaluate the effectiveness of their teaching
 - providing feedback that improves learning
 - provide short bursts of focused adult support to reinforce understanding
 - identify anyone who might need additional support

Effective differentiation

- Teachers understand that differentiation = adapting and adjusting practice to better meet the needs of children/ young people rather than doing something completely different
- Teachers use routine school and class summative assessments to adapt and adjust the curriculum so that it meets the needs of all children/ young people
- Teachers use formative assessment to constantly review learning and adapt and adjust their practice to meet the needs of children/ young people
- Teachers understand that differentiation is NOT:
 - Splitting a class into small groups based on ability
 - Writing graded learning objectives such as 'All, Most, Some'
 - artificially creating distinct tasks or providing alternative teaching activities or resources for different pupils
 - differentiating by outcome / setting lower expectations for particular children/ young people such as: asking one child /young person to answer one question when others are being asked to answer 10 questions
 - planning for different learning styles
- Teachers differentiate effectively by proactively adjusting and adapting lessons and learning strategies to the varying needs and abilities of the children/ young people in any given class
- Teachers have the right mind set:
 - differentiation is at the heart of their lesson planning
 - growth mind set
 - 'What will it take' attitude
 - multiple ways of getting to the same goal
 - seeing learning diversity as a challenge not a threat
 - knowing that it's what children/ young people need
- Teachers adapt and adjust their lessons by **content**
 - Lower order thinking and problem solving through to high order thinking -Blooms Taxonomy
 - Concrete questioning through to abstract questioning - Blanks levels of questioning
- Teachers adapt and adjust lessons by **process**

- delivering the lesson content in a variety of ways so that all learners can take it in and make sense of it - concrete resources, infographics, writing, PowerPoint, orally, level of adult input
- Teachers adapt and adjust lessons by **product**
- What each child/ young person needs to do to show they have learnt the lesson content - questions, quiz, test, project, drawing, report
 - High expectations for all
 - Teachers enable each child/ young person to give their best possible response
 - Teachers understand that more work ≠ more challenge. Quality not quantity

Effective differentiation
(continued)

→ Teachers adapt and adjust lessons by learning **environment**

- *Physical environment* - flexible classroom layout incorporating various types of furniture, a range of meaningful displays and arrangements to support both individual and group work.

For example:

- clutter free classroom
 - key vocabulary from current topics displayed
 - flexible grouping - break children/ young people into groups to discuss the assignment
 - allow children/ young people to read individually if preferred
 - create quiet spaces where there are no distractions
 - thinking carefully about how and where additional adults are deployed
- *Emotional environment* - classroom management that support a safe and supportive learning environment where children/ young people know what is expected of them.

For example:

- Knowledge and regular use of children's/ young people's names
- Consistent classroom rules and expectations so that children/ young people know exactly what is expected of them when they enter your classroom
- Clear expectations for behaviour that are realistic, fair and reasonable
- Consistent challenge when rules and expectations are broken
- Noise level controls that are in line with the task (total silence at all times is not a healthy learning environment) but avoid an 'anything goes' environment
- Well managed transitions that describe each step so that children/ young people know exactly what they need to do next

Identifying and meeting the needs of children and young people with SEND

St Mark's CE Junior will start the process of identifying if a child/ young person is likely to have special educational needs, when:

- HQT is in place but concerns about the progress that a child /young person is making academically, socially and/ or emotionally continue to be raised and/or
- The underlying barriers being experienced by the child/young person (such as poor attendance) have been identified and appropriate support has been put in place through the educational settings core offer but the child/young person's academic social and/ or emotional progress continues to be 'less than expected'

and/or

- The child/ young person is experiencing long- lasting difficulties and continues to make 'less than expected' progress in one or more subjects or areas of their development

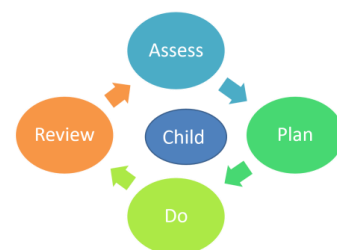
Individual children /young people often have difficulties that cut across different areas and their needs may change over time. For instance, speech, language and communication difficulties can also be a feature of a number of other areas of SEN, and children and young people with an Autism Spectrum Condition (ASC) may experience difficulties across all areas, including particular sensory requirements. This means that it is really important for educational settings to identify a child's / young person's difficulties in all areas of need not just the area that appears to be their primary need. This will ensure assessments, additional HQT strategies and targeted support and interventions cover all relevant areas of need.

Code of practice 6.23

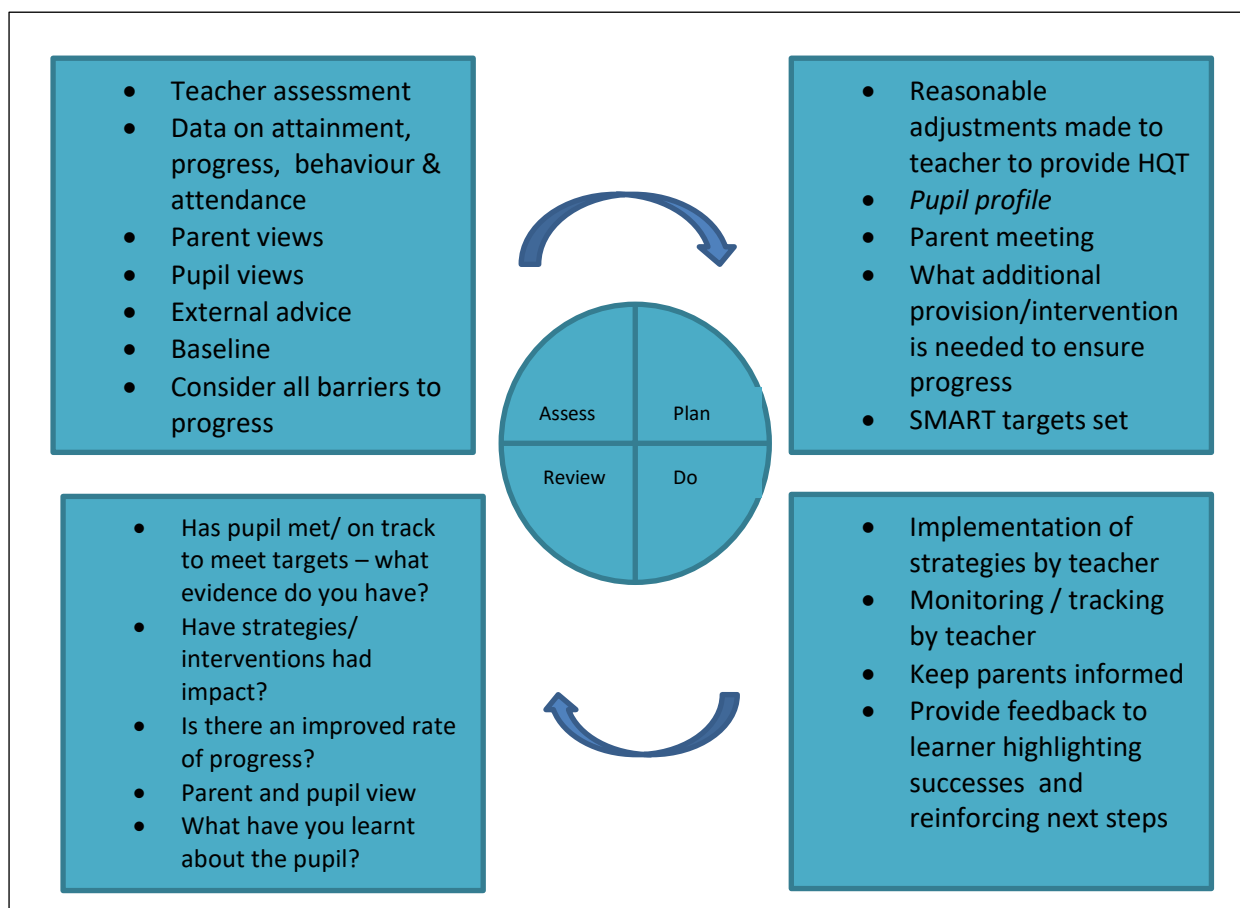
"Slow progress and low attainment do not necessarily mean that a child has SEN and should not automatically lead to a pupil being recorded as having SEN. However, they may be an indicator of a range of learning difficulties or disabilities. Equally, it should not be assumed that attainment in line with chronological age means that there is no learning difficulty or disability. Some learning difficulties and disabilities occur across the range of cognitive ability and, left unaddressed may lead to frustration, which may manifest itself as disaffection, emotional or behavioural difficulties."

Teachers, in collaboration with the SENCO, should use the grid attached to tick off ALL the difficulties that a child/ young person is experiencing. This will ensure that all areas of need are identified and assessed in more depth, not just the main area of need.

ASSESS, PLAN, DO, REVIEW

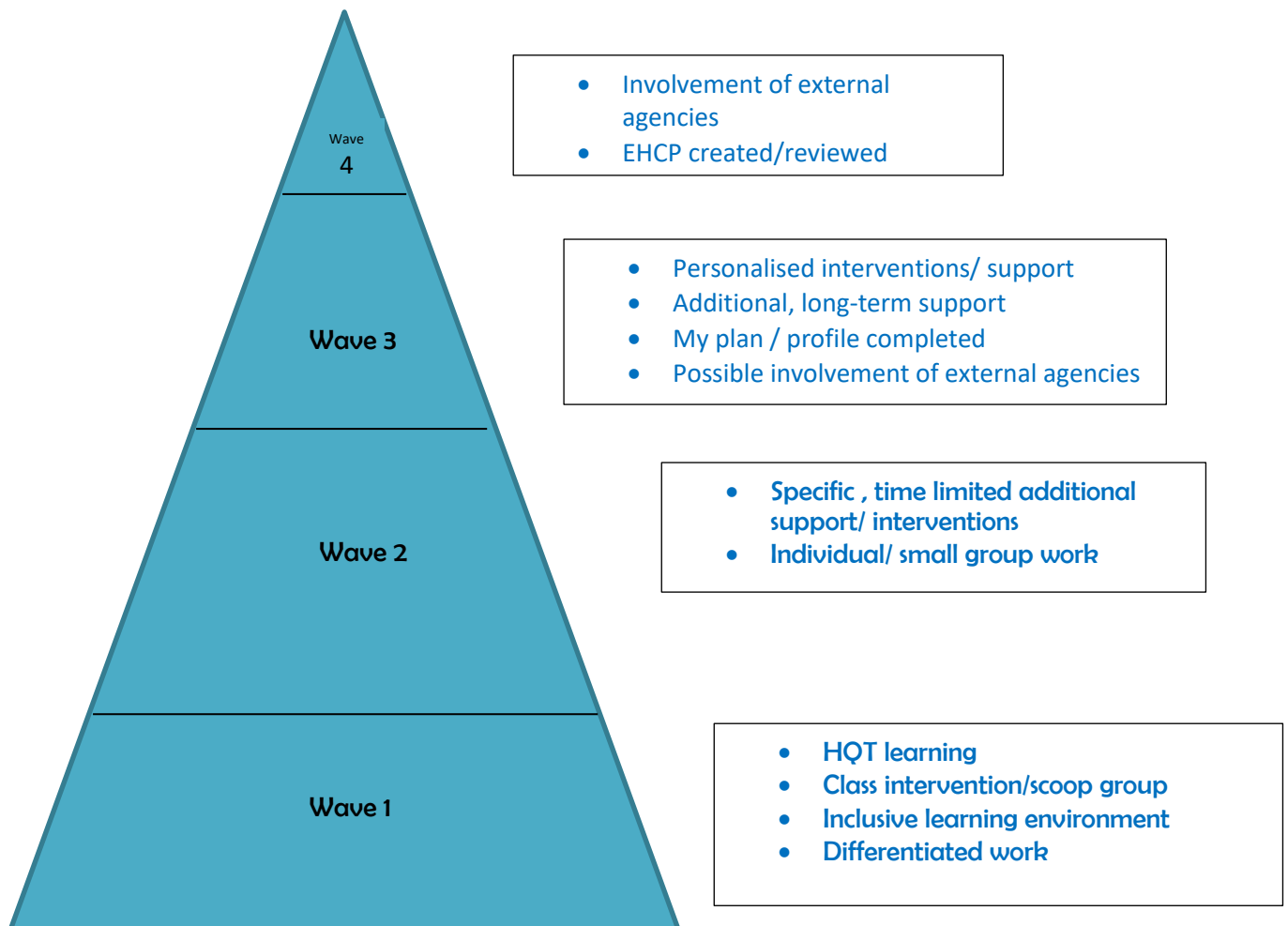


After identification as needing SEND support, St Mark's will adopt the ADPR cycle. SEND support should arise from a four part cycle, known as the **graduated approach**, through which earlier decisions and actions are revisited, refined and revised, leading to a growing understanding of the pupil's needs and of what supports the pupil in making good progress and securing good outcomes.



The graduated approach starts at whole-school level. Teachers are continually assessing, planning, implementing and reviewing their approach to teaching all children. However, where a potential special educational need has been identified, this cyclical process becomes increasingly personalised where individualised assessment leads to a growing understanding of the barriers to and gaps in the pupil's learning.

Tiers of provision (Wave model)



Identifying Difficulties – Overview of areas of need

	✓		✓		✓		✓	AREA OF NEED
making less than expected progress compared with the majority of pupils of their age in at least two key areas of learning (reading/phonics, spelling, writing/recording, maths.)		making less than expected progress for the majority of the pupils their age across the wider curriculum		not making satisfactory progress in at least one key area of learning, despite appropriate focused support being put in place.		Some moderate difficulties with concept development and logical thought which limits access to the curriculum.		Cognition and Learning
need support to be able to deal with abstract ideas		need support to be able to generalise from experience and/or using problem solving skills.		Possible signs of frustration, impulsivity, poor motivation, inattention and low self-esteem.		need support to be able to focus on a task for a reasonable period of time		
need support to be able to remember and follow instructions		need support to be able to organise themselves for learning		need support to be able to attempt a task independently		Difficulties persist over time		
Moderate and/ or persistent difficulty with:								
Saying what they want to say for example using correct vocabulary or grammar (Expressive language)		Understanding what is said to them for example following oral instructions (Receptive language)		Misunderstanding / misinterpreting what has been said		Social use of language with adults and peers for example conversations, asking questions, turn taking, keeping on topic		Speech Language and Communication
Quality of voice problems (pitch, tone, volume etc)		Eating and drinking/ oro-motor control		Speech sounds / phonological awareness		Fluency e.g. stammering, 'shaky' / quivery voice		
Language based learning such as reading comprehension		Constructing a verbal sentence		Finding the right words/ limited vocabulary		Attending in a larger group setting for example in assembly		

	✓		✓		✓		✓	AREA OF NEED
Moderate and/ or persistent difficulty with:								Autism Spectrum Condition/ Social Communication and Interaction
understanding or using the social rules of communication		Stress and anxiety		Play skills / solitary play		. understanding and responding to their own and others' emotions		
managing their social interactions and relationships successfully		managing their emotions in the classroom or in their interaction with others		difficulties with flexibility of thought are impacting on their ability to manage change or transitions.		Transitions between activities/ lessons/ classrooms/ year groups etc		
managing the sensory or social demands of the school/classroom environment, which is impacting on their access to learning e.g. they struggle to maintain focus and attention or become distressed		may present with few difficulties at school, but present significant levels of difficulty at home. In this situation, appropriate support and intervention to manage the environment and demand at school can have positive impact on difficulties exhibited at home.		Flexibility of thought are impacting on their learning for instance because they find it difficult to accept a new way of doing things or to accept that they need to edit work or do corrections.		coming in to school calmly in the mornings due to their anxiety around the sensory or social demands of the school/ classroom environment		

	✓		✓		✓		✓	AREA OF NEED	
Specific and persistent difficulties with:								Specific Learning Difficulty (Dyslexia, Dyscalculia, Dyspraxia [DCD])	
listening and/ or understanding what is said to them		expressing themselves in writing		basic reading skills		reading fluency skills			Dyslexia
reading comprehension		Phonological awareness		Verbal memory		Verbal processing speed			
visual or auditory processing									
basic mathematics skills		Understanding numbers/ number sense		mathematics calculation		recognising the number of objects in a group without counting			Dyscalculia
comparing different sized groups (actual and symbolic)		ordering		mathematical problem solving		Mathematics anxiety/negative attitudes to mathematics			
self-organisation skills		fine motor skills		gross motor skills or co-ordinating their movements		poor posture and sitting position			Dyspraxia (DCD)
clumsiness		Focus /concentration							

	✓		✓		✓		✓	AREA OF NEED
behavioural difficulties that cannot be explained by other needs such as language difficulties, unmet learning needs, or sensory difficulties		poor self-regulation (mood swings, temper outbursts, meltdowns, shutdowns, distress, overload)		diagnosis such as ADHD, attachment disorder or difficulties, or a mental health difficulty.		social, emotional and mental health (SEMH) difficulties resulting in under attainment and poor progress		
Persistent, medium level difficulties with some or all of the following:								
following adult direction		low self-esteem		at risk of isolation or becoming withdrawing socially vulnerable		developing and sustaining positive relationships / sabotaging relationships		Social, Emotional and Mental Health
reliance on adults for reassurance		swearing or sexualised language		low mood/ depression		Stress & anxiety		
eating disorder		selective mutism		lack of empathy		attention seeking		
Self-harm		imagined /feigned sickness/ illness		poor attendance/ punctuality/ school refuser		removing self from classroom on a regular basis		

	✓		✓		✓		✓	AREA OF NEED	
Diagnosed medical condition such as diabetes or epilepsy		Requires use of a mobility aid such as a wheelchair or walking frame		Moderate difficulties with gross motor skills		Moderate difficulties with fine motor skills such as fastening buttons and zips, handwriting		Physical/Medical	
May experience difficulties with:									
Their physical condition varying from day to day		Recording their work		Managing a medical condition or mild pain or discomfort		Moderately impaired mobility for example difficulties on the stairs, with spatial orientation, and being unsteady in crowded areas or across uneven ground			
Physical ability to produce Speech sounds		Core stability		Fatigue					
Regularly require support in order to be able to:									
access learning tasks and opportunities		engage with activities		record their ideas		carry out self-care skills			
move safely and confidently around the site		position themselves comfortably in a chair		participate fully and safely in P.E and sports activities		participate fully and safely at play times			
Liz Whale - St Mark's C of E Junior School Last updated September 24									

							Area of Need
Clinically diagnosed deafness which may impact on:							Hearing Loss/ Deafness
communication interaction (attention and concentration)		speech discrimination		speech intelligibility		comprehension	
expression		independence		interpersonal skills		curriculum access	
attainment or progress		social inclusion					
Regularly require support in order to be able to:							
access the curriculum and engage with activities		hear and understand teaching and instructions		communicate their thoughts or needs successfully		Interact successfully with others	

	✓		✓		✓		✓	AREA OF NEED
Clinically diagnosed mild or moderate visual impairment which has an impact on some of the following:								Visual Impairment
concept and skill development		spatial awareness and strategies		communication (verbal and nonverbal)		social and emotional development		
orientation skills		interpersonal skills		independence		curriculum access		
attainment		mobility skills		Concentration		pace of learning and fatigue		
regularly require support in order to be able to:								
access the curriculum		engage with activities		move around the site safely		interact successfully with others		

Assessing and Meeting Needs – MyPlan Codes

Assessment	Additional High Quality Teaching Strategies	Targeted Support and Interventions
1. Cognition and Learning		
<ul style="list-style-type: none"> → Strengths and weaknesses are analysed using curriculum related routine assessment → Routine summative assessments are supplemented by standardised tests and/or diagnostic tests. → Pupil progress as a response to intervention is carefully tracked and evaluated → Progress against SMART targets and outcomes are written into SEN support plans and are rigorously tracked and evaluated → Previous assessment used to inform judgements in each key stage <li style="padding-left: 20px;">Possible assessments: → Wide Range Achievement Test (WRAT) - Hogrefe → Cognitive Abilities Test (CAT3) - GL Education → Working memory rating scale - Pearson → Automated working memory assessment - Pearson → Memory and listening comprehension, Psychology in Education Portfolio - nfer Nelson → Single Word reading test - GL Education → Curriculum based measure of writing (CBM-W (UK)) 	<ul style="list-style-type: none"> → resources such as pencil grips, writing slopes, aids to support spacing between words, adapted books as needed → resources to support independent learning such as spelling dictionaries, spell checkers, alphabet strips, phonics mats, High Frequency Word mats, working walls, number lines/squares, concrete apparatus, talk tins (voice recording), picture word banks, cloze procedure, writing scaffolds, task planners → Information presented visually as well as in writing → Information broken down and presented in manageable ‘chunks’ → Simplified / reduced levels of language → Use of a scribe to capture ideas → Peer support - classroom layout/groupings, talk partners → Use of technology including ipads (talk and type), laptop, reading pen → Focus on key learning objectives of each lesson including opportunities to revisit and recap learning 	<p>CL1. Targeted, structured group phonics /reading /spelling/maths interventions</p> <p>CL2. Pre teaching of topic vocabulary and pre-reading of texts/books</p> <p>CL3. Opportunities to recap learning outside of the lesson</p> <p>CL4. Summarised versions of texts/books with pictures</p> <p>CL5. Precision teaching</p> <p>CL6. Strategies and resources to support short term working memory difficulties e.g. a mini whiteboard to bullet point instructions, a visual timetable, now and next board if needed</p> <p>CL7. Strategies and resources to support organisation for tasks such as a visual timer, writing frames, mind maps</p> <p>CL8. Variety of approaches to learning including: use of technology such as Clicker for writing, games to reinforce and practice sight vocabulary/time tables</p> <p>CL9. Access arrangements for national assessments and exams if pupil meets requirements</p>

Assessment	Additional High Quality Teaching Strategies	Targeted Support and Interventions
Speech, Language and Communication		
<ul style="list-style-type: none"> → Routine summative assessments, standardised testing and / or diagnostic tests are used to establish a baseline assessment of language skills → Possible assessment by Speech and Language Therapist <p>Possible assessments:</p> <ul style="list-style-type: none"> → British Picture Vocabulary Scale (BPVS3) GL Education → The Speech, Language and Communication Progression Tools: Primary and Secondary (ICAN) → Renfrew Action Picture Test → Test of Abstract Language Comprehension (TALC - Elklan) Primary and Secondary → Black Sheep Pupil Language Profile 4-6 years 	<ul style="list-style-type: none"> → Reduced pace of teacher talk → Instructions given in clear and accessible way for example given in short chunks using simplified language and clear sentence structure, stressing keywords → Additional time to process oral information and prepare answers → repetition of instructions, using the same or simplified language → Use of non-verbal cues such as visuals and gestures. → Clear transitions within and across lessons → a calm, ordered learning environment that supports listening, attention and communication → Vocabulary rich environment (e.g. repetition and use of vocabulary with peers) 	<p>SLC1. Visual supports e.g. visual timetables, task plans</p> <p>SLC2. Visual support for tasks if needed, including use of symbols as appropriate. e.g. Communicate in Print, Widgeo on line, tick list of activities to complete</p> <p>SLC3. Encourage and support pupils to indicate when they have not understood and to develop 'ask for clarification' skills</p> <p>SLC4. Strategies to support verbal communication such as staff modelling and extending expressive language</p> <p>SLC5. Providing opportunities that support communication throughout the day, such as talk partners/structured group discussions.</p> <p>SLC6. Group teaching of explicit attention and listening skills.</p> <p>SLC7. Support for learning new concepts and key vocabulary, including pre teaching, word maps and making links with real experiences.</p> <p>SLC8. Targeted one to one or small group interventions such as WellComm Infants and Primary, Early TalkBoost, TalkBoost KS1 and TalkBoost KS2, Colourful Semantics, cued articulation, Language link, NELI (EYFS) delivered by appropriately qualified staff</p> <p>SLC9. Lesson planning reflects advice and</p>

		<p>recommendations from external professionals</p> <p>SLC10. Advice from external professionals embedded into the school day for example regular reinforcement of strategies, encouragement to seek clarification</p> <p>SLC11. Access arrangements for national assessments and exams if pupil meets requirements</p>
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Assessment	Additional High Quality Teaching Strategies	Targeted Support and Interventions
Autistic Spectrum Condition (ASC) / Social Communication and Interaction		
<p>→ Routine summative assessments, standardised testing and / or diagnostic tests are used to establish a baseline assessment of strengths and areas of need across all areas</p> <p>→ ABC charts, STAR charts, tick lists etc used to establish triggers and patterns in responses to situations</p> <p>→ Possible referral to speech and language therapy or occupational therapy, or social communication pathway.</p> <p>→ Possible educational psychology involvement</p> <p>NB: 'diagnosis' of autism is not necessary to establish requirement for intervention or level of support. It is rather the detailed assessment of needs and response to intervention that is important</p> <p>Possible assessments:</p> <p>→ AET Progression Framework – Autism Education Trust</p> <p>→ Sensory checklist - various</p>	<p>→ A calm, ordered learning environment that supports listening, attention and communication</p> <p>→ Visual supports e.g. visual timetables, now and next board, gestures</p> <p>→ tick lists for tasks and self-organisation if needed</p> <p>→ A reduction of sensory distractions</p> <p>→ Regular access to sensory resources and activities such as:</p> <p>ear defenders wobble cushion fiddle toy Chewys Movement breaks</p> <p>→ Careful preparation and management for transitions and unexpected changes</p> <p>→ Use of technology laptop or a work screen if needed.</p> <p>→ extra processing time</p> <p>→ the use of talk partners to rehearse what to say.</p> <p>→ A buddy/befriender system or support for interactions at play and lunch times if needed.</p> <p>→ An emphasis on modelling tasks to provide clarity.</p> <p>→ Opportunities to work independently including support and encouragement to 'give it a go'.</p> <p><u>Relationships</u></p> <ul style="list-style-type: none"> ✓ Photographs of staff and pupils displayed in foyer and classrooms ✓ Wondering out loud to name feelings and 	<p>ASC1. A communication friendly environment where language is positive and the use of signing/symbols and other visual support are in place if needed.</p> <p>ASC2. Simplified use of language with instructions given in short chunks supported by visual prompts such as gestures or timers</p> <p>ASC3. Access to sensory/movement/ brain breaks as and when needed</p> <p>ASC4. Pre-teaching and re-teaching of the curriculum where appropriate.</p> <p>ASC5. Opportunities for overlearning of key concepts.</p> <p>ASC6. Specific vocabulary teaching.</p> <p>ASC7. Strategies to support verbal communications such as staff modelling correct language use</p> <p>ASC8. Planned 'sabotage' to provide supported opportunities to problem solve</p> <p>ASC9. Social stories & comic strip conversations</p> <p>ASC10. Work station area</p> <p>ASC11. Speech and language therapy programme implemented by school staff (if appropriate)</p> <p>ASC12. Targeted intervention groups to develop skills e.g. listening, attention, social interaction, emotional literacy. (Lego therapy, Attention Autism)</p> <p>ASC13. Access arrangements for national assessments and exams if pupil meets requirements</p> <p>ASC14. Recommendations from specialists included in lesson plans and pupil's support plan.</p>

	<p>emotions</p> <ul style="list-style-type: none"> ✓ Turn taking modelled and reinforced ✓ <u>Listening</u> ✓ 'Rules' of good listening displayed, taught, modelled and regularly reinforced ✓ Pupils aware of pre-arranged cues for active listening (e.g. symbol, prompt card) ✓ Pupil's name or agreed cue used to gain individual's attention – and before giving instructions ✓ Written/ class work/ class layout ✓ Checklists and task lists – simple and with visual cues ✓ Delivery of information slowed down with time given to allow processing ✓ Pupils are given a demonstration of what is expected ✓ System of visual feedback in place to show if something has been understood ✓ Pupils are encouraged – and shown – how to seek clarification ✓ Classroom furniture and groupings consider whether pupils with speech & communication needs can see visual prompts and the teacher ✓ Access to a quiet, distraction free work station if needed ✓ Clear and explicit success criteria ✓ Work broken down into manageable chunks ✓ <u>Communication</u> ✓ Talk partner used ✓ Abstract words avoided ✓ Vocabulary pre-taught / word mats with visual support/ vocab shared with parents 	
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	<ul style="list-style-type: none">✓ Modelling of eye contact✓ Modelling of my ABA conversations✓ Sentence starters / key sentences modelled, taught and reinforced✓ <u>Organisation</u>✓ Appropriate use of visual timetables – personalised to the child✓ Visual timetables and prompts✓ Breaking tasks down✓ Now/next boards✓ Task/reward system✓ Teach list making / highlighting information	
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Assessment	Additional High Quality Teaching Strategies	Targeted Support and Interventions
Specific Learning Difficulty (Dyslexia, Dyscalculia, Dyspraxia [DCD])		
<p>NB specific learning difficulties occur across all ages and abilities</p> <p>→ Routine summative assessments, standardised testing and / or diagnostic tests that provide a standardised score used to establish a baseline assessment of literacy and numeracy skills which are unexpected in relation to age, level of education and experience</p> <p>→ Observations of fine and gross motor skills</p> <p>→ Speech and language therapy assessment may sometimes be needed to ascertain any underlying speech and language difficulties.</p> <p>→ Occupational therapy advice may be useful for pupils with more significant fine or gross motor difficulties.</p> <p>NB: ‘diagnosis’ of a specific learning difficulty is not necessary to establish requirement for intervention or level of support. It is rather the detailed assessment of needs and response to intervention that is important</p> <p>Possible assessments:</p> <p>→ Neurodiversity checklist, YARC - GL Education</p> <p>→ Comprehensive Test of Phonological Processing (CTOPP2) - Pearson</p> <p>→ Detailed Assessment of Speed of Handwriting (DASH) - Pearson</p>	<p><u>Dyslexia</u></p> <p>→ provision of written notes to reduce need to copy from white board</p> <p>→ using coloured pens on the white board</p> <p>→ using coloured text on work sheets</p> <p>→ bullet points to break up text</p> <p>→ Cover text to enable focus on each part</p> <p>→ Alternative methods of recording using for eg, mindmaps, card sorts, scribe, recording devices or ICT.</p> <p>→ Additional time to complete tasks</p> <p>→ resources to support independent learning such as:</p> <ul style="list-style-type: none"> • spelling dictionaries • spell checkers • alphabet strips • phonics mats • High Frequency Word mats • working walls • word processing • highlighters • post-its <p><u>Dyscalculia</u></p> <p>→ resources to support independent learning</p>	<p><u>Dyslexia</u></p> <p>SpLD1. structured small group or one to one phonics/reading/spelling/programmes</p> <p>SpLD2. pre teaching vocabulary</p> <p>SpLD3. Additional differentiated phonics and irregular word teaching with modified pace and additional reinforcement.</p> <p>SpLD4. Additional opportunities to read and be read to, rehearsing decoding skills and developing vocabulary and comprehension.</p> <p>SpLD5. Audio versions of texts</p> <p><u>Dyscalculia</u></p> <p>SpLD6. Structured small group or one to one maths interventions - Maths Up or Numicon</p> <p>SpLD7. Pre-teach mathematical vocabulary and formulae</p> <p>SpLD9. Additional differentiated teaching of mathematical concepts with modified pace and additional reinforcement.</p> <p><u>Dyspraxia (DCD)</u></p> <p>SpLD10. Occupational therapy programme</p> <p>SpLD11. Additional opportunities to practice fine</p>

	<p>such as:</p> <ul style="list-style-type: none"> • Squared paper to help line up numbers • Number line • 100 square • Calculator • Times table chart <p>Concrete apparatus</p> <ul style="list-style-type: none"> → Use of concrete examples that connect to real life → Talk through or write down a problem in a sentence → Draw the problem or allow the pupil to draw the problem → Cover text to enable focus on each question → Break down mathematics problems into smaller steps → Provided separate worksheets for number problems and word problems → Highlight or circle key words or numbers → Additional time to complete tasks <p>Dyspraxia (DCD)</p> <ul style="list-style-type: none"> → Seat near to the board and away from distractions → Present instructions clearly, one thing at a time → Resources such as pencil grips, writing slopes, aids to support spacing between words, adapted books as needed → Opportunities to recap learning → Timetables, planners and lists to help self- 	<p>and gross motor skills</p> <p>SpLD12. Access arrangements for national assessments and exams if pupil meets requirements</p>
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	organise → Additional time to change for PE	
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Assessment	Additional High Quality Teaching Strategies	Targeted Support and Interventions
Social, Emotional and Mental Health		
<ul style="list-style-type: none"> → Clear partnership and liaison between school and home to ensure that assessment takes account of presentation at home and at school. → Use of ABC charts, star charts, tally charts to identify frequency and patterns of behaviour → Evidence-based assessment tools used to develop a full analysis of pupil's strengths and difficulties in emotional and social development. → Assessment considers any underlying difficulties in language acquisition, sensory sensitivities or learning difficulty. → All incidents of behaviour recorded and analysed to identify frequency, intensity and any patterns in behaviour → Careful records kept of times when pupil may have had to be restrained to prevent danger to self or others. → External professionals and agencies, including CAMHS, may have been consulted and advice is consistently followed at school and home. → Progress against SMART targets and outcomes are written into My Plans, are carefully tracked and evaluated → Risk assessment to identify dangers and additional strategies needed to ensure safety and wellbeing of all. <p>NB: a 'diagnosis' is not necessary to establish requirement for intervention or level of support. It is</p>	<ul style="list-style-type: none"> → Rewards and praise used carefully to positively reinforce desired behaviours. → staff modelling and reinforcing specific social skills and emotional literacy skills → access to a quiet work area and resources to support focus and attention → Behaviour policy is modified or disapplied to meet pupil's needs. → Careful consideration to be given to group dynamics within class, for example seating plans. → Pre warning of changes to activities, routines and staffing. i.e. now next board/ visual timetable → Strategies to support understanding and expressing emotions appropriately such as: emotions barometer or incredible five point scale. → Movement breaks are planned and pupil can request rest or time out breaks to manage own emotions. → School trips planned and risk assessed well in advance taking into consideration the needs of the pupil. → Positive language/ celebrating individual achievements 	<p>SEMH1. Clear, structured and positive individualized behaviour management plan in place, which is led by class teacher and shared with and followed consistently by all staff.</p> <p>SEMH2. Focused adult support for group work, managing challenge, reinforcement of positive learning behaviours.</p> <p>SEMH3. Support and recommendations from specialists are included in lesson plans and pupil's support plan.</p> <p>SEMH4. Additional or alternative in class activities planned to encourage the pupil's engagement in the curriculum.</p> <p>SEMH5. Structured emotional literacy /interventions</p> <p>SEMH6. Structured social skills teaching/interventions</p> <p>SEMH7. focused teaching of self-regulation by using approaches such as 'Zones of Regulation'</p> <p>SEMH8. Staff team who are attachment disorder and trauma informed/ trained (anchor project/ emotional coaching)</p> <p>SEMH9. Safe space/ sensory space to use in times of crisis/overload</p>

<p>rather the detailed assessment of needs and response to intervention that is important</p> <p>Possible assessments:</p> <ul style="list-style-type: none"> → Boxall profile → Measures of children's mental health and psychological wellbeing - GL Education → Emotional literacy: assessment and intervention -GL Education → Strengths and Difficulties Questionnaire (SDQ) - 		<p>SEMH10. Pastoral support</p> <p>SEMH11. Counselling (including bereavement counselling)</p> <p>SEMH12. Access arrangements for national assessments and exams if pupil meets requirements</p>
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Assessment	Additional High Quality Teaching Strategies	Targeted Support and Interventions
Physical/Medical		
<ul style="list-style-type: none"> → Routine summative assessments used to establish any impact on learning, progress in curriculum against national expectations: strengths and difficulties identified. → Possible consultation and advice from external agencies (eg, physiotherapist, occupational therapist, community paediatrician) → Multi-professional assessment is carried out and parents and pupil co-produce outcomes, reviews and planning with these professionals. → Risk assessments, Personal Emergency Evacuation Plans, Personal care plans, moving and handling plans, environmental audits. → Individual health care plans outlining how medical needs will be supported and what to do in an emergency, including advice from parents and medical advisors <p>NB: 'diagnosis' of a disability is not necessary to establish requirement for intervention or level of support. It is rather the detailed assessment of needs and response to intervention that is important.</p>	<ul style="list-style-type: none"> → Recognition that reduced mobility or ability to speak may exist in pupils who are able to learn at age appropriate levels. → flexibility in school uniforms, with regard to pupils with physical or medical needs being allowed to wear easy to manipulate clothing such as tracksuit bottoms, trainers, elastic or clip tie, zip up fleece rather than jumper if necessary. → Consideration given as to how to help pupils keep up with any missed learning opportunities due to ill health, medical appointments etc → All staff aware of care plans and support needs. → Support to manage medical conditions such as monitoring blood sugar levels → Environment supports and adjustments for independence eg, resources are accessible, adequate space between tables to enable ease of movement. → pencil grips or writing slopes if required to support their writing → alternative methods of recording, including access to a laptop or tablet and easy-to-access software such as Clicker, if necessary → support to cut up food and to open packets and containers if required → access to training cutlery if required → access to disabled access toileting facilities if necessary 	<p>PM1. Recommendations from specialists are included in lesson plans and pupil's support plan.</p> <p>PM2. Generalised therapy programmes that can be incorporated into the school curriculum</p> <p>PM3. Specific therapy programmes/ exercises completed on a 1:1 basis</p> <p>PM4. Focused support to learn to self-manage own medical conditions such as responding to low blood sugar levels or to warning signs of a seizure</p> <p>PM5. Assistance for pupil in positioning or seating or using adapted equipment.</p> <p>PM6. Additional TA or specialist teacher time to deliver specific interventions.</p> <p>PM7. Medical care or therapies built into appropriate times of the school day</p> <p>PM8. Programmes as recommended by physiotherapist, occupational therapist.</p> <p>PM9. Intimate care / toileting policy and procedures</p> <p>PM10. Access arrangements for national assessments and exams if pupil meets requirements</p>

Assessment	Additional High Quality Teaching Strategies	Targeted Support and Interventions
	<ul style="list-style-type: none"> → support to develop toilet training skills and personal care independence skills if needed → one to one support for specific times e.g. for hand holding when walking longer distances or supervision for off-site visits → basic support to assist pupils with changing for PE lessons e.g. doing up shoelaces if needed → support to help pupils to put on or remove simple therapy equipment e.g. lycra gloves or ankle / footorthotics → Additional time planned for movement aroundschool. → Peer mentoring. → School trips planned well in advance taking intoconsideration the needs of the pupil 	

Assessment	Additional High Quality Teaching Strategies	Targeted Support and Interventions
Deafness/Hearing Loss		
<ul style="list-style-type: none"> → Routine summative assessments used to establish any impact on learning, progress in curriculum against national expectations: strengths and difficulties identified. → Audiology assessment and hearing aid services. → Functional hearing assessment by a qualified teacher of the deaf. → Routine summative assessments used to establish any impact on learning, progress in curriculum against national expectations: strengths and difficulties identified. → Possible consultation and advice from external agencies (eg, physiotherapist, occupational therapist, community paediatrician, SALT) → Multi-professional assessment is carried out and parents and pupil co-produce outcomes, reviews and planning with these professionals. 	<p><u>Audiology Equipment</u></p> <ul style="list-style-type: none"> → Where hearing aids are issued encourage pupils to wear them consistently → Hearing profiles and audiological information shared with relevant staff including supply teachers and lunch time supervisors → Effective use of additional listening devices such as radio aids → Access to spare batteries in school when needed → Keeping equipment safe and secure when not being used <p><u>Environment</u></p> <ul style="list-style-type: none"> → Support good listening by encouraging a calm learning environment where background noise is reduced and maintained at a conversational level → Pupil's seating is away from sources of background noise e.g. heaters, computers, busy sinks etc → A seating plan that will offer deaf pupils good listening and clear visual access to the class teacher, support staff and their peers (to enable lip reading where appropriate) → Pupil's seated near the front of the class with clear view of teachers face and any visual information. → Oral text supported with visual material → Ensure adequate and appropriate lighting → Measures to achieve optimum acoustic 	<p>HL1. Recommendations from specialists are included in lesson plans and pupil's support plans.</p> <p>HL2. Adult who understands and can support with managing and troubleshooting hearing aids</p> <p>HL3. Focused support to enable pupil to become independent in maintaining their hearing technology</p> <p>HL4. Opportunities for working in a quiet area, if necessary, to minimise listening fatigue</p> <p>HL5. Use of specialist equipment such as sound field or radio aids systems.</p> <p>HL6. Help with acquiring and comprehending new vocabulary and concepts.</p> <p>HL7. Information and key vocabulary are pre-taught or shared in advance of the lesson and revisited for consolidation</p> <p>HL8. Pastoral support or mentoring including social and emotional support</p> <p>HL9. Specific teaching of social and interaction skills with their peers may be needed.</p> <p>HL10. Promote deaf role models to support development of self-esteem and deaf identity</p> <p>HL11. Key staff are trained in BSL, Makaton, PECs or other appropriate communication systems where necessary.</p> <p>HL12. Access arrangements for national assessments and exams if pupil meets requirements e.g., scribe, live speaker, small venue.</p>

	<p>environments such as wall displays, curtains, carpeting, soundfield, hush-ups</p> <p>→ Classroom noise is minimised e.g. by adding felt pads inside pencil pots. Ensure table and chair legs have rubber feet and echoes are dampened e.g. by using fabric and displays to cover bare walls</p> <p><u>Curriculum, teaching and learning</u></p> <p>→ Instructions are delivered clearly and at an appropriate volume. Adults use normal rhythm and intonation. Lip movements are not exaggerated</p> <p>→ The teacher avoids positioning him/herself with back to a window/light source or with back to pupil</p> <p>→ Visual supports for teaching for instance using gestures, pictures and props to aid listening and understanding</p> <p>→ Careful consideration when choosing media resources to enable the use of subtitles.</p> <p>→ Differentiated learning materials - personal dictionaries, writing templates, subject-specific workmats with reference information.</p> <p>→ Key information and vocabulary written down</p> <p>→ Instructions given in clear and accessible way for example given in short chunks using simplified language and clear sentence structure, stressing keywords</p> <p>→ Repeat, rephrase and check understanding of language</p> <p>→ Repetition of instructions, using the same or simplified language</p> <p>→ Vocabulary rich environment (e.g. repetition and</p>	
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	<p>use of vocabulary with peers)</p> <ul style="list-style-type: none"> → A variety of methods for presenting and recording information e.g. computer, diagram, mind map... are employed → Ensure good listening access by facing the class when teaching, avoid teaching “to the whiteboard”. → Be mindful that moving around affects the quality of the deaf pupil’s listening experience → Be aware of the challenges with dictation or similar tasks requiring simultaneous writing and lip reading → Time for listening, thinking and responding are provided. <p><u>Social and Emotional Well being</u></p> <ul style="list-style-type: none"> → Awareness that pupils with a hearing loss may have gaps in their understanding of social norms due to immature language or delayed language → A Buddy/befriender system or similar at play and lunch times to support social inclusion → Encourage whole class discussion with consent from the deaf pupil, about hearing loss and use of listening devices to support their self-esteem. → School trips planned and risk assessed well in advance taking into consideration the needs of the pupil → The health and safety needs of a child with partial in high risk areas such as PE, technology and science, have been considered. → Peer awareness of pupil’s disability and associated needs (as appropriate and in agreement with the pupil and parent) is promoted. 	
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Assessment	Additional High Quality Teaching Strategies	Targeted Interventions
Visual Impairment		
<ul style="list-style-type: none"> → Routine summative assessments used to establish any impact on learning, progress in curriculum against national expectations: strengths and difficulties identified. → Ophthalmology assessment. → Functional visual assessment by a qualified teacher of visually impaired pupils. → Environmental assessment. → Mobility assessment → Possible consultation and advice from external agencies (eg, speech and language therapist) → Multi-professional assessment is carried out and parents and pupil co-produce outcomes, reviews and planning with these professionals. 	<p><u>Environment</u></p> <ul style="list-style-type: none"> → a well organised, clearly labelled and consistent learning environment with minimal clutter and high contrast furniture and fittings → Contrasting colours are used to demarcate spaces and their functions → any changes to classroom/school layout should be explained and described in detail → a calm, quiet learning environment that supports listening, attention and communication → a learning environment with comfortable, consistent lighting and minimal glare on teaching boards → Consistent lighting in the wider school setting → a quiet work area if needed → Pupils' coat pegs, class trays, lockers easily located (end of coat line, top of tray holding drawers etc) <p><u>Curriculum, teaching and learning</u></p> <ul style="list-style-type: none"> → pupil given the option to sit where best suits their vision → use of magnifying technology → use of screen sharing technologies to enable access to content on separate devices → extra time to complete tasks and 'down time' 	<p>VI1. Some specific reinforcement or skill-development activities may be required using, for example: verbal reinforcement, tactile and kinaesthetic materials, real objects.</p> <p>VI2. Orientation and mobility training around the classroom and the wider setting, including sighted guide training for relevant staff</p> <p>VI3. Access to low vision aids, specialist equipment, ICT or adaptations to enable access to the curriculum.</p> <p>VI4. Training of relevant staff to create/modify learning resources</p> <p>VI5. Access arrangements for national assessments and exams if pupil meets requirements e.g., extra time, modified/enlarged print papers, reader etc</p>

	<p>to reduce the effects of visual fatigue</p> <ul style="list-style-type: none"> → short bursts of focused adult support to check understanding of instructions and teaching → Alternative methods for recording information in the classroom and for homework are considered e.g., audio. → Expectations of the volume of work to be produced may need adjusting whilst still fulfilling the objective of the lesson. → classroom displays are in an accessible format → Verbal reinforcement strategies to support active and independent learning in a nurturing environment → TAs, LSAs and support staff appropriately trained and deployed. They will be used to support pupil access to learning rather than replace the class teacher. → Pupils should be close to any practical demonstrations → Verbalise what is being done using rich descriptive language → Pupil provided with own copy of any texts that are shared on the teaching board <p><u>Resources</u></p> <ul style="list-style-type: none"> → lesson resources should be enlarged to an appropriate size, and modified before the start of the lesson if required → Larger print books, kindle, ibooks, RNIB Bookshare → use of adapted equipment, such as talking calculators, scales, high contrast 	
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	<p>PE equipment</p> <ul style="list-style-type: none"> → large print resources with good quality print using high contrast, with minimal visual clutter → Use a sans serif font, such as Arial, for lesson resources and teaching slides → good quality stationery → Use of modified exercise books with bolder lines for writing and bolder boxes for maths → Use of darker pencils for written work <p><u>Social and emotional wellbeing</u></p> <ul style="list-style-type: none"> → Clinical information provided by appropriate specialists should be shared with relevant staff → Vision Profile outlining implications for learning shared with relevant staff → a Buddy/befriender system or similar at play and lunch times → School trips planned and risk assessed well in advance taking into consideration the needs of the pupil 	
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S.E.N - 4 Areas of Need Explained

Communication and Interaction

Children and young people have speech, language and communication difficulties which make it difficult for them to make sense of language or to understand how to communicate effectively and appropriately with others.

Difficulties children/young people may experience

<u>Difficulty</u>	<u>Child/young person shows difficulty in:</u>	<u>Child/young person may show or have:</u>
Receptive Language Difficulty	Listening Attention skills Understanding spoken language	Lack of interest in lessons Negative/disruptive behaviour
Expressive Language Difficulty	Conveying information in speech Writing Sign language or gestures	Not use correct grammar May produce very short phrases and sentences May have a small vocabulary May have limited eye contact Limited natural gestures Limited facial expressions
Pragmatic/Social Communication Difficulty	Use of social language and social rules of conversation Making and maintaining friendships Understanding of others feelings/emotions Inference Using non-verbal communication such as eye contact or facial expressions Sensory integration Staying on topic in conversations	Lack of interaction in lessons Lack of interest in peers
Speech Sound Difficulty	Co-ordination of the tongue, lips and palate Hearing	A family history of difficulties Delayed language development Additional diagnosed difficulties e.g. Developmental Verbal Dyspraxia, Down Syndrome

Cognition and Learning

Cognition refers to the thinking skills and thought processes that a child/young person has acquired through their prior experience. Learning needs are on a continuum and can vary across subjects and situations. Children with learning needs may learn at a slower pace than their peers despite appropriate differentiation. Learning difficulties can be general or specific and related to one or more areas of the curriculum. Difficulties may be short-term in one or more areas or severe and long term.

Specific learning difficulties (SpLD) affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

Where children and young people learn at a slower pace than others their age, they may:

- have difficulty in understanding parts of the curriculum
- have difficulties with organisation and memory skills
- have a specific difficulty affecting one particular part of their learning such as in reading, writing or maths.

Social, Emotional and Mental Health (S.E.M.H)

Children and young people may experience a wide range of social and emotional difficulties which present themselves in many ways. They may:

- have difficulty in managing their relationships with other people
- be withdrawn
- behave in ways that may hinder their and other children's learning or that have an impact on their health and wellbeing
- This broad area includes attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD) or attachment disorder. It also includes behaviours that may reflect underlying mental health difficulties such as anxiety, depression, self-harming and eating disorders.

Sensory and/or Physical Needs

Where children and young people have visual and/or hearing impairments, or a physical need that means they must have additional on-going support and equipment.

Main Areas of Need Defined

Communication and Interaction
ASD
<p>Autism or “Autistic Spectrum Disorder”</p> <p>Autism spectrum disorder (ASD) is a condition that affects social interaction, communication, interests and behaviour.</p> <p>In children with ASD, the symptoms are present before three years of age, although a diagnosis can sometimes be made after the age of three.</p> <p>People with ASD tend to have problems with social interaction and communication. In early infancy, some children with ASD don’t babble or use other vocal sounds. Older children have problems using non-verbal behaviours to interact with others – for example, they have difficulty with eye contact, facial expressions, body language and gestures. They may give no or brief eye contact and ignore familiar or unfamiliar people.</p> <p>Children with ASD may also lack awareness of and interest in other children. They’ll often either gravitate to older or younger children, rather than interacting with children of the same age. They tend to play alone.</p> <p>They can find it hard to understand other people's emotions and feelings, and have difficulty starting conversations or taking part in them properly. Language development may be delayed, and a child with ASD won’t compensate their lack of language or delayed language skills by using gestures (body language) or facial expressions.</p> <p>Children with ASD will tend to repeat words or phrases spoken by others (either immediately or later) without formulating their own language, or in parallel to developing their language skills. Some children don’t demonstrate imaginative or pretend play, while others will continually repeat the same pretend play.</p> <p>Some children with ASD like to stick to the same routine and little changes may trigger tantrums. Some children may flap their hand or twist or flick their fingers when they’re excited or upset. Others may engage in repetitive activity, such as turning light switches on and off, opening and closing doors, or lining things up.</p> <p>Children and young people with ASD frequently experience a range of cognitive (thinking), learning, emotional and behavioural problems. For example, they may also have attention deficit hyperactivity disorder (ADHD), anxiety, or depression.</p>

Sensory processing

Description

What is sensory processing?

Sensory processing refers to how we use the information received by all of the senses within our body and from our environments. All of the information is integrated to give us an understanding of who we are, where we are and what is happening around us. When our senses are integrated correctly we are able to respond appropriately to the sensation.

A child with possible sensory processing disorders may have difficulty in figuring out what is happening inside and outside of their bodies. The sensory information their body is registering may not be accurate.

Children tend to go with their instincts and may struggle to communicate how they feel, they may be disorganised in a world they can't quite make sense of.

A child who has SPD will need more opportunities for breaks throughout the day.

Our senses are the building blocks for all other skills we learn and use in life:

Everything we do relies on our central nervous system (our brain and spinal cord and nerves). Then we get all our information from our senses and their individual systems. These senses provide our brain with all the information it needs to grow, learn and develop all of our actions, skills and preferences.

TOUCH

Strategies to support touch sensitive children

- To stand at the end or beginning of queue at lunchtime.
- Peg at the end of cloakroom rack, or drawer at the end of cupboard.
- Arranged seating to minimise the risk of being bumped by classmates
- Modifications to the art activity
- To use some of the heavy work activities
- Avoid light touch, use firm pressure when touching the young person and always approach from the front.
- To use 'fidget' toys

Strategies to support children *under* sensitive to touch may:

- A variety of touch activities – massage, exploring objectives with hands
- Contrasting tactile experiences within learning
- Fidget toys – probably more textures and firmer.

TASTE

Supporting strategies

- Second sitting in lunch hall , physical/busy/heavy activity first
- Allow them to have their favourite scent or an object that they like the smell of to block out the 'offensive' smell.
- Remember we all have food preferences, some food types we just don't like!!!
- Offer taste preferences during snacks and challenging times, e.g. studying for test, homework, chewy foods help regulate. Involve in food as much as possible, not around mealtimes so there is no pressure.

- Have cold food first.
- Have crunchy foods with soft food.

SIGHT

Young person with difficulty co-ordinating their eye movements.....

- Young person can sit at the front of the class so they are not distracted by other young person when looking at the board.
- Provide a written sheet on the desk to copy from rather than copying from the board.
- Use large print books/work sheets.
- Use a finger or ruler to mark where reading.
- Use a reading ruler with window
- Photocopying work onto cream paper can also help.
- A writing slope

Children who have difficulty processing the visual information.....

- Keep visual and auditory distractions to a minimum to help focus attention on classroom instructions.
- Sit near the classroom teacher
- Use different colours for different lines on the whiteboard.
- Trial a distraction blocker board or distraction free workstation (please consider the sensitivity of the young person.)
- Avoid clutter around the whiteboard.
- Beware of lights flickering.

SOUND

Over sensitive

- Respect their sensitivities it does really hurt!
- Try to forewarn the young person of any loud noises before they occur (i.e. bells/fire alarms).
- To minimize auditory distractions, a classroom with a rug or carpet would help decrease background noises.
- Allow them to wear ear defenders when there is expected to excess noise in the room.
- Acknowledge existing noises, tell them what it is.
- Allow extra time or to leave before/after crowded change over time.
- Appropriate use of mp3 player, iPhone plugs with music can help aid concentration on task.

Under sensitive.....

- Only speak to the young person when they are facing you and looking at you.
- Use straight forward short sentences.
- Speak loudly and clearly to these young persons at all times.
- Start with one instruction and increase as the young person is able to retain more information.
- Ask the young person to repeat the instruction to you.
- Wait for the young person to process the information and respond, which may take them longer.
- Reduce extraneous noise OR wait until it has gone before giving instructions. (Do not expect a young person with these difficulties to concentrate when there is a lot of noise going on outside the classroom).
- Give written instructions, prompt sheets, as well as verbal ones.
- Repeat sentence with same words – do not paraphrase.

- Ask child to repeat back to check understanding
- Model good speech. - Even if child has trouble responding they may have understood what you said.
- Allow a child to respond where possible in their own time. - Don't interrupt, rush or pressurise the child.
- Use rhythm and beat. - Use rhythm to help memory by substituting own words to a familiar tune.
- Get child's attention before talking. - Use a physical prompt such as patting a hand to ensure their full attention.
- Reduce auditory and visual distractions. -These compete for a child's attention. Other conversation and movement are the worst.

MOVEMENT SYSTEM

Proprioception is 'How the body senses itself', our body awareness. This is our subconscious sense that tells us where our arms and legs are in space without us having to look at them. Proprioception is thought to be able to calm and override other systems therefore use of proprioceptor activities is always beneficial.

The common difficulties with the processing of proprioceptive information appear to be a lack of sufficient information. This can cause young person to go looking for information often termed 'sensory seeking'. If difficulties exist you may see the following behaviours in the classroom:

- Fidgeting in their seat in an attempt to gain more information from the muscles and joints as to the position of their body parts.
- Heavy handed, struggling to grade the force they place through a pencil, or when playing with toys.
- Struggles with P.E. in particular apparatus and ball games.
- Looking at their hands when writing or when using a mouse on a computer.
- Looking at their feet when trying to ride a bike or climb up the apparatus.
- Chews hard on their pen or sleeve.
- Bangs into other young person but isn't an aggressively natured child.
- Difficulty sitting on carpet.

Supportive Strategies

- Allow the child to wear a back pack with a few books in during times of transition or when sitting may help to keep them calm.
- Prior to handwriting have the child do some warm ups including....pressing palms together, pulling each fingertip, press the palms on to the desk, chair push ups with hands flat on the seat pushing their body up.
- The child uses a lap weight/shoulder (such as a wheat pack)
- Use a 'move n sit' cushion
- Allow breaks for "Heavy Work Activities" including pushing trolleys , stacking chairs, helping set-up PE equipment, carrying bags of equipment/ reams of paper etc
- Activities that require movements that are forward and backwards are calming rather than those that are in circles. Space hoppers, trampoline. Pushing and pulling games, pushing up on hands on chair prior to handwriting, pressing feet hard into floor when sitting, and pushing palms together.

HEAVY WORK ACTIVITIES ARE MOST EFFECTIVE 5-10 MINUTES BEFORE YOU WANT THEM TO CONCENTRATE

Vestibular

How the body handles movement is down to our vestibular systems. They are located in our inner *ears*. The vestibular sense is possibly the most fundamental of all our senses it gives us physical and emotional security when moving in space as our bodies automatically adjust to stop us from falling. More subtle vestibular activities include maintaining a seated posture and paying attention. This sense also enables us to stabilise our visual field .

The information from the vestibular senses also passes through an area of the brain that impact on our attention and arousal levels (sleep/wake cycles)

PLEASE NOTE

• Young people with vestibular difficulties can feel sick and dizzy very easily, or not realise when they have reached their tolerance level and vomit or experience headaches. Care should be taken when working with these young people and you should stop the activities and seek support if children reach this point.

Supporting strategies

Over sensitive to vestibular movement

- Consider sensory strategies you can use to make the young person feel calm, safe and secure (Heavy work).
- Use a firm, supportive seat that will not tip, to help the young person feel stable and secure whilst at their desk. Make sure their feet can stay flat on the ground.
- Use your hands to help the young person develop his awareness of his body position. Always use firm 'grounding' touch and concentrate on the joints of the body.
- The young person may become distressed or anxious with changing positions in the classroom e.g. getting down onto the floor, onto a chair etc. Use visual markers so the young person has a clear aim of where to go e.g. put their favourite cushion on the floor so they can aim to be sitting on top of it.
- Break down activities into their most basic parts. For example, it might be more successful to practise sitting on a chair than getting right down to the ground at first.
- Think about what position the young person likes to be in during different activities in the classroom. Let the young person maintain the position they are happy and secure in (e.g. cross-legged on the floor).
- Use every opportunity to reinforce the young person's proprioception / body awareness. This doesn't always have to be done by another person. Trial using a backpack weighted with books or simple pushing / pulling games which facilitate traction and increased sensory feedback.

More information

<https://www.otforkids.co.uk/conditions/sensory-processing-disorder-spd.php>

<https://thesensoryseeker.com/sensory-processing-disorder-in-the-uk/>

Cognition and learning - General

Description

Cognition refers to the thinking skills and thought processes that a child/young person has acquired through their prior experience. Learning needs are on a continuum and can vary across subjects and situations. Children with learning needs may learn at a slower pace than their peers despite appropriate differentiation. Learning difficulties can be general or specific and related to one or more areas of the curriculum. Difficulties may be short-term in one or more areas or severe and long term.

Specific learning difficulties (SpLD) affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

Where children and young people learn at a slower pace than others their age, they may:

- have difficulty in understanding parts of the curriculum
- have difficulties with organisation and memory skills
- have a specific difficulty affecting one particular part of their learning such as in reading, writing or maths.

Dyslexia

Description

Dyslexia is a language-based learning disability. Dyslexia refers to a cluster of symptoms, which result in people having difficulties with specific language skills, particularly reading. Students with dyslexia usually experience difficulties with other language skills, such as spelling, writing, and pronouncing words. Dyslexia affects individuals throughout their lives; however, its impact can change at different stages in a person's life. It is referred to as a learning disability because dyslexia can make it very difficult for a student to succeed academically in the typical instructional environment.

Dyslexia occurs in people of all backgrounds and intellectual levels. People with dyslexia can be very bright. They are often capable or even gifted in areas such as art, computer science, design, drama, electronics, math, mechanics, music, physics, sales, and sports.

General problems experienced by people with dyslexia include the following:

- Learning to speak
- Learning letters and their sounds
- Organising written and spoken language
- Memorizing number facts
- Reading quickly enough to comprehend
- Keeping up with and comprehending longer readings
- Spelling
- Learning a foreign language
- Correctly doing math operations

Some specific signs for school aged children may include:

- Difficulty with remembering simple sequences such as counting to 20, naming the days of the week, or reciting the alphabet
- Difficulty understanding the rhyming of words, such as knowing that *fat* rhymes with *cat*
- Trouble recognizing words that begin with the same sound (for example, that *bird*, *baby*, and *big* all start with *b*)
- Pronunciation difficulties
- Trouble easily clapping hands to the rhythm of a song
- Difficulty with word retrieval (frequently uses words like “stuff” and “that thing” rather than specific words to name objects)
- Trouble remembering names of places and people
- Difficulty remembering spoken directions

Dyscalculia

Description

Developmental Dyscalculia, like dyslexia, is one of a family of specific learning difficulties. Co-occurrence of learning difficulties (or disorders) appears to be the rule rather than the exception, and it can often occur with one or more conditions such as dyslexia, dyspraxia or ADHD/ADD. This may be as a result of sharing characteristic factors such as working memory.

Dyscalculia can be defined as

- a presence of difficulties in mathematics
- the mathematical difficulties are not caused by lack of educational opportunities
- the degree of difficulty is evidenced to be below expectations for the individual’s age.

Dyspraxia (DCD – developmental coordination delay)

Description

Developmental Coordination Disorder (DCD), also known as dyspraxia, is a common disorder affecting fine and/or gross motor coordination in children and adults.

There may also be many non-motor difficulties that could also be experienced by people with the condition and which can have a significant impact on daily life activities. These include memory, perception and processing as well as additional problems with planning, organising and carrying out movements in the right order in everyday situations. Although dyspraxia may occur in isolation, it frequently coexists with other conditions such as Attention Deficit Hyperactive Disorder (ADHD), dyslexia, language disorders and social, emotional and behavioural impairments.

Areas of need may include; Hand to Eye Coordination, large muscle movements, attention/concentration, conceptualisation, personal organisation, speech, language and communication, social skills, creativity and imagination and flexible thinking.

Area of need	Strategies
Handwriting difficulties	Practice multi-sensory letter formation e.g. sandpaper letters, sky writing, rice trays

	<p>Use pencil grips, writing lines, stencils, experiment with different types of writing tool</p> <p>Consider use of writing slope</p> <p>Provide frames for work (organisational difficulties)</p> <p>Support child to adopt suitable seating position (visual resource)</p> <p>Consider intervention – write from the start or speed up</p>
<p>Difficulties with dressing and fastening clothes</p> <p>Using tools, utensils and cutlery</p>	<p>Suggest loose-fit easy on/easy off clothing and Velcro fastenings</p> <p>Break down each task into small sections to be mastered one by one</p> <p>Consider use of fizzy intervention</p>
<p>Difficulty walking in straight line, bumps into people and things</p> <p>Difficulties running, hopping, jumping, catching/kicking balls</p>	<p>Provide balance or wobble boards, walking on the line and hand to hand throwing using bean bags or water-filled balloons</p> <p>Differentiate PE sessions</p> <p>Consider PE partners with care</p>
<p>Reacts to all stimuli without discrimination. Attention span may be poor.</p> <p>Distracted in open-plan environments.</p>	<p>Allow child to choose activities which meet child's own interests.</p> <p>Avoid disturbing child when on task.</p> <p>Avoid fluorescent lights, fluttering ceiling displays.</p>
<p>Disturbs others.</p>	<p>Promote a 'no-disturbance' culture showing respect for each child's work space.</p>
<p>Difficulty understanding concepts such as 'in' 'on' 'in front of'.</p>	<p>Teach through concrete resources initially .</p> <p>Use visuals / signals for instructions</p> <p>Use games with command cards such as 'cow in front of barn' with correct picture on back of card.</p>
<p>Generally poorly organised.</p>	<p>Supply time-tables, daily diaries and instructions for specific activities in sequenced picture cards.</p> <p>Record homework expectations for them</p>
<p>Unable to remember and/or follow instructions</p>	<p>Get the attention of the child before giving instructions.</p> <p>Use simple language with visual prompts.</p> <p>Provide time to process the information.</p> <p>Use activities, demonstrations and pictures.</p>
<p>Difficulty in explaining needs or answering a question.</p> <p>Difficulty in retelling an incident.</p>	<p>Provide visual supports to help recollection of personal experiences.</p> <p>Use closed questions rather than open ended questions.</p> <p>Use comic strip to order what happened.</p>
<p>No concept of personal belongings.</p>	<p>Role play to develop understanding of the</p>

Difficulty keeping friends. Difficulty judging how to behave in company.	concepts of private and public. Have consistent explicit classroom rules. Use social stories to explain the social rules and expected behaviour.
Artwork and story telling immature. Difficulty with time, sequencing 'before' 'after' 'future'	Use role play and drama to explore different outcomes and scenarios. Timelines can help fix events in child's mind. Teach from 'concrete' to 'abstract' by making concepts relevant to child's own experience.
Difficulty coping with sudden changes, leading to anxiety.	Give advance notice of any changes. Use visual timetables. Give clear rules and consequences.
Difficulty in understanding the feelings of other people and the effect of their own behaviours on other people. Difficulty in using a learnt skill out of the learnt situation.	Work on understanding emotions. Use strategies such as comic strip conversations and mind reading etc. Teach each skill in all the possible contexts and in different ways.
Resistance to certain activities (sensory) or situations.	Prepare for the change Introduce to sensation gradually. Provide other options if the student cannot overcome the sensory difficulty. Introduce new sensory experiences using the child's interests, eg messy play making aliens to get used to slimy texture.
Finds it difficult to concentrate.	Give a distraction free learning environment. Reduce the social demands while learning. Permit time out if child is becoming over-stimulated.

Find more information at

<https://dyspraxiafoundation.org.uk/about-dyspraxia/dyspraxia-glance/>

SEMH – general

Description

SEMH is an umbrella term encompassing a huge variety of diagnosis and needs. Social, emotional and mental health (SEMH) needs are a type of special educational needs in which children/young people have severe difficulties in managing their emotions and behaviour. They often show inappropriate responses and feelings to situations. This means that they have trouble in building and maintaining relationships with peers and adults; they can also struggle to engage with learning and to cope in classroom without additional strategies and interventions. Children with SEMH will often feel anxious, scared

and misunderstood.

Typical characteristics of children with SEMH can include:-

- Disruptive, antisocial and uncooperative behaviour
- Temper tantrums
- Frustration, anger and verbal and physical threats / aggression
- Withdrawn and depressed attitudes
- Anxiety and self-harm
- Stealing
- Truancy
- Vandalism

Developing and maintaining a positive, supportive relationship will be the best strategy for any child, especially those that may have an additional SEHM need.

ADHD

Description

ADHD stands for Attention Deficit Hyperactivity Disorder.

Children may have difficulty paying attention, overactive or impulsive behaviour.

Children with ADHD will have received a diagnosis from a medical professional. They may be on medication.

Attention Deficit Hyperactivity Disorder (ADHD) is a group of behaviours that affect a person's ability to concentrate and control impulsivity. Typically, ADHD is one of three forms:

- Inattentive ADH
- Impulsive ADHD
- A combination of both

ADHD tends to be diagnosed when a child is relatively young. The NHS indicates that typical diagnosis range is from 6 – 12 years old.

ADHD has a very different impact for each child or young person.

ADD is sometimes diagnosed by Pediatricians if children don't exhibit the hyperactive signs.

Glossary

ADD: Attention Deficit Disorder

ADHD: Attention Deficit Hyperactivity Disorder

ATS: Advisory teaching service (teams for C&L inc SEHM, C&I,PD)

ASD: Autism Spectrum Disorder

CCP: Caring for communities and people charity

C&I: Communication and Interaction

C&L: Cognition and Learning

CoP: Code of Practice

CYPS: Child and Young Persons Services

EH-*: Early help

EHCP: Education, Health & Care Plan

EP: Educational Psychologist

HI: Hearing Impairment

LA: Local Authority
LAC: Looked after Child
MLD: Moderate Learning Difficulty
MSI: Multi-Sensory Impairment
OT: Occupational Therapy/Therapist
PEP: Personal education plan , drawn up with Virtual Schools for children in care.
PD: Physical Disability
PMLD: Profound and Multiple Learning Difficulties
PR: Parental Responsibility
PRU: Pupil referral unit
PT: Physiotherapy/Physiotherapist
SALT/SLT: Speech & Language Therapy/Therapist
SEMH: Social, Emotional and Mental Health
SEN: Special Educational Needs
SEND Special Educational Needs and Disabilities
SENDCo: Special Educational Needs & Disabilities Co-ordinator
SLCN: Speech, Language & Communication Needs
SLD: Severe Learning Difficulties
SpLD: Specific Learning Difficulties
VI: Visual Impairment
VS: Virtual Schools