

# The Graduated Response Toolkit

High Quality Teaching



## Introduction

All children and young people in Oldham are entitled to an education that enables them to make progress so that they:

- achieve the best possible outcomes;
- become confident individuals with a growing ability to communicate their own views, living fulfilling lives;
- make a successful transition into compulsory education if in early years; or
- make a successful transition into adulthood if they are a young person - whether into employment, further or higher education or training.

The Children and Families Act (2014) introduced a new system for Special Educational Needs and Disability (SEND) on 1 September 2014 and the SEND Code of Practice 0-25 years was published as statutory guidance to support it (DfE/DoH, January 2015).

There is a strong focus on working with families of children and young people with SEN and those who are disabled to achieve better outcomes.

## High Quality Teaching

The SEND Code of Practice (2015) makes clear the principle that all teachers are responsible and accountable for the progress and development of the children and young people in their teachers need to focus on outcomes rather than on hours of support to help a pupil to make progress.

A special educational need is a barrier to learning that might take a variety of forms. The wide range of strategies that can be employed by skilled staff is usually sufficient to overcome such barriers by setting suitable learning challenges and responding to students' diverse learning needs. Examples are planning appropriately-challenging work for those whose ability and understanding are in advance of their literacy skills or using positive behaviour management with a clear system of rewards and sanctions.

The effectiveness of a school's high quality teaching has a direct bearing on the nature of additional help required by children with SEN, and on the point at which additional help is required.

Making higher quality teaching normally available to the whole class is likely to mean that fewer pupils will require additional and different support. Such improvements in whole-class provision tend to be more cost effective and sustainable than expensive personalised interventions.

# The Graduated Response

For children and young people identified as having Special Educational Needs and Disabilities (SEND), settings will take action to remove barriers to learning and put into place effective special educational provision.

A graduated response will be undertaken which draws upon the four part cycle of Assess, Plan, Do and Review. During this cycle approaches are revisited, refined and revised building on a growing understanding of learners' needs and the support needed in helping them to make good progress and secure good outcomes.

Each stage of support builds on the good practice of the previous stages. This will lead to an approach in which increasing levels of support are provided, where necessary and appropriate: from High Quality teaching (Universal offer); SEN Support; and High Needs provision through an EHC Plan for those with the most severe and complex needs.

This toolkit is designed to support education and learning settings to improve accessibility and remove barriers to learning by making reasonable adjustments through **high quality teaching**, as part of the graduated response.

The guidance is set out in sections for individual areas of need from the Code of Practice (2015) showing high quality teaching strategies and approaches for classroom teachers, which should be implemented and reviewed to support and inform progress and future planning for children and young people with SEND as the **first stage** in the assess/plan/do/review process.

It has been co-produced by Oldham education, health and social care professionals including SEN Coordinators (SENCOs) and in partnership with parent representatives. The toolkit will be updated through regular review.

[www.oldham.gov.uk/downloads/file/5423/oldham\\_s\\_coproduction\\_values](http://www.oldham.gov.uk/downloads/file/5423/oldham_s_coproduction_values)

[www.oldham.gov.uk/downloads/file/4898/graduated\\_response\\_supporting\\_the\\_needs\\_of\\_children\\_and\\_young\\_people\\_0-25](http://www.oldham.gov.uk/downloads/file/4898/graduated_response_supporting_the_needs_of_children_and_young_people_0-25)

# Individual Areas of Need

## 1. Communication and Interaction

Speech language and communication needs can affect pupils in many different ways. Pupils can experience a speech sound disorder which may make their speech sound different, and, in some cases can make it so difficult to understand that it impacts on the pupil's ability to convey their message. Dysfluency or a stammer can also affect how a pupil's speech sounds.

Language difficulties can take many different forms: some pupils have difficulties understanding what they've heard, while others find it hard to construct sentences or retrieve the appropriate vocabulary item. Some pupils find it hard to use their language skills to communicate with others - their grammar and vocabulary may be fine, but they struggle to interact with others. Older pupils may struggle with creative thinking skills like prediction and inference.

As well as differing in kind, speech, language and communication skills may differ in severity. Some pupils may experience a mild difficulty that can be managed through high quality teaching, while others with more significant difficulties may require group intervention with advice recommended by SALT.

Children with social communication needs find it difficult to communicate with others for a range of reasons. They may have difficulties taking part in a conversation, taking turns in a conversation, staying on topic, taking the listener's needs in to account, reading non-verbal cues etc. They may also have difficulty understanding what the speaker is saying to them or have other speech and language difficulties.

### **The SEND Code of Practice states:**

6.29 - Children and young people with ASD, including Asperger's Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

In addition they may also have difficulty with attention and become easily distracted, have poor motor coordination and Sensory needs.

### **The SEND Code of Practice states:**

6.28 - Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others.

This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication.

The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.

Children and young people with Autism Spectrum Disorder (ASD) have difficulties in the areas of social communication and social interaction. They find it difficult to make sense of the world around them, in the way others do. They also have difficulties with social imagination in that they find it difficult to cope with changes in routine and unscheduled events.

Provision for children and young people with social communication and ASD should reflect their need to develop social relationships and take into account the increased risk of emotional and/or mental health problems. It may also include support to aid progress in related areas of learning such as literacy. Intervention may include adapting the environment, individual support and providing Augmentative and Alternative means of Communication (AAC).

## 2. Cognition and Learning

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. (SEND Code of Practice 6:23)

### **SEND Code of Practice states:**

6.30 - Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation.

Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

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

### 3. Social, Emotional and Mental Health

#### **The SEND Code of Practice states:**

6.32 - Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated as well as displaying challenging disruptive or disturbing behaviour.

These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

The SEND Code of Practice also states that Persistent disruptive or withdrawn behaviours do *not necessarily mean* SEN.

Where there are concerns, there should be an assessment to determine whether there are any causal factors such as:

- Undiagnosed learning difficulties
- Communication difficulties
- Mental health issues

In each case, early identification, assessment and intervention will significantly reduce the use of more costly intervention at a later date.

If all other areas of SEN have been investigated and evidenced that all interventions put in place have had little or no positive effect, then SEMH should be investigated as a specific SEN.

Refer to Oldham's guidance on the Graduated Response to Supporting Emotional Health and Well-Being.

## 4. Sensory (Vision Impairment, Hearing Impairment, Sensory Processing) and Physical Needs

**Vision impairment** in children and young people is a low incidence, high impact disability and can take many forms, with widely differing implications for a child/young person's education.

The effect of visual problems on a child/young person's development depends on many factors including the severity, type of loss, age at which the condition appears, and overall functioning level of the child/young person. Many children/young people who have multiple disabilities also have vision impairments. Wearing glasses which correct vision or having a colour vision defect alone may not necessarily result in any special educational needs.

Children and young people who are born with a vision impairment have very different needs to adults who acquire a sight loss and have had many years of full vision. Significant vision impairment can delay early childhood development and learning; including social communication, mobility, and everyday living skills.

Most teaching approaches take vision for granted, so making sure that children/young people with vision difficulties achieve their full educational potential can present significant challenges.

In order to understand and address these challenges, schools need specialist advice from qualified teachers of children with vision impairment (QTVI) from the Sensory and Physical Support Service.

**Hearing impairment** can have a significant impact on a child's educational development in some cases resulting in learning delay and reduced curricular access. This will usually require careful monitoring by schools and the Hearing Impairment Team. Hearing Impairment spans a range from mild/moderate to severe/profound. It can be temporary or permanent.

Most students with hearing impairment will have been diagnosed at the pre-school stage and will have accessed some level of support from the Hearing Impairment Team and Health colleagues. It is possible for some students to acquire hearing loss late in life through accident or illness or a genetic condition.

### **The SEND Code of Practice states:**

6.34 Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided.

These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support.

Children and young people with an MSI have a combination of vision and hearing difficulties.

Information on how to provide services for deafblind children and young people is available through the Social Care for Deafblind Children and Adults guidance published by the Department of Health.



A significant proportion of students have some degree of hearing difficulty at some time. Temporary hearing loss in the early years is usually caused by the condition known as “glue ear”. Such hearing losses fluctuate and may be mild to moderate in degree. They can compound other learning difficulties.

Occasionally a significant hearing loss may be caused by a long-term conductive loss in both ears. Significant permanent hearing losses are usually bilateral (both ears) and sensori-neural (due to problems with the auditory nerve or the cochlea) in origin.

They may be severe or profound and may give rise to severe and complex communication difficulties. A permanent loss in one ear and a temporary loss in the other may also cause significant hearing impairment.

Listening to language through hearing aids and cochlear implants and the visual concentration required following lip reading and sign language is very tiring. Studies have shown that deaf students are also at higher risk of developing social and emotional difficulties compared to hearing peers.

Many students with hearing impairment may require some of the following:

- Flexible teaching arrangements;
- Appropriate seating, favourable acoustic conditions and lighting;
- Adaptations to the physical environment of the school;
- Adaptations to school policies and procedures;
- Access to alternative or augmented forms of communication;
- Access to amplification systems;
- Access to areas of the curriculum through specialist aids, equipment.
- Regular access to specialist support from the Hearing Impairment Team.



# The Graduated Response Toolkit

Area of Need	Communication and Interaction	Cognition and Learning	Social, Emotional and Mental Health	Sensory Needs (VI /HI /PD)
	<ul style="list-style-type: none"> <li>Difficulties relating to others</li> <li>Speech</li> <li>Language</li> </ul>	<ul style="list-style-type: none"> <li>General learning difficulties</li> <li>Specific learning difficulties</li> </ul>		
<p><b>What might you see in the child or young person? (behaviours)</b></p>	<p><b>Expressive language difficulties</b></p> <ul style="list-style-type: none"> <li>Speech sound difficulties (phonology)</li> <li>Fluency issues (stammering / clarity )</li> <li>Word retrieval difficulties</li> <li>Poor vocabulary</li> <li>Immature speech may interfere with literacy development</li> <li>Selective mutism</li> </ul> <p><b>Receptive language difficulties</b></p> <ul style="list-style-type: none"> <li>Preferring own agenda</li> <li>Attention and listening difficulties</li> <li>Unable to follow instructions</li> <li>Poor confidence and lack of self-esteem</li> </ul> <p><b>Social Communication difficulties</b></p> <ul style="list-style-type: none"> <li>Mild social difficulties e.g. relating to others</li> <li>Conflict at unstructured times</li> <li>Frustration</li> <li>Inappropriate / immature behaviours</li> <li>Isolated or withdrawn / unhappy</li> <li>Lack of empathy / understanding feelings of others</li> <li>Impaired non-verbal communication skills such as using inappropriate body language or facial expression and for some, poor use of eye contact.</li> </ul> <p><b>Social Interaction difficulties</b></p> <ul style="list-style-type: none"> <li>Lack of joint attention.</li> <li>Working cooperatively in a group /</li> <li>Showing awareness of others' needs</li> <li>Following group rules</li> </ul> <p><b>Difficulty with friendships</b> e.g.</p> <ul style="list-style-type: none"> <li>Forming friendships</li> <li>Maintaining friendships</li> <li>Understanding the concept of different social relationships</li> <li>Compromising and negotiating</li> </ul>	<p><b>General learning difficulties</b></p> <ul style="list-style-type: none"> <li>Working just below age-related expectations</li> <li>Some difficulties with the acquisition of language / literacy / numeracy despite regular attendance, quality teaching and appropriate intervention</li> <li>Difficulty with the pace of the curriculum delivery</li> <li>Some problems with acquiring new concepts</li> </ul> <p><b>Pupils may display...</b></p> <ul style="list-style-type: none"> <li>Work avoidance e.g. out of seat, sharpening pencils, talking, toilet trips</li> <li>low –level disruption.</li> <li>Bravado/over confident “it’s easy”</li> <li>low self-esteem (aware of learning differences</li> <li>spoiling of own work</li> <li>challenging behaviour</li> <li>Poor working memory</li> <li>difficulties with organisation</li> <li>Poor independence / reliant on adult support</li> </ul> <p><b>Specific learning difficulties</b></p> <ul style="list-style-type: none"> <li>inconsistency (day to day)</li> <li>mild but persistent difficulties in aspects of literacy , numeracy or motor coordination (despite intervention)</li> <li>attention and concentration difficulties</li> <li>slow pace of work</li> <li>sequencing difficulties</li> <li>unable to follow instructions</li> <li>unusual profile of strengths and weakness</li> <li>self-esteem / poor motivation</li> <li>challenging / unusual behaviours e.g. tired/ acting out / bored</li> </ul>	<p><b>Some of the following may be observed</b></p> <ul style="list-style-type: none"> <li>Reluctant to start tasks and/or to sustain attention to them or tends to need adult support and affirmation to attempt things that would appear to be within their grasp.</li> <li>Overly-worried about making mistakes, easily frustrated and prone to giving up.</li> <li>Reluctant to accept help e.g. actively ignoring offers of assistance.</li> <li>Appears to lack motivation for certain learning activities. Can be unfocused and distracted by peers, equipment or their own thoughts.</li> <li>A negative response to his/her work or to themselves.</li> <li>Can be restless and/or acting/speaking without apparently thinking first.</li> <li>Distracting of others and/or looking for peer affirmation.</li> <li>Appears socially unskilled and not to be able to interact at an age-appropriate level with peers (difficulties with cooperative working / sharing / turn-taking) sometimes resulting in isolation from them. Difficulty maintaining friendships</li> <li>Easily led, vulnerable</li> <li>A tendency to put others down and/or take part in a bullying dynamic. Has been on the receiving end of bullying from individuals or groups.</li> <li>Tending to need to set the terms for work or relationships. (needing control)</li> <li>Low mood.</li> <li>More agitated during transitions or unexpected change. Heightened anxiety or arousal.</li> <li>Quiet and withdrawn, particularly in some situations.</li> <li>Difficulties in responding to adult redirection.</li> <li>Occasionally rude to staff or peers e.g. through sarcastic tone of voice, rolling their eyes or dismissive body language.</li> <li>Poor self-regulation, quickly angry and/or tearful.</li> <li>Reticence about attending the setting or distress on transition</li> <li>Limited /dysfunctional communication skills during anxious periods</li> <li>Hyper-vigilance</li> <li>Poor attendance and punctuality</li> </ul>	<p><b>NB: It is likely that VI /HI /PD needs will already have been identified, with advice available as appropriate. However, the following indicators may signal an unmet sensory or physical need...</b></p> <ul style="list-style-type: none"> <li>Difficulty accessing resources</li> <li>Lack of engagement</li> <li>poor attention and concentration (may appear dreamy or distracted)</li> <li>Work unfinished</li> <li>Misunderstanding</li> <li>Poor presentation</li> <li>Clumsiness/ delayed gross/fine motor skills</li> <li>Social behaviour/unusual ‘ignoring’ shouting out, may be physical when getting resources etc.</li> <li>Unclear speech</li> <li>Frustration</li> <li>Lack of confidence/ self-esteem</li> <li>Headaches <ul style="list-style-type: none"> <li>Anxiety at certain times</li> <li>Poor organisational skills</li> <li>On-going continence problems</li> <li>Poor self-help and independence</li> <li>Poor attendance which interferes with retention of learning and general progress (possibly due to medical appointments)</li> </ul> </li> </ul>

Area of Need	Communication and Interaction	Cognition and Learning	Social, Emotional and Mental Health	Sensory Needs (VI /HI /PD)
<b>Code of Practice 6.37</b>				
<b>High quality teaching, differentiated for individual pupils, is the first step in responding to pupils who have or may have SEN.</b>				
<p><b>What would you do? (High Quality Teaching and differentiation)</b></p>	<p><b>Share concerns with parents</b></p> <ul style="list-style-type: none"> <li>• Check hearing and vision</li> <li>• Ensure staff have a clear understanding of the stage of language development the child is at, and know next steps.</li> </ul> <p><a href="https://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/universally-speaking">https://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/universally-speaking</a></p> <p><b>Consistent and predictable structure and routine</b></p> <ul style="list-style-type: none"> <li>• Class visual timetable</li> <li>• Auditory signals to prepare for change e.g. music jingle / bell etc</li> </ul> <p><b>Reduce language demand</b></p> <ul style="list-style-type: none"> <li>• Simplify language</li> <li>• Repeat and model language</li> <li>• Extra time to process verbal information</li> <li>• Extra time for pupil to organise verbal responses</li> <li>• Support verbal language with sign / gestures (use sign a long)</li> <li>• Chunk instructions</li> <li>• Differentiated questions e.g. BLANK levels (ELKLAN resources )</li> </ul> <p><b>General use of visuals in class</b></p> <ul style="list-style-type: none"> <li>• Pictures / symbols/ widgets / Boardmaker</li> <li>• Visual timetables</li> <li>• Now and next/taskbar/timers</li> <li>• Vocabulary mats</li> <li>• Labels</li> <li>• Story planning sheets / graphic organisers</li> </ul> <p><b>Incorporate strategies such as</b></p> <ul style="list-style-type: none"> <li>• Pre-teaching vocabulary</li> <li>• Talking tins and boards</li> <li>• Apps on iPads</li> <li>• Continuous formative assessment</li> <li>• Sabotage strategies (e.g. “ Do you want Juice or Milk” etc</li> <li>• Kagan approaches</li> <li>• Talking partners</li> <li>• Talk for writing</li> <li>• Social stories</li> </ul>	<p><b>Share concerns with parents</b></p> <p><b>Teachers are able to identify specific difficulties and make suitable adjustments e.g.</b></p> <ul style="list-style-type: none"> <li>• Teach to child's learning style/build on strengths</li> <li>• Demonstration, prompts, visual support and opportunities for practice.</li> <li>• Concrete, practical-based learning activities</li> <li>• Teaching uses multisensory methods (VAK) and ‘hand’s on’ practical activities</li> <li>• Tasks broken down into manageable steps</li> <li>• Differentiation in presentation, pace and outcome</li> <li>• Mixed-ability groups (good role models / working to each other's strengths)</li> <li>• Supportive resources available in class e.g. coloured overlays, word mats, table square, writing scaffolds, graphic organisers/ task planners / sand timers</li> <li>• Mind mapping techniques</li> <li>• Make links with previous learning.</li> <li>• Social and emotional factors are taken into account</li> <li>• Incorporate pupil interests to improve motivation</li> <li>• Pre + Post teaching</li> <li>• Specific/Precision teaching</li> <li>• Promoting growth mind set</li> <li>• Regular monitoring of progress</li> <li>• Realistic expectations and agreed targets</li> <li>• Develop metacognition and pupils awareness of what works for them</li> <li>• Additional support - staff aware of implications of child's learning need and how to respond.</li> <li>• Work buddy / peer support / sensitive groupings</li> <li>• Extra thinking time to process information</li> <li>• Regular ‘check ins’ with specific positive praise (language of success)</li> <li>• Differentiated homework</li> <li>• Modify language to reduce memory / processing demand</li> <li>• visual timetable / word banks/ word walls/ ABC charts/ phonic sheets</li> </ul>	<p><b>Share concerns with parents</b></p> <ul style="list-style-type: none"> <li>• <b>Try to understand what is underlying the presenting difficulty</b> in terms of immediate and wider environmental triggers and past experiences in the home or educational setting. (awareness of other possible causal factors e.g. trauma / abuse / young carer / bereavement etc)</li> <li>• Develop sound knowledge of the children and relationships</li> <li>• Use person-centred tools to elicit pupil voice e.g. good day / bad day. (see PC toolkit)</li> <li>• Agree personal targets with pupil and ensure pupil understands 1) how he/her will be able to achieve them, and 2) how you will support him/her</li> <li>• Share agreed strategies with staff to ensure fair consistent approach.</li> <li>• Develop a one-page profile</li> <li>• Refer to ‘Whole School and College Approaches to Mental Health and Well-being’ <a href="http://www.oldham.gov.uk/downloads/file/4899/the_whole_school_approach_to_ehmw_graduated_response">www.oldham.gov.uk/downloads/file/4899/the_whole_school_approach_to_ehmw_graduated_response</a></li> </ul> <p><b>School Approaches to develop emotional well-being</b></p> <ul style="list-style-type: none"> <li>• Mental health awareness day <ul style="list-style-type: none"> <li>– Feelings board</li> <li>– Mindfulness</li> </ul> </li> <li>• Relax kids</li> <li>• Wellbeing champions</li> <li>• Questionnaires</li> <li>• School councils</li> <li>• Help boxes</li> </ul> <p><b>Consider Peer support e.g.</b></p> <ul style="list-style-type: none"> <li>• Guardian angels</li> <li>• Playtime buddy</li> <li>• Circle of friends</li> <li>• Lunchtime clubs</li> <li>• Homework clubs</li> </ul> <p><b>Use Solution focussed approaches to problem solving.</b></p> <p><i>(see Primary Strategy resource)</i></p> <p><a href="https://dera.ioe.ac.uk/2382/1/pri_ba_cpd_focus_sol173305.pdf">https://dera.ioe.ac.uk/2382/1/pri_ba_cpd_focus_sol173305.pdf</a></p> <p><b>Teach emotional literacy</b></p> <ul style="list-style-type: none"> <li>• PSHE / SEAL materials / P4C/ Webster Stratton Dinosaur School /Apple / Zippy curriculum.</li> <li>• Modelling and normalising feelings</li> <li>• Building resilience</li> <li>• Create a sense of belonging / child feels valued and wanted</li> <li>• Meet and greet</li> <li>• How to ask for help.</li> <li>• Emotional vocabulary wall.</li> </ul>	<p><b>Share concerns with parents</b></p> <p><b>Improve accessibility and remove barriers to learning by....</b></p> <p><b>VI needs</b></p> <ul style="list-style-type: none"> <li>- Use a clear font e.g. Arial</li> <li>- Pay attention to spacing and visual clutter on handouts</li> <li>- Use the advised seating position</li> <li>- Use black or blue pens on whiteboards</li> <li>- Minimise glare from windows, lights</li> <li>- Ensure that work is verbalised; talking through what is happening e.g. on the whiteboard</li> <li>- Refer to pupils by name</li> <li>- Keep a consistent classroom layout</li> <li>- Ensure that classrooms and corridors are kept clutter free</li> <li>- Extra time to complete tasks</li> <li>- Reduction of all tasks that require the transfer of information e.g. board to paper</li> <li>- Provide individual copies of classroom materials e.g. reading books</li> <li>- Consider the use of high visibility equipment in PE</li> <li>- Use of appropriate aids</li> <li>- Monitoring of CYP to check if they are wearing their glasses. / condition of</li> </ul> <p><b>HI needs</b></p> <ul style="list-style-type: none"> <li>• Monitoring of CYP to check they are wearing their glasses, hearing aids etc</li> <li>• Differentiation /modification of activities and materials</li> <li>• Differentiated questioning</li> <li>• Use of visual, auditory and kinaesthetic approaches</li> <li>• More time to complete tasks and that equality of access may mean that they need to do some things differently.</li> </ul> <p><b>PD needs - Further information about physical difficulties</b></p> <p><a href="http://pdnet.org.uk/about/what-is-a-physical-disability/">http://pdnet.org.uk/about/what-is-a-physical-disability/</a></p> <p>Physical Disability training available on PD Net website. Level 1 training is free of charge. Level 2 training is available at a cost to schools.</p> <p><b>PDNet</b> <a href="http://pdnet.org.uk/">http://pdnet.org.uk/</a></p>



Area of Need	Communication and Interaction	Cognition and Learning	Social, Emotional and Mental Health	Sensory Needs (VI /HI /PD)
	<ul style="list-style-type: none"> <li>Use non-verbal methods of sharing ideas e.g. using white board to draw or write answers.</li> <li>Use pupils interests to motivate/ elicit responses (share and tell)</li> </ul> <p><b>Use specific interventions</b> (as part of universal offer) e.g. Blast, Time to Talk, Talk Boost 'Word Aware'.</p> <p><a href="http://www.talkingpoint.org.uk/resources/talk-boost">www.talkingpoint.org.uk/resources/talk-boost</a></p> <p><a href="http://www.blastprogramme.co.uk">www.blastprogramme.co.uk</a></p> <p><a href="http://www.thinkingtalking.co.uk/word-aware">www.thinkingtalking.co.uk/word-aware</a></p> <p>Refer to WellComm speech and language toolkit <a href="http://www.gl-assessment.co.uk/wellcomm-toolkit">www.gl-assessment.co.uk/wellcomm-toolkit</a></p> <p><b>Staff refer to and incorporate strategies in the IDP for pupils with SLCN</b> <a href="http://www.idponline.org.uk">www.idponline.org.uk</a></p> <p><b>Staff refer to and incorporate strategies outlined on the Talking point website</b> <a href="http://www.talkingpoint.org.uk">www.talkingpoint.org.uk</a></p> <p><b>Desired outcomes:</b></p> <ul style="list-style-type: none"> <li>Able to access curriculum with some support</li> <li>Increased independence</li> <li>Increased confidence and self-esteem</li> <li>Improved social inclusion</li> <li>Able to contribute to whole class or small group learning</li> </ul>	<p><b>Use alternatives to written recording</b> e.g.</p> <ul style="list-style-type: none"> <li>Cloze procedure</li> <li>Word processing</li> <li>Drama /role play</li> <li>Talking tins</li> </ul> <p><b>Use of ICT to support learning. E.g.</b></p> <ul style="list-style-type: none"> <li>Communication in print (CIP) Widgets</li> </ul> <p>Staff familiar with a range of apps /software to support areas of learning. (Wheel of Apps)</p> <p><a href="http://www.callscotland.org.uk">www.callscotland.org.uk</a></p> <p>Staff refer to and incorporate strategies outlined in the IDP for pupils with dyslexia <a href="http://www.idponline.org.uk">www.idponline.org.uk</a></p> <p><b>Desired Outcomes</b></p> <ul style="list-style-type: none"> <li>Increased access to mainstream curriculum</li> <li>Increased retention of key instructions and information</li> <li>Able to work more independently</li> <li>Improved listening and attention</li> <li>Able to record information in a variety of ways</li> <li>Increase in confidence and self-esteem, and reduced anxiety.</li> <li>Improved social inclusion</li> </ul>	<p><b>Consistent routines and boundaries / positive learning environment</b></p> <ul style="list-style-type: none"> <li>realistic expectations and positive specific feedback</li> <li>differentiated behaviour policy / use of rewards/ incentives and sanctions</li> <li>calm and secure learning environment (not too stimulating)</li> <li>all efforts recognised and praised</li> <li>Structure learning tasks with visuals e.g. visual timetable / task planner to chunk steps in a task / first...next board etc</li> <li>Use social stories</li> <li>agreed noise levels (noise thermometer)</li> <li>well organised resources / tidy / well labelled and easy to access</li> <li>Prepare pupils for change</li> <li>Quiet zones / time out /safe spaces</li> <li>Flexible playtimes</li> <li>Class Pets</li> <li>Class responsibility /jobs</li> <li>Biophilia hypothesis – blue or green outdoor spaces. <a href="https://islandpress.org/books/biophilia-hypothesis">https://islandpress.org/books/biophilia-hypothesis</a></li> </ul> <p><b>Create and plan opportunities to develop social skills in whole-class and group activities</b></p> <ul style="list-style-type: none"> <li>Raise pupils awareness of the 'social focus' e.g. "Today I'm looking for good team work / sharing of resources etc"</li> <li>Partner working / talking buddies</li> <li>Team games</li> <li>Lego Therapy</li> </ul> <p><b>Access to physical activity</b> and movement e.g. Zumba / Active 8 /daily mile/ Healthy Body , Healthy Minds/ Wiggle time / purposeful movement breaks etc</p> <p><b>Desired outcomes</b></p> <p>These must be realistic and be specific to the pupils starting levels and expectations for the group. An example might be:</p> <ul style="list-style-type: none"> <li>Listens calmly to the teacher and /or others in class and responds by putting his/her hand up, or</li> <li>Demonstrates less anxiety and feels safe in following instructions on first time of asking.</li> </ul>	<p><b>General strategies</b></p> <ul style="list-style-type: none"> <li>Environment is planned taking into consideration the physical and sensory needs of all CYP to provide optimum learning conditions e.g. playground and classroom layout, display, signage and lighting, use of blinds. IWB/ displays should be clear for all CYP, a dark pen should be used when writing on the board Good role models /peer support</li> <li>Opportunities to develop social and emotional relationships</li> <li>A range of alternative equipment may be used e.g. sloping board / bar magnifier / pencil grips / chairs /non-slip mats / foot rest / weighted blanket/ backpack / Fidget toys/chew toys/ ear defenders/ coloured overlays</li> <li>Consideration of CYP learning style. Teachers verbalise work written on the board.</li> <li>Use of ICT / and auxiliary aids e.g. iPads, enlarging texts, View Finders, hearing loops/ adaptive keyboards/ radio devices etc</li> <li>Risk assessments - transport arrangements/Access audit for school trips/personal care facilities on trips</li> <li>Alternatives to written recording</li> <li>Movement breaks</li> <li>Specific programmes included in core offer e.g. jungle journey / Motor skills United / Dough Disco / Funky Fingers</li> <li><b>Staff awareness training of relevant medical conditions on a 'needs to know' basis</b></li> </ul> <p><b>Desired outcomes</b></p> <ul style="list-style-type: none"> <li>Able to access the mainstream curriculum independently</li> <li>Increased confidence and self-esteem</li> <li>Positive engagement and participation in learning</li> <li>Improved social inclusion</li> <li>Progress and attainment in line with stage of development and general ability</li> </ul>
<p><b>Preventative Services you might request</b></p>	<ul style="list-style-type: none"> <li>Advisory Teaching Team (QUEST)</li> <li>Educational Psychology Team</li> <li>Health Visitors</li> <li>SaLT</li> </ul>	<ul style="list-style-type: none"> <li>Advisory Teaching Team (QUEST)</li> <li>Educational Psychology Team</li> <li>Health Visitors</li> <li>SaLT</li> </ul>	<ul style="list-style-type: none"> <li>Early Help</li> <li>SEMHS Team</li> <li>Healthy Young Minds</li> <li>Advisory teaching team (QUEST)</li> <li>Educational Psychology Team</li> <li>Mental Health and Well-being Team</li> </ul>	<ul style="list-style-type: none"> <li>HI Team</li> <li>VI Team</li> <li>PD Team</li> <li>Advisory teaching team (QUEST)</li> <li>Health Visitors</li> <li>Child Development Service</li> <li>Occupational Therapy</li> <li>Physiotherapy</li> </ul>

**Code of Practice 6.44** *Where a pupil is identified as having SEN, schools should take action to remove barriers to learning and put effective special educational provision in place. This SEN support should take the form of a four part cycle; Assess, Plan, Do, Review.*

**When would you move to SEN Support?**

Where there is a lack of adequate progress despite identified and targeted differentiation.

Schools should seek to identify pupils making less than expected progress given their age and individuals circumstances.

This can be characterised by progress which;

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

**Code of Practice 6.45** *In identifying a child as needing SEN support the class teacher, along with the SENCO, should carry out a clear analysis of the pupils needs.*

Area of Need	Communication and Interaction	Cognition and Learning	Social, Emotional and Mental Health	Sensory Needs (VI /HI /PD)
<p><b>What might you do to assess at SEN Support?</b></p> <p>Pupil progress towards individualised targets should be carefully assessed, tracked, monitored and evaluated.</p> <p>Assessment and advice from appropriate specialists may be sought and implemented.</p> <p>Planning should reflect a more personalised approach to curriculum differentiation to match identified need</p>	<ul style="list-style-type: none"> <li>• WellComm assessments</li> <li>• Observations / continuous formative assessment</li> <li>• Use profiling tools - baselining language and communication skills against a development framework; i.e. Universally Speaking, Progression Guidance, Communication Trust Website Progression framework AET <a href="http://www.autismeducationtrust.org.uk">www.autismeducationtrust.org.uk</a></li> <li>• PIVATS</li> <li>• EYFS guidance</li> <li>• Ages and Stages Questionnaire (ASQ)</li> <li>• SLCN IDP checklist</li> <li>• SaLT referral</li> <li>• Monitor and evaluate effectiveness of interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Formative / summative assessments</li> <li>• Reading age</li> <li>• Spelling age</li> <li>• Comprehension / Reading fluency – Neale Analysis</li> <li>• Diagnostic assessment; i.e. Miscue Analysis</li> <li>• Baseline of current skills</li> <li>• Tracking back, previous years learning</li> <li>• Age related expectations</li> <li>• PIVATS (Literacy and Numeracy)</li> <li>• EYFS</li> <li>• ASQ</li> <li>• IDP checklist</li> <li>• Neurodiversity checklist</li> <li>• Monitor and evaluate effectiveness of interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Baseline measures / (frequency duration / intensity)</li> <li>• Functional behavioural analysis.</li> <li>• PIVATS PSED (baseline assessment)</li> <li>• Observations</li> <li>• Feedback from parents and pupil</li> <li>• Pupil interview</li> <li>• EYFS development matters</li> <li>• ASQ –SE questionnaires <a href="http://www.sdqinfo.org">www.sdqinfo.org</a></li> <li>• Scaling activities with the pupil to assess how they are feeling.</li> <li>• Sorting activities e.g. likes / dislikes</li> <li>• Boxall profile <a href="http://www.boxallprofile.org">www.boxallprofile.org</a></li> <li>• Monitor and evaluate effectiveness of interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Observation</li> <li>• Gross motor assessment</li> <li>• Fine motor assessment</li> <li>• Posture</li> <li>• EYFS Development Matters</li> <li>• ASQ</li> <li>• Sensory Audit</li> <li>• Risk assessments and care plans that are co-produced with parents and the child</li> <li>• Referral to school nurse to check hearing, sight or for possible medical condition</li> <li>• Monitor and evaluate effectiveness of interventions</li> </ul>

In addition to high quality teaching, some pupils may require targeted support and provision which is 'additional to' and 'different from' (SEN Support)

**Code of Practice 6.48** *The teacher and SENCO should agree in consultation with the parent and the pupil, the adjustments, interventions and support to be put in place, as well as the expected impact on progress, development or behaviour, along with a clear date for review.*

**How might you put in place a SEN support plan**

The SEN Support plan continues with High Quality Teaching and gradually incorporates more specific and personalised interventions.

- What has the assessment identified as particular areas of need?
  - What has the assessment told you about strengths and needs, barriers to and gaps in progress?
  - What is the child's view?
  - What is the parent/carer view?
  - What outcomes are you looking for?
  - What are the identified changes and additional interventions?
  - What are the adaptations needed to achieve the identified outcomes?
  - How will these will be evaluated?
- REMEMBER**
- |                   |             |                |                  |
|-------------------|-------------|----------------|------------------|
| <b>Aspiration</b> | <b>Need</b> | <b>Outcome</b> | <b>Provision</b> |
|-------------------|-------------|----------------|------------------|

**Code of Practice 6.52** *The class teacher should remain responsible for working with the child or young person on a daily basis. They should work closely with any teaching assistants or specialist staff involved... the SENCO should support the class teacher in the further assessment of particular strengths and weaknesses, in problem solving and advising on the effective implementation of support.*

What does the SEN support plan look like, how can it be implemented

**A good SEN Support Plan should include the following;**

- Outcomes
- Actions
- Who is responsible
- By when

(see examples of SEN Support plans in Appendix 1)

(see examples of One Page Profiles in Appendix 2)

A good SEN Support plan may include a provision map or personalised timetable for the pupil showing frequency and duration of specific interventions

Interventions should be well founded and evidenced based.

Interventions should last a minimum of 6 weeks

Information on researched interventions can be found at:-

<https://educationendowmentfoundation.org.uk>

[www.interventionsforliteracy.org.uk](http://www.interventionsforliteracy.org.uk)

[www.thedyslexia-spldtrust.org.uk/4/resources/2/schools-and-local-authorities/280/interventions-for-literacy/](http://www.thedyslexia-spldtrust.org.uk/4/resources/2/schools-and-local-authorities/280/interventions-for-literacy/)

**Code of Practice 6.54** *The impact and quality of the support and interventions should be evaluated, along with the views of the pupil and their parents.*

**Reviewing outcomes using a person centred approach**  
 (Refer to Person Centred Toolkit for further guidance on choosing appropriate person-centred tools to help gather the information needed.)

The SEND Code of Practice suggests that the progress towards meeting planned outcomes should be tracked and reviewed regularly, at least termly.

- What does good support look like?
- What is 'reasonable' in terms of a balance between individual/small group and whole class access?
- Take each outcome:-
  - What has specifically been done in relation to the outcome? i.e. smaller hopefully SMARTER outcome
  - Baseline - this could be a behaviour, a feeling or a skill
  - Intervention
  - Evaluation
  - Next outcome

Outcome	Specific target	Baseline	Intervention	Evaluation	Next steps
Billy will develop at least 1 strategy to plan his work, in order to make expected progress in all areas of his learning.	Billy's factual writing will have an appropriate structure for the type of writing being undertaken (list types)	At the beginning of the year Billy was able to write but his narrative lacked structure. His factual reports contained much of the information require but lacked a logical structure.	Specific teaching of how to use a writing frame to structure work. Initially started with 2 progressing to 3 and then 4. Initially to be supported with selection and completion but moving to independence as appropriate. Can be used in science, humanities and some English tasks as a minimum	Billy can consistently use the following writing frames x, y, z. He has begun to generalise some of these skills to factual writing activities.	To develop more structure in his creative writing
	Billy will make progress with literacy skills  Billy's word reading will increase by at least 18 months in the next academic year from 8:9 yrs to 11:3 years Spelling skills increased from 7:10 to 9:4	RA of 8:9 SA of 7:10	X3 Precision teaching of Yr 3/4 words-sight and spelling. Selection of word based on baseline assessment. Reading fluency addressed through paired reading. Access to clicker 7 in class to support reading	On the same assessment has r.a of 10:00 and spelling age of 9:2. This is good progress but not quite achieved target.	To develop functional literacy – RA of 11+
	To make progression toward meeting differentiated learning outcomes	Billy struggles to retain concepts taught from lesson to lesson.	Clear planning in relation to appropriate learning outcomes for Billy. Opportunities for pre-tutoring subject specific vocab. Use of visual aids to support learning – mind maps etc Opportunities to revisit and revise previous learning. Clear success criteria identified by which learning can be evaluated.	End of section assessments indicated that Billy had retained and was able to demonstrated knowledge of learning outcomes with 75% success rate. Assessment of these results indicates Billy finds it easier to retain and recall information that is more concrete in nature and where learning has been supported with visual aids	To maintain progress on identified learning outcomes
Billy will develop at least 1 emotional regulation strategy, so that he is able to manage his emotions more successfully and interact appropriately with peers.	Billy will use the 3,4,5 breath technique when he recognises he is getting anxious or frustrated with his work	Billy is beginning to recognise when he is getting anxious or frustrated but is not yet have a strategy to effectively manage these emotions.	Specifically teach the breathing exercise so that Billy is familiar with it. Once familiar and confident, adults to support Billy to notice when he is getting anxious and or frustrated and support him to use the exercise	Billy enjoyed the relaxation exercises and will use the technique in class with the support of an adult. This skill is not yet at mastery level as he still needs some adult support to implement the strategy	To spontaneously use the calming technique in stressful situation independent of adult direction.



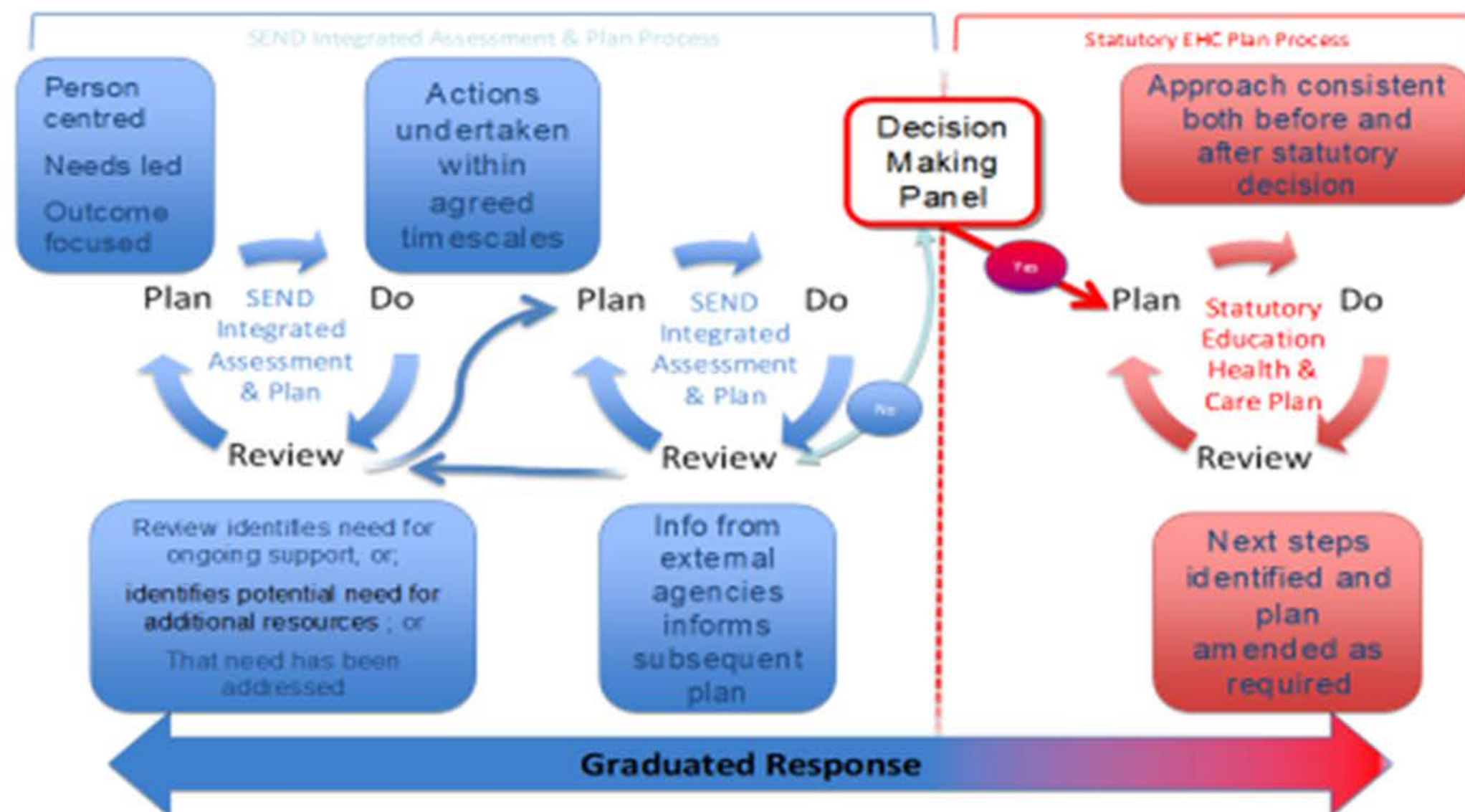
**Code of Practice 6.63** *SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes. Where, despite the school having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young, the child or young person has not made expected progress, the school or parents should consider requesting an Education, Health and Care needs assessment.*

Some considerations....

Refer to Oldham guidelines for requesting an EHCP assessment.

- Have there been regular reviews showing how the teacher, working with the SENCO, has revised the SEN Support plan in light of the child /young person's progress and development- agreeing on any changes to support and outcomes in consultation with the parent /carer and pupil on what is working well as well as what needs to be changed?
- Are difficulties severe and persistent despite high quality teaching, regular attendance and specific targeted intervention over time?

## Integrated SEND Pathway for 0-25's





# Appendix 1

## SEN Support Plans



**Oldham**  
Council

# Jane's Plan

## SEN Support Plan

Insert photograph or picture  
chosen by the pupil

She likes to be called:

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## 1. What we know about Jane's strengths and areas of need

(based on profiles / assessments provided)

### Jane's Strengths

- Jane always tries her best and shows great perseverance in order to complete tasks. She has a good relationship with Mrs Bloggs and is becoming more receptive to her support.
- Jane enjoys playing simple board games with younger pupils.
- Jane has good IT skills and enjoys playing games on her tablet at home.
- Jane enjoys the routine and structure of school and she is well organised -she always has the right equipment / kit for lessons.

### Cognition and Learning

- Jane has been making steady progress in many areas of the curriculum. She is hard working and always willing to attempt work presented. However within the noisy, busy classroom environment she can become distractible, restless and fidgety struggling to sustain attention on the task at hand.
- She has been assessed by the Educational Psychologist who described her approach to learning. She felt that whilst Jane demonstrated good perseverance on tasks she also noticed that Jane was reticent to say she didn't know something and found it difficult to say she was unable to complete the task. She needed the adult to offer her the choice to move on.
- A cognitive assessment was completed using The Wechsler Intelligence Scale for Children 4th Edition which indicated some variability in scores. Results show that Jane's scores on her working memory and processing speed were significantly higher than her scores on verbal comprehension and perceptual reasoning. Verbal comprehension and perceptual reasoning are, however, the most closely related to how well an individual learns new material and this suggests that Jane may well have more difficulty than the majority of her peers. This, together with her difficulties sustaining attention in a busy classroom are impacting on her ability to access the curriculum. She is likely therefore to benefit from learning tasks being differentiated.
- Jane's Literacy and Numeracy skills were assessed using Wechsler Individual Achievement test 2nd Edition. On Word Reading Jane scored at the 42nd Percentile and at the 47th Percentile for Comprehension. However, the EP indicated that Jane may find more difficulty when reading material that requires more abstract thinking; for example, where inference and prediction are involved, because the words and information she needs won't necessarily be in the text.
- Jane's numeracy skills were very low and significantly weaker than her literacy skills. In addition her mathematical reasoning score was much lower than her numerical operations score.
- Numerical Operations 16th Percentile
- Mathematical Reasoning 2nd Percentile
- This suggests that Jane is stronger at calculations involving the four rules of number but has more difficulty when trying to apply her knowledge to problem solving type problems.

### Communication and Interaction

- Jane has a diagnosis of Autistic Spectrum Disorder.
- A number of professionals (Healthy Young Minds, Educational Psychologist) as well as school staff have noticed how difficult it is for Jane to speak in front of unfamiliar adults. When she does speak,

her expressive language skills appear age appropriate. HYM also noted that during their assessment she struggled with interaction skills, did not really engage with the HYM worker and displayed poor eye contact.

- Healthy Young Minds found that throughout the assessment session Jane demonstrated poor interaction skills, low engagement with assessment resources and gave poor eye contact. During a further session it was noted that Jane had a good range of language and vocabulary, but tended to use short phrases and her speech lacked intonation. Jane was able to answer direct questions but did not really engage with any reciprocal conversation.
- A recent referral has been made to speech and language therapy to gain a better understanding of her language needs.

### **Social emotional and mental health**

- Jane's language and communication are better when she is in familiar surroundings with familiar adults and peers, though even in these circumstances she is quiet, letting her friends do most of the talking. She has a small friendship group who she likes to work with and to play with at break times.
- Jane can find change to routine difficult to manage. Where possible school should try to keep to routines but where change is necessary this is highlighted with Jane as far in advance as is practicable.
- Although Jane is a cooperative and hardworking student she can become anxious at school. This may be related to noise levels, feeling overwhelmed by work, the classroom feeling too busy or because of changes to her routine. At these times there may be displays of emotional anxiety. Letting Jane use her safe space is a useful way of supporting her to de-escalate.
- Jane finds working in small groups easier to manage as she feels confident to make her needs known whereas in whole class situations she is easily overwhelmed if asked to talk.
- Jane's difficulties with understanding social situations and norms can impact on her friendships and her relationships with adults. She is yet to understand that things she says may be interpreted by others as rude or disrespectful and she is working on making the distinction between what we can say in our heads and what it is ok to say out loud.

### **Physical and Sensory**

- Jane is sensitive to certain textures and doesn't like the feel of certain textiles. Cleaning her teeth can be an issue as she dislikes the taste of the toothpaste as well as the feel of the toothbrush. However, switching to a tasteless paste has helped as has trying a variety of toothbrushes. Jane has a limited diet as she dislikes the texture of many foods.
- Jane appears to have quite poor fine motor skills and she struggles with her handwriting particularly on longer pieces of writing.
- She has some difficulties with gross motor skills but generally these are not at a level that impact on every day movement. However she struggles with running and jumping. Her eye hand coordination skills also appear somewhat less well developed than her peers and requires a degree of differentiation for this in her PE lessons.

## **2. Summary of Jane's needs, Health, Social Care and Educational**

### **Special Educational Needs:**

- Jane's SEN arise primarily from her ASD with associated difficulties with social understanding and social communication.
- In addition her verbal comprehension and perceptual reasoning skills are less well developed than the majority of her peers.
- Her numeracy skills are delayed and she has particular difficulties with maths involving problem solving skills.
- Whilst her reading comprehension skills are in the average range currently, because of difficulties children with autism have with inference and more fluid reasoning, her reading comprehension may be impacted as higher order level questions start to include inference and prediction.

## Outcomes and Aspirations including those identified by the pupil

### 1. Aspirations for Jane's future

- Jane is not sure at this stage what she wants as a career but she wants to go to university.

### 2. Long term Outcomes (Achievable within a year/or KS?)

- Jane will be a more confident communicator in a wider range of social environments with a wider range of peers and adults
- Jane will be managing her anxieties and will be feeling less stressed.
- Jane will be making appropriate decisions about what is ok to say out-loud and what should be said in her head
- Jane is maintaining her friendships
- Jane will have developed her language and communication skills.
- Jane will demonstrate greater understanding of the social world
- Jane will have greater emotional control in response to everyday frustrations
- Jane will be making measurable academic progress in all subjects
- Jane will be continuing to develop her reading comprehension skill.
- Jane will have developed both her computational skills and her mathematical reasoning skills

### 3. Medium Term Outcomes (achievable within next 6 months)

- Jane will be speaking to all those adults she has regular contact with.
- Jane will be accessing more whole class teaching
- Jane will have developed some knowledge of the dos and don'ts of social comments
- Jane will be using longer sentences more frequently
- Jane will be able to recognise with increasing frequency when she is getting frustrated and have some strategies to manage this
- Jane will have achieved the learning targets set out for her.
- Jane's reading comprehension age will have increased by 6 months
- Jane will have continued to develop her maths skills and will be able to complete a range of defined problems

## **Short term targets** (achievable within 6 – 8 weeks)

- 1) Jane will be speaking more in at least one situation. Individual work to increase her communication, this will start with baseline assessment looking at which situations are more or less anxiety provoking.
  - 2) Jane will be able to say which comments are ok to say from a defined starting point
  - 3) Jane will be able to make some simple inferences
  - 4) Jane will be able to recognise and solve some defined maths problems.
- Jane's personalised learning programme should contain the following information:-
  - Outcome/ specific target/ baseline/ intervention/ evaluation.
  - An example can be found in the Graduated Response Toolkit (see page 14)

## **HQT and differentiation.**

**These should also be on the One Page Profile as needed.**

**It may be helpful to think of these under the following headings.**

### **Curriculum and teaching methods**

- Ensure Jane sits in an area of the classroom where there is the least amount of distraction.
- Provide opportunities to recap previous work.
- Provide work with clear end points – rather than work for 5 mins.
- Provide a task board to show the sequence of steps to work through
- Provide alternatives to written recording e.g. for longer pieces of writing
- Use multi-sensory structured teaching approaches with concrete resources. e.g. Numicon resources for maths
- Use of prompts to help with problem solving. Teach looking for clue words, reading the problem carefully, have some key questions.
- Strategies to promote reading comprehension include generating questions, teacher reading aloud and monitoring, thus modelling good reading behaviour, promote cooperative talk, attention to text structure, take notes, use context cues and use graphic organisers (e.g. concept maps)
- Use of social stories to scaffold interactions with peers and adults (in particular appropriate ways to ask for help)
- Specific approaches such as Word Aware or Inference training to develop understanding of vocabulary and reading comprehension.
- Specific intervention to develop social skills and social understanding e.g. Social Use of Language programme (SULP)
- Activities to develop attention and listening skills e.g. barrier games.

### **Behaviour policies and practices**

- Staff to be aware that she may say things at times that are viewed as socially inappropriate. Staff should use the agreed script to first ask Jane if this is an out loud comment or and in your head comment. If she doesn't know, reassurance should be given – that's ok I know it's hard for you but that's a.....Jane should also be given feedback for socially appropriate comments.
- Jane should have access to her 'safe space'. She may wish to go there herself but if staff notice her getting distressed, they should direct her to go (she responds to this better than being asked if she want to go).

### **Interval and lunchtime practices**

- Access to homework club/ extra-curricular activities to provide some structure to these times.
- A named key person who understands Jane's needs (as above)

### **Managing all key transition points**

- Jane finds changes to her routine difficult to manage. Any changes should be discussed with her as early in the day as possible.
- Allow Jane to leave the classroom earlier at transition points so busy, noisy environments can be avoided.
- Meet and greet at the start of the school day.

<b>This plan and actions will be reviewed by:</b>	
<b>Within how many months?</b>	
<b>The meeting will be coordinated by:</b>	



The following have been involved in 's support plan by attending the meeting and/or providing written report.				
Name	Role	Contact	Attended meeting	Report and date
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
		Who facilitated		Date
's views have been gathered from				

Full Name:		Preferred name:		
Address:		Telephone		
		Email		
Parent carers Mother:		Parental Responsibility		Address (if different from above)
Father:				Telephone/email if different from above:
Other important information about the child or their family, including barriers, or times that make it difficult to attend appointments or meetings:				
Placement:				
Key contacts:	School/ Setting		Education	
	Health Professionals: School health advisor:		Social care	

**Resources agreed:**

This should be completed in order to make an application for High Needs Funding or EHC Needs Assessment

<b>Intervention</b>	<b>Resources</b>	<b>Indicative Costs Support Equipment External service</b>	<b>Funding Source</b>	<b>Personal budget?</b>	<b>Outcome</b>	<b>Date Achieved</b>	<b>Review date</b>	<b>Comments</b>

# John's Plan

## SEN Support Plan

Insert photograph or picture  
chosen by the pupil

He likes to be called

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## 1. What we know about John 's strengths and areas of need

(based on profiles / assessments provided)

- John is a talented football player and is committed to his football team. He has a great sense of humour and is popular among his friends. At school, John can work really hard in class and enjoys cooking. He takes pride in his appearance and is always exceptionally turned out for school.
- Information gathered at PC meetings and observations by staff suggest John benefits from a smaller learning environment and being given time to talk to staff. John prefers to have familiar people around him and for his routine to be structured and consistent.
- John is known to Healthy Young Minds (HYM) being first referred in 2015 where he was subsequently given a diagnosis of ADHD. Some social communication difficulties were also noted, as were difficulties with attention and concentration and impulsivity in line with his ADHD diagnosis. John struggles to regulate his emotions and his self-perception is that he gets angry when people do not understand when he speaks. He is currently on medication for the ADHD and this is monitored by HYM.
- John is currently in Y9 having transferred from X Primary School. There were no particular difficulties noted at his primary school but on transition to secondary a number of behaviour difficulties have emerged and he has had several fixed term exclusions
- John states that he likes PE, food technology and art and he does not mind learning about PHSE. Information from the educational psychologist (C. Smith, 6.18) indicates that he struggles with more academic subjects like English, maths and science, and he said he gets angry (becomes frustrated) with work that he finds difficult or boring which leads him to walk about out of the classroom, usually needing five minutes to calm before re-entering. It is not clear at this stage what the distinction is between hard and boring and this requires further analysis

### John's Strengths

- John demonstrates an expected level of ability on tasks that involve working memory.
- John has good motivation and strengths in practical activities.
- John plays football to a high level.
- John has the ability to develop positive relationships with school staff who understand his needs or have shared interests.
- John demonstrates a willingness to engage in interventions with staff he has developed a positive relationship with.
- John demonstrates a willingness to discuss some aspects of his behaviour.

### Cognition and Learning

- Assessment by the EP using the Wechsler intelligence Scale for Children – fourth edition (WISC-IV), found the following
- John's working memory was within the average range, but in the below average range for verbal reasoning and spatial ability. His scores were much lower than expected on non-verbal reasoning. However the EP noted that these results should be viewed within the context of several years of interrupted learning opportunities.
- Assessments carried out in school indicate that John has not yet acquired functional literacy skill and his reading is dysfluent and effortful. This impacts on his reading comprehension. A miscue analysis of spelling indicates that although John has some phonetic knowledge there are a number of gaps in his spelling skills and this restricts his ability to get down on paper what he wants to say.

These difficulties may well be contributing to high levels of frustration in English and academic lessons where there is a high literacy content. Again gaps in knowledge may reflect a lack of learning opportunity rather than necessarily reflecting an underlying learning difficulty.

- Assessment of numeracy also notes gaps in knowledge. He is not fluent with number bonds to 20 and still requires concrete materials to support calculations. Having said that John was able to demonstrate an understanding of the concepts of the four rules of number but lacks the knowledge and skills to be able to efficiently and correctly attempt higher level calculations involving the 4 rules of number. Missed learning opportunities may also explain his current skills in this area as well as his lack of knowledge around other areas of maths – fractions, area, algebra etc.
- Generally, in class, John can find completing work independently difficult.

### **Communication and Interaction**

- Assessment by the SALT indicates that John's language is disordered and that he has more difficulties with both receptive and expressive languages than the majority of his peers. This means that John often misinterprets information, and staff think that a main cause of frustration for John relates to social communication, with John finding it hard to understand or make sense of the social world, for example, not being able to communicate with others and enable others to understand him.
- However John interacts well with peers with whom he is familiar. He needs to be given time to get to know people and needs support to build his confidence to communicate around and with them.
- In conversation John tends to talk in short sentences. With appropriate prompting John is able to provide further information. His speech can be difficult for adults to understand and he often speaks in a low, mumbled voice. The speech therapist also commented that he had a tendency to stammer when feeling nervous or frustrated. This is also seen in school.
- Concentration can be challenging for John and he can be easily distracted by both external and internal stimuli. When giving instructions it is important to first gain John's attention and then to ensure that instructions are given in simple sentences, avoiding overly complex sentence structures.

### **Social emotional and mental health**

- Assessment by the educational psychologist suggests John has difficulty regulating his emotions when faced with the academic and social demands of group learning.
- He can easily become frustrated and angry if he feels that teachers are not listening to him or are 'telling him off' when he is trying to explain something. If teachers are shouting, John becomes very defensive and dysregulated. It is important to understand these difficulties not only in the context of his ADHD but also in relation to his language and communication needs.
- In contexts where his needs are understood and met, John is able to develop good relationships with adults and engage well with the curriculum
- When John is overwhelmed, these feelings find expression in swearing and shouting and at times he has left the room abruptly. These emotional responses to his feelings led to his permanent exclusion. He continues to struggle to regulate his emotions and staff need to be vigilant and alert to when he is becoming dysregulated. Talking to him in a quiet voice and acknowledging his feelings is a useful strategy to de-escalate these situations.
- John has reported that his medication for ADHD makes him anxious but he does not like speaking about it.
- John has also spoken about having preoccupations and intrusive anxious thoughts which when they occur, impact on his ability to engage with the curriculum.

## **Physical and Sensory**

- John is a talented football player and he enjoys all aspects of physical activity.
- There are no reported difficulties with John's fine and gross motor skills.
- There are no reported difficulties regarding independence and self-care skills.

## **2. Summary of John's needs, Health, Social Care and Educational**

### **Special Educational Needs:**

- John's special educational needs relate to speech and language difficulties and ADHD.
- John's special educational needs also impact on his literacy and maths development which in turn, impacts on his ability to access other subjects.

## **Outcomes and Aspirations including those identified by the pupil**

### **1. Aspirations for John's future**

- John has aspirations to be a footballer or to be a sports coach

### **2. Long term Outcomes (Achievable within a year)**

- John will be reading with greater fluency
- John's phonetic knowledge will have increased
- John will be less reliant on concrete material for number work
- John will be completing a wider range of work independently
- John will have developed more resilience and be experiencing less episodes of anxiety
- John will have developed his language and communication skills.
- John will be speaking in longer sentences
- John will demonstrate greater understanding of the social world
- John will have greater emotional control in response to everyday frustrations

### **3. Medium Term Outcomes (achievable within next 6 months)**

- John's reading age and reading speed will have increased by 9 months
- John will have increased his spelling age by 9 months
- John will have some understanding of fractions, area and algebra and fluent with number bonds to 20
- John will be completing some work independently every day
- John will be speaking with a more confident voice in a variety of settings and will have increased his vocabulary

- John will be able to exert greater emotional control when faced with difficulties in the classroom. Initially these should focus on work related issues

### **Short term targets** (achievable within 6 – 8 weeks)

- 1) Use of paired reading to increase fluency and speed.
- 2) mis-cue analysis of spelling to identify specific spellings which are then taught through precision teaching approach
- 3) work on fluency and maintenance of number bonds initially to 10 and then 20 both orally and written
- 4) Individual work with John on a daily basis to help him build his volume and clarity of speech
- 5) Ensure John is able to recognise when he is getting agitated and then provide coaching and modelling of strategies to manage this.
- 6)
  - John's personalised learning programme should contain the following information:-
  - Outcome/ specific target/ baseline/ intervention/ evaluation.
  - An example can be found in the Graduated Response Toolkit (see page 14)

### **HQT and differentiation.**

**These should also be on the One Page Profile as needed.  
It may be helpful to think of these under the following headings.**

#### **Curriculum and teaching methods**

- Keep language simple, keep order of say same as order of do.
- Follow advice from SALT
- All staff to understand Johns needs and stage of language development – modify language accordingly (if John is anxious this is likely to affect his ability to process verbal language - reduce language and use visuals to support his understanding)
- Use calm voice
- Give John time to process what has been said and if an instruction needs repeating use the same language
- Ensure he has concrete materials for maths as needed
- Differentiate for reading and recording
- Provide writing scaffolds / graphic organisers
- Alternatives to written recording
- Use of ICT e.g. Clicker Docs
- Precision teaching to develop automaticity with HFW recognition
- Agree strategy for asking for help.
- Provide regular feedback within tasks – give focussed, specific praise.
- A structured, multisensory programme to develop literacy skills in a cumulative way.

#### **Behaviour policies and practices**

- Staff to be aware that John can find it difficult to remain on task and can be distracted by both internal and external stimuli. What works best is to ask John if he knows what he needs to be doing.
- If he is to be given a detention it should not be given during one of his training sessions
- Opportunities to develop cooperative working with peers e.g. Lego therapy



- Access to a key adult for regular 'how's it going?' check-ins.

**Interval and lunchtime practices**

- It's helpful for John to have some structured lunchtimes e.g. homework club, or extra-curricular activities

**Managing all key transition points**

- Helpful to greet John at the door and ensure he has the right equipment for the lesson.

<b>This plan and actions will be reviewed by:</b>	
<b>Within how many months?</b>	
<b>The meeting will be coordinated by:</b>	

The following have been involved in 's support plan by attending the meeting and/or providing written report.				
Name	Role	Contact	Attended meeting	Report and date
			/	
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			/	
			/	
			/	
			/	
			/	
			/	
			/	
		Who facilitated		Date
's views have been gathered from				

Full Name:		Preferred name:		
Address:		Telephone		
		Email		
Parent carers Mother:		Parental Responsibility		Address (if different from above)
Father:				Telephone/email if different from above:
Other important information about the child or their family, including barriers, or times that make it difficult to attend appointments or meetings:				
Placement:				
Key contacts:	School/ Setting		Education	
	Health Professionals: School health advisor:		Social care	

**Resources agreed:**

This should be completed in order to make an application for High Needs Funding or EHC Needs Assessment

<b>Intervention</b>	<b>Resources</b>	<b>Indicative Costs Support Equipment External service</b>	<b>Funding Source</b>	<b>Personal budget?</b>	<b>Outcome</b>	<b>Date Achieved</b>	<b>Review date</b>	<b>Comments</b>

# Mohammed's Plan

## SEN Support Plan

Insert photograph or picture  
chosen by the pupil

He likes to be called:

---

## 1. What we know about Mohammed's strengths and areas of need

(based on profiles / assessments provided)

### Mohammed's Strengths

- Mohammed is very caring and thoughtful to others, and enjoys working in a small group with his close friends.
- He is very sociable and his friends are important to him.
- He likes simple classroom jobs such as giving out books /equipment and taking the register to the office.
- He is eager to please and responds well to praise and rewards.
- Mohammed always tries his best when he feels confident with the task.
- Mohammed likes to play football at break times.

### Cognition and Learning

- Mohammed's overall ability falls in the low range suggesting that he will find learning more effortful than many of his peers. When looking at his profile of strengths and needs his non-verbal reasoning was a relative strength.
- In terms of attainments his spelling and reading were at the 4th centile. He scored better on reading comprehension suggesting that although he has difficulties with reading he is able to gain some meaning from what he has read.
- His score on mathematical operations was significantly better than his mathematical reasoning ability.
- School based assessments indicate Mohammed is making less than expected progress across the curriculum.

### Communication and Interaction

- Mohammed's communication skills are in line with his other abilities. Assessment suggests that his vocabulary is developing but that it is helpful to provide him with pre-teaching of subject specific vocabulary.

### Social emotional and mental health

- Mohammed is a popular member of the class and has a small but stable friendship group. He can find new situations somewhat anxiety provoking and can be overwhelmed by certain situations. These situations tend to be where there is a high level of language which he can struggle to process and understand. Well-differentiated tasks are important as when this is right Mohammed can work well and is developing his skills as resilient and independent learner.

### Physical and Sensory

- There are no concerns in this area.

## 2. Summary of Mohammed's needs, Health, Social Care and Educational

### Special Educational Needs:

- Mohammed's assessments show that his overall cognitive abilities fall within the low range, and the attainment gap between him and his peers has begun to widen as the curriculum demand becomes more challenging.
- Rigorous monitoring and evaluation of strategies and interventions show that Mohammed is making steady progress in all areas, in line with his stage of development, and that he responds best with a well-differentiated curriculum and high quality teaching strategies personalised to his needs.

## Outcomes and Aspirations including those identified by the pupil

### 1. Aspirations for Mohammed's future

- Mohammed wants to be a footballer or to work with computers.

### 2. Long term Outcomes (Achievable within a year/or KS4)

- Mohammed will be making measurable academic progress in all subjects (will be working at least grade 3 / 4)
- Mohammed will continue to make progress with his literacy and numeracy skills.
- Mohammed will have increased his general knowledge and widened his vocabulary
- Mohammed will continue to develop his independence skills and resilience in learning situations

### 3. Medium Term Outcomes (achievable within next 6 months)

- Mohammed will have met the differentiated learning objectives set in each subject
- Mohammed will have made 8 months progress with his literacy and numeracy skills
- Mohammed will be using at least 50% of subject specific language in his lessons.
- (He will be using them in written responses and will be able to describe what they mean orally)

### Short term targets (achievable within 6 – 8 weeks)

- 1) e.g. History – Mohammed will achieve at least 60% on a differentiated end of topic assessment
  - 2) Mohammed will be able to read the first 100 high frequency words, fluently without hesitation.
  - 3) Mohammed will be able to recall and use number facts to 20
  - 4) Mohammed will be able to recall and give the meaning of 50 % of subject specific language.
- Mohammed's personalised learning programme should contain the following information:-
  - Outcome/ specific target/ baseline/ intervention/ evaluation.
  - An example can be found in the Graduated Response Toolkit (see page 14)

## HQT and differentiation.

These should also be on the One Page Profile as needed.  
It may be helpful to think of these under the following headings.

### Curriculum and teaching methods

- Simplify language, keep the order of say the same as the order of do.
- Extra thinking time to process instructions
- Differentiation in presentation, pace and outcome.
- Agree targets with Mohammed (realistic expectations)
- Incorporate Mohammed's interests to improve motivation
- Make links with previous learning
- Pre-teach subject specific language.
- Provide concrete materials to support maths problem solving
- Precision teaching for high frequency word recognition
- Additional support - all staff aware of Mohammed's needs and how he responds best,
- Differentiated homework tasks
- Multi-sensory approaches to learning
- Agree ways of asking for help, and encourage Mohammed to use these.

### Environment

- Supportive resources available in class e.g. writing scaffolds / table square / word mats / task boards etc
- Visual timetable
- Pair up with a work buddy / good role model / sensitive groupings
- Consider seating plan to reduce distraction.

### Managing Transitions

- Prepare Mohammed for change
- Allow Mohammed to leave a little earlier to get to his next lesson (with peer support).

### Unstructured times

- Circle of Friends approach with sensitive peers.
- Homework club or other extra curricula activities
- A named key adult who Mohammed can go to, if needed.

<b>This plan and actions will be reviewed by:</b>	
<b>Within how many months?</b>	
<b>The meeting will be coordinated by:</b>	



The following have been involved in Mohammed's support plan by attending the meeting and/or providing written report.

Name	Role	Contact	Attended meeting	Report and date
			/	
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			/	
		Who facilitated		Date
's views have been gathered from				

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		Email	
Parent carers Mother:	Parental Responsibility	Address (if different from above)	
Father:		Telephone/email if different from above:	
Other important information about the child or their family, including barriers, or times that make it difficult to attend appointments or meetings:			
Placement:			
Key contacts:	School/ Setting	Education	
	Health Professionals: School health advisor:	Social care	

**Resources agreed:**

This should be completed in order to make an application for High Needs Funding or EHC Needs Assessment

<b>Intervention</b>	<b>Resources</b>	<b>Indicative Costs Support Equipment External service</b>	<b>Funding Source</b>	<b>Personal budget?</b>	<b>Outcome</b>	<b>Date Achieved</b>	<b>Review date</b>	<b>Comments</b>

# Zainab's Plan

## SEN Support Plan

Insert photograph or picture  
chosen by the pupil

She likes to be called:

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## 1. What we know about Zainab's strengths and areas of need

(based on profiles / assessments provided)

### Zainab's Strengths

- Zainab is a quiet pupil and listens well to classroom input and task instructions.
- She is able to work independently to complete tasks.
- Zainab has good organisational skills and can be relied upon to have the right books/ equipment / kit for every lesson.
- She engages best when seated with a supportive peer.
- She responds well to sensitive praise.

### Cognition and Learning

- Throughout both primary school and secondary there have been no concerns about Zainab's learning.
- She is hardworking and until recently has met age related expectations.
- Her recent drop in attainments is seen to be a direct result of her growing anxiety which is impacting on her ability to firstly get into school and secondly when she does manage to come into school, being able to manage her anxiety so that she is able to settle to her learning.

### Communication and Interaction

#### Expressive Language/Communication:

- Although Zainab is an excellent communicator in certain contexts, for example at home and when out with her friends she finds it very difficult to speak to adults in school.
- She will speak to her friends at break times and at lunch times and in the classroom when adults are not present but during lessons she will at best answer questions with a nod or shake or her head.
- Zainab also has excellent receptive language skills and can demonstrate her understanding of both written and oral language through her written communication.

#### Social Communication

- Zainab will make minimal eye contact with adults in social interactions in school.
- Observations of her at other times note that in situations where she is comfortable her eye contact and other non-verbal communications are appropriate.
- Her difficulties with interacting with adults in school is having a significant impact on her learning, particularly as the demands to work orally in class are increasing.
- Her reticence to speak to adults also means that teachers can struggle to know when Zainab is becoming anxious in class

#### Social emotional and mental health

- Zainab has been able to communicate through writing notes that school is making her feel increasingly anxious. She has identified the reasons to this as large crowds, not wanting to receive any unwanted attention, not feeling 'safe', and perceived bullying. These feelings are exacerbated when she is in lessons without any of her friendship group and she finds it extremely anxiety

provoking to have to move round school if she does not have at least one friend with her to help her navigate any social demands – this currently takes the form of the friend ‘talking for her’.

- Zainab’s growing anxieties are at times beginning to overwhelm her and she is developing catastrophic thoughts regarding her experiences in school, leading to reluctance to attend school or reluctance to attend lessons if she manages to get to school.
- Zainab reported to the EP that she finds it difficult to manage stress, change, socialising, school, and making decisions. She added that she felt she struggled with minor decision making in everyday life. In addition, she cannot tolerate public transport due to the crowds of people.
- Zainab also communicated that she gets very anxious in public and does not like going out anywhere without at least one friend or a parent.
- Zainab explained she catastrophizes about what might happen when she leaves the house to go somewhere where there may be unfamiliar people, for example, she is worried that she will need to talk to someone and she won’t know what to say. This anxiety is impacting on her social life and is limiting her social experiences

### **Physical and Sensory**

- There are no concerns in this area.

## **2. Summary of Zainab’s needs, Health, Social Care and Educational**

### **Special Educational Needs:**

- Zainab is selectively mute in school and in unfamiliar social settings. Although her selective mutism in school is long standing, until recently she has made good academic progress.
- Recently however, Zainab’s anxieties appear to be growing and she is becoming increasingly anxious in school to such an extent that she is now struggle to maintain regular attendance.
- The level of her anxiety is impacting on her ability to access to the curriculum and she is not making the progress she is capable of.

## **Outcomes and Aspirations including those identified by the pupil**

### **1. Aspirations for Zainab’s future**

- Zainab has ambitions to go to college and then on to university. She is a keen scientist and would like to pursue a career in this field.
- Zainab is very aware of how her anxiety is impacting on her school work and she wants a future which is not dominated by her anxieties.

### **2. Long term Outcomes (Achievable within a year)**

- Zainab will be attending school on a regular basis (75% full attendance or better)
- Zainab will be talking to at least some key adults in school, initially in a one to one situation but developing this to classroom situations.
- Zainab will be a more confident communicator in a wider range of social environments with a wider range of peers and adults

- Zainab will be managing her anxieties and will be feeling less stressed.
- Zainab will have the confidence and skills to go to unfamiliar places on her own
- Zainab will be making measurable academic progress in all subjects

### **3. Medium Term Outcomes** (achievable within next 6 months)

- Zainab will have increased attendance
- Zainab will be speaking to at least one key adult in school on a one to one basis.
- Zainab will be catching up on missed learning
- Zainab will have developed an understanding of her anxieties and have learned some strategies to help her overcome them

### **Short term targets** (achievable within 6 – 8 weeks)

- 1) Zainab will be able to use her voice with one adult in a one to one situation. This will start with baseline assessment looking at which situations are more or less anxiety provoking.
  - 2) Zainab will have increased her attendance by 15%
  - 3) Zainab will be able to ask for some information from someone, initially with a friend or parent present.
- Zainab' s teaching programme should contain the following information:-
  - Outcome/ specific target/ baseline/ intervention/ evaluation.
  - An example can be found in the Graduated Response Toolkit (page 14)

### **HQT and differentiation.**

**These should also be on the One Page Profile as needed.  
It may be helpful to think of these under the following headings.**

#### **Curriculum and teaching methods**

- Ensure all adults are aware of Zainab's anxieties and do not put her under pressure to speak in class
- Differentiate for oral responses- Zainab can write these, or record these or say to a friend.
- Ensure work is sent home for Zainab on those days she is too anxious to attend. This can be done through the school's learning portal.
- Ensure Zainab is able to sit with her friend in class
- Agree visual strategies with Zainab for her to be able to signal when she is feeling anxious or stressed e.g. feelings scale / red card, green card etc.
- Where possible, provide individual feedback and praise (for her engagement in learning) at the end of the lesson.
- Agree a 'safe place' for Zainab to go to when needed e.g. quiet room.
- Teach relaxation techniques, following advice from the educational psychologist e.g. Breathing techniques/ visualisation / Relaxkids etc.
- Circle of Friends
- Social stories to provide simple scripts for various situations.

### **Behaviour policies and practices**

- All staff need to be aware of Zainab's communication difficulties and be aware that a non-response is not any form of misbehaviour or non-compliance.

### **Interval and lunchtime practices**

- Where possible Zainab should be able to be accompanied by one of her friends when moving between lessons. Where this is not possible she should be allowed to leave the lesson five minutes early so that she can get to her next class without having to navigate the corridors at their busiest times.
- Make reasonable adjustments for the lunchtime period e.g. an alternative place to eat lunch, avoiding noisy or busy environments.

### **Managing all key transition points**

- Prepare Zainab for change and provide structure and routine to make each day as predictable as possible.
- Key adult to meet and greet at the beginning of the school day, and review and reflect at the end of the day. (Discuss what went well etc).

<b>This plan and actions will be reviewed by:</b>	
<b>Within how many months?</b>	
<b>The meeting will be coordinated by:</b>	

The following have been involved in Mohammed's support plan by attending the meeting and/or providing written report.

Name	Role	Contact	Attended meeting	Report and date
			/	
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			/	
		Who facilitated		Date
's views have been gathered from				

Full Name:		Preferred name:	
Address:		Telephone	
		Email	
Parent carers Mother:	Parental Responsibility	Address (if different from above)	
Father:		Telephone/email if different from above:	
Other important information about the child or their family, including barriers, or times that make it difficult to attend appointments or meetings:			
Placement:			
Key contacts:	School/ Setting	Education	
	Health Professionals: School health advisor:	Social care	



**Resources agreed:**

This should be completed in order to make an application for High Needs Funding or EHC Needs Assessment

<b>Intervention</b>	<b>Resources</b>	<b>Indicative Costs Support Equipment External service</b>	<b>Funding Source</b>	<b>Personal budget?</b>	<b>Outcome</b>	<b>Date Achieved</b>	<b>Review date</b>	<b>Comments</b>

# Appendix 2

## One Page Profiles

# Ayaan's One Page Profile

## What people like and admire about Ayaan . . .

His confidence with adults and peers.

His enjoyment and persistence with learning especially maths and phonics.

His enthusiasm for out-door play and playing with friends.

CYP's interest and knowledge of characters in Thomas the Tank Engine and his memory for the stories.

His love of talking to others.

His engagement with one to one work.

His kind and caring nature towards his baby sister.

## What makes the Ayaan happy . . .

Being with his family; he especially enjoys watching Thomas the Tank engine video's with his mum and feeding the ducks in the park at the weekends. Playing with his friends- he especially likes running games. Anything to do with trains. When people are kind. **Being given work that he is able to do. Being able to have lots of movement breaks.**

**Getting praise and dojos and not getting nojos.** Having familiar routines and being prepared for any changes.

## How best to support Ayaan

**Work 1:1 with the Ayaan for any structured learning. Provide a structured day and week. Give Ayaan clear instructions using symbols, signs and concrete materials. Ensure that Ayaan can sit in the same space on the carpet at the end of the line. Remind Ayaan about dojos and nojos if he is struggling with his behaviour. Give Ayaan some guidance with picture cues when they have a choice- . Show Ayaan the STOP sign when he is not letting others talk. When you want Ayaan's attention start by using his name so he knows you are speaking to him. Show Ayaan red and green signals for things that he should or shouldn't do. Let the Ayaan use a fidget tool or sensory material in assembly or when he is struggling to focus. Take Ayaan to the sensory room for therapy or if he gets upset.**

# Charlie's One Page Profile



## What people like and admire about Charlie

**His mum and dad say that Charlie is very determined. He has a lovely smile and is funny and they are very proud of him.**

Charlie's sister says "Charlie is glorious"

Charlie's brother says 'Charlie is caring and beautiful'

Charlie's brother says "Charlie sticks up for me"

Charlie's brother says "Charlie is enthusiastic"

Charlies' brother says "Charlie is very thoughtful and cares for his brother and sister a lot!"

School staff admire Charlie's perseverance.

Charlie is also a talented artist.

## What makes the Charlie happy . . .

Charlie loves wrestling, and his favourite wrestler is called Sting. He likes to go to wrestling matches and watch it on TV. He also likes to wrestle with his brothers.

Charlie enjoys spending time with his Granddad and likes helping him in his garden.

Charlie likes collecting things and currently he likes to collect shiny things.



**How best to support Charlie . . .** Those who know Charlie well have noticed that:-

He likes to know what is happening before it happens so it helps to prepare him for any changes to his day as early as possible. Charlie can find it difficult to understand why he needs to follow certain school routines. Charlie's mum uses social stories to help Charlie understand why he needs to follow routines. Charlie can find it difficult to stay on task so using 'now and next', together with tasks that have clear end points helps Charlie to stay on task. Writing instructions as a list to be ticked off helps Charlie be able to complete tasks successfully. Charlie can sometimes need adult support to complete a task, he may need prompts to get back on task and needs explanations to be given slowly and in small steps. It helps to ask Charlie to repeat the step back to you so that you know that he has understood. Charlie can worry so please listen to Charlie's concerns. Charlie works best with adults he has got to know so spending time getting to know him is important. Talking about wrestling is usually a good start!