**Appendix 1**

Where relevant to the age of the child/young person, please use the following to outline the support strategies/adjustments made and their effect to date.

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| **Wave 1- Universal Offer** | Dateinitiated | Review Dates: | Did it work, how was progressmeasured? |

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| **Quality First Teaching Strategies** |  |  |  |  |  |
| Positive transition opportunities  |  |  |  |  |  |
| Inclusive and positive behaviour policy inplace |  |  |  |  |  |
| Classroom management plan in place |  |  |  |  |  |
| Positive meet and greet every lesson |  |  |  |  |  |
| Consistent use of positive language |  |  |  |  |  |
| Demonstrating and praising of positivebehaviours (including rewards and sanctions) |  |  |  |  |  |
| School and classroom rules displayed and consistently reinforced |  |  |  |  |  |
| Consistent behaviour managementstrategies |  |  |  |  |  |
| Classroom arrangement (strategic seating plan, lighting, sound etc) |  |  |  |  |  |
| Other: |  |  |  |  |  |
| **Planning** |  |  |  |  |  |
| An appropriate curriculum that also supports and promotes emotional health |  |  |  |  |  |
| Differentiation and personalisation oflearning |  |  |  |  |  |
| Identified gaps in learning |  |  |  |  |  |
| Opportunities for self-assessment/reflection |  |  |  |  |  |
| **Learning** |  |  |  |  |  |
| Teaching approach adapted when necessary |  |  |  |  |  |
| Clear and achievable learning and behaviour targets |  |  |  |  |  |
| Ongoing monitoring, reviewing and evaluation of progress |  |  |  |  |  |
| Clear purpose of learning |  |  |  |  |  |
| Problem Solving buddies |  |  |  |  |  |
| Opportunities for independent learning |  |  |  |  |  |
| Effective PSHE programme. |  |  |  |  |  |

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| **Wave 2- Support outside the classroom** |  |  |  |  |  |
| Use of timeout card |  |  |  |  |  |
| Use of TA/Learning mentor for 1:1 support |  |  |  |  |  |
| Regular home/school communication  |  |  |  |  |  |
| 1:1 sessions outside the classroom to build understanding and skills |  |  |  |  |  |
| Other: |  |  |  |  |  |
| **Internal resources implemented** |  |  |  |  |  |
| Pupil Profile/Risk Assessment |  |  |  |  |  |
| Inclusion/learning support units |  |  |  |  |  |
| Referral to the SENCO to identify deeper learning needs through assessment |  |  |  |  |  |
| In school tests for Dyslexia, Irlen Syndrome, Lexia etc. |  |  |  |  |  |
| Peer Mentoring and/or Nurture Groups  |  |  |  |  |  |
| Build Staff capacity and/or training to manage SEMH CYP |  |  |  |  |  |
| Suspensions |  |  |  |  |  |
| **Wave 3- Targeted Support**(Interventions supported by further advice from appropriate professionals) |  |  |  |  |  |
|  Referral to Physical Disability Team  |  |  |  |  |  |
| Counselling/Therapeutic Services |  |  |  |  |  |
| Complex Needs Team involvement |  |  |  |  |  |
| Educational Psychologist |  |  |  |  |  |
| Referral to the school nursing / Health visiting team/MHST/School counsellor |  |  |  |  |  |
| Speech and Language Therapy |  |  |  |  |  |
| Involvement with Communication and Interactions Support Service |  |  |  |  |  |
| IYFAP/Managed move offered/implemented |  |  |  |  |  |
| Involvement with or referrals to MASH |  |  |  |  |  |
| Mental Health intervention  |  |  |  |  |  |
| CAMHS assessment |  |  |  |  |  |
| Youth Justice Service |  |  |  |  |  |
| Social Work Service  |  |  |  |  |  |
| Alternative pathway |  |  |  |  |  |
| Parent support signposted to relevant service |  |  |  |  |  |
| Any Alternative Provision(please specify) |  |  |  |  |  |
| Application for an Education Health CarePlan (EHCP)  |  |  |  |  |  |

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| Please give brief details of any other relevant information:  |