**Foundation Years and Primary**

**Special Educational Needs Support**

**in Oxfordshire schools and settings**

**February 2017**



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# A1: Introduction for parents and carers

**Special Educational Needs**

The Special Educational Needs and Disability Code of Practice (2015) places great importance on involving parents in decision-making about their child’s individual support and by taking part in developing policy and practice where they live (Sections 1.3 -1.12).

Around 19,000 children and young people in Oxfordshire have identified Special Educational Needs (SEN) and most of these are supported in their local mainstream school or foundation years setting. The majority of children and young people will have their needs met through additional help that is put in place by their setting or school, sometimes with advice from specialist services. Some children and young people who have high or complex needs may need an Education Health and Care Plan (EHCP).

The Special Educational Needs Code of Practice (2015) sets out how parents and young people should be involved in identifying, understanding and taking decisions about special educational needs (see SEND Code of Practice Section 6.48). Parents like to know how their child’s school or setting will make decisions about any extra support and what form that support should take. They are also concerned whether their child will be given as much support as they need, and how they can help.

**The purpose of this handbook**

This handbook is written for schools and settings to help them to identify a child or young person’s special educational needs, what level of support they are expected to offer and how to arrange and monitor the support given. It also sets out expectations of what they must offer for the funding they receive. It is intended to help all schools and settings have the same approach wherever they are in Oxfordshire. It is also an assurance to parents that their child will be given as much support as another child with a similar need in a school or setting elsewhere. Many parents find it helpful to understand what a school is basing decisions on. It can sometimes be reassuring and also helps you ask informed questions about your child’s support and progress.

If a school or setting has concerns that a child is finding certain aspects of learning hard or that they are not making the same progress as other children, they can use the checklists in this handbook to help them to bring together all of the information needed to get a more detailed picture of the child’s needs. The checklists can also help parents to think about things that they have noticed outside of the setting or school.

The checklists cover the four broad categories of SEN:

* Communication and interaction needs (C&I)
* Cognition and learning needs (C&L)
* Social, emotional and mental health needs (SEMH)
* Sensory and/or physical needs (S&P)

They are divided into different ages to help identify what a child or young person with that particular need might find difficult.

**How you will be involved**

As part of this information gathering the school or setting will ask for your knowledge and views, and those of your child. You can ask to see the evidence that the school is using to decide about whether your child needs SEN support. This might be from teacher assessments, for example. If there are other professionals working with your family this is a helpful point to share that information. The school or setting will then work with you to agree the additional support that will be put in place to help your child to make better progress and what everyone will do to make that happen. You will also agree how and when you will keep track of how things are going and when you will meet together next to review progress.

If your child is receiving support you should meet with school or setting staff at least three times a year to look at your child’s progress, set new goals and discuss the activities and support that will help your child achieve them. Sometimes the school or setting will want to ask for additional specialist advice. In this case they will discuss this with you. They will also record and share with you what is discussed or agreed with specialists.

This handbook provides templates that schools and settings in Oxfordshire can use as a basis for discussion with you and to record the information that is gathered. They can be used as a record over time, helping you and the school or setting to see the support that has been put in place. This can also be helpful if support is needed from outside the school or setting, perhaps from a specialist teacher, for additional funding, or to provide evidence if the child needs an assessment of their needs that might lead to an Education, Health and Care Plan (EHCP).

**Getting advice**

Parents and young people can get help and advice from SENDIASS (Special Educational Needs and Disability Information Advice and Support Service). You can find contact details and lots of other information about SEN on Oxfordshire’s Local Offer website: <https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer> .

Parents have been involved in developing this handbook.

**A2: Introduction for schools and settings**

**Special Educational Needs**

The Special Educational Needs (SEN) Code of Practice (2015) sets out guidance and expectations in relation to identifying, assessing and providing for children and young people with special educational needs. A child or young person has a special educational need if they have a learning difficulty or disability which calls for special educational provision to be made for them. A child of compulsory school age or a young person is considered to have a learning difficulty or disability if he or she:

* *‘has a significantly greater difficulty in learning than the majority of others of the same age; or*
* *has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions’.*

 (Code of Practice 2015, para xiv)

A child under compulsory school age has special educational needs if he or she is likely to fall within the above definition when they reach compulsory school age, or would do so if they did not receive special educational provision.

Special educational provision goes beyond normal differentiated and personalised teaching and learning approaches, it is individual provision that is additional to or different from that made for other children of the same age. The most effective means of closing the gap is through high quality, carefully differentiated and inclusive teaching.

**Responsibilities of schools and settings**

All early years and education providers are responsible for doing their best to ensure that special educational needs are met. This means:

* identifying needs early
* ensuring that the views of parents, children and young people inform assessment planning and decision making; the SEND Code of Practice places great importance on involving parents, children and young people in decisions.
* knowing precisely where children and young people with SEN are in their learning and development, and planning for their next small steps
* having high aspirations and setting stretching targets for learners with SEN
* putting in place effective, evidence based interventions individually tailored to needs
* tracking progress towards these goals regularly, and reviewing the appropriateness of provision and ensuring that it impacts on progress.

**Supporting schools and settings to identify and meet needs**

The majority of children and young people with SEN will have their needs met in a mainstream setting and will not need an Education, Health and Care Plan. This handbook provides guidance on identifying and supporting these children and young people in line with the Code of Practice (2015). Specifically it:

* sets out in broad terms a description of the special educational provision that should be provided from a school or setting’s own budget
* supports providers to consistently identify children and young people with SEN and assess their needs
* gives guidance on providing for children and young people with SEN including planning and adaptations to teaching and the learning environment, including access to specialist advice and ancillary aids and assistive technology
* sets out expectations in relation to assessing and reviewing progress towards outcomes and how parents, children and young people are involved in this
* gives advice on enabling children and young people with SEN to access opportunities beyond the immediate learning environment.

**How to use this guidance to support identification, assessment and provision**

**First**

Use the guidance and template in Section C

to bring together discussions and evidence

**Next**

Use the detailed checklists and advice in Sections D-H

(Foundation Years – Key Stage 4)

to identify and provide for specific needs

Use the supporting information in the appendices as helpful.

Refer to **Oxfordshire’s Local Offer website** for more details

about services and for the most up to date contact information

**Some suggestions from SENCos about using this document**:

* Print off copies of the relevant year group pages for each teacher to have as a reference
* Print off using different coloured paper for each year group and/or area of need
* Highlight the wording in the headers of sections C and D to H in different colours on an electronic copy so teachers can quickly recognise ‘their’ year group.

**B: Additional SEN Support, Funding and Expectations**

Schools and academies are expected to deliver high quality provision that is good value for money. This section describes these expectations in detail. Learners with SEN may require support at universal, targeted and/or specialist levels; the level and combinations of provision may change over time.

At the **universal** level funding is provided on a per-learner basis for all those attending the educating institution. This is also known as element 1 funding. Good quality universal provision will reduce the need for deployment of more expensive resources.

At the **targeted** level mainstream providers (schools and academies) are expected to contribute the first £6,000 of the additional educational support provision for learners with SEN from their notional SEN budget. This is also known as element 2 funding.

At the **specialist** or **personalised** level top-up funding above £10,000 (elements 1 and 2) is provided on a per-learner basis by the commissioner placing the pupil.

Each school’s budget statement includes a notional budget for SEN. The notional budget is calculated by a funding formula that reflects the incidence of SEN measured in various ways, including deprivation and prior attainment. A notional budget should not limit the amount schools spend on SEN. Additional SEN provision should be costed by the school in relation to identified interventions and expected outcomes for each child or young person, avoiding the use of a currency of teaching assistant hours.

For primary schools, top-ups for individual pupils requiring additional support in excess of £10,000, (element 1 and 2), will be paid by the local authority.

For secondary schools, the budget for support above £10,000 is delegated to schools using a formula approach, this means that schools do not need to apply for top-ups.

For primary and secondary pupils from other local authorities, schools and academies should liaise directly with the respective local authority for any top-up funding above £10,000.

Schools and academies are expected to fund the provision of most specialist equipment and fittings e.g. ICT, specialist furniture, carpets, curtains, signage and other smaller items of work. They are also expected to pay the first £250 for each item of specialist equipment required by pupils with a special educational need/disability. Any additional local authority contributions will be subject to agreement by the SEN case officer, taking into account advice from relevant health practitioners.

**Element 1: The Universal Offer: funding provided for all learners**

□ **Good quality teaching** is provided for all learners, and learners with the most difficulties are taught by skilled teachers. Additional interventions are not a substitute for weak or ineffective practice.

|  |
| --- |
| Inclusive **good quality teaching** involves:* Establishing that lack of progress is not due to poor teaching. Observe class teaching and evaluate whether there are adjustments that could be made to support learning before proceeding with individual assessment.

 * Maximising progress for learners who have additional needs. As for all learners, this requires a clear picture of individual learning strengths, weaknesses and independence. The starting point should always be assessment – formative, summative and standardised. In addition to using data, use a variety of other means to build up a picture including observation, learner self-assessment, parental comments, analysis of scripts, book scrutiny and teacher feedback.
* Giving learners ‘hard work they can do’. Use data gathered to plan carefully to meet the needs of each individual; however, this should not be about working harder to give every child a different activity or work sheet. Instead, focus on a skill based learning objective for all, differentiated support, additional resources available and very clear success criteria.
* Ensuring that all pupils have access to a range of teaching and learning styles.
* Ensuring that learners are not overly dependent on adults. Research shows that learners need to develop independence in order to learn effectively. If a learner is constantly working beyond their current skill level they may well be at risk of ‘learned helplessness’. Learners need to move from dependence on an adult, through modelled, shared and guided group activities to a point where they are sufficiently skilled and confident to work independently on their own. The teacher needs to plan carefully for learners to move through these steps into independence in all areas of the curriculum.
* Teachers regularly teaching every group in the classroom in order to be absolutely sure that they know the small next step each learner needs to take in their learning.
* Teachers managing misconceptions well by ensuring there are regular and meaningful mini-plenaries that allow learners to evaluate their work so far and identify areas for improvement or where they need more support to move to independence.
* Using multi-sensory resources for all learners across all key stages to ensure that no stigma is attached to their use. Use resources creatively to maintain engagement.
 |

□ **Staff are** **well trained**. All teaching staff have Inclusion Development Programme Foundation Level knowledge and are confident in making their teaching accessible to learners with SEN.

□ **The** **curriculum** offered meets the needs of all learners.

□ The school has an **Equality Scheme** that is updated annually and an **Accessibility plan**, linked to the local authority Accessibility plan, that is reviewed every 3 years. These include information about the admission of disabled children, the steps taken to prevent less favourable treatment, the facilities provided to enable access and how access will be improved over time. These ensure current and future pupils with SEND have full access to the life of the school to enable good progress in their learning.

□ The **teaching and learning policy** is understood by all staff. It reflects equalities legislation and accessibility requirements and actively promotes overcoming barriers to learning for all children taking into account individual differences. It promotes understanding and acceptance in the peer group.

□ The **school development plan** is informed by an analysis of qualitative and quantitative data and contains strategies to improve the outcomes of all current and future pupils.

□ **Smooth transitions** are planned and enabled into, within and beyond school.

□ All learners are **assessed on entry** to the school and EYFS profile date is used to plan learning outcomes.

□ The **progress of all learners is tracked** against national benchmarks. Where insufficient progress is noted the quality of teaching is reviewed. Full use is made of available national data, eg *Transition matrices* as part of RAISEonline*, Progression Materials 2010-11.* Effective use is made of data so that changes in learners’ patterns of attainment, attendance or behaviour are noticed and can be acted upon.

□ The school provides a **report to parents** on their child’s progress at least annually.

□ The school provides a warm, safe and empathetic ethos where children have the confidence to share their concerns with staff, and know that they will be addressed, in order to support their **emotional well-being**.

□ The school inspires **parental confidence** by establishing a reciprocal relationship with them as partners in their children’s learning, making best use of parents or carers’ knowledge of their child’s development.

□ The **learning environment** of the school is supportive to all learners andenables teachers to respond to predicted and un-predicted need, eg time out space, use of technology.

□There are **care plans** for learners with health and personal care needs.

□ **Governors** **monitor the impact** of the whole school response and the impact on learners with SEN.

□ The governing body **annually update information and publish a report** about the school’s policy for learners with SEN and what provision is available in accordance with the SEN (Information) Regulations 2014 (Code of Practice para 6.79). This includes detailed information about the school’s arrangements for identifying, assessing and making provision for learners with SEN, an annual review of the Equalities Scheme, and the school’s Accessibility plan.

□ The school has a **SENCo** who is a qualified teacher and who has relevant experience or a recognised SEN qualification.

□ Governors ensure that arrangements are in place to support learners with medical conditions.

□ The quality of teaching for learners with SEN and their progress is a core part of the school’s **performance management arrangements**.

□ The school records and analyses information about **bullying** and uses this to plan further actions.

□ The school has an effective **behaviour policy** that is consistently applied.

□ The school ensures joined up planning to achieve good outcomes for learners in specific circumstances, eg those who are looked after, have social care needs or are children of service personnel, and who may also have a special educational need.

**Element 2: The Targeted Offer: The first £6,000 of any additional educational support provision (the notional SEN budget).**

□ Additional **assessment and analysis informs** the reason for inadequate progress, and the choice of intervention and grouping.

□ Staff have an **awareness level of training** in relation to the special educational needs of all children with whom they come into contact.

□ Staff working directly with a learner with SEN have an **enhanced level of expertise** enabling them to adapt teaching and learning appropriately to secure improved outcomes.

□ Some staff have undertaken **specialist training** in SEN, eg using the Advanced Needs training materials, in order to understand the range of assessments available, the most effective strategies to support learning and provide individual and group tuition where indicated.

□ Support is **planned and reviewed** by the class teacher or subject teacher as appropriate and in collaboration with parents and the learner at least three times a year.

□ As part of **provision management** a **provision map** has a range of small group interventions available for learners with SEN. Interventions are time limited, pre-formulated and are carefully matched to learners’ needs so that they can be used by trained staff with minimal adaptation. They may include training learners to be **competent and independent** in use of curriculum aids e.g. appropriate computer software.

□ The **provision of SEN support is recorded** on the school’s information system.

□ The effectiveness of **interventions are evaluated** by the teacher and monitored by the senior leadership team in order to determine the impact on academic and personal development progress.

□ The senior leadership team applies a **greater level of scrutiny** of the progress made by learners with SEN by using tracking data and feedback from intervention programmes to evaluate outcomes and cost effectiveness.

□ Advice from **specialist services** (eg Speech and Language Therapy, Educational Psychology, Special School outreach) is implemented and monitored.

**Element 3: The Specialist or Personalised Offer: Top-up funding above £10,000 (universal and targeted) provided on a per-learner basis by the commissioner placing the pupil.**

□ Learners have **personalised interventions** specifically formulated to take account of unique individual needs and person centred outcomes.

□ The school **gathers and records detailed information** about the learner, his/her aspirations and needs, and details of provision and outcomes in an individualised profile document.

□ **Advice from specialist services (education, social care and health)** for individual pupils is implemented by the school, and is monitored and reviewed.

□ The school works closely **with parents and the learner** to agree and review interventions and support, and to regularly monitor progress.

□ **Additional Top-up funding (element 3)** may be applied for without the need for a statement or EHC Plan where support can be provided by the school working with specialist educational support services (Primary schools only, see page 7).

□ A **Common Assessment Framework** **(CAF) and team around the child support** may be in place. The **lead professional** may be a member of the school/academy staff.

□ The learner may have a **care plan** which is monitored, and possibly supported, by specialist staff.

□ Where learners require a **co-ordinated assessment and plan** (EHC Plan) individualised strategies and provision will be identified. **Statements** of SEN also fulfil this function.

**C1: What to do if you think a child has a Special Educational Need (SEN)**

**Overall approach**

Many children with complex needs have these identified very early. For other children difficulties may only become evident as they grow and develop, and as they learn and interact in new and different environments. Some children and young people have special educational needs that result from an illness or accident. The approach to identifying a special educational need should be part of a school or setting’s overall approach to monitoring the development and progress of all learners.

**Less than expected progress**

A good understanding of a learner’s starting points and regular checks on progress are the basis for identifying when a learner is making less than expected progress given their age and individual circumstances. Children start settings and schools with varied experiences and usually need a little time to settle in and engage with new learning opportunities. The progress check at aged 2 and assessment at the end of the EYFS are two important early points for formally reviewing progress.

Less than expected progress is progress which:

• is significantly slower than that of 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, 2015 Section 6.17)

**What to do when a child is making less than expected progress**

For many learners who are not making expected progress the precise area of need is not clear at the outset. Some will have needs that span more than one area. Usually evidence is gathered over time, although in some circumstances a child may appear in school with little history or may suddenly develop a need as a result of an accident or injury. In the first instance it is always helpful to bring together all of the available evidence, including information from parents and the learner him/herself, to make a detailed individual assessment of need. The following pages ‘Children who may need additional support’ will help you to do that:

* **Firstly complete the relevant age/stage specific initial identification pages in this section (C)**,
* **Next look at the suggested detailed descriptors for each area of need in the relevant section from D (Foundation years) to H (KS4).**

Remember the checklists are guidance and not criteria for SEN support.

**Categories of special educational need**

The four broad areas of need and the subdivisions of need used in this guidance are:

* Communication and interaction needs (C&I)
* Cognition and learning needs (C&L)
* Learning needs (LD)
* Specific Learning Difficulties (SpLD) (KS1 onwards)
* Social, emotional and mental health needs (SEMH)
* Sensory and/or physical needs (S&P)
* Hearing Impairment (HI)
* Visual Impairment (VI)
* Multi-Sensory Impairment (MSI) (Foundation years)
* Physical difficulties (PD)

**Specific circumstances**

Progress can be affected by a number of factors inside and outside of the setting or school including family crises, bereavement and bullying. Some of these will not necessarily lead to a learner having SEN but may cause significant short term needs.

***Behavioural difficulties*** do not necessarily mean that a child has a SEN, but consistent disruptive or withdrawn behaviours can indicate underlying and unmet needs and so it’s important to look across the range of indicators to check where difficulties originate.

If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour a multi-agency approach, supported by the use of the ***Common Assessment Framework*** (CAF) may be appropriate.

The ***identification and assessment of the SEN of children or young people whose first language is not English***: Schools and early years providers will need to look carefully at all aspects of a child or young person’s performance in different areas of learning and development or subjects to establish whether lack of progress is due to limitations in their command of English or if it arises from a SEN or both.

***Children who are Looked After*** by the local authority will already have a Care Plan that includes a Personal Education Plan (PEP) and a Health Plan. It may be through making assessments for these plans that an SEN is identified. Any planning for SEN needs to dovetail with and add to existing planning and involve other professionals and foster carers who are working with the child.

***Children of Service personnel*** face particular challenges. The mobility of service personnel means that their children may face more transitions than most learners, sometimes at short notice. There may also be anxiety and related emotional difficulties resulting from the deployment of family members to operational areas. Settings and schools need to ensure that the service related lifestyle of these children doesn’t lead to any delay in identifying or providing for any SEN, and that any records kept are transferred as quickly as possible if the child moves. The Children’s Education Advisory Service (CEAS) within the Ministry of Defence can provide advice and guidance.

**C2: Children who may need additional support**

**Foundation Years**

**Name of child** ……………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| **First check** | *Date* | *What’s the evidence?* |
| How have the individual needs of the child been addressed through a range of learning opportunities and an enabling environment? |  |  |
| What adjustments have been made for the child within the normal day to day organisation of the setting? |  |  |
| What observations of the child’s responses to learning opportunities have been recorded? |  |  |
| What information has been gathered about the child’s responses to experiences and opportunities outside of the setting? |  |  |
| **Gather and review the evidence using*** Evidence from observations of the child engaged in different activities
* Evidence from any tracking and assessments, formal or informal
* Information about the child in and out of school/setting from parents or carers
* Records of the child’s achievements
* Information about attendance
* Evidence of the child’s views and responses to learning opportunities
* Information from any other agencies involved with the child or family, where appropriate, eg CAF
 |

**Consider whether the child has particular support needs\***

|  |  |  |
| --- | --- | --- |
| *Additional support needs may be indicated if the child:* | *Tick/**date* | *Now look at the detailed descriptors for:* |
| Is working at a developmental matters band below chronological age  |  | C&L needsC&I needs |
| Tracking shows progress not being made within development band |  | C&L needsC&I needsS&P needs |
| Has a known difficulty or impairment that may impact on his/her learning |  | As appropriate to the identified difficulty/impairment |
| Is showing withdrawn or anxious behaviour and/or a lack of self confidence |  | C&L needsSEMH needsC&I needsSensory needs |
| Is having difficulty in making relationships and interacting appropriately/meaningfully with others  |  | C&L needsSEMH needsC&I needsSensory needs |
| Has difficulty in sequencing events and tasks |  | C&L needsC&I needs |
| Appears not to listen/respond to questions or instructions |  | C&I needsHearing needsSEMH needs |
| Has limited use of spoken language to communicate meaning |  | C&I needsHearing needs |
| Finds it difficult to learn within a group that is age/stage appropriate |  | C&I needsSensory needsSEMH needs |
| Finds it challenging to learn when activities are unstructured |  | C&I needsSEMH needsC&L needsSensory needs |
| Has difficulty in following instructions or joining in activities that are dependent upon hearing |  | Hearing needsC&I needs |
| Has difficulty in seeing fine work, eg picking out detail in pictures |  | Visual needs |
| Has difficulty in managing his/her body to move confidently |  | Physical needsLearning needs |
| Has difficulty in using hands for fine motor movements |  | Physical needsC&L needs |
| Has a need to seek or avoid sensory stimuli that impacts on his/her own or others’ learning  |  | Physical needsC&I needsSensory needsSEMH needs |

\*see intro to this section for abbreviations

**C3: Children who may need additional support**

**Years 1 & 2**

**Name of child** ……………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| **First check** | *Date* | *What’s the evidence?* |
| How have the individual needs of the child been addressed within the inclusive curriculum?  |  |  |
| What teaching and learning strategies (including ICT) have been used? |  |  |
| What observations of the child’s responses to learning opportunities have been recorded? |  |  |
| What information has been gathered about the child’s responses to experiences and opportunities outside of the classroom? |  |  |
| **Gather and review the evidence using*** Evidence from observations of the child engaged in different activities
* Evidence from any tracking and assessments
* Information about the child in and out of school from parents or carers
* Records of the child’s achievements
* Information about school attendance
* Discussion with child about his/her learning
* Information from any other agencies involved with the child or family, where appropriate, eg CAF
 |

**Consider whether the child has particular support needs\***

|  |  |  |
| --- | --- | --- |
| *Additional support needs may be indicated if the child:* | *Tick/**date* | *Now look at the detailed descriptors for:* |
| Has a known difficulty or impairment that may impact on his/her learning |  | As appropriate to the identified difficulty/impairment |
| Was ‘emerging’ across all/most areas of the EYFSP |  | C&L needs C&I needsSensory needsSEMH needs |
| Had a markedly uneven Profile at the end of the Foundation Stage |  | C&L needs C&I needsSensory needsSEMH needs |
| Is working below the level of the Phonics screening test (eg has no understanding of grapheme-phoneme correspondence)  |  | C&L needs C&I needsSensory needs |
| Has a standardised score of 80 or less in standardised tests of language, literacy or numeracy |  | C&L needs C&I needsSensory needs |
| Has difficulty in sequencing events and tasks |  | C&L needsC&I needs |
| Has difficulty remembering instructions and information |  | C&L needs C&I needs |
| Has difficulty in retaining new learning |  | C&L needs |
| Shows significant or sustained unhappiness, stress or disaffection which may lead to periods of absence |  | SEMH needsC&L needs, C&I needs |
| Emotional, social and/or behavioural development impacts on own learning and that of others |  | SEMH needsC&L needsC&I needs |
| Has difficulties with communication that inhibit learning, understanding and participation |  | C&I needsSensory needs |
| Finds it challenging to participate in whole class/group or unstructured activities |  | C&I needsSEMH needsSensory needs |
| Appears not to listen/respond to questions or instructions |  | C&I needsHearing needsSEMH needs |
| Has significant difficulty in making and maintaining relationships |  | C&I needsSEMH needsSensory needs |
| Has marked difficulty with tasks requiring the use of fine or gross motor skills |  | Physical needsSensory needsC&L needs |
| Has difficulty concentrating and/or is easily distracted |  | C&L needs, C&I needsSEMH needsSensory needs |
| Is tired after sustained concentration at school and/or at home |  | Sensory needsC&L needsPhysical needs |

\*see intro to this section for abbreviations

**C4: Children who may need additional support**

**Years 3 & 4**

**Name of child** ……………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| **First check** | *Date* | *What’s the evidence?* |
| How have the individual needs of the child been addressed within the inclusive curriculum?  |  |  |
| What teaching and learning strategies (including ICT) have been used? |  |  |
| What observations of the child’s responses to learning opportunities have been recorded? |  |  |
| What information has been gathered about the child’s responses to experiences and opportunities outside of the classroom? |  |  |
| **Gather and review the evidence using*** Evidence from observations of the child engaged in different activities
* Evidence from any tracking and assessments
* Information about the child in and out of school from parents or carers
* Records of the child’s achievements
* Information about school attendance
* Discussion with child about his/her learning
* Information from any other agencies involved with the child or family, where appropriate, eg CAF
 |

**Consider whether the child has particular support needs\***

|  |  |  |
| --- | --- | --- |
| *Additional support needs may be indicated if the child:* | *Tick/**date* | *Now look at the detailed descriptors for:* |
| Has a known difficulty or impairment that may impact on his/her learning |  | As appropriate to the identified difficulty/impairment |
| Did not reach the expected standard in the Phonics screening test at the end of Year 2 |  | C&L needs C&I needsSensory needs |
| Has a standardised score of less than 80 in standardised tests of cognitive ability, language, literacy or numeracy |  | C&L needs C&I needsSensory needs |
| Has difficulty in sequencing tasks and events |  | C&L needsC&I needs |
| Has difficulty remembering instructions and information |  | C&L needsC&I needs |
| Has difficulty in retaining new learning |  | C&L needs |
| Has difficulty in understanding new concepts and generalising from experience |  | C&L needs C&I needs |
| Shows significant or sustained unhappiness, stress or disaffection which may lead to periods of absence |  | SEMH needsC&L needsC&I needs |
| Emotional, social and/or behavioural development impacts on own learning and that of others |  | SEMH needsC&L needsC&I needsSensory needs |
| Has difficulties with communication that inhibit learning, understanding and participation |  | C&I needsSensory needs |
| Finds it challenging to participate in whole class/group or unstructured activities |  | C&I needsSEMH needsSensory needs |
| Has significant difficulty in making and maintaining relationships |  | C&I needsSEMH needsSensory needs |
| Self-organisation skills impact on own and others’ learning |  | C&L needsC&I needs |
| Has marked difficulty with tasks requiring the use of fine or gross motor skills |  | Physical needsSensory needsC&L needs |
| Finds it difficult to follow or copy work on whiteboard |  | Sensory needsC&L needs |
| Has difficulty concentrating and/or is easily distracted |  | C&L needs, C&I needsSEMH needsSensory needs |
| Is tired after sustained concentration at school and/or at home |  | Sensory needsC&L needsPhysical needs |

\*see intro to this section for abbreviation

**C5: Children who may need additional support**

**Years 5 & 6**

**Name of child** …………………………………………………………………………….……...

|  |  |  |
| --- | --- | --- |
| **First check** | *Date* | *What’s the evidence?* |
| How have the individual needs of the child been addressed within the inclusive curriculum?  |  |  |
| What teaching and learning strategies (including ICT) have been used? |  |  |
| What observations of the child’s responses to learning opportunities have been recorded? |  |  |
| What information has been gathered about the child’s responses to experiences and opportunities outside of the classroom? |  |  |
| **Gather and review the evidence using*** Evidence from observations of the child engaged in different activities
* Evidence from any tracking and assessments
* Information about the child in and out of school from parents or carers
* Records of the child’s achievements
* Information about school attendance
* Discussion with child about his/her learning
* Information from any other agencies involved with the child or family, where appropriate, eg CAF
 |

**Consider whether the child has particular support needs\***

|  |  |  |
| --- | --- | --- |
| *Additional support needs may be indicated if the child:* | *Tick/**date* | *Now look at the detailed descriptors for:* |
| Has a known difficulty or impairment that may impact on his/her learning |  | As appropriate to the identified difficulty/impairment |
| Has a standardised score of less than 80 in standardised tests of cognitive ability or attainment |  | C&L needs C&I needsSensory needs |
| Has difficulty in sequencing tasks and events |  | C&L needs C&I needs |
| Has difficulty remembering instructions and information |  | C&L needsC&I needs |
| Has difficulty in understanding abstract concepts and generalising from experience |  | C&L needsC&I needs |
| Has an uneven learning profile and a learning style that does not follow the usual developmental patterns  |  | C&I needs |
| Has difficulty in retaining new learning |  | C&L needs |
| Shows significant or sustained unhappiness, stress or disaffection which may lead to periods of absence |  | SEMH needs C&L needs C&I needs |
| Emotional, social and/or behavioural development impacts on own learning and that of others |  | SEMH needsC&L needsSensory needs |
| Has difficulties with communication that inhibit learning, understanding and participation |  | C&I needsSensory needsSEMH needs |
| Finds it challenging to participate in whole class/group or unstructured activities |  | C&I needsSEMH needs |
| Has significant difficulty in making and maintaining relationships |  | C&I needsSEMH needsSensory needs |
| Self-organisation skills impact on own and others’ learning |  | C&L needsC&I needs |
| Has marked difficulty with tasks requiring the use of fine or gross motor skills |  | Physical needsSensory needsC&L needs |
| Finds it difficult to follow or copy work on whiteboard |  | Sensory needsC&L needs |
| Has difficulty concentrating and/or is easily distracted |  | C&L needs C&I needsSEMH needsSensory needs |
| Is tired after sustained concentration at school and/or at home |  | Sensory needsC&L needsPhysical needs |

\*see intro to this section for abbreviations

**D1: Identifying and supporting needs**

**Foundation Years**

‘**What to do if you think a child or young person has an additional SEN support need’** is the starting point for action. Once the potential range of needs has been identified use the more detailed descriptors for each area of difficulty and the assess-plan-do advice contained in this section to help to understand needs and put in place appropriate support.

The descriptors are in checklist format; the assess-plan-do section also has a tickbox which can be used, if and where helpful, to support thinking and record keeping.

**Assessing**

* Gather further evidence if needed, involving parents and the child.
* Always involve a specialist where a child continues to make little or no progress over a sustained period or where they continue to work at levels substantially below those expected of children of a similar age despite high quality SEN support. The child’s parents **must** be involved in any decision to involve specialists and their views taken into account.
* Review the initial assessment regularly to ensure that support continues to be matched to need.
* In some cases, outside professionals from health or social care may be involved with the child and they will have information that may helpfully inform assessments. They may already be working with the school/setting, if not parents need to agree that they can be contacted. If it is thought that housing, family or other domestic circumstances may be contributing to the child or young person’s needs, perhaps by impacting on his/her behaviour, a multi-agency approach supported by the use of the Common Assessment Framework (CAF) may be appropriate.
* Contact details for all of the specialist agencies listed in this section, and more information about universal, targeted and specialist or personalised services, can be accessed through the Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).

**Planning**

* Use the planning list in the Assessment and Planning section to help with thinking.
* Agree, in consultation with the parent and the child, the interventions and support to be put in place, as well as the expected impact on progress, development or behaviour, and a clear date for review.
* All staff who work with the child will need to be made aware of their needs, the support provided and any teaching strategies or approaches that are required. Identify and address any staff development needs.
* The descriptor lists can be a helpful source of targets. It may be necessary to track back to an earlier age/stage.
* As well as planning for the child’s immediate needs it’s important to think ahead about transitions, especially between key stages.
* Also plan how to help parents to support their child’s learning at home.

**Doing**

* Use the strategies and resources list to help.
* In schools, the class or subject teacher needs to retain day to day responsibility for planning and working with the child especially where the interventions involve group or one-to-one teaching delivered by a teaching assistant or specialist teacher.

**Reviewing**

* Review the effectiveness of the support and the impact on the child’s progress in line with the agreed date and use this to inform further analysis of his/her needs and support requirements.
* Involve the child and parents in reviewing both the impact of support and plans to change it. Discuss the activities and support that will help to achieve goals set and identify the responsibilities of the parent, child and the setting or school in this.
* Review meetings with parents should be held at least three times a year and lead by someone with a good knowledge of the child. ‘Holding a review meeting’ (see Appendix 1) gives pointers on how to ensure that this is a helpful and productive process for all.

**Keeping records**

* Accurately record provision for learners with SEN. This supports the assess – plan – do – review process, and provides evidence of the work that has been done and the progress made.
* Settings and schools determine their own approach to record keeping, but as part of any school inspection Ofsted will expect to see evidence of the interventions and support that are in place and whether they lead to accelerated or sustained progress.
* Oxfordshire has developed record keeping templates to capture person centred planning, pupil outcomes, assessments, planning and reviewing. This information will be required for children and young people who require additional SEN top-ups or who may require co-ordinated assessment and an Education, Health and Care Plan (more information about EHC plans can be found on the Local Offer website <https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).

**D2: Communication and Interaction needs (C&I)**

**Foundation years**

This section describes children who have greater needs than most of their peers for support with communication and interaction (C&I). Children with communication and interaction needs may have difficulty in expressing themselves, in understanding language, and with interacting with others and the world around them. Children need help to acquire language skills in order to develop their thinking as well as their ability to communicate.

Some children with C&I difficulties will have had their needs identified at a very early age and may already be receiving support. For many children needs may not become apparent until they enter a group setting when the difficulties begin to impact on learning.

**This section contains:**

* **Descriptors to help identify children with a communication and/or interaction**

 **difficulty.**

* **Guidance on supporting children with communication and interaction needs.**

Needs in other areas can lead to and compound communication and interaction needs, for example a hearing loss or difficulties with attachment, and can also be the result of unmet C&I needs, for example learning needs, social and emotional needs. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

English as an Additional Language (EAL) is not in itself a special educational need but it can be the case that a child who speaks English as an additional language may also have special educational needs. The approach to supporting all children with EAL is set out in ‘[Identifying Children who are Learning English as an Additional Language and who may also have Learning Difficulties and/or Disabilities’](https://www.oxfordshire.gov.uk/cms/content/early-education-toolkit). Used alongside the descriptors on the next pages this will help you to decide whether a child’s language competence should be giving rise for concern.

|  |  |
| --- | --- |
| **Foundation years** **Communication and Interaction**  | Name |

|  |  |  |  |
| --- | --- | --- | --- |
|  The child needs support for some of the following: | ***By 1 year old the child needs support for at least one of the following:*** | Date & age | Date & age |
| Communication and Interaction | smiling, looking and moving in response to your interaction |  |  |
| vocalising back when talked to, making own sounds, especially to a familiar adult and when a smiling face is used |  |  |
| listening to nursery rhymes with enjoyment |  |  |
| showing excitement at the sound of approaching voices, footsteps and other sounds. |  |  |
| ***By 2 years the child needs support for at least one of the following:*** |
| Understanding | understanding and following simple instructions in context, eg ‘come for snack’ |  |  |
| pointing to simple body parts when asked |  |  |
| Speaking | spontaneously naming common objects which interest them, eg car, bird |  |  |
| copying expressions they hear a lot, eg ‘all gone!’ ‘oh dear!’ |  |  |
| Listening & attention | enjoying nursery rhymes and trying to join in with actions or sounds by copying |  |  |
| Interaction | being aware of other people’s feelings – for example to look concerned if hears crying or to look excited if hears a familiar voice |  |  |
| taking turns in a simple ‘conversation’ |  |  |
| pointing to draw attention to things of interest. |  |  |
| ***By 3 years the child needs support for at least one of the following:*** |
| Understanding | understanding simple instructions involving a choice of 2 people or objects, eg‘Give the car to James’‘Give the ball to Annie’ |  |  |
| Speaking  | joining 2/3 words together with meaning, eg‘Daddy car’ ‘Mummy gone’ |  |  |
| being understood by familiar adults |  |  |
| Listening & attention | recognising and joining in with songs and actions, eg ‘The wheels on the bus’ |  |  |
| concentrating on an activity of their own choosing for a short period of time |  |  |
| Interaction | playing ball co-operatively with an adult (eg kick or roll back and forth) |  |  |
| starting interaction with and playing alongside other children |  |  |
| expressing emotions and seeking a reaction, for example crying at a minor injury and asking for help or comfort. |  |  |
| ***By 4 years the child needs support for at least one of the following:*** |
| Understanding | understanding position words, ‘in’ ‘on’ ‘under’eg ‘put Dolly under the chair’ |  |  |
| answering ‘who’ ‘what’ ‘where’ questions about a story |  |  |
| Speaking | talking about ownership, eg‘My teddy’ ‘Jack’s car’ |  |  |
| using simple pronouns correctly, eg ‘I’ ‘me’ ‘you’ |  |  |
| being understood by unfamiliar adults |  |  |
| talking about what s/he has been doing |  |  |
| Listening & attention | stopping and listening to an adult who has called their name and then refocus on their original activity |  |  |
| attending to an adult’s choice of activity for a short period of time |  |  |
| Interaction | including another child in their play sequence and talking to them as they do so, eg give a child a cup to drink from |  |  |
| seeking out others to share experiences, eg by saying ‘watch me’. |  |  |
| ***By 5 years the child needs support for at least one of the following:*** |
| Understanding | identifying an object from a description of its use, eg‘What do we use to cut things with?’ |  |  |
| Speaking | retelling a simple past event or familiar story in the correct order, egWent down the slide and hurt finger |  |  |
| Listening & attention | remaining focussed during a short story/singing session in a large group |  |  |
| Interaction | expressing wishes and needs clearly and understanding when these are not immediately met |  |  |
| regularly using adults as sources of knowledge, comfort and shared activities |  |  |
| enjoying and joining in with shared play. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| **Further assessment may be required to identify more specifically the areas where the child needs support.**  |
| * Careful observation is the best way of unpicking difficulties.
 |  |
| * For children with marked difficulties in social communication, thought and sensory processing, build on the initial evidence gathered to assemble a detailed profile of the child’s strengths, interests, challenges and sources of stress. Include parents and the child in this process. This profile will help to ensure that the optimum learning environment is achieved.
 |  |
| **For further advice with assessment and planning contact:** |
| * SENSS Communication and Interaction Service.
 |  |
| * The Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and language therapy) for a speech and language referral.
 |  |
| * Settings should contact the EYSEN team.
 |  |
| **Planning for a child with a C&I need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with a C&I need will be supported to access it.
 |  |
| * Any adaptations needed to the physical environment to help with access to learning, eg picture labelling of resources.
 |  |
| * Any specialist equipment or resources, including ICT that may be helpful.
 |  |
| * How the child’s key person will help him/her to access learning opportunities.
 |  |
| * Individual or small group work to focus on specific communication and interaction skills.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * Any support that is needed at break times to help the child to be part of a small group and/or to follow his/her own interests.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Careful planning for moving from the FS curriculum to KS1.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Modify the environment to help with any sensory issues; eg acoustic boards and ear defenders, avoid glare and harsh lighting, provide a quiet area for the child to withdraw to such as a soft corner or play tent.
 |  |
| * Sit the child where they can best see and hear the adult in whole class and group activities. Use visual cues (such as a cushion) to remind them where they should sit and encourage independence with this.
 |  |
| * Boxes of toys and equipment should be labelled with words and pictures depicting the content.
 |  |
| **Teaching and learning** |
| * Use a visual timetable to help the child to understand the structure of the session. Photos and symbols can be used to support understanding.
 |  |
| * Keep expectations clear and consistent.
 |  |
| * Give clear visual prompts when there is to be a change of activity supported by a verbal countdown such as a ‘two minute/one minute warning’.
 |  |
| * Provide support to manage time limited tasks, eg sand timer, egg timer.
 |  |
| * Teach children to recognise and use visual prompts to engage them in making choices, eg photos, symbols.
 |  |
| * Use the child’s name to focus attention individually before giving whole or small group instructions.
 |  |
| * Teach ‘pointing’ when the child is unable to verbalise a choice.
 |  |
| * Offer activities that encourage learning how to play rather than through play, eg imitating/mirroring activities, ‘join in’ songs like Wheels on the Bus, descriptive commentary and other ECAT strategies.
 |  |
| * Use individual, pair and small group activities to teach specific skills, eg *Treasure Trove (*OCC/NHS), Spirals, ICAN materials.
 |  |
| * Use photos to help the child link past and present – useful for predicting, making choices, sequencing.
 |  |
| * Modify the language that adults use; reduce, slow down, give take up time, use non-literal language with care.
 |  |
| * Involve good peer role models and buddies, eg for language modelling and to help the child use learned skills in the everyday environment.
 |  |
| * Create structured opportunities to engage in communication skills, such as asking another child for some fruit at snack time.
 |  |
| * Help the child to recognise his/her own needs and those of others.
 |  |
| * Only make social demands that the child has the ability to cope with – work towards involvement with a bigger group over time.
 |  |
| * Use the child’s areas of special interest to provide motivational learning opportunities.
 |  |
| * The EYSEN toolkit contains ideas for activities, strategies and resources: <https://www.oxfordshire.gov.uk/cms/content/early-years-sen-toolkit> .
 |  |
| **Wider thinking** |
| * All staff should be aware of the implications of the child’s communication and interaction needs and how to respond appropriately.
 |  |
| * Settings must consider what support or adjustments may be needed for the child to access out of school/setting activities including trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * ICAN, AFASIC, The Communication Trust and The National Autism Society all have useful websites and resources.
 |  |
| * The Inclusion Development Programme ([www.idponline.org.uk](http://www.idponline.org.uk)) has advice and resources for supporting children with speech language and communication and also autistic spectrum conditions.
 |  |
| * Children’s Centres across Oxfordshire offer activities and advice to families with children under 5.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for staff and parents.
 |  |

**D3: Learning needs (C&L)**

**Foundation Years**

This section describes children who have greater needs than most of their peers for support with learning. Children with learning difficulties will learn at a slower pace than other children and may have greater difficulty than their peers in developing play skills, understanding concepts and acquiring basic literacy or numeracy skills.

Some children with learning difficulties, particularly those with severe or profound and multiple difficulties, will have had their needs identified at an early age and may already have received support. For many children needs may not become apparent until the child enters a group setting for the first time.

**This section contains:**

* **Detailed descriptors to help identify children with learning difficulties.**
* **Guidance on supporting children with learning needs.**

Difficulties in other areas are often likely to lead to difficulties in learning, for example an unmet hearing need may impact on the child’s ability to learn at the same rate as his/her peers. Conversely unmet learning needs are likely to impact on social development and emotional wellbeing. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

|  |  |
| --- | --- |
| **Foundation years** **Learning needs** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| The child needs support for some of the following: | ***By 2 years the child needs support for at least one of the following:*** | Date & age | Date & age |
| Copying / Pretend | imitating some everyday routines eg using a mobile phone, washing the car |  |  |
| Problem solving | Retrieving out of reach toys or other objects |  |  |
| Memory | remembering where familiar things are kept and how to find them |  |  |
| Concepts | building 3 blocks, scribbling on paper |  |  |
| Social | bringing a book or toy to share with an adult |  |  |
| Curiosity  | filling and emptying containers. |  |  |
| ***By 3 years the child needs support for at least one of the following:*** |
| Copying / Pretend | developing simple sustained play with dolly/teddy eg eating, drinking, sleeping |  |  |
| Problem solving | operating a mechanical toy, for example turning the knob on a wind up toy, pushing a button to open a flap |  |  |
| Memory | spontaneously singing some of the words and actions of a familiar rhyme |  |  |
| Concepts | matching pictures of familiar objects in play |  |  |
| painting or drawing horizontal lines and circles in imitation |  |  |
| Social | watching others play and joining in briefly  |  |  |
| following the daily routine |  |  |
| Curiosity  | participating in a range of creative activities eg exploring and experimenting with sensory materials, musical instruments, using paint etc. |  |  |
| ***By 4 years the child needs support for at least one of the following:*** |
| Copying / pretend | joining in make-believe play with other children |  |  |
| Problem solving  | suggesting using sticky tape to mend a torn book, choosing an appropriate tool to dig in the sand |  |  |
| Memory | recalling 2 or 3 pictures/objects hidden in a memory game |  |  |
| Concepts | understanding size difference, eg selecting the bigger or smaller object or picture when asked, putting features on a drawn face |  |  |
| Social | demonstrating concern towards others who are upset, for example offering a favourite toy, patting arm or back |  |  |
| Curiosity | showing a curiosity about how things work, how things feel, how things sound etc.  |  |  |
| ***By 5 years the child needs support for at least one of the following:*** |
| Copying / pretend | imitating adult roles, eg dressing up for dramatic play |  |  |
| Problem solving | choosing appropriate resources when making things |  |  |
| Memory | retelling or demonstrating something that happened in a familiar story |  |  |
| Concepts | sorting objects into categories eg all the animals, all the cars |  |  |
| drawing a simple human face (head and facial features) |  |  |
| Social | taking turns with other children in a child initiated activity |  |  |
| Curiosity | wanting to know how things work eg taking things apart, collecting things, asking questions. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| * Careful observation is the best way of unpicking difficulties.
 |  |
| **For further advice with assessment and planning contact:** |
| * Settings should contact the EYSEN team.
 |  |
| * The Educational Psychology Service.
 |  |
| **Planning for a child with a need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with a learning need will be supported to access it.
 |  |
| * Any adaptations needed to the physical environment to help with

access to learning, eg labelling of resources. |  |
| * Any specialist equipment or resources, including ICT that may be helpful.
 |  |
| * How the child’s key person will help him/her to access learning opportunities.
 |  |
| * Individual or small group work to focus on specific skills.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg the time that may be taken to complete a task.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Sit the child where they can best see and hear the adult in whole and small group activities.
 |  |
| * Boxes of toys and equipment should be labelled with words and pictures depicting the content.
 |  |
| **Teaching and learning** |
| * Provide developmentally appropriate toys, experiences and activities.
 |  |
| * Use a visual timetable to help the child to understand the structure of the session.
 |  |
| * Use visual prompts to engage the child in making choices, eg photos, symbols.
 |  |
| * Use props and visual aids when giving information, telling stories etc.
 |  |
| * Keep expectations clear and consistent.
 |  |
| * Break down skills and activities into smaller achievable steps.
 |  |
| * Avoid overloading the child with too many tasks and instructions at once.
 |  |
| * Provide support to manage time limited tasks, eg sand timer, egg timer.
 |  |
| * Modify the language that adults use; reduce, slow down, give take up time, use non-literal language with care.
 |  |
| * Use photos to help the child link past and present – useful for predicting, making choices, sequencing.
 |  |
| * Play memory games.
 |  |
| * There are strong links between physical development and cognitive development. Young children need to be able to engage in lots of physical activity e.g. balancing, throwing, catching, climbing and learning opportunities should be planned to take place outside as well as inside.
 |  |
| * Make sure learning opportunities and expectations are challenging enough to be interesting but not so far out of the child’s reach that they may become frustrated/or experience failure.
 |  |
| * Follow young children’s interests, eg go to activities that are already engaging the child and look for ways of extending learning there rather than taking the child away.
 |  |
| * Allow time for children to process language and to consider their responses.
 |  |
| * Repeat learning opportunities.
 |  |
| * Play alongside and model new ways of playing and learning.
 |  |
| * Help the child to feel secure and happy through positive messages and praise.
 |  |
| * Use the child’s areas of special interest to provide motivational learning opportunities.
 |  |
| * The EYSEN toolkit contains ideas for activities, strategies and resources: <https://www.oxfordshire.gov.uk/cms/content/early-years-sen-toolkit>
 |  |
| **Wider thinking** |
| * All staff should be aware of the implications of the child’s learning needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school/setting activities including trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children with SEN.
 |  |
| * Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * Children’s Centres across Oxfordshire offer activities and advice to families with children under 5.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for staff and parents.
 |  |
| **Useful books**Jennie Lindon, ‘*Understanding Child Development Linking Theory and Practice*’ (Hodder Arnold)Penny Tassoni, ‘*Supporting Special Needs’* (Heinneman) for helpful strategies. |

**D4: Cognition and Learning (C&L)**

**Specific Learning Difficulties (SpLD)**

**Foundation Years**

The term ‘specific learning difficulty’ describes a collection of difficulties related to the way that information is learned and processed. Specific learning difficulties may impact on literacy, maths, and activities that involve fine and gross motor skills.

**Specific Literacy difficulties, including Dyslexia,** hinder the acquisition of language and literacy skills on a spectrum ranging from mild to severe. The characteristic features are difficulties with:

* identifying and manipulating the sounds in words (phonological awareness)
* retaining an ordered sequence of verbal material (verbal memory)
* processing familiar verbal information such as letters and digits (verbal processing speed)
* visual memory, tracking and processing.

**Specific Maths difficulties including Dyscalculia** affect the ability to acquire arithmetical skills. Dyscalculic learners may have difficulty understanding simple number concepts, lack an intuitive grasp of number, and have problems learning number facts and procedures. Even if they produce a correct answer or use a correct method, they may do so mechanically and without confidence.

**Specific difficulties with writing or Dysgraphia** may present as difficulties with spelling, handwriting and putting thoughts down on paper.

**Developmental co-ordination disorder (DCD) or dyspraxia affects gross and fine motor skills.** DCD is characterised by difficulty in planning smooth, co-ordinated movements. This leads to clumsiness and lack of co-ordination. It can lead to problems with language, perception and thought.

Children of all intellectual abilities can have specific learning difficulties.

**This section contains:**

* **Descriptors for identifying specific learning difficulties.**

* **Guidance on supporting children with specific learning difficulties.**

Use these after considering the learning needs descriptors. Many children have co-occurring difficulties; check across the whole range of specific learning difficulty descriptors to in order to build a comprehensive picture of needs.

|  |  |
| --- | --- |
| **Foundation years** **Learning needs** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***By 4 years the child needs support for at least one of the following:*** | Date & age | Date & age |
|  The child needs support for some of the following: | Memory | joining in with familiar rhymes and stories |  |  |
| joining in with familiar repeated phrases or refrains |  |  |
| recall of familiar words |  |  |
| recalling 2 or 3 pictures/objects hidden in a memory game |  |  |
| Auditory processing/Phonologicalskills | distinguishing different sounds  |  |  |
| hearing the first sounds of words |  |  |
| following a new, one-step instruction |  |  |
| Visual discrimination | recognising their own name |  |  |
| drawing a simple human face |  |  |
| matching activities |  |  |
| continuing a simple 2 element sequencing pattern |  |  |
| Copying / pretend | joining in make-believe play with other children |  |  |
| extending a play sequence  |  |  |
| Organisation | remembering and following regular routines  |  |  |
| organising own activities |  |  |
| Physical coordination  | putting on simple garments |  |  |
| managing basic personal care |  |  |
| drawing a large circle |  |  |
| turning the pages of a book |  |  |
| tracking left to right when looking at books |  |  |
| making basic snips using scissors  |  |  |
| making movements across the mid-line of their body |  |  |
| deciding which hand to use for drawing and writing |  |  |
| organising themselves for activities |  |  |
| running  |  |  |
| crawling  |  |  |
| jumping with 2 feet |  |  |
| pushing a trike with 2 feet |  |  |
| Mathematical skills | joining in with class counting activities, songs and games |  |  |
| counting orally up to 5 by him/herself |  |  |
| beginning to understand big/little, long/short |  |  |
| beginning to count objects using number names |  |  |
| Social | joining in with construction play |  |  |
| Attention/concentration | attending in line with peers |  |  |

|  |  |
| --- | --- |
| **Foundation years** **Learning needs** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***By 5 years the child needs support for at least one of the following:*** | Date & age | Date & age |
|  The child needs support for some of the following: | Memory | learning the words for familiar songs and rhymes |  |  |
| remembering the repeated phrases in simple books |  |  |
| retelling simple stories |  |  |
| spotting deliberate mistakes in familiar rhymes |  |  |
| recall of familiar words  |  |  |
| remembering letters representing first sets of sounds, e.g. satpin |  |  |
| Auditory processing/Phonologicalskills  | remembering a simple sequence of sounds |  |  |
| identifying the first sound of words |  |  |
| completing the rhymes in simple books |  |  |
| following a new, 2-step instruction |  |  |
| Visual discrimination | drawing a recognisable human figure |  |  |
| writing own name |  |  |
| making their own 2 element sequencing pattern |  |  |
| Copying / pretend | imitating adult roles, eg dressing up for dramatic play |  |  |
| extending a play sequence |  |  |
| Organisation | remembering and following regular routines |  |  |
| organising own activities  |  |  |
| Coordination | getting dressed |  |  |
| managing own personal care |  |  |
| drawing recognisable shapes |  |  |
| deciding which hand to use for drawing and writing |  |  |
| writing left to right |  |  |
| using scissors correctly and holding paper with other hand |  |  |
| making movements across the mid-line of their body |  |  |
| hopping |  |  |
| commando-crawling  |  |  |
| pedalling a trike  |  |  |
| Mathematical skills | recognising significant numbers (age, house number etc) |  |  |
| counting orally up to 10 by him/herself |  |  |
| understanding that last number in a set gives the amount |  |  |
| beginning to count objects with 1:1 correspondence |  |  |
| beginning to subitise numbers to 3 |  |  |
|  | beginning to understand more/fewer |  |  |
| Social | joining in with construction play |  |  |
| Attention/concentration | attending in line with peers |  |  |
| listening to stories |  |  |
| concentrating on activities  |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| * Careful observation is the best way of unpicking difficulties.
 |  |
| **For further advice with assessment and planning contact:** |
| * Settings should contact the EYSEN team.
 |  |
| * The Educational Psychology Service.
 |  |
| **Planning for a child with a need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with a learning need will be supported to access it.
 |  |
| * Any adaptations needed to the physical environment to help with

access to learning, eg labelling of resources. |  |
| * Any specialist equipment or resources, including ICT that may be helpful.
 |  |
| * How the child’s key person will help him/her to access learning opportunities.
 |  |
| * Individual or small group work to focus on specific skills.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg the time that may be taken to complete a task.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Sit the child where they can best see and hear the adult in whole and small group activities.
 |  |
| * Boxes of toys and equipment should be labelled with words and pictures depicting the content.
 |  |
| **Teaching and learning** |
| * Provide developmentally appropriate toys, experiences and activities.
 |  |
| * Use a visual timetable to help the child to understand the structure of the session.
 |  |
| * Use visual prompts to engage the child in making choices, eg photos, symbols.
 |  |
| * Use props and visual aids when giving information, telling stories etc.
 |  |
| * Keep expectations clear and consistent.
 |  |
| * Break down skills and activities into smaller achievable steps.
 |  |
| * Avoid overloading the child with too many tasks and instructions at once.
 |  |
| * Provide support to manage time limited tasks, eg sand timer, egg timer.
 |  |
| * Modify the language that adults use; reduce, slow down, give take up time, use non-literal language with care.
 |  |
| * Use photos to help the child link past and present – useful for predicting, making choices, sequencing.
 |  |
| * Play memory games.
 |  |
| * Play sound games and include phonological activities, e.g. can you find me something beginning with ‘g’. What sound does Mary’s name start with? etc.
* *Playing With Sounds* useful resource.
 |  |
| * There are strong links between physical development and cognitive development. Young children need to be able to engage in lots of physical activity e.g. balancing, throwing, catching, climbing and learning opportunities should be planned to take place outside as well as inside.
 |  |
| * Make sure learning opportunities and expectations are challenging enough to be interesting but not so far out of the child’s reach that they may become frustrated/or experience failure.
 |  |
| * Follow young children’s interests, eg go to activities that are already engaging the child and look for ways of extending learning there rather than taking the child away.
 |  |
| * Allow time for children to process language and to consider their responses.
 |  |
| * Repeat learning opportunities.
 |  |
| * Play alongside and model new ways of playing and learning.
 |  |
| * Help the child to feel secure and happy through positive messages and praise.
 |  |
| * Use the child’s areas of special interest to provide motivational learning opportunities.
 |  |
| * The EYSEN toolkit contains ideas for activities, strategies and resources: <https://www.oxfordshire.gov.uk/cms/content/early-years-sen-toolkit>
 |  |
| **Wider thinking** |
| * All staff should be aware of the implications of the child’s learning needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school/setting activities including trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children with SEN.
 |  |
| * Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * Children’s Centres across Oxfordshire offer activities and advice to families with children under 5.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for staff and parents.
 |  |
| **Useful books**Jennie Lindon, ‘*Understanding Child Development Linking Theory and Practice*’ (Hodder Arnold)Penny Tassoni, ‘*Supporting Special Needs’* (Heinneman) for helpful strategies. |

**D5: Social, Emotional and Mental health needs (SEMH)**

**Foundation Years**

This section describes children who have greater needs than most of their peers for support with their social, emotional and mental development and wellbeing. It contains:

* **Descriptors to help identify children with a social, emotional and mental health difficulty.**
* **Guidance on supporting children with social, emotional and mental health needs.**

Children who have difficulties with emotional and social development may find it hard to make and maintain appropriate and healthy relationships. Sometimes these difficulties may present in withdrawn behaviour and sometimes in challenging or disruptive behaviour. These behaviours may reflect mental health issues such as anxiety or depression. Some children have medically unexplained conditions like being reluctant to speak. Some children will have recognised disorders, like attention deficit disorder (ADD), attachment disorder and autism or pervasive development disorder that impact upon their mental health and social and emotional wellbeing.

A small number of children will have social, emotional and mental health needs identified at a very young age. For many children needs may go unrecognised until they reach a group setting and are exposed to the multiple demands of a bigger peer group in a highly interactive environment. In the first instance it may be the child’s behaviour that raises concern, perhaps behaviour that is anxious, very active, controlling, aggressive or excessively shy or withdrawn. These can be normal behaviours during a settling in period so monitoring over time is important.

When children display behaviour that is of continuing concern it is essential to try to address any underlying social or emotional need or a mental health problem and not just the presenting behaviour. Close observation will help to show when and where the behaviours are triggered; discussion with parents may help to explore what the child may be communicating through this behaviour. Equally, behaviour that is different to normal developmental patterns can be an indicator of underlying learning difficulties. For example, a child with a language delay or disorder may exhibit frustration when he/she is unable to communicate effectively or may find that hitting or biting is a quicker way of making his/her needs known.

|  |  |
| --- | --- |
| **Foundation years** **Social, Emotional & Mental health** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
|  The child needs support for some of the following: | ***By 2 years old the child needs support for at least one of the following:*** | Date & age | Date & age |
| Making rel -ationships | giving a positive response to a familiar adult, eg turning, looking and smiling when spoken to |  |  |
| engaging in social interaction, eg bringing toys to a familiar adult to show and share |  |  |
| Self confidence& Self awareness | taking pleasure in exploring objects |  |  |
| indicating his/her own needs, eg banging or bringing a drinks cup to an adult to indicate they would like a drink |  |  |
| Managing feelings & responses | using their key person for ‘emotional refuelling’, eg happy to explore activities but looks for key person for reassurance. |  |  |
| ***By 3 years old the child needs support for at least one of the following:*** |
| Making rel -ationships | sharing/turn taking with an adult in a simple activity that they enjoy, eg rolling or kicking a ball back and forth |  |  |
| giving a positive response to a familiar adult |  |  |
|  Self confidence & self-awareness | separating from main carer with support of their key person (alternatively may show no sense of care in separating from main carer) |  |  |
| showing interest in the play of other children alongside them whilst sustaining their own, eg watching with interest what other children are doing in the water play whilst continuing their own exploration |  |  |
| Managing feelings and responses | cooperating with age appropriate familiar expectations in relation to the routines of the setting, eg sitting for snack |  |  |
| sitting in a small group (3-4 children) with a familiar adult for more than 3 minutes doing an activity which interests and excites them, eg songs and rhymes. |  |  |
| ***By 4 years old the child needs support for at least one of the following:*** |
| Making relation-ships | engaging in positive interactions with other children in a structured situation, eg talking to other children whilst playing and joining in a group activity |  |  |
|  Self confidence & self-awareness | responding positively to a variety of adults, eg feeling confident to approach any adult in the setting for help |  |  |
| spending time in groups with other children but engaged in own play, eg is able to complete their task, i.e. junk modelling whilst being alongside others |  |  |
| Managing feelings and responses | understanding that some things are theirs, some are shared and some belong to other people |  |  |
| making predictable responses in a range of situations, eg helping to put toys away and get ready for group time |  |  |
| consistently responding positively to and coping with different events, social situations and changes of routines in the setting |  |  |
| expressing their own feelings and doing so in an appropriate way. |  |  |
| ***By 5 years old the child needs support for at least one of the following:*** |
| Making rel-ation-ships | engaging in and sustaining positive interactions with other children |  |  |
| initiating and sustaining conversations with adults and children |  |  |
| SC & SA  | receiving praise and taking a pride in him/her self |  |  |
| Managing feelings and responses | staying on task to complete an age appropriate adult initiated activity |  |  |
| managing their emotions if their needs are not met quickly |  |  |
| demonstrating concern towards other children, eg to comfort a child in distress |  |  |
| understanding that his/her own actions affect others |  |  |
| responding appropriately to simple instructions |  |  |
| understanding the needs of others and usually being able to share and take turns without adult intervention. |  |  |

|  |
| --- |
| **Additional questions to help understand SEMH needs** |
| Does the child have any delay or difficulty in their:* understanding of language?
* expressive language?
* thinking skills and problem solving?
 |  |  |
| Have there been any significant changes at home, eg moved house, new baby? |  |  |
| Does the child have any sensory processing difficulties that impact on their ability to engage in the learning opportunities? |  |  |
| Does the child show a good level of involvement with most activities and learning opportunities? |  |  |
| Are your expectations appropriate for the child’s age and stage? |  |  |
| Does the child have access to experiences / learning opportunities that are age and stage appropriate and stimulating for them? |  |  |
| Does the child feel welcomed, safe and secure in your setting? |  |  |
| Are there complex circumstances such as parenting, housing, financial difficulties, which impact on the child’s wellbeing? |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| If a child appears to have a Social, Emotional or Mental health difficulty that has not been previously identified in discussion and agreement with the parents/carers **advice could be sought from:** |
| * The Early Years SEN Team if the child is in a PVI setting. No name consultation is also available.
 |  |
| * PCAMHS if the child is 4 years or over.
 |  |
| * Health Visitor and/ GP.
 |  |
| * Educational Psychology Service.
 |  |
| **Assessments and checklists that will help to unpick the child’s needs include:** |
| * Wellbeing and involvement scale checklists (Ferre Laevers and Centre for Research in Early Childhood – CREC).
 |  |
| * Antecedent Behaviour Consequences or Iceberg tools.
 |  |
| * Boxhall profile.
 |  |
| **Planning for a child with a SEMH need will include:** |
| * Keeping a close working relationship with parents/carers so that everyone in the child’s life understands and is supportive of the child.
 |  |
| * ‘Thinking ahead’ about the planned learning each week and how the child with a SEMH need will be supported to access it.
 |  |
| * Responding to the individual needs of the child.
 |  |
| * How the child’s key person will help him/her to access learning opportunities.
 |  |
| * Individual or small group work to support personal learning targets and build self-confidence.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Use quiet areas to give the child calm and calm down time.
 |  |
| * Set up regular active outdoor time for children who benefit from greater space for exuberant and noisy play.
 |  |
| * Make it easy for a child to use resources without fuss or frustration; accessible storage, pictorial labels, things in the same place.
 |  |
| **Teaching and learning** |
| * Use visual timetables and resources such as sand timers and lead in time to prepare the child for changes of routine.
 |  |
| * Keep expectations and boundaries clear and consistent.
 |  |
| * Use small group activities to develop self-esteem and confidence.
 |  |
| * Give clear visual and verbal prompts when there is to be a change of activity (eg 2 minute/1 minute warning).
 |  |
| * Use specific strategies consistently, for example praise for being (‘what a lovely smile’) and praise for doing (‘thank you for tidying up the puzzles; that was really helpful’).
 |  |
| * Build in opportunities for the child to develop emotional literacy so that he/she can verbally communicate and understand the feelings that they and others have.
 |  |
| * Give open access to specific activities that help to calm the child, eg pulley work, digging.
 |  |
| * Ensure all adults use positive, enabling language.
 |  |
| * Use the child’s areas of special interest to engage him/her in motivational learning.
 |  |
| **Helpful resources include:** |
| * *The Parenting Puzzle* by Candida Hunt, The Family Links Nurturing Programme.
 |  |
| * *The Incredible Years*, Caroline Webster Stratton, Incredible Years 2006.
 |  |
| * *Promoting Positive Behaviour*, National Day Nurseries Association, Hope Education.
 |  |
| *Supporting Children with Behavioural, Emotional and Social difficulties:* Inclusion Development Programme (now in the National Archives). |  |
| * *Why Love Matters*, Sue Gerhart, Brunner-Routledge, 2004.
 |  |
| * *Good Grief*, Barbara Ward and Associates, Jessica Kingsley
 |  |
| * *Behavioural and Emotional difficulties*, Hannah Mortimer, Scholastic, 2002.
 |  |
| * *Box of Feelings*, Distributed by Speechmark Publishing Ltd, ISBN 978-1-901487-03-9.
 |  |
| * The EYSEN toolkit contains ideas for activities, strategies and resources: <https://www.oxfordshire.gov.uk/cms/content/early-years-sen-toolkit>
 |  |
| **Wider thinking** |
| * All staff should be aware of the implications of the child’s social, emotional and mental health needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school/setting activities including trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children with SEN.
 |  |
| * Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for staff and parents.
 |  |
| * The Inclusion Development Programme has useful support and resources: [www.idponline.org.uk](http://www.idponline.org.uk) .
 |  |
| * Children’s Centres across Oxfordshire offer activities and advice to families with children under 5.
 |  |

**D6: Sensory and Physical (S&P)**

**Hearing needs (HI)**

**Foundation Years**

Many children with hearing difficulties will have their needs identified early and will be supported by the SENSS Hearing Impairment (HI) team. Children may have a temporary hearing loss affecting one or both ears that may fluctuate or may be permanent. Some children benefit from a hearing aid(s) or other amplification devices.

Some young children may have needs that go unrecognised until they reach a group setting or are expected to undertake tasks that require them to use hearing skills in a different context. It is also possible for some children to acquire a hearing loss. This could be caused through illness or accident or might be because they have a progressive condition or a condition that has a late onset. The most common cause of temporary and fluctuating hearing loss in childhood is commonly known as ‘Glue Ear’. The SENSS (HI) team has hand outs and information that can be provided on request.

Some children with a hearing loss will require on-going specialist teaching support from a teacher of the deaf to access the curriculum alongside their peers. Others may require a routine monitoring visit to check the function and management of any equipment, to observe the child and feedback on his/her learning and to ensure that the setting is empowered to take responsibility for all aspects of the child’s inclusion.

Sometimes a child can meet many of the descriptors for a hearing need but when clinically assessed the child’s hearing is normal. It could be that the child has a fluctuating hearing loss and at the time of assessment it is within normal limits. If this is the case repeated assessment will usually determine the type and level of hearing loss. If there is no underlying physical hearing loss it may be that the child has auditory processing difficulties. If a child has auditory processing difficulties the descriptors and guidance for supporting children with communication and interaction (C&I) needs should be used. The SENSS (C&I) team works closely with the SENSS (HI) team who can support equipment needs where appropriate.

A medical confirmation of a hearing loss does not necessarily mean a child has SEN. However early intervention with specialist advice from the SENSS (HI) Team ensures that the impact of the hearing loss on the child’s progress is minimised.

**This section contains:**

* **Some characteristics that may be observed in a child with a hearing impairment.**
* **Detailed descriptors to help identify children with hearing impairment by the things they need support with.**
* **Guidance on supporting children with a hearing need**.

|  |  |
| --- | --- |
| **Foundation years** **Hearing Needs** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| A child with a hearing need may | ***A child with a hearing loss may:*** | Date & age | Date & age |
| find difficulty in expressing him/herself clearly |  |  |
| appear dreamy and distracted |  |  |
| appear loud, raising his/her voice in conversation |  |  |
| startle easily  |  |  |
| use gesture more than his/her peers |  |  |
| not appear to understand common phrases and may have a limited vocabulary use |  |  |
| be more physical when expressing their needs and wants |  |  |
| find it difficult to sustain concentration especially when there is background noise. |  |  |
|  The child needs support for some of the following: | ***The child needs support for some of the following:*** |
| listening in a range of situations  |  |  |
| following instructions; the child may be noticeably more able to do this in a quiet area |  |  |
| joining in activities in a small group |  |  |
| following and responding in an age appropriate conversation, especially where visual clues are not available |  |  |
| making him/herself understood by others; his/her expressive language may be unclear  |  |  |
| sustaining attention during whole group activities, e.g. listening to a story; the child may be noticeably more attentive and able to maintain concentration in a quiet area |  |  |
| developing and using age appropriate language; the child may use gesture to compensate |  |  |
| accessing TV/DVD/music at normal sound levels |  |  |
| enjoying songs and rhymes and join in by copying |  |  |
| to start interaction with and play alongside other children of a similar age |  |  |
| sustaining age appropriate positive interactions with other children |  |  |
| developing pretend play activities  |  |  |
| managing anxiety and/or frustration. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| If a child appears to have a hearing difficulty that has not been previously identified advice should be sought from the SENSS Hearing Impairment (HI) Team. The SENSS (HI) Team will not usually become involved with a child unless a paediatric audiologist has first made an assessment. This is because there can be many reasons why a child may not appear to hear well and a formal hearing assessment is needed to ensure that the guidance offered to a setting is appropriate. If a child has not been seen by the community paediatric audiology team or the audiology department at the Children’s Hospital, the first step is a GP referral to community paediatric audiology, based at the Children’s Hospital. Parents should be asked to discuss this with their child’s GP.A referral to the SENSS (HI) Team for a child with a known hearing loss is usually made by a health service paediatric audiologist, for example, a member of the paediatric audiology team at the Children’s Hospital. Parental permission to share information is obtained before the referral is made. A referral from health to the SENSS (HI) Team will be made on confirmation that the child has:* a permanent hearing loss
* an ongoing temporary hearing loss that is likely to impact on his/her education.

The SENSS (HI) Team will undertake specialist assessment leading to a more specifically focused personal learning programme and give advice on measurement of pupil progress as well as degree of hearing loss, social development and linguistic level. This will include use of an age appropriate SENSS (HI) assessment toolkit, including equipment and functional access assessments.  |  |
| * It may also be appropriate to involve the Educational Psychology Service.
 |  |
| * It may also be helpful to involve the Speech and Language Therapy

Service (Integrated Therapies team). |  |
| **Planning for a child with a hearing need will include:** |
| * Joint planning with a teacher of the deaf from SENSS.
 |  |
| * Responding to the individual needs of the child.
 |  |
| * Planning for learning opportunities throughout the child’s day.
 |  |
| * How background noise will be managed.
 |  |
| * Any specialist adaptations to the learning environment that may be needed.
 |  |
| * Any specialist equipment or resources, including Radio Systems, Sound Field Systems, ICT, that may be needed for the foundation stage curriculum.
 |  |
| * The training and support needed for use and maintenance of equipment.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Access to individual sessions or small groups to support personal learning targets.
 |  |
| * The adult support that may be required for accessing learning opportunities.
 |  |
| * The implementation of strategies to ensure access to the language of the peer group and supporting adults.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * Ensuring there is a family focused, Team Around the Child and keyworking approach across the involved agencies.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Use quiet areas where appropriate.
 |  |
| * Walls, ceilings and floors may need acoustic modifications.
 |  |
| * Access will be needed to appropriate audiological equipment e.g. hearing aid test box, sound field system, a radio system.
 |  |
| * Support will be needed for management of all audiological equipment including a daily checking routine.
 |  |
| * Ensure good lighting.
 |  |
| * Sit the child where they can best see and hear the adult in whole and small group activities, as advised by the teacher of the deaf.
 |  |
| **Teaching and learning** |
| * Use specialist materials and equipment including ICT to support personalised learning and reinforcement of previous learning.
 |  |
| * Ensure that equipment is used effectively and consistently.
 |  |
| * Use small group activities in a quiet environment to support the child’s listening and learning.
 |  |
| * Use individual and small group activities to prepare the child for the learning that will take place in a later whole group activity and to consolidate vocabulary and language development.
 |  |
| * Use some one to one activities as advised by the teacher of the deaf.
 |  |
| * Use role models and buddies who have good language and communication skills to provide support to develop interactions.
 |  |
| * Provide opportunities for the child to hear and use language in meaningful situations.
 |  |
| * Ensure that spoken language is reinforced with visual cues and clues, eg by using a visual timetable.
 |  |
| * Manage the pace of learning to allow additional time for completion of tasks and time for clear explanation to ensure linguistic understanding.
 |  |
| * Ensure that learning targets and strategies are implemented throughout the child’s day.
 |  |
| * Be prepared for fluctuations in hearing levels that will affect access to learning.
 |  |
| * The EYSEN toolkit contains ideas for activities, strategies and resources: <https://www.oxfordshire.gov.uk/cms/content/early-years-sen-toolkit>
 |  |
| **Wider thinking** |
| * All staff should be aware of the implications of the child’s hearing needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school/setting activities including trips. The SENSS (HI) Team have guidance materials and advice to offer eg swimming advice. In addition equipment can be loaned outside school through a Loan agreement. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * There are a number of organisations that produce information and guidance including the NDCS (National Deaf Children’s Society). Also the local group ODCS (Oxfordshire Deaf Children’s Society) who support children and families directly.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for staff and parents. This includes the Monitoring Protocol for deaf babies and children, a developmental journal that tracks and supports the next steps of developmental milestones in communication, listening, talking, physical, social and play.
 |  |
| * Children’s Centres across Oxfordshire offer activities and advice to families with children under 5.
 |  |

**D7: Sensory and Physical (S&P)**

**Visual needs (VI)**

**Foundation Years**

This section describes children who have visual difficulties.

Many children with visual difficulties will have their needs identified early. Some young children may have needs that go unrecognised until they reach a group setting or are expected to undertake tasks that require them to use visual skills in a new way.

Visual difficulties range from mild through to severe. Some children will have their vision corrected by spectacles; a child should be considered to have a visual difficulty only if additional educational provision is required to access learning.

**This section contains:**

* **Some of the characteristics that may be observed in children with a visual need.**
* **Detailed descriptors to help identify children with a visual need by the things they support with.**
* **Guidance on supporting children with a visual need.**

|  |  |
| --- | --- |
| **Foundation years** **Visual needs** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| A child with a visual need may: | ***A child with a visual need may:*** | Date & age | Date & age |
| tilt his or her head and/or use his/her body in a different way to other children to maximise vision |  |  |
| bring eyes close to a toy, or a toy close to eyes |  |  |
| blink frequently |  |  |
| touch, rub or cover eyes |  |  |
| appear sensitive to light or glare |  |  |
| have eye pain, headache, dizziness or nausea, especially after periods of looking closely at something |  |  |
| move eyes towards the nose when looking at very near objects |  |  |
| find it difficult to track the movement of something across the field of vision, eg a ball rolling from left to right |  |  |
| find scanning difficult, eg searching for a toy in a room |  |  |
| bump into things as they move around |  |  |
| not respond to a non-verbal gesture. |  |  |
|  |
|  The child needs support for some of the following (for visual reasons): | ***By 2 years the child needs support for at least one of the following:*** |
| to spoon food or pick up a cup |  |  |
| playing with a ball  |  |  |
| pointing to pictures. |  |  |
| ***By 3 years the child needs support for at least one of the following:*** |
| drawing features on a pre-drawn face |  |  |
| catching a ball with both hands |  |  |
| kicking a moving ball |  |  |
| recognising detail in a picture. |  |  |
| ***By 4 years the child needs support for at least one of the following:*** |
| for age appropriate activities that involve hand-eye co-ordination, eg placing small pegs in a board, threading beads |  |  |
| cutting with scissors |  |  |
| completing inset puzzles |  |  |
| copying simple shapes, eg a cross |  |  |
| finding small details in pictures, eg Where’s Wally? |  |  |
| joining in with outdoor play and physical activities. |  |  |
| ***By 5 years the child needs support for at least one of the following:*** |
| for age appropriate activities that involve hand-eye co-ordination, eg threading a large needle |  |  |
| copying a pattern, eg a sequence of bricks |  |  |
| copying his/her own name |  |  |
| recognising letters and numbers even when printed boldly |  |  |
| drawing a recognisable human figure with details like hair/buttons |  |  |
| using outdoor equipment, eg playing games with balls, hoops. |  |  |
| **Assessment and planning** | **Date** |
| If a child appears to have a visual difficulty that has not been previously identified parents should be referred to an optician or the child’s GP. The optician or GP will be able to make a referral to an eye hospital if necessary. Diagnosis of a difficulty by the eye hospital will trigger the involvement of the SENSS Visual Impairment team who will work alongside the school to support the child’s access to learning. |  |
| **Planning for a child with a visual need will include:** |
| * How the child will be supported to move around the learning spaces.
 |  |
| * Any adaptations needed to the physical environment.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Any support needed for personal care; eating and drinking, dressing.
 |  |
| * Any specialist equipment or resources, including ICT, that may be needed to support learning.
 |  |
| * The adult support that may be required for accessing learning opportunities.
 |  |
| * Where and how the child will sit for particular activities.
 |  |
| * ‘Thinking ahead’ about the planned learning each week and how the child with the visual need will be supported to access it.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg to remain in a particular position for a length of time, the time that may be taken to complete a task.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Make adaptations to make movement easy and safe, eg decluttering, using different textures and colours to aid navigation, some groups use white footmarks on dark flooring to show the way to the toilet.
 |  |
| * Use contrasting surfaces to make things more visible, eg black symbols on a white or yellow background.
 |  |
| * Put the child’s coat peg at the end of the line where it is easiest to find.
 |  |
| * Avoid shadows, glare and reflected light.
 |  |
| * Sit the child where they can best see and hear the adult in whole class and group activities, as advised by the specialist support teacher.
 |  |
| * Encourage the child to wear his/her spectacles if prescribed; if possible keep a spare pair handy.
 |  |
| * Use low vision aids and specialist technology if prescribed.
 |  |
| **Teaching and learning** |
| * Make sure that clear verbal instructions, descriptions and explanations accompany each learning activity.
 |  |
| * Provide a range of sensory experiences to support learning, eg real objects to support understanding of a story rather than pictures.
 |  |
| * Use Big books and books with big print/tactile elements.
 |  |
| * Use objects of reference to help the child know what is happening, eg a cup for drinks time.
 |  |
| * When teaching a physical skill start by using big versions of the task, eg big beads and stiff thread, and work down to smaller ones as the task is mastered.
 |  |
| * Manage the pace of learning to allow additional time for completion of tasks and for visual fatigue.
 |  |
| * Use individual and small group activities to prepare the child for the learning that will take place in a later whole group activity.
 |  |
| **Wider thinking** |
| * All staff should be aware of the implications of the child’s visual needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school/setting activities including trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * The RNIB has a comprehensive website with useful information for parents and teachers and a library of resources including some that can be loaned.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for staff and parents.
 |  |
| * Children’s Centres across Oxfordshire offer activities and advice to families with children under 5.
 |  |

**D8: Sensory and Physical (S&P)**

**Multi-sensory needs (MSI)**

**Foundation years**

This section describes children who have multi-sensory needs. It contains:

* **Guidance on what you may observe if a child has a multi-sensory need.**
* **Guidance on supporting children with multi-sensory needs.**

Deafblind children have a combination of hearing and visual needs. Other children with multi-sensory impairment may not have a combined clinical diagnosis of visual and hearing loss but present as having substantial developmental delay in responding to sensory stimuli.

Children with multi-sensory impairment usually have their needs identified at a very early stage. Occasionally multi-sensory needs may occur as a result of an accident, trauma or a progressive syndrome in an older child, for example Usher syndrome, Alstrom syndrome. Some children also have additional difficulties.

Support and advice from a range of professionals is essential to meet the complex nature and pattern of needs displayed by these children.

|  |  |
| --- | --- |
| **Foundation years** **Multi-sensory Needs** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
|  A child with multi-sensory needs may: | ***A child who has deaf blindness/multi-sensory impairment may:*** | Date & age | Date & age |
| make idiosyncratic responses to auditory and/or visual stimuli |  |  |
| avoid touch or make a startled response to touch (tactile defensiveness or reluctance) |  |  |
| have problems with eye contact and interaction |  |  |
| find it difficult to fix and track an object, eg a ball rolling across the floor |  |  |
| be delayed in developing skills and in achieving developmental milestones, eg walking |  |  |
| tilt his or her head and/or use his/her body in a different way to other children to maximise vision and hearing |  |  |
| have difficulty in making sense of the world because of fragmentary information received through the senses |  |  |
| appear withdrawn or isolated, eg may spend and unusual amount of time asleep |  |  |
| display unusually passive behaviour |  |  |
| display repetitive or challenging behaviour; this is likely to be a result of sensory overload |  |  |
| use smell, taste, movement and touch to gain information or to support mobility |  |  |
| be unable to find things or people when they have moved |  |  |
| have difficulty caused by changes in light levels, glare and reflection |  |  |
| have difficulty when attending unfamiliar places |  |  |
| appear clumsy – bumping into doorways, tripping over objects on the floor. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| If a child appears to have a multi-sensory difficulty that has not been previously identified contact the Advisory teacher for multi-sensory impairment (MSI) from SENSS. The Advisory teacher for MSI will undertake specialist assessment and provide specialist advice. S/he will also advise about involving any other professionals |  |
| **Planning for a child with a multi-sensory need will include:** |
| * Joint planning with the Advisory teacher for MSI from SENSS.
 |  |
| * Responding to the individual needs of the child.
 |  |
| * Planning for learning opportunities throughout the child’s day.
 |  |
| * ‘Thinking ahead’ about the planned learning each week and how the child with multi-sensory need will be supported to access it.
 |  |
| * Any specialist adaptations to the learning environment that may be needed.
 |  |
| * How background noise will be managed.
 |  |
| * Any specialist equipment or resources, including ICT that may be needed.
 |  |
| * The training and support needed for use and maintenance of equipment.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Trained adult support to help the child to access learning.
 |  |
| * Access to individual sessions or small groups to support personal learning targets.
 |  |
| * Where and how the child will sit for particular activities.
 |  |
| * Any support needed for personal care; eating and drinking, dressing.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Use quiet areas where appropriate.
 |  |
| * Walls, ceilings and floors may need acoustic modifications.
 |  |
| * Ensure good lighting; avoid shadows, glare and reflected light.
 |  |
| * Make adaptations to make movement around the room easy and safe, eg decluttering, using different textures and colours to aid navigation.
 |  |
| * Support will be needed for management of all audiological equipment including a daily checking routine.
 |  |
| * Sit the child where they can best see and hear the adult in whole class and group activities, as advised by the Advisory teacher.
 |  |
| **Teaching and learning** |
| * Use a key worker to ensure that equipment is used effectively and learning targets and strategies remain in place during the whole of the child’s day.
 |  |
| * Use small group activities in a quiet environment to support the child’s listening and learning.
 |  |
| * Use some one to one activities to support specific targets as advised by the Advisory teacher.
 |  |
| * Use individual and small group activities to prepare the child for the learning that will take place in a later whole group activity and to consolidate vocabulary and language development.
 |  |
| * Give clear verbal descriptions and instructions through the child’s preferred mode of communication, eg objects of reference, pictures, symbols, hand over hand signing.
 |  |
| * Use auditory, visual and kinaesthetic approaches to help the child to access learning.
 |  |
| * Use specialist materials and equipment, including ICT, to support personalised learning.
 |  |
| * Manage the pace of learning to allow additional time for completion of tasks and for fatigue.
 |  |
| * Be prepared for fluctuations in hearing levels that will affect access to learning.
 |  |
| **Wider thinking** |
| * All staff should be aware of the implications of the child’s multi-sensory needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school/setting activities including trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * There are a number of organisations that produce information and guidance including the NDCS (National Deaf Children’s Society) and SENSE, a national charity supporting deafblind people.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for staff and parents.
 |  |
| * '*Making Sense Together: practical approaches to supporting children who have multi-sensory impairments'* by Rosalind Wyman is a useful resource.
 |  |
| * Children’s Centres across Oxfordshire offer activities and advice to families with children under 5.
 |  |

**D9: Sensory and Physical (S&P)**

**Physical needs (PD)**

**Foundation Years**

This section describes children who have greater needs than most of their peers for support with their physical needs.

Some children with physical difficulties will have had their needs identified at an early age and may already have received support. For others, needs may not become apparent until the child enters a group setting and they impact on his/her learning.

Many children with physical needs require minor adaptations to the learning environment that would be considered as reasonable adjustments under the Equality Act 2010. For some this is the only support that is needed, they do not need additional SEN support. Where children have a diagnosed progressive physical condition, eg Duchenne muscular dystrophy, it is important to plan and prepare early for later needs.

**This section contains:**

* **Detailed descriptors to help identify children with physical difficulties.**
* **Guidance on supporting children with physical needs.**

Unmet physical needs may impact on the child’s ability to learn at the same rate as his/her peers. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

|  |  |
| --- | --- |
| **Foundation years** **Physical needs** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
|  The child needs support for some of the following: | ***By 2 years old the child needs support for at least one of the following*:** | Date & age | Date & age |
| walking holding an adult’s hand |  |  |
| trying to feed him/herself with a spoon |  |  |
| holding a lidded beaker in 2 hands and drinking |  |  |
| holding a crayon and use different strokes to make a scribble |  |  |
| building a tower of 2 blocks |  |  |
| taking off easily removed clothes, eg socks |  |  |
| using a finger thumb pincer grasp,eg picking up a raisin. |  |  |
| ***By 3 years the child needs support for at least one of the following:*** |
| walking confidently, avoiding obstacles |  |  |
| helping with dressing and hygiene routines |  |  |
| walking up and downstairs, holding on, 2 feet to each step |  |  |
| kicking a large ball |  |  |
| using hands to screw and unscrew simple toys and lids, turn door knobs |  |  |
| holding a pencil between thumb and two fingers and make a circular scribble |  |  |
| squatting steadily to rest or play with objects on the ground and rising to feet without using hands. |  |  |
| ***By 4 years old the child needs support for at least one of the following:*** |
| building a tower of 6 – 9 blocks |  |  |
| climbing on nursery play equipment |  |  |
| walking downstairs, two feet to a step |  |  |
| taking off an unzipped coat |  |  |
| undoing Velcro fasteners |  |  |
| trying to use scissors to make snips in paper |  |  |
| manipulating simple construction toys, eg Duplo. |  |  |
| ***By 5 years old the child needs support for at least one of the following:*** |
| pedalling a trike |  |  |
| running confidently |  |  |
| washing and drying his/her hands |  |  |
| catching a large ball  |  |  |
| jumping forward on two feet |  |  |
| communicating the need to use the toilet  |  |  |
| holding a pencil between thumb and forefingers and drawing different shapes. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| **For specialist advice with assessment and planning contact:** |
| * The SENSS Physical Disability team.
 |  |
| * PVI settings should contact the EYSEN team.
 |  |
| * The Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and language therapy).
 |  |
| **Planning for a child with a Physical need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with the physical need will be supported to access it.
 |  |
| * Where and how the child will sit for particular activities.
 |  |
| * Any adaptations needed to the physical environment to allow the child safe passage and support access to learning.
 |  |
| * The support needed for personal care; eating and drinking, dressing, going to the toilet.
 |  |
| * Any specialist equipment or resources, eg supportive seating, ICT, that may be helpful.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Individual or small group work to focus on specific skills.
 |  |
| * How the child’s key person will help him/her to access learning.
 |  |
| * The training required for staff to deliver specific programmes and/or use specific equipment and for manual handling if needed.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg the time that may be taken to complete a task, tiredness due to the discomfort of using a wheelchair.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Make adaptations to make movement easy and safe, eg decluttering, using different textures and colours to aid navigation.
 |  |
| * Put the child’s coat peg at the end of the line where it is easiest to find.
 |  |
| * Provide equipment to support learning, eg a computer with a variable speed mouse, bigger puzzles, a range of balls and beanbags.
 |  |
| * Sit the child where they can best see and hear the adult in whole and small group activities using specialist seating if needed.
 |  |
| * Provide seating to help when changing clothes.
 |  |
| * Have a private changing area near the toilet.
 |  |
| **Accessing learning** |  |
| * Break down skills and activities into smaller achievable steps.
 |  |
| * Provide sensory and kinaesthetic experiences indoors and out, for example shaving foam or fine sand to ‘draw’ in, big painting on vertical surfaces.
 |  |
| * Provide developmentally appropriate toys, experiences and activities that enable the child to learn without feeling over challenged.
 |  |
| * Aim to support the child while encouraging him/her to do everything that they can for themselves.
 |  |
| * Manage the pace of learning to allow additional time for completion of tasks and for fatigue.
 |  |
| * Use individual, pair and small group activities to teach specific skills:
	+ understanding language, memory and reasoning, eg understanding and answering questions
	+ early literacy and numeracy skills, eg looking at books, counting and recognising numbers
	+ sequencing and organising, eg toilet routines or changing clothes or shoes for physical activities
	+ problem solving and developing concepts, eg big and little, shapes
	+ fine and gross motor skills, eg threading beads, riding a tricycle, throwing and catching
	+ listening and attending, eg responding to adult requests, sharing stories within a small group.
 |  |
| * Use visual prompts to support memory and independence: visual timetables, objects of reference, pictorial labels on storage.
 |  |
| * The EYSEN toolkit contains ideas for activities, strategies and resources: <https://www.oxfordshire.gov.uk/cms/content/early-years-sen-toolkit> .
 |  |
| **Wider thinking** |
| * All staff should be aware of the implications of the child’s physical needs and how to respond appropriately.
 |  |
| * Arrange for the child to have additional time for eating if needed.
 |  |
| * Check what the child is having for lunch and support high calorie easily eaten choices where chewing is a problem.
 |  |
| * Settings must facilitate access to offsite activities including trips, by considering what support or adjustments might be needed.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * Children’s Centres across Oxfordshire offer activities and advice to families with children under 5.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for staff and parents.
 |  |
| **Useful books*** The physical development section of the *Early Years developmental journal* (avail-able via NCB website); useful for learning more about a child’s developmental steps.
* Mary Sheridan, 2008, *From birth to 5,* Routledge.
 |

**E1: Identifying and supporting needs**

**Years 1 & 2**

‘**What to do if you think a child or young person has an additional SEN support need’** is the starting point for action. Once the potential range of needs has been identified use the more detailed descriptors for each area of difficulty and the assess-plan-do advice contained in this section to help to understand needs and put in place appropriate support.

The descriptors are in checklist format; the assess-plan-do section also has a tickbox which can be used, if and where helpful, to support thinking and record keeping.

**Assessing**

* Gather further evidence if needed, involving parents and the child.
* Always involve a specialist where a child continues to make little or no progress over a sustained period or where they continue to work at levels substantially below those expected of children of a similar age despite high quality SEN support. The child’s parents **must** be involved in any decision to involve specialists and their views taken into account.
* Review the initial assessment regularly to ensure that support continues to be matched to need.
* In some cases, outside professionals from health or social care may be involved with the child and they will have information that may helpfully inform assessments. They may already be working with the school/setting, if not parents need to agree that they can be contacted. If it is thought that housing, family or other domestic circumstances may be contributing to the child or young person’s needs, perhaps by impacting on his/her behaviour, a multi-agency approach supported by the use of the Common Assessment Framework (CAF) may be appropriate.
* Contact details for all of the specialist agencies listed in this section, and more information about universal, targeted and specialist or personalised services, can be accessed through the Local Offer website more information about EHC plans can be found on the Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).

**Planning**

* Use the planning list in the Assessment and Planning section to help with thinking.
* Agree, in consultation with the parent and the child, the interventions and support to be put in place, as well as the expected impact on progress, development or behaviour, and a clear date for review.
* All teachers and support staff who work with the child will need to be made aware of their needs, the support provided and any teaching strategies or approaches that are required. Identify and address any staff development needs.
* The descriptor lists can be a helpful source of targets. It may be necessary to track back to an earlier age/stage.
* As well as planning for the child’s immediate needs it’s important to think ahead about transitions, especially between key stages.
* Also plan how to help parents to support their child’s learning at home.

**Doing**

* Use the strategies and resources list to help.
* The class or subject teacher needs to retain day to day responsibility for planning and working with the child especially where the interventions involve group or one-to-one teaching delivered by a teaching assistant or specialist teacher.

**Reviewing**

* Review the effectiveness of the support and the impact on the child’s progress in line with the agreed date and use this to inform further analysis of his/her needs and support requirements.
* Involve the child and parents in reviewing both the impact of support and plans to change it. Discuss the activities and support that will help to achieve goals set and identify the responsibilities of the parent, child and the school in this.
* Review meetings with parents should be held at least three times a year and lead by someone with a good knowledge of the child. ‘Holding a review meeting’ (see Appendix 1) gives pointers on how to ensure that this is a helpful and productive process for all.

**Keeping records**

* Accurately record provision for learners with SEN. This supports the assess – plan – do – review process and provides evidence of the work that has been done and the progress made.
* Schools determine their own approach to record keeping, but as part of any school inspection Ofsted will expect to see evidence of the interventions and support that are in place and whether they lead to accelerated or sustained progress.
* Oxfordshire has developed record keeping templates to capture person centred planning, pupil outcomes, assessments, planning and reviewing. This information will be required for children and young people who require additional SEN top-ups or who may require co-ordinated assessment and an Education, Health and Care Plan (more information about EHC plans can be found on the Local Offer website
* https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer

**E2: Communication and Interaction needs (C&I)**

**Years 1 & 2**

This section describes children who have greater needs than most of their peers for support with communication and interaction (C&I). Children with communication and interaction needs may have difficulty in expressing themselves, in understanding language, and with interacting with others and the world around them.

Some children with C&I difficulties will have had their needs identified at an early age and may already have received support. For others needs may not become apparent until the child enters a group setting or the difficulties begin to impact on the child’s learning. Children need help to acquire language skills in order to develop their thinking as well as their ability to communicate.

Children with speech, language and communication needs (SLCN) cover the whole ability range. They find it more difficult to communicate with others. They may have difficulties with fluency, forming sounds, words or sentences (expressive language) that impacts upon their ability to produce spoken or written language, or they may have difficulty in understanding spoken language that they hear or read (receptive language). They may have difficulty understanding, using and/or remembering words that they want to use. It may be a combination of these needs.

Children with an autistic spectrum condition (ASC) have difficulty in making sense of the world in the same way as their peers. They may have difficulties with social communication, social interaction and imagination. They may have difficulty with flexibility of thought. In addition, they may be easily distracted or upset by certain sensory stimuli, have problems with change to familiar routines or have difficulties with co-ordination and fine motor skills

**This section contains:**

* **Detailed descriptors to help identify children with communication and interaction difficulties.**
* **Guidance on supporting children with communication and interaction needs.**

Needs in other areas, for example learning or social and emotional difficulties, can lead to and compound communication and interaction needs; they can also be the result of unmet C&I needs. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately. Making reasonable adjustments for the difficulties arising out of C&I needs requires schools to be flexible and provide an individualised response based on a sound assessment of the individual needs of each child. Children with auditory and visual perception and processing difficulties may also benefit from the suggested planning, strategies and resources suggested under Hearing, Visual Impairment and Cognition and Learning sections of this guidance.

|  |  |
| --- | --- |
| **Years 1 & 2****Communication and Interaction** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
|  The child needs support for some of the following: | ***The child needs support for some of the following:*** | Date & year gp | Date & year gp |
| Listening and attention | listening attentively in a small group or the whole class |  |  |
| sustaining concentration in a small group or the whole class |  |  |
| listening to an instruction whilst carrying out a task |  |  |
| focusing independently on an adult initiated task for 5 minutes or more.  |  |  |
| Speaking | articulating words clearly (they may use gesture more than their peers) |  |  |
| recalling known words in conversation |  |  |
| making him/herself understood by an adult (this may lead to frustration or withdrawn behaviour) |  |  |
| constructing sentences verbally |  |  |
| making needs and wants known appropriately. |  |  |
| Understanding and processing | following 2 step instructions  |  |  |
| recalling information, eg remembering instructions, following the sequence of a story |  |  |
| understanding abstract terms or concepts, eg time, space, quantities. |  |  |
| Interaction and social communication | interacting appropriately with others, understanding the accepted rules of social interaction |  |  |
| joining in with group and whole class activities |  |  |
| taking turns in engaging in a 2 way conversation with a familiar adult or peer |  |  |
| sharing resources, eg books, games, learning equipment |  |  |
| understanding that communication is a shared process |  |  |
| interpreting non literal language |  |  |
| establishing and maintain appropriate friendships |  |  |
| making a choice when given a limited range of options |  |  |
| to ‘read’ the physical clues of non-verbal language, eg facial expressions, gestures |  |  |
| knowing what to do at unstructured times of day |  |  |
| managing changes in routine. |  |  |
| Other  | managing stresses and anxieties |  |  |
| managing sensory responses (these may be hypo or hyper). |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| **Further assessment may be required to identify more specifically the areas where the child needs support.**  |
| * Careful observation is the best way of unpicking difficulties.
 |  |
| * The BPVS can be useful for finding out about a learner’s understanding of vocabulary.
 |  |
| * For children with marked difficulties in social communication, thought and sensory processing, build on the initial evidence gathered to assemble a detailed profile of the child’s strengths, interests, challenges and sources of stress. Include parents and the child in this process. This profile will help to ensure that the optimum learning environment is achieved.
 |  |
| **For further advice with assessment and planning contact:** |
| * SENSS Communication and Interaction Service.
 |  |
| * The Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and language therapy) for a speech and language referral.
 |  |
| * PCAMHS consultation helpline.
 |  |
| * The SENSS SEN ICT team.
 |  |
| * The Educational Psychology Service.
 |  |
| **Planning for a child with a C&I need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with a C&I need will be supported to access it.
 |  |
| * Any adaptations needed to the physical environment to help with access to learning, eg labelling of resources.
 |  |
| * Any specialist equipment or resources, including ICT that may be needed for curriculum access.
 |  |
| * The adult support that may be required for accessing the curriculum.
 |  |
| * Individual or small group work to pre-learn, reinforce or work on specific targets.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg the time that may be taken to complete a task.
 |  |
| * Any support that is needed at lunchtimes and playtimes to help the child to be part of a small group and/or to follow his/her own interests.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Considering what support the child may need to access national tests and assessments.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Modify the environment to help with any sensory issues; eg acoustic boards and ear defenders, avoid glare and harsh lighting, provide a quiet area for the child to withdraw to.
 |  |
| * Sit the child where they can best see and hear the adult in whole class and group activities.
 |  |
| * Ensure the learning environment is well organised and consistently used, eg pictorial labels on storage, scissors kept in the same place.
 |  |
| **Teaching and learning** |
| * Establish and maintain routines, backed up by a visual timetable and objects of reference.
 |  |
| * Keep expectations clear and consistent.
 |  |
| * Display class rules with picture prompts.
 |  |
| * Help the child to engage in a predictable sequence of activities and organise their work, eg by using task sheets
 |  |
| * Use timers to tell the child how long to stay on a task.
 |  |
| * Use individual and small group activities to prepare the child for the learning that will take place in a later whole class activity and to reinforce concepts.
 |  |
| * Use individual, pair and small group activities to teach language skills, eg Spirals, ICAN materials, Talking Partners
 |  |
| * Use small group opportunities to use language skills to teach social skills, eg Talktime.
 |  |
| * Modify the language that adults use; reduce, slow down, give take up time, use non-literal language with care.
 |  |
| * Involve good peer role models, eg for language modelling.
 |  |
| * Use the child’s areas of special interest to provide motivational learning opportunities.
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s communication and interaction needs and how to respond appropriately. AET Level 1 training via SENSS is helpful for raising awareness across the school.
 |  |
| * Support may be needed for the child to access out of school activities including clubs, sports and trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * ICAN, AFASIC, The Communication Trust and The National Autism Society all have useful websites and resources.
 |  |
| * Information about out of school activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * The Inclusion Development Programme ([www.idponline.org.uk](http://www.idponline.org.uk)) has advice and resources for supporting children with speech language and communication and also autistic spectrum conditions.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |
| * Advanced skills training materials for mainstream teachers of learners with autism spectrum disorders and learners with speech, language and communication difficulties can be found at <http://www.advanced-training.org.uk/>
 |  |

**E3: Cognition and Learning (C&L)**

**Learning needs (LD)**

**Years 1 & 2**

This section describes children who have greater needs than most of their peers for support with learning. Children with learning difficulties will learn at a slower pace than other children and may have greater difficulty than their peers in acquiring basic literacy or numeracy skills or in understanding concepts.

Some children with learning difficulties, particularly those with severe or profound and multiple difficulties, will have had their needs identified at an early age and may already have received support. For many children needs may not become apparent until the child enters a group setting for the first time.

**This section contains:**

* **Detailed descriptors to help identify children with learning difficulties.**
* **Guidance on supporting children with learning needs.**

Needs in other areas can lead to learning needs, for example an unmet hearing need may impact on the child’s ability to learn at the same rate as his/her peers. Conversely unmet learning needs can may impact on social development and emotional wellbeing. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

|  |  |
| --- | --- |
| **Years 1 & 2****Learning** | Name |

|  |  |
| --- | --- |
|  The child needs support for some of the following: | ***The child needs support for some of the following:*** |
| Year 1 (assuming a minimum of 3 terms in early education) | Date & age | Year 2  | Date & age |
| **Speaking and listening** | **Speaking and listening** |
| carrying out a one-step instruction |  | carrying out two step instruction |  |
| retelling a simple story or rhyme in own words |  | making up own story and telling it |  |
| listening and responding in a small group |  | reciting a simple rhyme |  |
| speaking freely in a one to one situation |  | listening and responding appropriately in a small group |  |
| naming everyday objects correctly |  | speaking freely in a small group |  |
| asking questions to find out information and listening to the answers. |  | asking questions to find out information and listening to the answers. |  |
| **Reading** | **Reading** |
| identifying a rhyming pair |  | continuing rhyming strings |  |
| identifying the initial sound of a word they hear |  | identifying the initial and final sounds of a word they hear |  |
| understanding the difference between letters and words.  |  | segmenting the sounds in simple words |  |
| anticipating repeated phrases in rhymes and stories |  | blending phonemes to read CVC words |  |
| recognising familiar words and signs. |  | reading and understanding simple sentences. |  |
| **Writing/spelling** | **Writing/spelling** |
| ascribing meaning to the marks they make |  | writing first name independently |  |
| writing recognisable letters independently, other than those in own name. |  | linking sounds to letters. |  |
| **Mathematics** | **Mathematics** |
| counting objects to 10 using 1-1 correspondence |  | counting objects to 20 using one to one correspondence |  |
| counting on up to ten from any number less than ten |  | saying the number that is one more or less than any number to 20 |  |
| seeing without counting (subitising) dot patterns to six on a dice or domino |  | counting backwards from twenty |  |
| representing numbers to ten using structured apparatus  |  | being able to represent a two digit number using apparatus |  |
| sorting according to size (e.g. big, little) |  | using language such as more or less to compare two numbers/sets of objects |  |
| sorting by shape. |  | sorting by more than one attribute (e.g. size and shape). |  |
| **Cognitive skills** | **Cognitive skills** |  |
| problem solving |  | problem solving |  |
| predicting |  | predicting |  |
| recognising patterns and connections. |  | recognising patterns and connections. |  |
| **Visual/Motor Skills** | **Visual/Motor Skills** |
| completing inset puzzles and jigsaws with 6 pieces |  | completing jigsaw puzzles with 8 pieces |  |
| drawing recognisable pictures |  | drawing recognisable pictures |  |
| identifying colours |  | identifying colours |  |
| tracing simple shapes. |  | tracing simple shapes. |  |
| **Other indicators** |  |
|  | evidence of immature or inappropriate social interaction |  | evidence of immature or inappropriate social interaction |  |
| poor school attendance record that may affect learning |  | poor school attendance record that may affect learning |  |
| self-help skills |  | self-help skills |  |
| difficulty in adapting to change |  | difficulty in adapting to change |  |
| low level of resilience in challenging circumstances. |  | low level of resilience in challenging circumstances. |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| * Use formative as well as summative assessment to unpick difficulties in detail.
 |  |
| **Useful assessment materials include:**  |
| * Oxfordshire Literacy Assessment Pack.
 |  |
| * Sandwell maths assessment.
 |  |
| **For further advice with assessment and planning contact:** |
| * Oxfordshire School Inclusion Team (OXSIT).
 |  |
| * The Educational Psychology Service.
 |  |
| * SENSS Down Syndrome and Complex Needs Service.
 |  |
| * Some local Special Schools provide advice.
 |  |
| **Planning for a child with a learning need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with a learning need will be supported to access it.
 |  |
| * Any adaptations needed to the physical environment to help with access to learning, eg labelling of resources.
 |  |
| * Opportunities to use/availability of ICT to support learning.
 |  |
| * The adult support that may be required for accessing the curriculum.
 |  |
| * Individual or small group work to pre-learn, reinforce or work on specific targets.
 |  |
| * Considering the support the child may need to access national assessments.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Sit the child where he/she can focus on the adult in whole class and group activities.
 |  |
| * Ensure the learning environment is well organised and consistently used, eg pictorial labels on storage, scissors kept in the same place.
 |  |
| * Use models, images and multi-sensory resources to promote understanding, eg plastic letters, word mats, Numicon, Dienes blocks.
 |  |
| * Have personalised word banks and phonic sheets on the child’s table
 |  |
| **Teaching and learning** |
| * Establish and maintain routines backed up by visual cues, eg a visual timetable, class rules displayed with picture prompts.
 |  |
| * Use individual and small group activities to prepare the child for the learning that will take place in a later whole class activity and to reinforce concepts already covered.
 |  |
| * Use individual, pair and small group activities to teach specific skills.
 |  |
| * Involve good peer role models, eg for language modelling.
 |  |
| * ‘What works for children with literacy difficulties?’ (Greg Brooks 2013) lists effective evidence based intervention schemes; this is available on the Interventions for Literacy website ([www.interventionsforliteracy.org](http://www.interventionsforliteracy.org)).

Interventions/approaches that have been used successfully in Oxfordshire include:* + FFT Wave 3 Reading Programme (reading recovery, 1-1, 30mins daily)
	+ Reading Recovery programme (1-1, 30mins daily)
	+ Boosting Reading Potential (group,15 mins 3x week)
	+ Talking partners
	+ Write Away Together (improving writing, 1-1 or group, 2-3 x per wk)
	+ Launch into Reading Success (phonological awareness, 1-1 or group, 3-4 times per week)
	+ Reading and Thinking, Looking and Thinking (comprehension, group, at least twice a week)
	+ Write from the Start (handwriting, 1-1, 2-3 times a week).
	+ Precision teaching (multi-sensory teaching and monitoring, 1-1, at least once daily)
	+ SEAL (language, social & emotional, group, at least once a week)
	+ Numbers and Patterns
	+ GAP maths Wave 3 Maths Programme (small group 3x plus per wk)
	+ Rapid Maths (group, at least 3 times a week)
	+ Numbers Count, Wave 3 ECC intervention (1-1 or v. small group, daily)
	+ 1st Class@Number

The most effective interventions are specifically targeted and delivered systematically in regular short sessions. |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s learning needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school activities including clubs, sports and trips. Information sharing, with consent of parents where appropriate, can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |
| * Advanced skills training materials for mainstream teachers of learners with moderate learning difficulties can be found at <http://www.advanced-training.org.uk/>
 |  |

**E4: Cognition and Learning (C&L)**

**Specific Learning Difficulties (SpLD)**

**Years 1 & 2**

The term ‘specific learning difficulty’ describes a collection of difficulties related to the way that information is learned and processed. Specific learning difficulties may impact on literacy, maths, and activities that involve fine and gross motor skills.

**Specific Literacy difficulties, including Dyslexia,** hinder the acquisition of language and literacy skills on a spectrum ranging from mild to severe. The characteristic features are difficulties with:

* identifying and manipulating the sounds in words (phonological awareness)
* retaining an ordered sequence of verbal material (verbal memory)
* processing familiar verbal information such as letters and digits (verbal processing speed)
* visual memory, tracking and processing.

**Specific Maths difficulties including Dyscalculia** affect the ability to acquire arithmetical skills. Dyscalculic learners may have difficulty understanding simple number concepts, lack an intuitive grasp of number, and have problems learning number facts and procedures. Even if they produce a correct answer or use a correct method, they may do so mechanically and without confidence.

**Specific difficulties with writing or Dysgraphia** may present as difficulties with spelling, handwriting and putting thoughts down on paper.

**Developmental co-ordination disorder (DCD) or dyspraxia affects gross and fine motor skills.** DCD is characterised by difficulty in planning smooth, co-ordinated movements. This leads to clumsiness and lack of co-ordination. It can lead to problems with language, perception and thought.

Children of all intellectual abilities can have specific learning difficulties.

**This section contains:**

* **Descriptors for identifying specific learning difficulties.**
* **Guidance on supporting children with specific learning difficulties.**

Use these after considering the learning needs descriptors. Many children have co-occurring difficulties; check across the whole range of specific learning difficulty descriptors to in order to build a comprehensive picture of needs.

|  |  |
| --- | --- |
| **Years 1 & 2** **SpLD** | Name |

|  |  |
| --- | --- |
|  The child person needs support for some of the following: | ***The child needs support for some of the following:*** |
| Year 1 | Date & age | Year 2 | Date & age |
| **Word level skills** |  | **Word level skills** |  |
| supplying a plausible rhyme in a simple rhyming book when read to, or hearing rhyming pairs |  | continuing rhyming strings |  |
| identifying the initial sound of a word |  | identifying initial and final sounds in a word they hear |  |
| clapping the syllables of a word |  | segmenting the phonemes of a CVC word |  |
| writing recognisable letters independently other than those in their name |  | blending the phonemes of a CVC word |  |
| copying his/her own name from a model |  | writing 15 letters recognisably with correct formation |  |
| to engage in the words in a book when being read to. |  | writing his/her first name independently. |  |
| **Language and literacy skills** |  | **Language and literacy skills** |  |
| sequencing the alphabet  |  | sequencing the days of the week |  |
| articulating/ pronouncing words |  | articulating/ pronouncing words |  |
| learning nursery rhymes |  |
| developing/acquiring newvocabulary |  | developing/acquiring newvocabulary |  |
| expressing him/herself  |  | expressing him/herself  |  |
| comprehension of oral and/orwritten language |  | comprehension of oral and/or written language |  |
| remembering the repeated phrase of a Pink/Book Band 1 book |  | decoding Red /Book Band 2 books |  |
| remembering/ following one- step instructions |  | remembering/ following two-step instructions |  |
| recalling auditory information. |  | recalling auditory information. |  |
| **Writing skills** |  | **Writing skills** |  |
| using a pencil comfortably and effectively  |  | using a pencil comfortably and effectively  |  |
| forming letters consistently and using the same case |  | forming letters consistently and using the same case |  |
| leaving spaces between words |  | leaving spaces between words |  |
| tackling writing tasks confidently. |  | tackling writing tasks confidently. |  |
| **Number skills** |  | **Number skills** |  |
| seeing without counting (subitising) dot patterns to six on a dice or domino |  | seeing without counting (subitising) dot patterns to six on a dice or domino |  |
| counting on from a given number between 1 and 10 |  | counting on from a given number between 1 and 20 |  |
| copying single digit numbers correctly |  | copying single digit numbers correctly |  |
| seeing patterns and sequences |  | using simple mathematical symbols |  |
| explaining mathematical processes. |  | seeing patterns and sequences |  |
|  |  | explaining mathematical processes. |  |
| **Co-ordination** |  | **Co-ordination** |  |
| building a small tower of bricks |  | building a tower of bricks |  |
| using scissors  |  | using scissors  |  |
| keeping track of his/her place when reading |  | keeping track of his/her place when reading |  |
| undoing and doing up easily accessible fastenings |  | dressing and undressing for PE |  |
| standing on one leg, hopping |  | standing on one leg, hopping |  |
| turning in a particular direction when requested. |  | turning in a particular direction when requested. |  |
| **Associated needs: social and emotional factors** |  | **Associated needs: social and emotional factors** |  |
| building self-confidence |  | building self-confidence |  |
| sustaining concentration in a small group or the whole class |  | sustaining concentration in a small group or the whole class |  |
| joining in with group and whole class activities |  | joining in with group and whole class activities |  |
| interacting appropriately with others. |  | interacting appropriately with others. |  |

|  |
| --- |
| **Additional questions to consider** |
| Does the child have a history of ear infections/glue ear/otitis media? |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| * As needs may occur in a range of areas it is important to build an in depth picture of the child’s strengths and difficulties so that support can be tailored appropriately. Use formative as well as summative assessment to unpick difficulties in detail.
 |  |
| **Useful assessment materials include:**  |
| * Oxfordshire Literacy Assessment Pack.
 |  |
| * Sandwell maths assessment.
 |  |
| * Move to Learn checklist.
 |  |
| **For further advice with assessment and planning contact:** |
| * Oxfordshire School Inclusion Team (OXSIT).
 |  |
| * The Educational Psychology Service.
 |  |
| * Dyslexia Assessment and Intervention Service (contact OXSIT for details).
 |  |
| * The Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and language therapy).
 |  |
| **Planning for a child with a specific learning need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with a learning need will be supported to access it.
 |  |
| * Any adaptations needed to the physical environment to help with access to learning and moving around safely.
 |  |
| * Any multi-sensory resources and ICT required to support learning.
 |  |
| * Access to suitable individual or small group interventions.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * The adult and peer support that may be required for curriculum access.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg the time that may be taken to complete a task.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Sit the child where he/she can focus on the adult in whole class/group activity.
 |  |
| * Ensure the learning environment is well organised and consistently used, eg pictorial labels on storage, scissors kept in the same place.
 |  |
| * Help safe passage around the learning environment by minimising clutter.
 |  |
| * Use models, images and multi-sensory resources to promote understanding, eg plastic letters, word mats, Numicon, Dienes blocks.
 |  |
| * Have personalised word banks and phonic sheets on the child’s table
 |  |
| **Teaching and learning** |
| * Give support for remembering and organising – keep routines the same, use pictorial cues and objects of reference.
 |  |
| * Use a range of auditory, visual and kinaesthetic approaches to learning; revisit the same learning in different ways, eg letters on paper, in big letters in the air, in a sand tray, with verbal prompts for shaping.
 |  |
| * Use ICT to support personalised learning and reinforcement of whole class learning, eg text to speech software.
 |  |
| * Use individual and small group work to prepare the child for the learning that will take place in a later whole class activity and to teach particular skills.
 |  |
| * Scaffold tasks, eg writing frames to scaffold written tasks, line trackers or book marks to help follow lines of print
 |  |
| * Involve good peer role models, eg for language modelling.
 |  |
| * ‘What works for children with literacy difficulties?’ (Greg Brooks 2013) lists effective evidence based intervention schemes; this is available on the Interventions for Literacy website ([www.interventionsforliteracy.org](http://www.interventionsforliteracy.org)).

Interventions/approaches that have been used successfully in Oxfordshire include:* + FFT Wave 3 Reading Programme (reading recovery, 1-1, 30 mins daily)
	+ Write Away Together (improving writing, 1-1/group, 2-3 times a week)
	+ Launch into Reading Success (phonological awareness, 1-1 or group, 3-4 times per week)
	+ Reading and Thinking, Looking and Thinking (comprehension, group, at least twice a week)
	+ Write from the Start (handwriting, 1-1, 2-3 times a week).
	+ Clicker 6 software (writing including sequencing)
	+ Talking stories (help children access texts alongside peers)
	+ Precision teaching (multi sensory teaching and monitoring, 1-1, at least once daily)
	+ SEAL (language, social & emotional development, group at least once a week)
	+ Numbers and Patterns
	+ GAP maths Wave 3 Maths Programme (small group 3+ times a week)
	+ Rapid Maths (group, at least 3 times a week)
	+ Numbers Count, Wave 3 ECC intervention (1-1 or small group, daily)
	+ 1st Class@Number

The most effective interventions are specifically targeted and delivered systematically in regular short sessions. |  |
| * Reduce the quantity of tasks to allow for slower processing skills/fatigue.
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s learning needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school activities including clubs, sports and trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents.
 |  |
| * The Inclusion Development Programme ([www.idponline.og.uk](http://www.idponline.og.uk)) has useful information and advice about dyslexia.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |
| * Advanced skills training materials for mainstream teachers of learners with dyslexia or specific learning difficulties can be found at <http://www.advanced-training.org.uk/>
 |  |

**E5: Social Emotional and Mental Health needs (SEMH)**

**Years 1 & 2**

This section describes children who have greater needs than most of their peers for support with their social and emotional development and wellbeing. It contains:

* **Descriptors to help identify children with a social, emotional or mental health difficulty.**
* **Guidance on supporting children with social emotional and mental health needs.**

Children who have difficulties with emotional and social development may find it hard to make and maintain appropriate and healthy relationships. Sometimes these difficulties may present in withdrawn behaviour and sometimes in challenging or disruptive behaviour. These behaviours may reflect mental health issues such as anxiety or depression, or other medically unexplained conditions like eating disorders. Some children will have recognised disorders, like attention deficit disorder (ADD), attachment disorder and autism that impact upon their mental health and social and emotional wellbeing.

A small number of children will have social, emotional and mental health needs identified at a very young age. For many children needs may go unrecognised until they reach a group setting and are exposed to a bigger peer group and a highly interactive environment. In the first instance it may be the child’s behaviour that raises concern, perhaps behaviour that is anxious, very active, controlling, aggressive or excessively shy or withdrawn. These can be normal behaviours during a settling in period so monitoring over time is important.

When children display behaviour that is of continuing concern it is essential to try to address any underlying social or emotional need or a mental health problem and not just the presenting behaviour. Close observation will help to show when and where the behaviours are triggered; discussion with parents may help to explore what the child may be communicating through this behaviour. Equally, behaviour that is different to normal developmental patterns can be an indicator of underlying learning difficulties. For example, a child with a language delay or disorder may exhibit frustration when he/she is unable to communicate effectively or may find that hitting or biting is a quicker way of making his/her needs known.

Assessment, planning and provision for a child with social emotional and mental health needs should be located within a whole school approach that includes an actively supported whole school behaviour policy, consistent use of positive strategies with training for all staff on these, and training where appropriate for positive handling.

|  |  |
| --- | --- |
| **Years 1 & 2****Social, Emotional and Mental Health** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| The child may: | ***A child with a social emotional or mental health need may:*** | Date & year gp | Date & year gp |
| frequently display inappropriate behaviour as a coping strategy |  |  |
| display inappropriate behaviour that is a result of learning, communication and interaction or sensory needs |  |  |
| appear to significantly reject and/or be rejected by peers |  |  |
| have regression in his/her learning |  |  |
| frequently display immature emotional responses  |  |  |
| display behaviour that is dangerous or damaging to him/herself, to others and to property. |  |  |
|  The child needs support for most of the following: | ***The child needs support for most of the following:*** |  |  |
| managing frequent inappropriate behaviours that occur in more than one setting |  |  |
| managing particular behaviours that occur in only one setting |  |  |
| managing frequent behaviours that impact on the learning of others |  |  |
| listening to and follow instructions |  |  |
| settling and start a task  |  |  |
| sustaining concentration |  |  |
| completing tasks successfully |  |  |
| to ‘join in’ in a group |  |  |
| controlling emotional and subsequent behavioural responses |  |  |
| building and sustaining positive relationships with peers and/or adults |  |  |
| to have the emotional resilience to find solutions |  |  |
| being able to recognise and understand his/her own feelings and behaviours |  |  |
| being able to verbalise the reasons for his/her own feelings and behaviours |  |  |
| managing unpredictable extremes of mood |  |  |
| managing incongruent or disproportionate responses |  |  |
| managing unpredictable responses to praise and/or criticism. |  |  |
| ***Other factors*** |  |  |
| school attendance record  |  |  |
| whether there are other agencies involved with the family |  |  |
| whether there things happening out of school that may impact on the child’s social, mental and emotional health, eg bereavement |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| **Further assessment may be required to identify more specifically the areas where the child needs support. Useful assessments include:** |
| * Antecedent Behaviour Consequences checklist
 |  |
| * QCA behaviour checklist
 |  |
| * Boxall profile
 |  |
| * Frequency tally charts
 |  |
| * Timed observations of the child in 2 or more different contexts
 |  |
| * Home-school diaries
 |  |
| * SDQ (Strengths and Difficulties Questionnaire) see glossary for more info
 |  |
| **For further advice with assessment and planning contact:** |
| * PCAMHS consultation helpline
 |  |
| * Service for Behaviour Support
 |  |
| * The Educational Psychology Service
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |
| * ‘Mental health and behaviour in schools’ (DFE 2015) outlines what a school can do to identify and support children who may have an unmet mental health need. The risk and resilience section helps schools to consider the factors that put children at risk.
 |  |
| **Planning for a child with a social mental or emotional health (SEMH) need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with an SEMH need will be supported to access it.
 |  |
| * Developing an individual plan, which may be called an Individual Behaviour Plan or a Pastoral Support Plan, tailored to support the child’s specific needs.
 |  |
| * The adult support that may be required for maintaining progress with learning and for emotional and social development.
 |  |
| * Individual or small group work to pre-learn, reinforce or work on specific targets.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * Any support that is needed at lunchtimes and playtimes to help the child to join in, perhaps as part of a small group or with a buddy.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Use quiet areas to give the child calm and calm down time.
 |  |
| * Make it easy for a child to use resources without fuss or frustration; accessible storage, pictorial labels, things in the same place.
 |  |
| * Sit the child where he/she can focus on the adult and on the task in hand.
 |  |
| * Arrange a place where the child can work for part of the day in a different environment when needed (eg a reciprocal arrangement with another class).
 |  |
| **Teaching and learning** |
| * Use visual timetables and lead in time to prepare the child for changes of routine.
 |  |
| * Use circle time and whole class PSHE activities, and small group activities to develop self-esteem and confidence.
 |  |
| * Use specific strategies consistently, for example praise for being (‘what a nice smile’) and praise for doing (‘thank you for tidying up the book corner; that was really helpful’).
 |  |
| * Build in opportunities for the child to develop emotional literacy so that he/she can verbally communicate and understand the feelings that they and others have.
 |  |
| * Ensure all adults use positive, enabling language.
 |  |
| * Reinforce appropriate behaviours through praise, celebration and reward systems.
 |  |
| * A nurture group may be effective where there is a group of children with intense social and emotional needs.
 |  |
| * SEAL (Social and Emotional Aspects of Learning) has resources that are still useful; archived at: [http://webarchive.nationalarchives.gov.uk/20110809101133/http://nsonline.org.uk/inclusion/behaviourattendanceandseal/seal](http://webarchive.nationalarchives.gov.uk/20110809101133/http%3A//nsonline.org.uk/inclusion/behaviourattendanceandseal/seal).
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school activities including clubs, sports and trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * The Inclusion Development Programme has useful support and resources: [www.idponline.org.uk](http://www.idponline.org.uk).
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents.
 |  |
| * Advanced skills training materials for mainstream teachers of learners with behavioural, emotional or social difficulties can be found at <http://www.advanced-training.org.uk/>
 |  |

**E6: Sensory & Physical needs (S&P)**

**Hearing needs (HI)**

**Years 1 & 2**

Many children with hearing difficulties will have their needs identified early and will be supported by the SENSS Hearing Impairment (HI) team. Children may have a temporary hearing loss affecting one or both ears that may fluctuate or be permanent. Some children benefit from the use of a hearing aid(s) or other amplification devices.

Some young children may have needs that go unrecognised until they reach a group setting or are expected to undertake tasks that require them to use hearing skills in a different context. It is also possible for some children to acquire a hearing loss during their time at school, perhaps through illness or accident or because they have a progressive condition or a condition that has a late onset. The most common cause of temporary and fluctuating hearing loss in childhood is commonly known as ‘Glue Ear’. The SENSS (HI) team has hand outs and information about ‘Glue Ear’.

Some children with a hearing loss will require on-going specialist teaching support to access the curriculum alongside their peers. Others may require a routine monitoring visit to check the function and management of any equipment, to observe the child in the classroom and feedback on the child’s learning and to ensure that the setting is empowered to take responsibility for all aspects of the child’s inclusion.

Sometimes a child can meet many of the descriptors for a hearing need but when clinically assessed the child’s hearing is normal. It could be that the child has a fluctuating hearing loss and at the time of assessment it is within normal limits. If this is the case repeated assessment will usually determine the type and level of hearing loss. If there is no underlying physical hearing loss it may be that the child has auditory processing difficulties. If a child has auditory processing difficulties the descriptors and guidance for supporting children with communication and interaction (C&I) needs should be used. The SENSS (C&I) team works closely with the SENSS (HI) team who can support equipment needs where appropriate.

A medical confirmation of a hearing loss does not necessarily mean a child has Special Educational Needs. However early intervention with specialist advice from the SENSS (HI) Team can ensure that the impact on the child’s progress is minimised.

**This section contains:**

* **Some characteristics that may be observed in children with a hearing impairment.**
* **Detailed descriptors to help identify children with hearing impairment by the things they need support with.**
* **Guidance on supporting children with a hearing need.**

|  |  |
| --- | --- |
| **Years 1 & 2****Hearing needs** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| A child with a hearing need may: | ***A child with a hearing loss may:*** | Date & year gp | Date & year gp |
| find difficulty in expressing him/herself clearly |  |  |
| appear loud, raising his/her voice in conversation |  |  |
| experience difficulty when activities involve listening and following instructions eg appears to ignore, confuses the direction of sound, mishears |  |  |
| often ask for clarification or repetition particularly in noisy environments or where the speaker cannot be seen |  |  |
| be more physical and use less language than peers in play activities |  |  |
| find it difficult to sustain concentration and become tired easily. |  |  |
|  The child needs support for some of the following: | ***The child needs support for some of the following:*** |  |  |
| listening in a small group or the whole class |  |  |
| articulating words clearly |  |  |
| making him/herself understood by an adult (this may lead to frustration or withdrawn behaviour) |  |  |
| aspects of learning and development related to language/verbal skills, eg to expand vocabulary  |  |  |
| developing age appropriate language structures |  |  |
| to be confident in tackling new activities |  |  |
| initiating conversations with teachers or peers |  |  |
| following whole class introductions and discussions |  |  |
| sustaining concentration in a small group or the whole class |  |  |
| managing anxiety and/or frustration |  |  |
| establishing and maintaining appropriate peer relationships |  |  |
| building self-esteem. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| If a child appears to have a hearing difficulty that has not been previously identified advice should be sought from the SENSS Hearing Impairment (HI) Team. The SENSS (HI) Team will not usually become involved with a child unless a paediatric audiologist has first made an assessment. This is because there can be many reasons why a child may not appear to hear well and a formal hearing assessment is needed to ensure that the guidance offered to a setting is appropriate. If a child has not been seen by the community paediatric audiology team or the audiology department at the Children’s Hospital, the first step is a GP referral to community paediatric audiology, based at the Children’s Hospital. Parents should be asked to discuss this with their child’s GP.A referral to the SENSS (HI) Team for a child with a known hearing loss is usually made by a health service paediatric audiologist, for example, a member of the paediatric audiology team at the Children’s Hospital. Parental permission to share information is obtained before the referral is made. A referral from health to the SENSS (HI) Team will be made on confirmation that the child has:* a permanent hearing loss
* an ongoing temporary hearing loss that is likely to impact on his / her education.

The SENSS (HI) Team will undertake specialist assessment leading to a more specifically focused personal learning programme and give advice on measurement of pupil progress as well as degree of hearing loss, social development and linguistic level. This will include use of age appropriate SENSS (HI) assessment toolkit, including equipment and functional access assessments.  |  |
| * It may also be appropriate to involve the Educational Psychology Service.
 |  |
| * It may also be appropriate to involve the Speech and Language Therapy

Service (Integrated Therapies team). |  |
| **Planning for a child with a hearing need will include:** |
| * Joint planning with a teacher of the deaf from SENSS.
 |  |
| * ‘Thinking ahead’ about the planned learning each week and how the child with the hearing need will be supported to access it.
 |  |
| * How background noise will be managed.
 |  |
| * Any specialist adaptations to the learning environment that may be needed.
 |  |
| * Any specialist equipment or resources, including Radio Systems, Sound Field Systems, and/or ICT that may be needed for curriculum access.
 |  |
| * The training and support needed for use and maintenance of equipment.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Access to individual or small group tuition for Personal Learning Plan targets.
 |  |
| * The adult support that may be required for accessing learning.
 |  |
| * The implementation of classroom strategies to ensure appropriate access to the language of the classroom.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, e.g. the time that may be taken to complete a task.
 |  |
| * Ensuring there is a family focused, Team Around the Child and keyworking approach across the involved agencies.
 |  |
| * Considering what support the child may need to access national tests and assessments.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Access to a quiet withdrawal area should be available.
 |  |
| * Walls, ceilings and floors may need acoustic modifications.
 |  |
| * Access will be needed to appropriate audiological equipment e.g. hearing aid test box, Sound Field System, a Radio System.
 |  |
| * Support (usually by a TA) will be needed for management of all audiological equipment including a daily checking routine.
 |  |
| * Ensure good lighting.
 |  |
| * Sit the child where they can best see and hear the adult in whole class and group activities, as advised by the teacher of the deaf.
 |  |
| * Create a visually helpful environment: use classroom displays, word banks, individual key word lists, and picture resources to support language and literacy learning.
 |  |
| **Teaching and learning** |
| * Use specialist materials and equipment including ICT to support personalised learning and reinforcement of previous learning.
 |  |
| * Use a range of auditory, visual and kinaesthetic approaches to learning.
 |  |
| * Ensure that equipment is used effectively and consistently.
 |  |
| * Use simple and clear instructions and reinforce these with visual cues and clues, eg by using the interactive whiteboard, a visual timetable.
 |  |
| * Use individual and small group activities to prepare the child for the learning that will take place in a later whole class activity and to teach particular skills and concepts.
 |  |
| * Involve good peer role models, eg for language modelling.
 |  |
| * Offer specific, short activities involving listening/turn taking in a quiet area; these encourage the child to develop and maintain strategies for managing difficult listening situations.
 |  |
| * Manage the pace of learning to allow additional time for completion of tasks and for auditory fatigue.
 |  |
| * Be prepared for inconsistencies in hearing related to hearing level and the learning environment.
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s hearing needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school activities including trips. The SENSS (HI) Team have guidance materials and advice to offer eg swimming advice. In addition equipment can be loaned outside school through a Loan agreement. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * There are a number of organisations that produce information and guidance including the NDCS (National Deaf Children’s Society). Also the local group ODCS (Oxfordshire Deaf Children’s Society) who support children and families directly.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for staff and parents. This includes the Monitoring Protocol for deaf babies and children, a developmental journal that tracks and supports the next steps of developmental milestones in communication, listening, talking, physical, social and play.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |

**E7: Sensory & Physical needs (S&P)**

**Visual needs (VI)**

**Years 1 & 2**

This section describes children who have greater needs than most of their peers for support with their vision. Visual difficulties range from mild through to severe. Many children have their vision corrected by spectacles; a child is only considered to have a special educational need if additional educational provision is required to access learning.

Many children with visual difficulties will have their needs identified early and will be supported by the SENSS Visual Impairment (VI) team. Some young children may have needs that go unrecognised until they reach a group setting or are expected to undertake tasks that require them to use visual skills in a different context. Some acquire a visual loss through illness or accident.

**This section contains:**

* **Some of the characteristics that may be observed in children with a visual need.**
* **Detailed descriptors to help identify children with visual needs.**
* **Guidance on supporting children with visual needs.**

Needs in other areas can lead to and compound visual needs, for example visual needs that are not addressed can impact on a child’s social and emotional development. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

|  |  |
| --- | --- |
| **Years 1 & 2****Visual needs** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| A child with a visual need may: | ***A child with a visual need may:*** | Date & year gp | Date & year gp |
| tilt his or her head and/or use his/her body in a different way to other children to maximise vision |  |  |
| bring eyes close to an object, eg a book, or the object close to eyes |  |  |
| blink frequently |  |  |
| touch, rub or cover eyes |  |  |
| appear sensitive to light or glare |  |  |
| have eye pain, headache, dizziness or nausea, especially after periods of looking closely at something |  |  |
| have an inward movement towards the nose when looking at very near objects |  |  |
| find it difficult to track the movement of something across the field of vision, eg a ball rolling from left to right |  |  |
| find scanning difficult, eg visually searching for a toy in a room |  |  |
| bump into things as they move around |  |  |
| find it difficult to find his/her friends in a busy environment. |  |  |
|  The child needs support for some of the following: | ***The child needs support for some of the following:*** |  |  |
| moving safely around the school |  |  |
| following work on the Smart/white board |  |  |
| drawing with age appropriate accuracy |  |  |
| developing reading and writing skills, in particular reading and writing all of the letters in a word and words in a sentence |  |  |
| interpreting pictures, maps and diagrams |  |  |
| following whole class introductions and discussions |  |  |
| to be confident in tackling new activities |  |  |
| to join in physical playground activities |  |  |
| activities that require co-ordination and/or gross motor skills, eg catching a ball |  |  |
| sitting in a comfortable working position for different activities |  |  |
| safely accessing activities that are potentially hazardous, eg design and technology |  |  |
| managing anxiety and/or frustration |  |  |
| establishing and maintaining appropriate friendships. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| If a child appears to have a visual difficulty that has not been previously identified parents should be referred to an optician or the child’s GP. The optician or GP will be able to make a referral to an eye hospital if necessary. Diagnosis of a difficulty by the eye hospital will trigger the involvement of the SENSS Visual Impairment team who will work alongside the school to support the child’s access to learning. |  |
| **Planning for a child with a visual need will include:** |
| * How the child will be supported to move around the classroom and school.
 |  |
| * The support that is needed at lunchtimes and playtimes to help the child to manage as independently as possible and to join in with peers.
 |  |
| * Any adaptations needed to the physical environment to allow the child safe passage and support access to learning.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Any support needed for personal care; eating and drinking, dressing.
 |  |
| * Adaptations needed to written and picture resources.
 |  |
| * Any specialist equipment or resources, including ICT, that may be needed to support learning.
 |  |
| * The adult support that may be required for accessing learning opportunities.
 |  |
| * Where and how the child will sit for particular activities.
 |  |
| * ‘Thinking ahead’ about the planned learning each week and how the child with the visual need will be supported to access it.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg to remain in a particular position for a length of time, the time that may be taken to complete a task.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Make adaptations to make movement easy and safe, eg decluttering, using different textures and colours to aid navigation, put the child’s coat peg at the end of the line where it is easiest to find.
 |  |
| * Use contrasting surfaces to make things more visible, eg a dark background on a notice board.
 |  |
| * Ensure that the smart/whiteboard is good quality and that you use a contrasting pen and well-spaced, clear writing (personal copies may also be required).
 |  |
| * Avoid shadows, glare and reflected light.
 |  |
| * Sit the child where they can best see and hear the adult in whole class and group activities, as advised by the specialist support teacher.
 |  |
| * Use low vision aids and specialist technology if prescribed.
 |  |
| * Encourage the child to wear his/her spectacles if prescribed; if possible keep a spare pair handy.
 |  |
| **Teaching and learning** |
| * Make sure that clear verbal instructions, descriptions and explanations accompany each learning activity.
 |  |
| * Ensure that written and pictorial materials have an appropriate print size, ample spacing between lines and words, are clearly labelled, have an uncluttered layout and use contrasting colours.
 |  |
| * Provide a range of sensory experiences to support learning, eg provide real objects to support understanding rather than pictures.
 |  |
| * Manage the pace of learning to allow additional time for completion of tasks and for visual fatigue.
 |  |
| * Use individual and small group activities to prepare the child for the learning that will take place in a later whole class activity and to teach particular skills.
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s visual needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school/setting activities including trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * The RNIB has a comprehensive website with useful information for parents and teachers.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |

**E8: Sensory & Physical needs (S&P)**

**Physical needs (PD)**

**Years 1 & 2**

This section describes children who have greater needs than most of their peers for support with their physical needs.

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Some children with physical difficulties will have had their needs identified at an early age and may already have received support. For others, needs may not become apparent until the child enters a group setting and they impact on his/her learning.

Many children with physical needs require minor adaptations to the learning environment that would be considered as reasonable adjustments under the Equality Act 2010. For some this is the only support that is needed, they do not need additional SEN support. Where children have a diagnosed progressive physical condition, eg Duchenne muscular dystrophy, it is important to plan and prepare early for later needs.

**This section contains:**

* **Detailed descriptors to help identify children with physical difficulties.**
* **Guidance on supporting children with physical needs.**

Unmet physical needs, may impact on the child’s ability to learn at the same rate as his/her peers. The child may also have linked social and emotional needs. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

|  |  |
| --- | --- |
| **Years 1 & 2****Physical needs** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| A child with a physical need may: | ***A child with a physical need may:*** | Date & year gp | Date & year gp |
| move awkwardly or require aids to walk |  |  |
| try to avoid or have difficulty with some practical activities |  |  |
| become tired easily |  |  |
| have a medical diagnosis of a physical condition which may or may not be progressive. |  |  |
| The child needs support for some of the following: | ***The child needs support for some of the following:*** |  |  |
| Mobility | moving safely around the school |  |  |
| moving around on uneven ground |  |  |
| managing stairs |  |  |
| accessing physical activities, eg using climbing frame, trike, equipment |  |  |
| to develop a sense of danger |  |  |
| carrying out controlled movements, eg in PE |  |  |
| Independence | managing eating and drinking safely, eg to eat without choking |  |  |
| managing eating and drinking efficiently, eg to prevent spills when drinking, to open packages |  |  |
| dress, eg getting clothes the right way round |  |  |
| getting to and using the toilet |  |  |
| Accessing learning | attending and listening in a small group or as part of the whole class |  |  |
| following age appropriate instructions |  |  |
| processing and recalling information, eg remembering instructions, the sequence of a story |  |  |
| articulating clearly and in a timely way |  |  |
| being organised, eg putting lunchbox away, getting a pencil |  |  |
| activities involving fine motor skills, eg holding a pencil, using scissors |  |  |
| activities that involve crossing the midline, eg passing an object from one side of the body to the other |  |  |
| stabilising the body to participate in learning activities (eg sand tray, painting) |  |  |
| having confidence to join in with group and whole class activities  |  |  |
| Social & emotional | managing anxiety and/or frustration |  |  |
| building self esteem |  |  |
| establishing and maintaining appropriate friendships. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| **For specialist advice with assessment and planning contact:** |
| * The SENSS Physical Disability team.
 |  |
| * The Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and language therapy).
 |  |
| * The SEN ICT & Augmentative and Alternative Communication team.
 |  |
| * School health nurse for advice about managing a child’s medical needs.
 |  |
| **Planning for a child with a Physical need will include:** |
| * How the child will be supported to move around the classroom and school.
 |  |
| * The support that is needed at lunchtimes and playtimes to help the child to manage as independently as possible and to join in with peers.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Any adaptations needed to the physical environment to allow the child safe passage and support access to learning.
 |  |
| * The support needed for personal care; eating and drinking, dressing, going to the toilet.
 |  |
| * The need for space and privacy for any personal care needs and physiotherapy programmes.
 |  |
| * Any specialist equipment or resources, eg supportive seating, including ICT, that may be needed for curriculum access.
 |  |
| * Any adult support that may be required for accessing the curriculum.
 |  |
| * The training that will be required for staff to deliver specific programmes or use specific equipment.
 |  |
| * ‘Thinking ahead’ about the planned learning each week and how the child with the physical need will be supported to access it.
 |  |
| * Seeking advice from the Physiotherapy team about inclusive PE and differentiated physical activities.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg to remain in a particular position for a length of time, the time that may be taken to eat lunch, tiredness from wheelchair use.
 |  |
| **Doing: strategies and resources** |
| **Mobility**  |
| * Programmes to maintain and develop fine and gross motor capabilities devised in collaboration with therapists, may be delivered by a teaching assistant and/or practised throughout the school day.
 |  |
| * May require one to one support and some differentiation to participate in PE activities safely and appropriately for their physical development.
 |  |
| * May have to carry out individual programme, eg on exercise equipment during PE sessions.
 |  |
| **Independence** |
| * Give support to manage personal care activities unobtrusively, eg toileting and dressing, and aimed at building independence.
 |  |
| * Give support to manage self-care activities unobtrusively, eg eating and drinking, and aimed at building independence.
 |  |
| * Remove clutter and obstacles in the learning environment.
 |  |
| * Put his/her coat peg on the end of the row for easy access.
 |  |
| **Accessing learning** |  |
| * Give the child extra time when needed eg to speak, complete activities.
 |  |
| * Support to establish a hand preference, in conjunction with specialist staff.
 |  |
| * Reduce or reframe tasks to allow for slower processing and recording.
 |  |
| * Seat the child where they are stable and body symmetrical, and can see and hear the adult without unnecessary discomfort.
 |  |
| * Use visual prompts to support memory and independence: visual timetables, objects of reference, labels on storage.
 |  |
| * Use buddies and work partners for co-production of written language.
 |  |
| * Provide suitable ICT equipment, eg a personal laptop and timetable a daily keyboard skills session to develop the quickest typing speed in a way that is appropriate to the individual child (unlikely to be touch typing). Consider 2 type, Tux type or similar programmes.
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s physical needs and how to respond appropriately.
 |  |
| * Arrange for the child to have additional time for eating if needed, eg put at the head of the lunch queue, leave the classroom a few minutes early to get to the dining space.
 |  |
| * Check what the child is having for lunch and support high calorie easily eaten choices where chewing is a problem.
 |  |
| * Support may be needed for the child to access out of school/setting activities including trips. The SENSS (PD) Team have guidance available. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |

**F1: Identifying and supporting needs**

**Years 3, 4, 5, 6**

‘**What to do if you think a child or young person has an additional SEN support need’** is the starting point for action. Once the potential range of needs has been identified use the more detailed descriptors for each area of difficulty and the assess-plan-do advice contained in this section to help to unpick needs and put in place appropriate support.

The descriptors are in checklist format; the assess-plan-do section also has a tickbox which can be used, if and where helpful, to support thinking and record keeping.

**Assessing**

* Gather further evidence if needed, involving parents and the child.
* Always involve a specialist where a child continues to make little or no progress over a sustained period or where they continue to work at levels substantially below those expected of children of a similar age despite high quality SEN support. The child’s parents **must** be involved in any decision to involve specialists and their views taken into account.
* Review the initial assessment regularly to ensure that support continues to be matched to need.
* In some cases, outside professionals from health or social care may be involved with the child and they will have information that may helpfully inform assessments. They may already be working with the school/setting, if not parents need to agree that they can be contacted. If it is thought that housing, family or other domestic circumstances may be contributing to the child or young person’s needs, perhaps by impacting on his/her behaviour, a multi-agency approach supported by the use of the Common Assessment Framework (CAF) may be appropriate.
* Contact details for all of the specialist agencies listed in this section, and more information about universal, targeted and specialist or personalised services, can be accessed through the Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
* **Planning**
* Use the planning list in the Assessment and Planning section to help with thinking.
* Agree, in consultation with the parent and the child, the interventions and support to be put in place, as well as the expected impact on progress, development or behaviour, and a clear date for review.
* All teachers and support staff who work with the child will need to be made aware of their needs, the support provided and any teaching strategies or approaches that are required. Identify and address any staff development needs.
* The descriptor lists can be a helpful source of targets. It may be necessary to track back to an earlier age/stage.
* As well as planning for the child’s immediate needs it’s important to think ahead about transitions, especially between key stages.
* Also plan how to help parents to support their child’s learning at home.

**Doing**

* Use the strategies and resources list to help.
* The class or subject teacher needs to retain day to day responsibility for planning and working with the child especially where the interventions involve group or one-to-one teaching delivered by a teaching assistant or specialist teacher.

**Reviewing**

* Review the effectiveness of the support and the impact on the child’s progress in line with the agreed date and use this to inform further analysis of his/her needs and support requirements.
* Involve the child and parents in reviewing both the impact of support and plans to change it. Discuss the activities and support that will help to achieve goals set and identify the responsibilities of the parent, child and the school in this.
* Review meetings with parents should be held at least three times a year and lead by someone with a good knowledge of the child. ‘Holding a review meeting’ (see Appendix 1) gives pointers on how to ensure that this is a helpful and productive process for all.

**Keeping records**

* Accurately record provision for learners with SEN. This supports the assess – plan – do – review process and provides evidence of the work that has been done and the progress made.
* Schools determine their own approach to record keeping, but as part of any school inspection Ofsted will expect to see evidence of the interventions and support that are in place and whether they lead to accelerated or sustained progress.
* Oxfordshire has developed record keeping templates to capture person centred planning, pupil outcomes, assessments, planning and reviewing. This information will be required for children and young people who require additional SEN top-ups or who may require co-ordinated assessment and an Education, Health and Care Plan (more information about EHC plans can be found on the Local Offer website <https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer> )

**F2: Communication and Interaction needs (C&I)**

**Years 3, 4, 5, 6**

This section describes children who have greater needs than most of their peers for support with communication and interaction (C&I). Children with communication and interaction needs may have difficulty in expressing themselves, in understanding language, and with interacting with others and the world around them.

Some children with C&I difficulties will have had their needs identified at an early age and may already have received support. For others needs may not become apparent until the difficulties begin to impact on the child’s learning. Children need help to acquire language skills in order to develop their thinking as well as their ability to communicate.

Children with speech, language and communication needs (SLCN) cover the whole ability range. They find it more difficult to communicate with others. They may have difficulties with fluency, forming sounds, words or sentences (expressive language) that impacts upon their ability to produce spoken or written language, or they may have difficulty in understanding spoken language that they hear or read (receptive language). They may have difficulty understanding, using and/or remembering words that they want to use. It may be a combination of these needs.

Children with an autistic spectrum condition (ASC) have difficulty in making sense of the world in the same way as their peers. They may have difficulties with social communication, social interaction and imagination. They may have difficulty with flexibility of thought. In addition, they may be easily distracted or upset by certain sensory stimuli, have problems with change to familiar routines or have difficulties with co-ordination and fine motor skills.

**This section contains:**

* **Detailed descriptors to help identify children with communication and interaction difficulties.**
* **Guidance on supporting children with communication and interaction needs.**

Needs in other areas, for example cognition and learning needs, social and emotional needs, can lead to and compound communication and interaction needs and can also be the result of unmet C&I needs,. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately. Children with auditory and visual perception and processing difficulties may also benefit from the suggested planning, strategies and resources suggested under Hearing, Visual Impairment and Cognition and Learning sections of this guidance.

A whole school approach is needed to ensure that children with ASC / SLCN are supported with consistent strategies and approaches throughout the school day, by all the adults they come into contact with. Making reasonable adjustments for the difficulties arising out of C&I needs requires schools to be flexible and provide an individualised response based on a sound assessment of the individual needs of each child.

|  |  |
| --- | --- |
| **Years 3 & 4****Communication and interaction** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
|  The child needs support for some of the following: | ***The child needs support for some of the following:*** | Date & year gp | Date & year gp |
| Listening and attention | listening actively in a small group or the whole class |  |  |
| sustaining concentration in a small group or the whole class |  |  |
| listening to an instruction whilst carrying out a task |  |  |
| focusing independently on an adult initiated task for 10 minutes or more |  |  |
| Speaking | articulating words clearly |  |  |
| recalling known words in conversation |  |  |
| constructing sentences verbally |  |  |
| making needs and wants known appropriately |  |  |
| Understanding and processing | following instructions |  |  |
| recalling information, eg remembering instructions, following the sequence of a story |  |  |
| understanding abstract terms or concepts, eg time, space, quantities |  |  |
| comprehending tasks involving literacy skills |  |  |
| Interaction and social communication | interacting appropriately with others, understanding the accepted rules of social interaction |  |  |
| joining in with group and whole class activities |  |  |
| sharing resources, eg books, games, learning equipment |  |  |
| understanding that communication is a shared process |  |  |
| interpreting non literal language |  |  |
| establishing and maintaining appropriate friendships |  |  |
| making a choice when given a limited range of options |  |  |
| ‘reading’ the physical clues of non-verbal language, eg facial expressions, gestures |  |  |
| knowing what to do at unstructured times of day |  |  |
| managing changes in routine |  |  |
| Other | managing stresses and anxieties |  |  |
| managing sensory responses (these may be hypo or hyper) |  |  |
| being organised for learning. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| **Further assessment may be required to identify more specifically the areas where the child needs support.**  |
| * Careful observation is the best way of unpicking difficulties.
 |  |
| * The BPVS can be useful for finding out about a learner’s understanding of vocabulary.
 |  |
| * For children with marked difficulties in social communication, thought and sensory processing, build on the initial evidence gathered to assemble a detailed profile of the child’s strengths, interests, challenges and sources of stress. Include parents and the child in this process and share the information across the school. This profile will help to ensure that the optimum learning environment is achieved.
 |  |
| **For further advice with assessment and planning contact:** |
| * SENSS Communication and Interaction Service.
 |  |
| * The Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and language therapy) for a speech and language referral.
 |  |
| * PCAMHS consultation helpline.
 |  |
| * The SENSS SEN ICT team.
 |  |
| * The Educational Psychology Service
 |  |
| **Planning for a child with a C&I need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with a C&I need will be supported to access it.
 |  |
| * Any adaptations needed to the physical environment to help with access to learning, eg labelling of resources, colour coding of books for different topics.
 |  |
| * Any specialist equipment or resources, including ICT, that may be needed for curriculum access, eg a tablet.
 |  |
| * The adult support that may be required for accessing the curriculum.
 |  |
| * Individual/small group work to pre-learn, reinforce or work on specific targets.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg the time that may be taken to complete a task, an earlier or later beginning to a task than peers to help ensure a well settled start.
 |  |
| * Any support that is needed at lunchtimes and playtimes to help the child to be part of a small group and/or to follow his/her own interests such as a buddy system or a Lego club.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Modify the environment to help with any sensory issues; eg acoustic boards, ear defenders, avoid glare and harsh lighting, provide a quiet area for the child to withdraw to and teach the child how to tell you that they need some space.
 |  |
| * Sit the child where they can best see and hear the adult in whole class and group activities.
 |  |
| * Ensure the learning environment is well organised and consistently used, eg pictorial labels on storage, scissors kept in the same place.
 |  |
| **Teaching and learning** |
| * Establish and maintain routines, backed up by a visual timetable and objects of reference.
 |  |
| * Keep expectations clear and consistent.
 |  |
| * Display class rules with picture prompts.
 |  |
| * Help the child to engage in a predictable sequence of activities and organise their work, eg by using task sheets, a tray system (with specialist support).
 |  |
| * Use timers to tell the child how long to stay on a task.
 |  |
| * Use individual and small group activities to prepare for the learning that will take place in a later whole class activity and to reinforce concepts.
 |  |
| * Use individual/pair/small group work to teach language skills, eg Spirals, Talking Partners
 |  |
| * Use small group opportunities to use language skills to teach social skills, eg using *Socially speaking*.
 |  |
| * Modify the language that adults use; reduce, slow down, give take up time, use non-literal language with care.
 |  |
| * Involve good peer role models, eg for language modelling.
 |  |
| * Explore alternatives to traditional written formats such as mind mapping, talking to Powerpoint presentations, typing up work.
 |  |
| * Use the child’s special interests to provide motivational learning tasks.
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s communication and interaction needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school activities including clubs, sports and trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children with SEN.
 |  |
| * ICAN, AFASIC, The Communication Trust and The National Autism Society all have useful websites and resources.
 |  |
| * The Inclusion Development Programme ([www.idponline.org.uk](http://www.idponline.org.uk)) has advice and resources for supporting children with speech language and communication and also autistic spectrum conditions.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |
| * Advanced skills training materials for mainstream teachers of learners with autism spectrum disorders and with speech, language and communication difficulties can be found at <http://www.advanced-training.org.uk/>
 |  |

|  |  |
| --- | --- |
| **Years** **5 & 6****Communication and interaction** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
|  The child needs support for some of the following: | ***The child needs support for some of the following:*** | Date & year gp | Date & year gp |
| Listening and attention | listening in a small group or the whole class |  |  |
| sustaining concentration in a small group or the whole class |  |  |
| listening to an instruction whilst carrying out a task |  |  |
| focusing independently on an adult initiated task for 20 minutes or more |  |  |
| Speaking | articulating words clearly |  |  |
| recalling known words in a conversation |  |  |
| making needs and wants known appropriately |  |  |
| retelling an event in sequence eg something that has happened at break or at home |  |  |
| Understanding and processing | following instructions and spoken information in the classroom |  |  |
| understanding abstract terms or concepts, eg time, space, quantities |  |  |
| understanding what they have read |  |  |
| Interaction and social communication | interacting appropriately with others, understanding the accepted rules of social interaction |  |  |
| to alter what they say depending on who they are talking to |  |  |
| joining in with group and whole class activities |  |  |
| understanding the social rules of group work |  |  |
| sharing resources, eg books, games, learning equipment |  |  |
| understanding that communication is a shared process |  |  |
| interpreting non literal language |  |  |
| establishing and maintaining appropriate friendships |  |  |
| making a choice when given a limited range of options |  |  |
| ‘reading’ the physical clues of non-verbal language, eg facial expressions, gestures |  |  |
| knowing what to do at unstructured times of day |  |  |
| managing changes in routine |  |  |
| Other | managing stresses and anxieties |  |  |
| managing sensory responses (these may be hypo or hyper) |  |  |
| being organised for learning |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| **Further assessment may be required to identify more specifically the areas where the child needs support.**  |
| * Careful observation is the best way of unpicking difficulties.
 |  |
| * The BPVS can be useful for finding out about a learner’s understanding of vocabulary.
 |  |
| * For children with marked difficulties in social communication, thought and sensory processing, build on the initial evidence gathered to assemble a detailed profile of the child’s strengths, interests, challenges and sources of stress. Include parents and the child in this process. This profile will help to ensure that the optimum learning environment is achieved.
 |  |
| **For further advice with assessment and planning contact:** |
| * SENSS Communication and Interaction Service.
 |  |
| * The Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and language therapy) for a speech and language referral.
 |  |
| * PCAMHS consultation helpline.
 |  |
| * The SENSS SEN ICT team.
 |  |
| **Planning for a child with a C&I need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with a C&I need will be supported to access it.
 |  |
| * Any adaptations needed to the physical environment to help with access to learning, eg labelling of resources.
 |  |
| * Any specialist equipment or resources, including ICT, that may be needed for curriculum access, eg a tablet.
 |  |
| * The adult support that may be required for accessing the curriculum.
 |  |
| * Individual/small group work to pre-learn, reinforce or work on specific targets.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg the time that may be taken to complete a task.
 |  |
| * Any support that is needed at lunchtimes and playtimes to help the child to be part of a small group and/or to follow his/her own interests.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Considering what support the child may need to access national tests and assessments.
 |  |
| * Individualised and detailed planning for successful transition into Y7.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Modify the environment to help with any sensory issues; eg acoustic boards and ear defenders, avoid glare and harsh lighting, provide a quiet area for the child to withdraw to.
 |  |
| * Sit the child where they can best see and hear the adult in whole class and group activities.
 |  |
| * Ensure the learning environment is well organised and consistently used, eg pictorial labels on storage, scissors kept in the same place.
 |  |
| **Teaching and learning** |
| * Establish and maintain routines, backed up by a visual timetable and objects of reference.
 |  |
| * Keep expectations clear and consistent.
 |  |
| * Display class rules with picture prompts.
 |  |
| * Help the child to engage in a predictable sequence of activities and organise their work, eg by using task sheets, a tray system (with specialist support).
 |  |
| * Use timers to tell the child how long to stay on a task.
 |  |
| * Use individual and small group activities to prepare for learning that will take place in a later whole class activity and to reinforce concepts.
 |  |
| * Use individual, pair and small group activities to teach language skills, eg Language for thinking, Looking and thinking.
 |  |
| * Use small group opportunities to use language skills to teach social skills, eg use *Socially speaking*.
 |  |
| * Modify the language that adults use; reduce, slow down, give take up time, use non-literal language with care.
 |  |
| * Involve good peer role models, eg for language modelling.
 |  |
| * Explore alternatives to traditional written formats such as mind mapping, talking to power point presentations or typing up work.
 |  |
| * Use ICT to support personalised learning eg speech to text software
 |  |
| * Use the child’s special interests to provide motivational learning tasks.
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s communication and interaction needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school activities including clubs, sports and trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children with SEN.
 |  |
| * ICAN, AFASIC, The Communication Trust and The National Autism Society all have useful websites and resources.
 |  |
| * The Inclusion Development Programme ([www.idponline.org.uk](http://www.idponline.org.uk)) has advice and resources for supporting children with speech language and communication and also autistic spectrum conditions.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |
| * Advanced skills training materials for mainstream teachers of learners with autism spectrum disorders and with speech, language and communication difficulties can be found at <http://www.advanced-training.org.uk/>
 |  |

**F3: Cognition and Learning (C&L)**

**Learning needs (LD)**

**Years 3, 4, 5, 6**

This section describes children who have greater needs than most of their peers for support with learning. Children with learning difficulties will learn at a slower pace than other children and may have greater difficulty than their peers in acquiring basic literacy or numeracy skills or in understanding concepts. They may also have associated difficulties such as a speech and language delay.

Some children with learning difficulties, particularly those with severe or profound and multiple difficulties will have had their needs identified at an early age. For others learning needs may become apparent when the child does not make adequate progress even with an appropriately differentiated curriculum.

**This section contains:**

* **Detailed descriptors to help identify children with learning difficulties and**
* **Guidance on supporting children with learning needs**

**For children in Years 3 and 4 and in Years 5 and 6**

Difficulties in other areas can lead to learning needs. For example an unmet hearing need may impact on the child’s ability to learn at the same rate as his/her peers. Conversely unmet learning needs can may impact on social development and emotional wellbeing. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

|  |  |
| --- | --- |
| **Years 3 & 4****Learning** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| The child needs support for some of the following: | ***The child needs support for some of the following:*** | Date& age | Date & age |
| **Speaking and listening** |
| retelling a sequence of events in chronological order |  |  |
| carrying out two or more step instructions |  |  |
| adding detail to their own accounts and stories |  |  |
| developing and explaining ideas |  |  |
| entering into discussion appropriately in a small group |  |  |
| articulating polysyllabic words clearly. |  |  |
| **Reading** |
| recognising initial consonant and short vowel sounds |  |  |
| using known grapheme-phoneme correspondences to blend sounds in unfamiliar words  |  |  |
| being able to check the text makes sense as they read it |  |  |
| being able to predict the end of a story |  |  |
| making inferences on the basis of what is said or done in a story. |  |  |
| **Writing/spelling** |
| verbalising the sentence they want to write |  |  |
| forming most upper and lower case letters correctly |  |  |
| writing simple sentences using phonetically plausible words |  |  |
| spacing letters and words correctly. |  |  |
| **Mathematics** |
| reading and writing numbers from 1-20 in numerals and words |  |  |
| counting forward to 100 in 1’s |  |  |
| counting in multiples of 2, 5 and 10 |  |  |
| adding and subtracting numbers to 20 |  |  |
| understanding addition and multiplication can be done in any order |  |  |
| identifying the value of coins |  |  |
| comparing two lengths, masses or capacities by direct comparison |  |  |
| carrying on a three element pattern |  |  |
| showing practical understanding of a half and a quarter |  |  |
| recognising and naming common 2-D and 3-D shapes. |  |  |
| **Cognitive skills** |
| problem solving |  |  |
| predicting |  |  |
| recognising patterns and connections. |  |  |
| **Other indicators** |  |
|  | evidence of immature or inappropriate social interaction |  |  |
| difficulty in adapting to change |  |  |
| low level of resilience in challenging circumstances |  |  |
| poor school attendance record that may affect learning |  |  |
| self-help skills. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| * Use formative as well as summative assessment to unpick difficulties in detail.
 |  |
| **Useful assessment materials include:**  |
| * Oxfordshire Literacy Assessment Pack.
 |  |
| * Sandwell maths assessment.
 |  |
| * Neale Analysis of Reading Ability
 |  |
| * New Salford sentence reading test
 |  |
| **For further advice with assessment and planning contact:** |
| * Oxfordshire School Inclusion Team (OXSIT).
 |  |
| * The Educational Psychology Service.
 |  |
| * SENSS Down Syndrome and Complex Needs Service.
 |  |
| * Some local Special Schools provide advice.
 |  |
| **Planning for a child with a learning need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with a learning need will be supported to access it.
 |  |
| * Preparation of resources, eg key word lists and writing frames
 |  |
| * Any adaptations needed to the physical environment to help with access to learning, eg labelling of resources.
 |  |
| * Opportunities to use/availability of ICT to support learning.
 |  |
| * The adult support that may be required for accessing the curriculum.
 |  |
| * Individual or small group work to pre-learn, reinforce or work on specific targets.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Sit the child where he/she can focus on the adult in whole class and group activities.
 |  |
| * Ensure the learning environment is well organised and consistently used, eg pictorial labels on storage, scissors kept in the same place.
 |  |
| * Use models, images and multi-sensory resources to promote understanding, eg plastic letters, word mats, Numicon, Dienes blocks.
 |  |
| * Have writing supports available on the child’s table (not just on the wall): phonics sheets, word banks, personal dictionaries.
 |  |
| * Make individualised ‘work mats’ from A3 laminated paper with key words, a number line, common spellings, left/right, days of the week etc
 |  |
| **Teaching and learning** |
| * Establish and maintain routines backed up by visual cues, eg a visual timetable, class rules displayed with picture prompts.
 |  |
| * Use individual and small group activities to prepare the child for the learning that will take place in a later whole class activity and to reinforce concepts already covered.
 |  |
| * Use individual, pair and small group activities to teach specific skills.
 |  |
| * Involve good peer role models, eg for language modelling.
 |  |
| * Scaffold tasks, eg writing frames to scaffold written tasks, line trackers or book marks to help follow lines of print
 |  |
| * Teach study skills including the use of mind or concept mapping
 |  |
| * Focus on process in writing tasks and the learning that is taking place rather than ‘final’ or ‘good’ versions
 |  |
| * ‘What works for children with literacy difficulties?’ (Greg Brooks 2013) lists effective evidence based intervention schemes; this is available on the Interventions for Literacy website ([www.interventionsforliteracy.org](http://www.interventionsforliteracy.org)).

Interventions/approaches that have been used successfully in Oxfordshire include:* + FFT Wave 3 Reading Programme (reading recovery, 1-1, 30mins daily)
	+ Boosting Reading Potential (group,15 mins 3x week)
	+ Talking partners
	+ Write Away Together (improving writing, 1-1 or group 2-3 times per week)
	+ Acceleread/Accelewrite (reading/spelling, individual or group, 4 times a week)
	+ Reading and Thinking, Looking and Thinking (comprehension, group, at least twice a week)
	+ Paired reading
	+ Sound Linkage (phonological awareness, 1-1, daily)
	+ Precision teaching (multi-sensory teaching and monitoring, 1-1 at least once daily)
	+ Project X (reading, group, daily)
	+ SEAL (language, social & emotional development, group at least once a week)
	+ Write from the Start (handwriting, 1-1, 2-3 times a week).
	+ GAP maths Wave 3 Maths Programme (small group at least 3 times a week)
	+ Rapid Maths (maths intervention, group, at least 3 times a week)
	+ 1st Class @ Number and 1st Class @ Number 2
	+ Talk 4 Number

The most effective interventions are specifically targeted and delivered systematically in regular short sessions. |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s learning needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school activities including clubs, sports and trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents.
 |  |

|  |  |
| --- | --- |
| **Years 5 & 6****Learning**  | Name |

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***The child needs support for some of the following:*** | Date & age | Date & age |
| **Speaking and listening** |
| retelling a simple sequence of real or imaginary events in chronological order |  |  |
| carrying out 2 or more step instructions |  |  |
| developing and explaining ideas |  |  |
| entering into class discussion appropriately. |  |  |
| **Reading** |
| using existing knowledge to decode and understand new words |  |  |
| making inferences from the actions of characters within a story |  |  |
| being able to predict the end of a story. |  |  |
| **Writing/spelling** |
| forming letters correctly |  |  |
| composing sentences orally |  |  |
| writing simple sentences using conjunctions |  |  |
| writing sentences using capital letters and full stops |  |  |
| sequencing simple stories. |  |  |
| **Mathematics** |
| reciting numbers to 100 |  |  |
| reading numbers to 100 |  |  |
| reliably counting objects to 100 |  |  |
| recalling more than five addition and subtraction facts for each number to 20 |  |  |
| counting in 2s, 5s and 10s using money |  |  |
| estimating, measuring and comparing lengths, masses and capacities using standard units. |  |  |
| **Cognitive skills** |
| problem solving |  |  |
| predicting |  |  |
| recognising patterns and connections. |  |  |
| **Other indicators** |  |
|  | evidence of immature or inappropriate social interaction |  |  |
| difficulty in adapting to change |  |  |
| low level of resilience in challenging circumstances |  |  |
| poor school attendance record that may affect learning |  |  |
| self-help skills. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| * Use formative as well as summative assessment to unpick difficulties in detail.
 |  |
| **Useful assessment materials include:**  |
| * Oxfordshire Literacy Assessment Pack.
 |  |
| * Sandwell maths assessment.
 |  |
| * Neale Analysis of Reading Ability: a standardised and widely used test
 |  |
| * New Salford Sentence reading test
 |  |
| **For further advice with assessment and planning contact:** |
| * Oxfordshire School Inclusion Team (OXSIT).
 |  |
| * The Educational Psychology Service.
 |  |
| * SENSS Down Syndrome and Complex Needs Service.
 |  |
| * Some local Special Schools provide advice.
 |  |
| **Planning for a child with a learning need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with a learning need will be supported to access it.
 |  |
| * Any adaptations needed to the physical environment to help with access to learning, eg labelling of resources.
 |  |
| * Opportunities to use/availability of ICT to support learning.
 |  |
| * The adult support that may be required for accessing the curriculum.
 |  |
| * Individual or small group work to pre-learn, reinforce or work on specific targets.
 |  |
| * Considering what support the child may need to access national tests and assessments.
 |  |
| * Planning for a smooth transition into Year 7.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Sit the child where he/she can focus on the adult in whole class and group activities.
 |  |
| * Ensure the learning environment is well organised and consistently used, eg pictorial labels on storage, scissors kept in the same place.
 |  |
| * Use models, images and multi-sensory resources to promote understanding, eg plastic letters, word mats, Numicon, Dienes blocks.
 |  |
| * Have writing supports available on the child’s table (not just on the wall): phonics sheets, word banks, personal dictionaries.
 |  |
| * Make individualised ‘work mats’ from A3 laminated paper with key words, a number line, table square, common spellings etc
 |  |
| **Teaching and learning** |
| * Establish and maintain routines backed up by visual cues, eg a visual timetable, class rules displayed with picture prompts.
 |  |
| * Use individual and small group activities to prepare the child for the learning that will take place in a later whole class activity and to reinforce concepts already covered.
 |  |
| * Use individual, pair and small group activities to teach specific skills.
 |  |
| * Involve good peer role models, eg for language modelling.
 |  |
| * Scaffold tasks, eg writing frames to scaffold written tasks, line trackers or book marks to help follow lines of print
 |  |
| * Teach study skills including the use of mind or concept mapping
 |  |
| * Focus on process in writing tasks and the learning that is taking place rather than ‘final’ or ‘good’ versions
 |  |
| * Use ICT to support personalised learning eg speech to text software,
 |  |
| * ‘What works for children with literacy difficulties?’ (Greg Brooks 2013) lists effective evidence based intervention schemes; this is available on the Interventions for Literacy website ([www.interventionsforliteracy.org](http://www.interventionsforliteracy.org)).

 Interventions/approaches that have been used successfully in Oxfordshire  include:* FFT Wave 3 Reading Programme (reading recovery, 1-1, 30mins daily)
* Boosting Reading Potential (group,15 mins 3x week)
* Talking partners
* Hi Five (reading and writing, group, 4 times a week)
* Write Away Together (improving writing, 1-1 or group 2-3 times per week)
* Acceleread/Accelewrite (reading/spelling, individual or group, 4 times a week)
* Reading and Thinking, Looking and Thinking (comprehension, group, at least twice a week)
* Sound Linkage (phonological awareness, 1-1, daily)
* Read Write Inc. Freshstart (reading, group, 3 times a week)
* Project X (reading, group, daily)
* Paired reading
* Write from the Start (handwriting, 1-1, 2-3 times a week).
* Precision teaching (multi sensory teaching and monitoring, 1-1 at least once daily)
* SEAL (language, social & emotional development, group at least once a week)
* GAP maths Wave 3 Maths Programme (small group at least 3 times a week)
* Rapid Maths (maths intervention, group, at least 3 times a week
* 1st Class @ Number and 1st Class @ Number 2
* Talk 4 Number

The most effective interventions are specifically targeted and delivered systematically in regular short sessions. |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s learning needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school activities including clubs, sports and trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of learners with SEN.
 |  |
| * Information about out of school activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents.
 |  |

**F4: Cognition and Learning (C&L)**

**Specific Learning Difficulties (SpLD)**

**Year 3, 4, 5, 6**

The term ‘specific learning difficulty’ describes a collection of difficulties related to the way that information is learned and processed. Specific learning difficulties may impact on literacy, maths, and activities that involve fine and gross motor skills.

**Specific Literacy difficulties including Dyslexia** hinder the acquisition of language and literacy skills on a spectrum ranging from mild to severe. The characteristic features are difficulties with:

* identifying and manipulating the sounds in words (phonological awareness)
* retaining an ordered sequence of verbal material (verbal memory)
* processing familiar verbal information such as letters and digits (verbal processing speed)
* visual memory, tracking and processing.

**Specific Maths difficulties, including Dyscalculia,** affect the ability to acquire arithmetical skills. Dyscalculic learners may have difficulty understanding simple number concepts, lack an intuitive grasp of number, and have problems learning number facts and procedures. Even if they produce a correct answer or use a correct method, they may do so mechanically and without confidence.

**Specific difficulties with writing or Dysgraphia** may present as difficulties with spelling, handwriting and putting thoughts down on paper.

**Developmental co-ordination disorder (DCD) or dyspraxia affects gross and fine motor skills.** DCD is characterised by difficulty in planning smooth, co-ordinated movements. This leads to clumsiness and lack of co-ordination. It can lead to problems with language, perception and thought.

Children of all intellectual abilities can have specific learning difficulties.

**This section contains descriptors for identifying specific learning difficulties and guidance on provision for Years 3 and 4, and also for Years 5 and 6.**

Use these after considering the learning needs descriptors. Many children have co-occurring difficulties; check across the whole range of specific learning difficulty descriptors to in order to build a comprehensive picture of needs.

|  |  |
| --- | --- |
| **Years 3 & 4** **SpLD** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
|  The child needs support for some of the following: | ***The child needs support for some of the following:*** | Date & year gp | Date & year gp |
| **Word level skills** |
| recognising rhyme and generating rhyming strings |  |  |
| using phonic skills to decode new words |  |  |
| forming letter and numerals correctly |  |  |
| reading frequently encountered words quickly and accurately |  |  |
| segmenting the separate sounds in words |  |  |
| blending the separate sounds in words. |  |  |
| **Language and literacy skills** |
| developing / acquiring new vocabulary |  |  |
| expressing him/herself orally |  |  |
| comprehending oral and/or written language |  |  |
| articulating polysyllabic words |  |  |
| sequencing (days, months, alphabet, etc.) for age appropriate tasks |  |  |
| carrying out 2 or more step instructions |  |  |
| recalling auditory information. |  |  |
| **Writing skills** |
| using a pencil comfortably and effectively  |  |  |
| forming letters consistently and using the same case |  |  |
| leaving spaces between words |  |  |
| writing all of the letters in a word |  |  |
| tackling writing tasks confidently |  |  |
| writing for a sustained period. |  |  |
| **Number skills** |
| seeing numbers without counting (subitising) |  |  |
| repeating back a short sequence of numbers |  |  |
| counting on from a given number between 0 and 100 |  |  |
| counting back from 20 to 0 |  |  |
| using simple mathematical symbols |  |  |
| writing the digits of a 2 digit number in the correct order |  |  |
| seeing patterns and sequences |  |  |
| explaining mathematical processes |  |  |
| recording calculations accurately  |  |  |
| to be confident to tackle number activities. |  |  |
| **Co-ordination** |
| for throwing and catching a ball |  |  |
| to complete simple jigsaw puzzles |  |  |
| to use a tripod grip to hold a pencil |  |  |
| to dress and undress for PE |  |  |
| to understand concepts like ‘in’ and ‘on’ |  |  |
| to be confident to join in physical activities. |  |  |
| **Associated needs: behaviour and emotional factors** |
| building self confidence |  |  |
| staying on task, engaging in reading and writing activities |  |  |
| managing anxiety and/or frustration |  |  |
| withdrawn behaviour/ clowning/ fatigue (delete as appropriate) |  |  |
| to be organised for learning |  |  |
| to interact appropriately with others. |  |  |

|  |
| --- |
| **Additional questions to consider** |
| Does the child have a history of ear infections/glue ear/otitis media? |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| * As needs may occur in a range of areas it is important to build an in depth picture of the child’s strengths and difficulties so that support can be tailored appropriately. Use formative as well as summative assessment to unpick difficulties in detail.
 |  |
| **Useful assessment materials include:**  |
| * Oxfordshire Literacy Assessment Pack (including standardised reading and spelling assessments)
 |  |
| * Sandwell maths assessment.
 |  |
| * Move to Learn checklist.
 |  |
| * Neale Analysis of Reading Ability
 |  |
| * New Salford sentence reading test
 |  |
| **For further advice with assessment and planning contact:** |
| * Oxfordshire School Inclusion Team (OXSIT).
 |  |
| * The Educational Psychology Service.
 |  |
| * Dyslexia Assessment and Intervention Service (DAIS, contact OXSIT for details).
 |  |
| * The Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and language therapy).
 |  |
| **Planning for a child with a specific learning need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with a learning need will be supported to access it.
 |  |
| * Any adaptations needed to the physical environment to help with access to learning and moving around safely.
 |  |
| * Any multi-sensory resources and ICT required to support learning.
 |  |
| * Access to suitable individual or small group interventions.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * The adult and peer support that may be required for accessing the curriculum.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg the time that may be taken to complete a task.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Sit the child where he/she can focus on the adult in whole class and group activities.
 |  |
| * Ensure the learning environment is well organised and consistently used, eg pictorial labels on storage, scissors kept in the same place.
 |  |
| * Help safe passage around the learning environment by minimising clutter.
 |  |
| * Use models, images and multi-sensory resources to promote understanding, eg plastic letters, word mats, Numicon, Dienes blocks.
 |  |
| * Have writing supports available on the child’s table (not just on the wall): phonics sheets, word banks, personal dictionaries.
 |  |
| * Make individualised ‘work mats’ from A3 laminated paper with key words, a number line, common spellings etc.
 |  |
| **Teaching and learning** |
| * Give support for remembering and organising – keep routines the same, use pictorial cues, visual timetables, provide individualised key word lists.
 |  |
| * Use a range of auditory, visual and kinaesthetic approaches to learning; revisit the same learning in different ways, eg letters on paper, in big letters in the air, in a sand tray, with verbal prompts for shaping.
 |  |
| * Use ICT to support personalised learning and reinforcement of whole class learning eg text to speech software, notepad with predictive software, photograph of information on whiteboard.
 |  |
| * Use individual and small group activities to prepare the child for the learning that will take place in a later whole class activity and to teach particular skills.
 |  |
| * Scaffold tasks, eg writing frames to scaffold written tasks, line trackers or book marks to help follow lines of print
 |  |
| * Teach study skills including the use of mind or concept mapping
 |  |
| * Focus on process in writing tasks and the learning that is taking place rather than ‘final’ or ‘good’ versions
 |  |
| * Use methods such as simultaneous oral spelling (see glossary) for learning spelling patterns, and mnemonics or picture cards for irregular spellings
 |  |
| * Break bigger tasks into a series of small steps.
 |  |
| * Involve good peer role models, eg for language modelling.
 |  |
| * Avoid extended copying from the board, try using a different coloured dot at the start of each point or sentence where repeated reference to information on the board is required.
 |  |
| * ‘What works for children with literacy difficulties?’ (Greg Brooks 2013) lists effective evidence based intervention schemes; this is available on the Interventions for Literacy website ([www.interventionsforliteracy.org](http://www.interventionsforliteracy.org)).

 Interventions/approaches that have been used successfully in Oxfordshire * include:
* FFT Wave 3 Reading Programme (reading recovery, 1-1, 30mins daily)
* Write Away Together (improving writing, 1-1 or group 2-3 times per week)
* Acceleread/Accelewrite (reading/spelling, individual or group, 4 times a week)
* Reading and Thinking, Looking and Thinking (comprehension, group, at least twice a week)
* Talking partners
* Boosting Reading Potential
* Project X (reading, group, daily)
* Wordshark (spelling)
* Sound Linkage (phonological awareness, 1-1, daily)
* Clicker 6 software (writing including sequencing)
* Talking stories (help children access texts alongside peers)
* Write from the Start (handwriting, 1-1, 2-3 times a week)
* Precision teaching (multi sensory teaching and monitoring, 1-1 at least once daily)
* Spell checkers (especially speaking ones)
* Rubber pencil grips.
* SEAL (language, social & emotional development, group at least once a week)
* GAP maths Wave 3 Maths Programme (small group at least 3 times a week)
* Rapid Maths (maths intervention, group, at least 3 times a week)
* 1st Class @ Number and 1st Class @ Number 2
* Talk 4 Number

The most effective interventions are specifically targeted and delivered systematically in regular short sessions. |  |
| * Reduce the quantity of tasks to allow for slower processing skills and fatigue.
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s specific learning needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school activities including clubs, sports and trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents.
 |  |
| * The Inclusion Development Programme ([www.idponline.og.uk](http://www.idponline.og.uk)) has useful information and advice about dyslexia.
 |  |
| * Advanced skills training materials for mainstream teachers of learners with dyslexia or specific learning difficulties can be found at <http://www.advanced-training.org.uk/>.
 |  |

|  |  |
| --- | --- |
| **Years 5 & 6** **SpLD** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
|  The child needs support for some of the following: | ***The child needs support for some of the following:*** | Date & year gp | Date & year gp |
| **Word level skills** |
| recognising rhyme |  |  |
| recognising single letters and common digraphs (sh, ch, etc) |  |  |
| remembering letter shapes, numerals, etc for writing |  |  |
| recognising and remembering high frequency words at sight |  |  |
| spelling common, irregular words in written work |  |  |
| segmenting and/or blending the separate sounds in words |  |  |
| developing/acquiring new vocabulary. |  |  |
| **Language and literacy**  |
| expressing him/herself orally |  |  |
| comprehension of oral and/or written language |  |  |
| articulating/pronouncing words |  |  |
| reading continuous text |  |  |
| sequencing (days, months, etc) for age appropriate tasks |  |  |
| following instructions |  |  |
| retaining learned information. |  |  |
| **Writing**  |
| using a pencil comfortably and effectively  |  |  |
| forming letters consistently and using the same case |  |  |
| writing on lines with spaces between words |  |  |
| writing all of the words in a sentence |  |  |
| tackling writing tasks confidently |  |  |
| writing for a sustained period. |  |  |
| **Number**  |  |  |
| seeing numbers without counting (subitising) |  |  |
| counting on from a given 3 digit number |  |  |
| counting back from a given 2 digit number |  |  |
| using and distinguishing between mathematical symbols |  |  |
| writing the digits of a 2 digit number in the correct order |  |  |
| seeing patterns and sequences |  |  |
| explaining mathematical processes |  |  |
| recording calculations accurately |  |  |
| tackling number activities confidently. |  |  |
| **Co-ordination** |
| discriminating right and left |  |  |
| using scissors effectively |  |  |
| making the best use of space on a page |  |  |
| dressing and undressing for PE |  |  |
| running, jumping, throwing and catching efficiently |  |  |
| joining in physical activities confidently. |  |  |
| **Associated needs: social and emotional factors** |
| building self confidence |  |  |
| staying on task, engaging in reading and writing activities |  |  |
| managing anxiety and/or frustration |  |  |
| withdrawn behaviour/clowning/ fatigue (delete as appropriate) |  |  |
| to be organised for learning |  |  |
| interacting appropriately with others . |  |  |

|  |
| --- |
| **Additional questions to consider** |
| Does the child have a history of ear infections/glue ear/otitis media? |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| * As needs may occur in a range of areas it is important to build an in depth picture of the child’s strengths and difficulties so that support can be tailored appropriately. Use formative as well as summative assessment to unpick difficulties in detail.
 |  |
| **Useful assessment materials include:**  |
| * Oxfordshire Literacy Assessment Pack.
 |  |
| * Sandwell maths assessment.
 |  |
| * Move to Learn checklist.
 |  |
| * Neale Analysis of Reading Ability
 |  |
| * New Salford sentence reading test
 |  |
| **For further advice with assessment and planning contact:** |
| * Oxfordshire School Inclusion Team (OXSIT).
 |  |
| * The Educational Psychology Service.
 |  |
| * Dyslexia Assessment and Intervention Service (DAIS, contact OXSIT for details).
 |  |
| * The Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and language therapy).
 |  |
| **Planning for a child with a specific learning need will include:** |
| * ‘Thinking ahead’ about the planned learning each week and how the child with a learning need will be supported to access it.
 |  |
| * Any adaptations needed to the physical environment to help with access to learning and moving around safely.
 |  |
| * Any multi-sensory resources and ICT required to support learning.
 |  |
| * Access to suitable individual or small group interventions.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * The adult and peer support that may be required for accessing the curriculum.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg the time that may be taken to complete a task.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Planning for a smooth transition into Year 7.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Sit the child where he/she can focus on the adult in whole class and group activities.
 |  |
| * Ensure the learning environment is well organised and consistently used, eg pictorial labels on storage, scissors kept in the same place.
 |  |
| * Help safe passage around the learning environment by minimising clutter.
 |  |
| * Use models, images and multi-sensory resources to promote understanding, eg plastic letters, word mats, Numicon, Dienes blocks.
 |  |
| * Have writing supports available on the child’s table (not just on the wall): word banks, personal dictionaries.
 |  |
| * Make individualised ‘work mats’ from A3 laminated paper with key words, a number line, table square, common spellings etc
 |  |
| **Teaching and learning** |
| * Give support for remembering and organising – keep routines the same, use pictorial cues, visual timetables, provide individualised key word lists.
 |  |
| * Use a range of auditory, visual and kinaesthetic approaches to learning; revisit the same learning in different ways, eg spelling patterns on paper, in big letters in the air, with verbal cues.
 |  |
| * Use ICT to support personalised learning and reinforcement of whole class learning eg text to speech software, notepad with predictive software, photograph of information on board.
 |  |
| * Use individual and small group activities to prepare the child for the learning that will take place in a later whole class activity and to teach particular skills.
 |  |
| * Scaffold tasks, eg writing frames to scaffold written tasks, line trackers or book marks to help follow lines of print
 |  |
| * Teach study skills including the use of mind or concept mapping
 |  |
| * Focus on process in writing tasks and the learning that is taking place rather than ‘final’ or ‘good’ versions
 |  |
| * Use methods such as simultaneous oral spelling (see glossary) for learning spelling patterns, and mnemonics or picture cards for irregular spellings
 |  |
| * Break bigger tasks into a series of small steps.
 |  |
| * Involve good peer role models, eg for language modelling.
 |  |
| * Avoid extended copying from the board, try using a different coloured dot at the start of each point or sentence where repeated reference to information on the board is required.
 |  |
| ‘What works for children with literacy difficulties?’ (Greg Brooks 2013) lists effective evidence based intervention schemes; this is available on the Interventions for Literacy website ([www.interventionsforliteracy.org](http://www.interventionsforliteracy.org)). Interventions/approaches that have been used successfully in Oxfordshire  include:* FFT Wave 3 Reading Programme (reading recovery, 1-1, 30mins daily)
* Write Away Together (improving writing, 1-1 or group 2-3 times per week)
* Hi Five (reading and writing, group, 4 times a week)
* Talking partners
* Boosting Reading Potential
* Acceleread/Accelewrite software (reading/spelling, individual or group, 4 times a week)
* Reading and Thinking, Looking and Thinking (comprehension, group, at least twice a week)
* Wordshark (spelling)
* Sound Linkage (phonological awareness, 1-1, daily)
* Project X (reading, group, daily)
* Write from the Start (handwriting, 1-1, 2-3 times a week)
* Clicker 6 software (writing including sequencing
* Talking stories (help children access texts alongside peers)
* Spell checkers (especially speaking ones)
* Precision teaching (multi sensory teaching and monitoring, 1-1 at least once daily)
* SEAL (language, social & emotional development, group at least once a week)
* GAP maths Wave 3 Maths Programme (small group at least 3 times a week)
* Rapid Maths (maths intervention, group, at least 3 times a week)
* 1st Class @ Number and 1st Class @ Number 2
* Talk 4 Number

The most effective interventions are specifically targeted and delivered systematically in regular short sessions. |  |
| * + Reduce the quantity of tasks to allow for slower processing skills and fatigue.
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s specific learning needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school activities including clubs, sports and trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents.
 |  |
| * The Inclusion Development Programme ([www.idponline.org.uk](http://www.idponline.org.uk)) has useful information and advice about dyslexia.
 |  |
| * Advanced skills training materials for mainstream teachers of learners with dyslexia or specific learning difficulties can be found at <http://www.advanced-training.org.uk/>
 |  |

**F5: Social Emotional and Mental Health needs (SEMH)**

**Years 3, 4, 5, & 6**

This section describes children who have greater needs than most of their peers for support with their social and emotional development and wellbeing. It contains:

* **Descriptors to help identify children with a social, emotional or mental health**

 **difficulty.**

* **Guidance on supporting children with social, emotional and mental health**

 **needs.**

Children who have difficulties with emotional and social development may find it hard to make and maintain appropriate and healthy relationships. Sometimes these difficulties may present in withdrawn behaviour and sometimes in challenging or disruptive behaviour. These behaviours may reflect mental health problems like anxiety or depression, or other medically unexplained conditions like eating disorders. Some children will have recognised disorders, like attention deficit disorder (ADD), attachment disorder and autism that impact upon their mental health and social and emotional wellbeing.

Children can develop social, emotional and mental health needs at any time; these may be related to learning needs or things that are happening outside of the learning environment. In the first instance it may be the child’s behaviour that raises concern, perhaps behaviour that is anxious, very active, controlling, aggressive or excessively shy or withdrawn.

When children display behaviour that is of continuing concern it is essential to try to address any underlying social or emotional need or a mental health problem and not just the presenting behaviour. Close observation will help to show when and where the behaviours are triggered; discussion with parents may help to explore what the child may be communicating through this behaviour. Equally, behaviour that is different to normal developmental patterns can be an indicator of underlying learning difficulties. For example, a child with a language delay or disorder may exhibit frustration when he/she is unable to communicate effectively or may find that hitting or biting is a quicker way of making his/her needs known.

Assessment, planning and provision for a child with social, emotional and mental health needs should be located within a whole school approach that includes an actively supported whole school behaviour policy, consistent use of positive strategies with training for all staff on these, and training where appropriate for positive handling.

|  |  |
| --- | --- |
| **Years 3, 4, 5, 6** **Social, Emotional and Mental Health** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| The child may: | ***A child with a social, emotional or mental health need may:*** | Date & year gp | Date & year gp |
| frequently display inappropriate behaviour as a coping strategy |  |  |
| display inappropriate behaviour that is a result of learning, communication and interaction or sensory needs |  |  |
| appear to significantly reject and/or be rejected by peers |  |  |
| have regression in his/her learning |  |  |
| frequently display immature emotional responses  |  |  |
| display behaviour that is dangerous or damaging to him/herself, to others and to property. |  |  |
|  The child needs support for most of the following: | ***The child needs support for most of the following:*** |
| managing frequent inappropriate behaviours that occur in more than one setting |  |  |
| managing particular behaviours that occur in only one setting |  |  |
| managing frequent behaviours that impact on the learning of others |  |  |
| listening to and following instructions |  |  |
| settling and starting a task  |  |  |
| sustaining concentration |  |  |
| completing tasks successfully |  |  |
| to ‘join in’ in a group |  |  |
| controlling emotional and subsequent behavioural responses |  |  |
| building and sustaining positive relationships with peers and/or adults |  |  |
| having the emotional resilience to find solutions |  |  |
| to be able to recognise and understand his/her own feelings and behaviours |  |  |
| to be able to verbalise the reasons for his/her own feelings and behaviours |  |  |
| managing unpredictable extremes of mood |  |  |
| managing incongruent or disproportionate responses |  |  |
| managing unpredictable responses to praise and/or criticism. |  |  |
| **Other factors** |  |  |
| school attendance record  |  |  |
| whether there are other agencies involved with the family |  |  |
| whether there things happening out of school that may impact on the child’s social, mental and emotional health, eg bereavement. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| **Further assessment may be required to identify more specifically the areas where the child needs support. Useful assessments include:** |
| * Antecedent Behaviour Consequences checklist.
 |  |
| * QCA behaviour checklist.
 |  |
| * Boxall profile.
 |  |
| * Frequency tally charts.
 |  |
| * Timed observations of the child in 2 or more different contexts.
 |  |
| * Home-school diaries.
 |  |
| * SDQ (Strengths and Difficulties Questionnaire) see glossary for more info
 |  |
| **For further advice with assessment and planning contact:** |
| * PCAMHS consultation helpline.
 |  |
| * Service for Behaviour Support.
 |  |
| * The Educational Psychology Service.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |
| * ‘Mental health and behaviour in schools’ (DFE 2015) outlines what a school can do to identify and support children who may have an unmet mental health need. The risk and resilience section helps schools to consider the factors that put children at risk.
 |  |
| * **Planning for a child with a social mental or emotional health (SMEH) need will include:**
 |
| * ‘Thinking ahead’ about the planned learning each week and how the child with an SEMH need will be supported to access it.
 |  |
| * Developing an individual plan, which may be called an Individual Behaviour Plan or a Pastoral Support Plan, that is tailored to support the child’s specific needs.
 |  |
| * The adult support that may be required for maintaining progress with learning and for emotional and social development.
 |  |
| * Individual or small group work to pre-learn, reinforce or work on specific targets.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * Any support that is needed at lunchtimes and playtimes to help the child to join in, perhaps as part of a small group or with a buddy.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Planning for a smooth transition into Year 7.
 |  |
| **Doing: strategies and resources** |
| **The physical environment**  |
| * Use quiet areas to give the child calm and calm down time.
 |  |
| * Make it easy for a child to use resources without fuss or frustration; accessible storage, pictorial labels, things in the same place.
 |  |
| * Sit the child where he/she can focus on the adult and on the task in hand.
 |  |
| * Arrange a place where the child can work for part of the day in a different environment when needed (eg a reciprocal arrangement with another class).
 |  |
| **Teaching and learning** |
| * Use visual timetables and lead in time to prepare the child for changes of routine.
 |  |
| * Use circle time and whole class PSHE activities, and small group activities to develop self esteem and confidence.
 |  |
| * Use specific strategies consistently, for example praise for being (‘that’s a nice smile’) and praise for doing (‘thank you for tidying up the book corner; that was really helpful’).
 |  |
| * Build in opportunities for the child to develop emotional literacy so that he/she can verbally communicate and understand the feelings that they and others have.
 |  |
| * Ensure all adults use positive, enabling language.
 |  |
| * Reinforce appropriate behaviours through praise, celebration and reward systems.
 |  |
| * A nurture group may be effective where there is a group of children with intense social and emotional needs.
 |  |
| * SEAL (Social and Emotional Aspects of Learning) has resources that are still useful; archived at: [http://webarchive.nationalarchives.gov.uk/20110809101133/http://nsonline.org.uk/inclusion/behaviourattendanceandseal/seal](http://webarchive.nationalarchives.gov.uk/20110809101133/http%3A//nsonline.org.uk/inclusion/behaviourattendanceandseal/seal)
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school activities including clubs, sports and trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * The Inclusion Development Programme has useful support and resources: [www.idponline.org.uk](http://www.idponline.org.uk).
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents.
 |  |
| * Advanced skills training materials for mainstream teachers of learners with behavioural, emotional or social difficulties can be found at <http://www.advanced-training.org.uk/>.
 |  |

**F6: Sensory and Physical (S&P)**

**Hearing needs (HI)**

**Years 3, 4, 5 and 6**

Many children with hearing difficulties will have their needs identified early and will be supported by the SENSS Hearing Impairment (HI) team. Children may have a temporary hearing loss that may fluctuate or be permanent, affecting one or both ears. Some children benefit from the use of a hearing aid(s) or other amplification devices.

It is also possible for some children to acquire a hearing loss during their time at school. This could be caused through illness or accident or might be because they have a progressive condition or a condition that has a late onset. The most common cause of temporary and fluctuating hearing loss in childhood is commonly known as ‘Glue Ear’. The SENSS (HI) team has hand outs and information about ‘Glue Ear’ and its management that can be provided on request.

Some children with a hearing loss will require on-going specialist teaching support to access the curriculum alongside their peers. Others may require a routine monitoring visit to check the function and management of any equipment, to observe the child in the classroom and feedback on the child’s learning and to ensure that the setting is empowered to take responsibility for all aspects of the child’s inclusion.

Sometimes a child can meet many of the descriptors for a hearing need but when clinically assessed the child’s hearing is normal. It could be that the child has a fluctuating hearing loss and at the time of assessment it is within normal limits. If this is the case repeated assessment will usually determine the type and level of hearing loss. If there is no underlying physical hearing loss it may be that the child has auditory processing difficulties. If a child has auditory processing difficulties the descriptors and guidance for supporting children with communication and interaction (C&I) needs should be used. The SENSS (C&I) team works closely with the SENSS (HI) team who can support equipment needs where appropriate.

A medical confirmation of a hearing loss does not necessarily mean a child has Special Educational Needs. However early intervention with specialist advice from the SENSS (HI) Team can ensure that the impact of the hearing loss on the child’s progress is minimised.

**This section contains:**

* **Some of the characteristics that may be observed in children with a hearing impairment.**
* **Detailed descriptors to help identify children with hearing impairment by the things they need support with.**
* **Guidance on supporting children with a hearing need**

|  |  |
| --- | --- |
| **Years 3, 4, 5, 6****Hearing needs** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| A child with a hearing need may: | ***A child with a hearing loss may:*** | Date & year gp | Date & year gp |
| find difficulty in expressing him/herself clearly |  |  |
| appear loud, raising his/her voice in conversation |  |  |
| experience difficulty when activities involve listening and following instructions e.g. appears to ignore, confuses the direction of sound, mishears |  |  |
| use gesture more than peers |  |  |
| often ask for clarification or repetition particularly in noisy environments or where the speaker cannot be seen |  |  |
| appear dreamy or distracted  |  |  |
| be more physical and use less language than peers in play activities |  |  |
| find it difficult to sustain concentration and become tired easily |  |  |
| have communication difficulties at home, eg TV/computer turned up loud, non-responsive to the voice at normal levels. |  |  |
|  The child needs support for some of the following: | ***The child needs support for some of the following:*** |
| listening in a small group or the whole class |  |  |
| articulating words clearly |  |  |
| making him/herself understood by an adult (this may lead to frustration or withdrawn behaviour) |  |  |
| aspects of learning and development related to language/verbal skills, eg to expand vocabulary  |  |  |
| developing age appropriate language structures |  |  |
| being confident in tackling activities independently |  |  |
| initiating conversations with teachers or peers |  |  |
| interacting with others; turn taking, joining in with a conversation, listening  |  |  |
| following whole class introductions and discussions |  |  |
| sustaining concentration in a small group or the whole class |  |  |
| managing anxiety and/or frustration |  |  |
| establishing and maintaining appropriate peer relationships |  |  |
| to build self-esteem and a sense of identity in a class setting |  |  |
| joining in with group interactional activities |  |  |
| developing age appropriate play.  |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| If a child appears to have a hearing difficulty that has not been previously identified advice should be sought from the SENSS Hearing Impairment (HI) Team. The SENSS (HI) Team will not usually become involved with a child unless a paediatric audiologist has first made an assessment. This is because there can be many reasons why a child may not appear to hear well and a formal hearing assessment is needed to ensure that the guidance offered to a setting is appropriate. If a child has not been seen by the community paediatric audiology team or the audiology department at the Children’s Hospital, the first step is a GP referral to community paediatric audiology, based at the Children’s Hospital. Parents should be asked to discuss this with their child’s GP.A referral to the SENSS (HI) Team for a child with a known hearing loss is usually made by a health service paediatric audiologist, for example, a member of the paediatric audiology team at the Children’s Hospital. Parental permission to share information is obtained before the referral is made. A referral from health to the SENSS (HI) Team will be made on confirmation that the child has:* a permanent hearing loss
* an ongoing temporary hearing loss that is likely to impact on his / her education.

The SENSS (HI) Team will undertake specialist assessment leading to a more specifically focused personal learning programme and give advice on measurement of pupil progress as well as degree of hearing loss, social development and linguistic level. This will include use of age appropriate SENSS (HI) assessment toolkit, including equipment and functional access assessments.  |  |
| * It may also be appropriate to involve the Educational Psychology Service.
 |  |
| * It may also be appropriate to involve the Speech and Language Therapy

Service (Integrated Therapies team). |  |
| **Planning for a child with a hearing need will include:** |
| * Joint planning with a teacher of the deaf from SENSS.
 |  |
| * ‘Thinking ahead’ about the planned learning each week and how the child with the hearing need will be supported to access it.
 |  |
| * How background noise will be managed.
 |  |
| * Any specialist adaptations to the learning environment that may be needed.
 |  |
| * Any specialist equipment or resources, including Radio Systems, Sound Field Systems, ICT, that may be needed for curriculum access.
 |  |
| * The training and support needed for use and maintenance of equipment.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Access to individual or small group tuition for Personal Learning Plan targets.
 |  |
| * The adult support that may be required for accessing learning.
 |  |
| * The implementation of classroom strategies to ensure appropriate access to the language of the classroom.
 |  |
| * Where the child will sit for particular activities.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, e.g. the time that may be taken to complete a task.
 |  |
| * Ensuring there is a family focused, Team Around the Child and keyworking approach across the involved agencies.
 |  |
| * Considering what support the child may need to access national assessments.
 |  |
| * Planning for a smooth transition into Y7.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Access to a quiet withdrawal area should be available.
 |  |
| * Walls, ceilings and floors may need acoustic modifications.
 |  |
| * Access will be needed to appropriate audiological equipment e.g. hearing aid test box, Sound Field System, a Radio System.
 |  |
| * Support (usually by a TA) will be needed for management of all audiological equipment including a daily checking routine.
 |  |
| * Ensure good lighting.
 |  |
| * Sit the child where they can best see and hear the adult in whole class and group activities, as advised by the teacher of the deaf.
 |  |
| * Create a visually helpful environment: use classroom displays, word banks and picture resources to support language and literacy learning.
 |  |
| **Teaching and learning** |
| * Use specialist materials and equipment, including ICT, to support personalised learning and reinforcement of previous learning.
 |  |
| * Use a range of auditory, visual and kinaesthetic approaches to learning.
 |  |
| * Ensure that equipment is used effectively and consistently.
 |  |
| * Use simple and clear instructions and reinforce these with visual cues and clues, eg by using the interactive whiteboard, a visual timetable.
 |  |
| * Use individual and small group activities to prepare the child for the learning that will take place in a later whole class activity and to teach particular skills and concepts.
 |  |
| * Involve good peer role models, eg for language modelling.
 |  |
| * Offer specific, short activities involving listening/turn taking in a quiet area; these encourage the child to develop and maintain strategies for managing difficult listening situations.
 |  |
| * Manage the pace of learning to allow additional time for completion of tasks and for auditory fatigue.
 |  |
| * Be prepared for inconsistencies in hearing related to hearing level and the learning environment.
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s hearing needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school activities including trips. The SENSS (HI) Team have guidance materials and advice to offer eg swimming advice. In addition equipment can be loaned outside school through a Loan agreement. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * There are a number of organisations that produce information and guidance including the NDCS (National Deaf Children’s Society). Also the local group ODCS (Oxfordshire Deaf Children’s Society) who support children and families directly.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents. This includes the Monitoring Protocol for deaf babies and children, a developmental journal that tracks and supports the next steps of developmental milestones in communication, listening, talking, physical, social and play.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |

**F7: Sensory and Physical (S&P)**

**Visual needs (VI)**

**Years 3, 4, 5 & 6**

This section describes children who have greater needs than most of their peers for support with their vision. Visual difficulties range from mild through to severe. Many children have their vision corrected by spectacles; a child is only considered to have a special educational need if additional educational provision is required to access learning.

Many children with visual difficulties will have their needs identified early and will be supported by the SENSS VI team. Some young children may have needs that go unrecognised until they reach a group setting or are expected to undertake tasks that require them to use visual skills in a different context. Some acquire a visual loss through illness or accident.

**This section contains:**

* **Some of the characteristics that may be observed in children with a visual need.**
* **Detailed descriptors to help identify children with visual needs.**
* **Guidance on supporting children with visual needs.**

Needs in other areas can lead to and compound visual needs, for example visual needs that are not addressed can impact on a child’s social and emotional development. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

|  |  |
| --- | --- |
| **Years 3, 4, 5, 6****Visual needs** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| A child with a visual need may: | ***A child with a visual need may:*** | Date & year gp | Date & year gp |
| tilt his or her head and/or use his/her body in a different way to other children to maximise vision |  |  |
| bring eyes close to an object, eg a book, or the object close to eyes |  |  |
| blink frequently |  |  |
| touch, rub or cover eyes |  |  |
| appear sensitive to light or glare |  |  |
| have eye pain, headache, dizziness or nausea, especially after periods of looking closely at something |  |  |
| have an inward movement towards the nose when looking at very near objects |  |  |
| find it difficult to track the movement of something across the field of vision, eg a ball rolling from left to right |  |  |
| find scanning difficult, eg visually searching for a detail in a text |  |  |
| bump into things as they move around |  |  |
| find it difficult to find his/her friends in the playground. |  |  |
| The child/young person needs support for some of the following: | ***The child needs support for some of the following:*** |  |  |
| moving safely around the school |  |  |
| following work on the Smart/white board |  |  |
| drawing with age appropriate accuracy |  |  |
| developing reading and writing skills, in particular reading and writing all of the letters in a word and words in a sentence |  |  |
| interpreting pictures, maps and diagrams |  |  |
| following whole class introductions and discussions |  |  |
| being confident in tackling new activities |  |  |
| joining in physical playground activities |  |  |
| activities that require co-ordination and/or gross motor skills, eg catching a ball |  |  |
| sitting in a comfortable working position for different activities |  |  |
| to safely access activities that are potentially hazardous, eg design and technology |  |  |
| managing anxiety and/or frustration |  |  |
| establishing and maintaining appropriate friendships. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| If a child appears to have a visual difficulty that has not been previously identified parents should be referred to an optician or the child’s GP. The optician or GP will be able to make a referral to an eye hospital if necessary. Diagnosis of a difficulty by the eye hospital will trigger the involvement of the SENSS Visual Impairment team who will work alongside the school to support the child’s access to learning. |  |
| **Planning for a child with a visual need will include:** |
| * How the child will be supported to move around the classroom and school.
 |  |
| * The support that is needed at lunchtimes and playtimes to help the child to manage as independently as possible and to join in with peers.
 |  |
| * Any adaptations needed to the physical environment to allow the child safe passage and support access to learning.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Any support needed for personal care; eating and drinking, dressing.
 |  |
| * Adaptations needed to written and picture resources.
 |  |
| * Any specialist equipment or resources, including ICT, that may be needed to support learning.
 |  |
| * The adult support that may be required for accessing learning opportunities.
 |  |
| * Where and how the child will sit for particular activities.
 |  |
| * ‘Thinking ahead’ about the planned learning each week and how the child with the visual need will be supported to access it.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg to remain in a particular position for a length of time, the time that may be taken to complete a task.
 |  |
| * Any special requirements in relation to Y6 national tests.
 |  |
| * Planning for a smooth transition into Year 7.
 |  |
| **Doing: strategies and resources** |
| **The physical environment** |
| * Make adaptations to make movement easy and safe, eg decluttering, using different textures and colours to aid navigation, putting a child’s coat peg at the end of the line where it is easiest to find.
 |  |
| * Use contrasting surfaces to make things more visible, eg a dark background on a notice board.
 |  |
| * Avoid shadows, glare and reflected light.
 |  |
| * Sit the child where they can best see and hear the adult in whole class and group activities, as advised by the specialist support teacher.
 |  |
| * Ensure that the smart/whiteboard is good quality and that you use a contrasting pen and well-spaced, clear writing (personal copies may also be required).
 |  |
| * Use low vision aids and specialist technology if provided.
 |  |
| * Encourage the child to wear his/her spectacles if prescribed and if possible keep a spare pair handy.
 |  |
| **Teaching and learning** |
| * Make sure that clear verbal instructions, descriptions and explanations accompany each learning activity.
 |  |
| * Ensure that written and pictorial materials have an appropriate print size, ample spacing between lines and words, are clearly labelled, have an uncluttered layout and use contrasting colours.
 |  |
| * Provide a range of sensory experiences to support learning, eg provide real objects to support understanding.
 |  |
| * Manage the pace of learning to allow additional time for completion of tasks and for visual fatigue.
 |  |
| * Use individual and small group activities to prepare the child for the learning that will take place in a later whole class activity and to teach particular skills.
 |  |
| * Homework may be a problem for a child who is visually fatigued; make reasonable adjustments.
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s visual needs and how to respond appropriately.
 |  |
| * Support may be needed for the child to access out of school/setting activities including trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * The RNIB has a comprehensive website with useful information for parents and teachers.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents.
 |  |

**F8: Sensory and Physical (S&P)**

**Physical needs (PD)**

**Years 3, 4, 5, 6**

This section describes children who have greater needs than most of their peers for support with their physical needs.

Some children with physical difficulties will have had their needs identified at an early age and may already have received support. For others needs may occur as the result of a progressive physical condition or an accident or injury.

Many children with physical needs require minor adaptations to the learning environment that would be considered as reasonable adjustments under the Equality Act 2010. For some this is the only support that is needed, they do not need additional SEN support. Where children have a diagnosed progressive physical condition, eg Duchenne muscular dystrophy, it is important to plan and prepare early for later needs.

**This section contains:**

* **Detailed descriptors to help identify children with physical difficulties.**
* **Guidance on supporting children with physical needs.**

Unmet physical needs may impact on the child’s ability to learn at the same rate as his/her peers. The child may also have linked social and emotional needs. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

|  |  |
| --- | --- |
| **Years 3, 4, 5, 6****Physical needs** | Name |

|  |  |  |  |
| --- | --- | --- | --- |
| A child with a physical need may: | ***A child with a physical need may:*** | Date & year gp | Date & year gp |
| move awkwardly or require aids to walk, if they can, or may use a wheelchair |  |  |
| try to avoid or have difficulty with some practical activities |  |  |
| become tired easily |  |  |
| have a medical diagnosis of a physical condition which may or may not be progressive. |  |  |
| The child/young person needs support for some of the following: | ***The child needs support for some of the following:*** |  |  |
| Mobility | moving safely around the school |  |  |
| moving around on uneven ground |  |  |
| managing stairs |  |  |
| accessing physical activities, eg using climbing frame, equipment |  |  |
| to develop a sense of danger |  |  |
| carrying out controlled movements, eg in PE |  |  |
| Independence | managing eating and drinking safely, eg to eat without choking |  |  |
| managing eating and drinking efficiently, eg to prevent spills when drinking, to open packages |  |  |
| dressing, eg getting clothes the right way, doing up buttons |  |  |
| getting to and using the toilet |  |  |
| Accessing learning | attending and listening in a small group or the whole class |  |  |
| being organised for learning, eg accessing books and equipment |  |  |
| following age appropriate instructions |  |  |
| recalling information, eg remembering instructions, a sequence of events |  |  |
| organising ideas and thoughts and express them coherently |  |  |
| articulating clearly and in a timely way |  |  |
| activities involving fine motor skills, eg handwriting, using scissors, using a keyboard, using a ruler |  |  |
| activities that involve crossing the midline, eg passing an object from one side of the body to the other |  |  |
| stabilising the body to participate in learning activities, eg art, group activities at a table, cooking |  |  |
| having confidence to join in with group and whole class activities  |  |  |
| Social & emotional | managing anxiety and/or frustration |  |  |
| to build self esteem |  |  |
| establishing and maintaining appropriate friendships. |  |  |

|  |  |
| --- | --- |
| **Assessment and planning** | **Date** |
| **For specialist advice with assessment and planning contact:** |
| * The SENSS Physical Disability team.
 |  |
| * The Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and language therapy).
 |  |
| * The SEN ICT & Augmentative and Alternative Communication team.
 |  |
| * School health nurse for advice about managing a child’s medical needs.
 |  |
| **Planning for a child with a physical need will include:** |
| * How the child will be supported to move around the classroom and school.
 |  |
| * The support that is needed at lunchtimes and playtimes to help the child to manage as independently as possible and to join in with peers.
 |  |
| * Risk assessments relating to any health and safety issues.
 |  |
| * Any adaptations needed to the physical environment to allow the child safe passage and support access to learning.
 |  |
| * The support needed for personal care; eating and drinking, dressing, going to the toilet.
 |  |
| * The need for space and privacy for any personal care needs and/or physiotherapy programmes.
 |  |
| * Any specialist equipment or resources, eg supportive seating, ICT, that may be needed for curriculum access.
 |  |
| * Any adult support that may be required for accessing the curriculum.
 |  |
| * The training that will be required for staff to deliver specific programmes or use specific equipment.
 |  |
| * ‘Thinking ahead’ about the planned learning each week and how the child with the physical need will be supported to access it.
 |  |
| * Seeking advice from the Physiotherapy team about inclusive PE and differentiated physical activities.
 |  |
| * Considering reasonable expectations in relation to the specific needs of the child, eg to remain in a particular position for a length of time, the time that may be taken to eat lunch, tiredness from wheelchair use.
 |  |
| * Any special requirements in relation to Year 6 national assessments.
 |  |
| * Early planning for a smooth transfer to Year 7.
 |  |
| **Doing: strategies and resources** |
| **Mobility** |
| * Programmes to maintain and develop fine and gross motor capabilities devised in collaboration with therapists, may be delivered by a teaching assistant and/or practised throughout the school day.
 |  |
| * Differentiated activities in PE and possibly one to one support to participate in activities safely and appropriately for their physical development (advice can be sought from the physiotherapist).
 |  |
| * May have to carry out individual programme, eg on exercise equipment during PE sessions.
 |  |
| * Involve the child in alternative ways, eg by refereeing in PE.
 |  |
| **Independence** |
| * Give support to manage personal care activities unobtrusively and aimed at building independence.
 |  |
| * Put his/her coat peg on the end of the row for easy access.
 |  |
| * Remove clutter and obstacles in the learning environment.
 |  |
| **Accessing learning** |  |
| * Give the child extra time when needed eg to speak, to complete activities.
 |  |
| * Reduce or reframe tasks to allow for slower processing and recording.
 |  |
| * Support to establish a hand preference, in conjunction with specialist staff.
 |  |
| * Seat the child where they are stable and body symmetrical, and can see and hear the adult without unnecessary discomfort.
 |  |
| * Use visual prompts to support memory and independence: visual timetables, objects of reference, labels on storage.
 |  |
| * Use buddies and work partners for co-production of written language.
 |  |
| * Provide suitable ICT equipment, eg a personal laptop and timetable a daily keyboard skills session to develop the quickest typing speed in a way that is appropriate to the individual child (unlikely to be touch typing). Consider 2 type or Tux type or similar programmes.
 |  |
| * Make homework manageable; reduce quantity, provide a structured task.
 |  |
| **Beyond the classroom** |
| * All staff should be aware of the implications of the child’s physical needs and how to respond appropriately.
 |  |
| * Arrange for the child to have additional time for eating if needed, eg put at the head of the lunch queue, leave the classroom a few minutes early to get to the dining space.
 |  |
| * Check what the child is having for lunch and support high calorie easily eaten choices where chewing is a problem.
 |  |
| * Support may be needed for the child to access out of school activities including clubs, sports and trips, for example, they may need a wheelchair to travel distances. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
 |  |
| * Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire’s Local Offer website (<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>).
 |  |
| * SENDIASS Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN.
 |  |
| * Information about out of school activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.
 |  |
| * Early Intervention Hubs offer early intervention and specialist services to vulnerable children and families. Each hub operates a consultation/advice line for professionals to seek advice and support.
 |  |
| * Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents.
 |  |

**I1: Appendix 1**

**Holding a review meeting**

Schools and settings are required to meet with parents at least three times a year when their child is receiving SEN support and are responsible for setting up these meetings. This section gives guidance to help make this a satisfactory process for all of those involved. It is based on feedback from parents and professionals, and the requirements of the new Code of Practice.

**Set it up well**

* Choose a time and venue that works for everyone so that attendees are able to focus wholly on the meeting. Aim for a month’s notice.
* Conducting these meetings effectively involves a considerable amount of skill. As with the other aspects of good provision for learners with SEN, schools and settings should ensure that staff are supported to manage these conversations as part of professional development.
* Allow sufficient time to meet so the views of parents and children can be explored. This is likely to be at least 20 minutes. It is important not to try and squeeze meetings into the normal parents’ evening schedule.
* Choose a setting that is private enough for confidential conversations and where you will be undisturbed.
* Choose a setting where people have space to sit and write comfortably and can sort their documents, and can see and hear each other.
* Agree who will attend, in consultation with parent/carers and the child/young person, at least two weeks before the meeting. Make parents/carers aware that they may bring a supporter if they wish. Parents may find it hard to express their views and wishes; it can be helpful for them to write down the things they want to say in advance of the meeting.
* Include the views of the child/young person by including them in as much of the meeting as is appropriate or by gathering their views beforehand. Ask them how they would like to contribute.
* Send out an agenda and relevant paperwork in sufficient time before the meeting. A week in advance is a good balance between ensuring that information is up to date and giving participants enough time to read and think.
* Ensure that there is a gap between any prior meetings and the review meeting so that all attendees arrive together and feel equally included.

**At the meeting**

* The meeting should be led by someone who knows the child well; in a school this would usually be the class teacher or form tutor, supported by the SENCo, in a setting this would usually be the SENCo and key person or lead professional.
* Welcome all attendees and give everyone an opportunity to introduce themselves, and explain their roles to parents. Check parents understand who everyone is.
* Be clear about the purpose of the meeting. Usually this will be to review progress, set goals, agree the activities and support that will help to achieve outcomes, and the responsibilities of the school, the child/young person and the parent in this. Use the checklists in this document to help. Don’t forget to highlight the things that are going well.
* Make sure that everyone has the opportunity to contribute, and keep discussion focused. Asking people to contribute in turn can help.
* Summarise agreements, aspirations and recommendations during and at the end of the meeting and record them accurately.
* Agree a review date.
* Check back on whether the meeting arrangements worked for everyone and thank everyone for attending.

**Follow up well**

* Follow up actions promptly and within agreed timescales.
* All appropriate school or setting staff need to know the outcomes of the meeting.
* Update paperwork and ensure that copies are distributed to agreed timescales, eg notes from the meeting, a copy of the relevant section of a provision map.

**I2: Appendix 2**

**Glossary**

The Local Offer has contact details for many of the services and organisations mentioned in this document and in the glossary below. Access at: <https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>

|  |  |
| --- | --- |
| Acronym, word or phrase | Definition or information |
| ADD and ADHD | Attention Deficit (Hyperactivity) DisorderA diagnosis based upon difficulties with attention and impulsiveness. |
| ASD or ASC | Autistic Spectrum Disorder or ConditionLearners with ASD find it difficult to:* understand and use non-verbal and verbal communication
* understand social behaviour, which affects their ability to interact with children and adults
* think and behave flexibly, which may be shown in restricted, obsessional or repetitive activities
* moderate their responses to sensory inputs such as noise, visual distractions or tactile experiences.
 |
| Assessment | An ongoing process of finding out a learner's progress, achievements, strengths and needs.  |
| APD  | Auditory Processing Disorder  A difficulty in the processing of auditory information that may be associated with difficulties in listening,speech understanding, language development and learning. |
| CAF | Common Assessment FrameworkThe CAF is a standardised framework for conducting an assessment of a child or family’s additional needs across a range of areas and deciding how those needs should be met. It aims to help the early identification of additional needs and promote co-ordinated service provision to meet them.  |
| (P) CAMHS | (Primary) Child and Adolescent Mental Health Service. |
| CoP or SENDCoP | Code of Practice for SEN and disability |
| C&I | Communication and InteractionThis includes speech language and communication difficulties and Autism Spectrum Conditions. |
| C&L | Cognition and LearningThis describes a wide range of difficulties with thinking and learning. It includes moderate, severe, and profound and multiple difficulties as well as specific difficulties with one of more particular aspects of learning (SpLD). |
| Differentiation | The way in which teaching and learning opportunities are adapted to meet a range of needs. |
| Dyscalculia | Learners with dyscalculia have difficulty in acquiring mathematical skills. Learners may have difficulty understanding simple number concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures. |
| Dyslexia | Learners with dyslexia have a marked and persistent difficulty in learning to read, write and spell, despite progress in other areas. Learners may have poor reading comprehension, handwriting and punctuation. They may also have difficulties in concentration and organisation, and in remembering sequences of words. They may mis-pronounce common words or reverse letters and sounds in words. |
| Dyspraxia | Pupils with dyspraxia are affected by an impairment or immaturity of the organisation of movement, often appearing clumsy. Gross and fine motor skills are hard to learn and difficult to retain and generalise. Pupils may have poor balance and coordination and may be hesitant in many actions (running, skipping, hopping, holding a pencil, doing jigsaws, etc). Their articulation may also be immature and their language late to develop. They may lack awareness of body position and have poor social skills. |
| EAL | English as an Additional Language. |
| EHCP | Education Health and Care Plan. |
| EP(S) | Educational Psychologist/y (Service)Educational Psychologists are trained in psychology, learning and child development. They give specialist support and advice to settings, schools, parents and learners. |
| EYFS | Early Years Foundation StageThe EYFS provides the statutory framework for learning in the foundation years. |
| EYSEN team | Early Years Special Educational Needs team includes Early Years SEN Inclusion Teachers (EYSENIT) who work with individual children and their families and support inclusive practice in foundation years settings, and Early Support Assistants who work with young children with SEN and their families. |
| HI | Hearing ImpairmentLearners with HI range from those with a mild hearing loss to those who are profoundly deaf. They cover the whole ability range. |
| GRT | Gypsy Roma Traveller |
| IPS | Independent Parental SupporterIPS are trained volunteers who give practical support to parents of children with special educational needs. |
| Key working | A key worker acts as the main link person for a child or young person. |
| LAC | Looked After Child |
| Local Offer | The Local Offer brings together in one place information advice and support for parents and young people about SEN and disability. It is also useful for professionals.Oxfordshire’s Local Offer can be accessed at:<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer> |
| MSI | Multi-Sensory ImpairmentLearners with MSI have a combination of visual and hearing difficulties. They are sometimes referred to as deafblind but may have some residual sight and/or hearing. Many also have additional disabilities but their complex needs mean it may be difficult to ascertain their intellectual abilities. Learners with MSI have much greater difficulty accessing the curriculum and the environment than those with a single sensory impairment. They have difficulties in perception, communication and in the acquisition of information. Incidental learning is limited. The combination can result in high anxiety and multi-sensory deprivation. |
| National Curriculum | The National Curriculum sets out the statutory entitlement to learning for all children of school age. |
| Occupational Therapist (OT) | Occupational Therapists are trained to advise on aids and adaptations that will help with daily living and curriculum access. |
| OXSIT | Oxfordshire School Inclusion Team. |
| Paediatrician | A doctor with specialist expertise in babies and children. Community paediatricians are often involved with the early identification of additional needs. |
| Paediatric Audiology | The health team that assess children's hearing.  |
| Parent | A parent is any person with parental responsibility for a child or who cares for him/her as set out in Section 576 of the Education Act 1996. |
| PD | Physical DifficultiesThere is a wide range of physical disabilities and learners cover the whole ability range. Some learners are able to access the curriculum and learn effectively without additional educational provision. They have a disability but do not have an SEN. For others, the impact on their education may be severe.In the same way, a medical diagnosis does not necessarily mean a pupil has an SEN. It depends on the impact the condition has on their educational needs.There are a number of medical conditions associated with physical disability that can impact mobility. These include cerebral palsy, heart disease, spina bifida and hydrocephalus, and muscular dystrophy. Learners with physical disabilities may also have sensory impairments, neurological problems or learning difficulties.Some learners are mobile but have significant fine motor difficulties that require support. Others may need augmentative or alternative communication aids. |
| Phonics Screening Test | An assessment of phonic knowledge, completed by children in Year 1. |
| Physiotherapist (PT) | Physiotherapists are trained to help with physical disabilities. They advise on and support special exercise programmes and provide specialist equipment. |
| Provision map |  A provision map is a way of showing the range of support available to pupils with SEN within a school. It may be organised by age group or key stage and/or by area of need.  |
| SDQ | Strengths and Difficulties Questionnaire is an evidence based tool to help schools to judge whether a child has a mental health need. It is available free of charge from <http://www.sdqinfo.com/> . |
| SEMH | Social Emotional and Mental Health |
| SEND | Special Educational Need and Disability |
| SENCo | Special Educational Needs Co-ordinatorThe member of staff of a setting or school who has responsibility for coordinating SEN provision within that setting school. In a small school the headteacher or deputy may take on this role. In larger schools there may be an SEN coordinating team. |
| SENDIASS | Special Educational Needs and Disability Information Advice and Support Service (formerly Parent Partnership)SENDIASS provides impartial advice and information to parents whose children have special educational needs. They offer support on all aspects of SEN to help parents play an informed and active role in their child’s learning. |
| SENSS | Special Educational Needs Support ServicesSENSS includes specialist teams for C&I, HI, VI, PD, MSI, and Down’s Syndrome and Complex Needs, and SENICTAAC (Special Educational Needs Information Communication Technology and Augmentative and Alternative Communication) |
| Simultaneous oral spelling | Simultaneous oral spelling is a useful way of learning spelling patterns and individual words. At its simplest it involves asking the learner to say the word, spell it aloud while looking at it, cover it up and spell it aloud a few times as needed, then write it down. |
| SNAST | Special Needs Advisory Support Teacher |
| SpLD | Specific Learning DifficultyDyscalculia, Dyslexia and Dyspraxia are all Specific Learning Difficulties |
| Specialist or Advisory Teacher | A teacher with specialist expertise who works across the county giving support ant advice to settings and schools. |
| TA | Teaching Assistant |
| VI | Visual ImpairmentLearners have a visual impairment if their sight is not correctable by wearing glasses or contact lenses.  |