**Oxfordshire Guidance for Special Educational Needs (SEN) Support**

All schools and settings should have a clear approach to early identification and response to children and young people’s SEN as part of their universal offer. This guidance supports Oxfordshire schools and settings to implement the SEND Code of Practice (2015) but does not replace the statutory guidance.

**September 2020**



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# Introduction

This handbook is written for schools and settings and parents. The guidance is designed to help schools to identify a child’s special educational needs, the level of support they 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. These materials can be used to aid discussion between parents and teachers to ensure that children and young peoples’ needs are accurately identified. This information is also designed to help parents / carers understand the support their child might receive.

**Definition of Special Educational Needs and Disability**

*A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.*

*A child of compulsory school age or a young person has 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.*

(*SEND Code of Practice 2015 pp15-16*)

Class and subject teachers, supported by the senior leadership team, should make regular assessments of progress for all pupils. These should seek to identify pupils making less than expected progress given their age and individual circumstances.

This can be characterised by progress which:

• is significantly slower than that of their peers starting from the same baseline

• fails to match or better the child’s previous rate of progress

• fails to close the attainment gap between the child and their peers

• widens the attainment gap

It can include progress in areas other than attainment – for instance where a pupil needs to make additional progress with wider development or social needs in order to make a successful transition to adult life.

The first response to such progress should be high quality teaching targeted at their areas of weakness. Where progress continues to be less than expected the class or subject teacher, working with the SENCO, should assess whether the child has SEN.

For some children, SEN can be identified at an early age. However, for other children and young people difficulties become evident only as they develop. All those who work with children and young people should be alert to emerging difficulties and respond early. In particular, parents know their children best and it is important that all professionals listen and understand when parents’ express concerns about their child’s development. They should also listen to and address any concerns raised by children and young people themselves.

The [**Special Educational Needs and Disability Code of Practice (2015)**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf) places great importance on involving parents and young people in decision-making about provision and by taking part in developing policy and practice where they live. The SEND Code of Practice sets out how parents and young people should be involved in identifying, understanding and taking decisions about special educational needs. Practitioners should take note of the ‘shoulds’ and ‘musts’ in the detail of these. Every school and setting is required to identify and address the SEN of the pupils that they support. They must use their best endeavours to make sure that a child with SEN gets the support they need. It should be noted that a diagnosis is not a requirement for a child to receive SEN Support.

The SEND Code of Practice (2015) is designed so that special educational needs and disabilities are be picked up at the earliest point with support routinely put in place quickly, and their parents will know what services they can reasonably expect to be provided. Children and young people and their parents or carers will be fully involved in decisions about their support and what they want to achieve. Aspirations for young people should be at the heart of discussions with a focus on life outcomes, including employment and greater independence. This is set out in the [Review](#_Involving_parents_and) section.

*Where it is decided to provide a pupil with SEN support, the parents* ***must*** *be formally notified, although parents should have already been involved in forming the assessment of needs… The teacher and the SENCO* ***should*** *agree in consultation with the parent and the pupil the adjustments, interventions and support to be put in place, as well as the expected impact on progress, development or behaviour, along with a clear date for review. (CoP 6.48 p101)*

Educational settings make a range of provision available to all children and young people with SEND from the totality of resources available to them. All mainstream schools are provided with resources to support those with additional needs, including pupils with SEN and disabilities. Schools and colleges must demonstrate how they develop and review support plans in consultation with parents, children and young people.

Schools mustpublish detailed information on their websites about their arrangements for identifying, assessing and making provision for pupils with SEN. The school-specific information should relate to the schools’ arrangements for providing a graduated response to children’s SEN. (See *SEND Code of Practice 2015 pp106-107*)

Sometimes the school or setting will want to ask for additional specialist advice.

*The pupil’s parents should always be involved in any decision to involve specialists. The involvement of specialists and what was discussed or agreed should be recorded and shared with the parents* *and teaching staff supporting the child in the same way as other SEN support. (SEND Code of Practice pp.102-103 6.59)*

This handbook provides templates that schools and settings in Oxfordshire can use as a basis for discussion with parents/carers and to record the information that is gathered. Previous versions of this handbook were used for moderation. There is no requirement to tick any specific number of boxes before a child can be identified for SEN Support. Oxfordshire County Council (OCC) recognises and respects that schools and colleges will have a variety of processes and formats in which they record SEN support put in place. However schools and settings are encouraged to use the OCC format of the [**Pupil Profile**](http://schools.oxfordshire.gov.uk/cms/node/556#3)and[**Individual Provision Tracker**](http://schools.oxfordshire.gov.uk/cms/node/556#3)  as these provide evidence of the purposeful actions to meet the needs of the child/young person should additional funding or an Education, Health and Care Needs Assessment be requested from the local authority.

This process is called ‘[the graduated approach’](#_The_Graduated_Approach_1) to SEN. When making a request to the local authority, schools would normally be expected to provide robust evidence of the ‘assess, plan, do and review’ cycle described below. Follow this link for further information about EHCPs.

<https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/guidance-and-procedures>

Teachers are continually assessing, planning, implementing and reviewing their approach to teaching all children. This process is known [the graduated approach](#_The_Graduated_Approach). The *SEND Code of Practice (2015)* makes it clear that class and /or subject teachers remain directly responsible and accountable the progress for all pupils in their class(es). Therefore, monitoring of the impact of additional support from teaching assistants or other staff is vital.

In the *SEND Code of Practice (2015)*, SEN difficulties are divided into four areas:

* Communication and interaction
* Cognition and learning
* Social, emotional and mental health difficulties
* Sensory and/or physical needs

This guidance includes:

* descriptors to help teachers identify and support children and young people with SEN
* links to resources for supporting the ‘assess, plan, do, review cycle’
* advice on supporting wider outcomes,
* suggestions for staff training
* links for parents to further support.

# The Graduated Approach

# A picture showing the Graduated Approach to SEND

# Funding Arrangements for SEN

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.

Each school’s budget statement includes a notional budget for SEN. The notional budget is calculated by a funding formula measured in various ways. SEN funding is not ring-fenced, but the 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. It is for schools, as part of their normal budget planning, to determine an efficient approach to using their resources to support the progress of pupils and consider their strategic as approach to meeting SEN in the context of the total resources available. It should be noted that within their notional budget schools will not have £6000 for every individual pupil at SEN Support

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 local authority.

If a pupil is not making progress on the graduated response, despite the school’s purposeful actions to meet their needs, schools may apply for additional funding or a statutory assessment of need. Parents can also apply for a statutory assessment of need. It is advisable for them to work closely with the school to identify when this is most appropriate.

Information on SEN Funding for Early Years Providers, Schools and Colleges, can be found at:

<http://schools.oxfordshire.gov.uk/cms/sites/schools/files/folders/folders/documents/SEN/guidance/SENFundingguidanceforsettingsschoolsandcolleges.pdf>

# How to use this guidance

Use the [**SEN Information Form**](#_SEN_Information_Form) (page 10) to record your concerns, observations, parent/carer and pupil views and information about the additional support the child/young person has already received. Use the [**Initial Screening Sheet**](#_Initial_Screening_Sheet) (page 11) to identify areas in which the child/young person may need additional support.

Use the more detailed [**SEN Descriptors**](#_Communication_and_Interaction)(page 12) indicated by the Initial Screening Sheet to clarify the areas in which the child/young person is having difficulty.

If you decide that the child/young person’s difficulties require SEN Support, write a [**Pupil Profile**](http://schools.oxfordshire.gov.uk/cms/node/556#3) and begin an [**Individual Provision Tracker**](http://schools.oxfordshire.gov.uk/cms/node/556#3) for them, or equivalent documentation.

Use the [**Assess**](#_Assess) section (page 34) for advice on further assessments that might be helpful. Close observation of the child/young person during learning is often the best way to understand their difficulties.

Use the [**Plan**](#_Plan)(page 39) and [**Do**](#_Do) (page 46) sections to inform your planning and provision for the child/young person. A [**Pupil Profile**](http://schools.oxfordshire.gov.uk/cms/node/556#3) (or equivalent plan) will support this.

Ensure that the child/young person’s progress and support are reviewed with parents 3 times a year. This is a requirement in the *SEND Code of Practice (2015).* For guidance see the [**Review**](#_Review)section **(**page 57).

Use the [**Supporting Wider Outcomes**](#_Supporting_Wider_Outcomes) (page 62) section to support the child/young person in extra-curricular activities.

The [**Further Information and** **Training for Staff**](#_Further_Information_and) section (page 65) gives suggestions for online training materials that teachers and TAs may find helpful.

Use the [**Information and Support for Families**](#_Information_and_Support) section (page 68) to sign-post parents/carers.

# SEN Information Form to inform assessment

This form should be used when a teacher or parent/carer has concerns that their child’s educational needs are not being met in with the universal offer.

Gather and review the following information with parents and carers:

* The pupil’s own views
* Teacher assessment, knowledge and observation of the pupil
* Data on progress attainment and behaviour and attendance
* Observation of the child/young person in different activities
* Further assessment to explore gaps in learning or identify barriers to learning
* Information from any other agencies involved

|  |  |
| --- | --- |
| **SEN Initial Information** | |
| Name |  |
| D.O.B. |  |
| Year Group |  |
| Date |  |
| **Observations** | |
| Outline your concerns about the child/young person |  |
| How does the child/young person respond in learning situations? |  |
| How does the child/young person respond to experiences outside the classroom? |  |
| **Pupil and parent views** | |
| Parent/Carer views  Date of meeting held |  |
| Child/Young person’s views  Date : |  |
| **Additional Support** | |
| How has teacher differentiated for this child/young person? |  |
| How have the individual needs of the child/young person been addressed within the inclusive curriculum? |  |
| How did the child/young person respond? |  |

|  |  |  |
| --- | --- | --- |
| Additional support needs may be indicated if the child/ young person: | date | Now look at the detailed descriptors for: |
| Has a known difficulty or impairment that may impact on their learning |  | As appropriate to the identified difficulty/impairment |
| Consistently works below age related expectations in all areas of the curriculum |  | C&L needs  C&I needs  Sensory needs |
| Has a standardised score of less than 80 in standardised tests |  | C&L needs  C&I needs  Sensory needs |
| Has difficulty in sequencing tasks and events |  | C&L needs  C&I needs |
| Has difficulty remembering instructions and information |  | C&L needs  C&I needs |
| Has difficulty in understanding abstract concepts and generalising from experience |  | C&L needs  C&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 needs  C&L needs  Sensory needs |
| Has difficulties with communication that inhibit learning, understanding and participation |  | C&I needs  Sensory needs  SEMH needs |
| Attainment in literacy significantly interferes with their ability to function across the curriculum. |  | C&L  C&I |
| Finds it challenging to participate in whole class/group or unstructured activities |  | C&I needs  SEMH needs |
| Has significant difficulty in making and maintaining relationships |  | C&I needs  SEMH needs  Sensory needs |
| Self-organisation skills impact on own and others’ learning |  | C&L needs  C&I needs |
| Has marked difficulty with tasks requiring the use of fine or gross motor skills |  | Physical needs  Sensory needs  C&L needs |
| Finds it difficult to follow or copy work on whiteboard |  | Sensory needs  C&L needs |
| Has difficulty concentrating and/or is easily distracted |  | C&L needs C&I needs  SEMH needs  Sensory needs |
| Is tired after sustained concentration at school and/or at home |  | Sensory needs  C&L needs  Physical needs |

# Initial Screening Tool

This tool helps teachers and parent/carers to identify the particular areas in which the child/young person has support needs, Detailed descriptors for those areas should then be used.

# SEN Descriptors

Teachers, working with parent/carers, can use these descriptors, as indicated by the Initial Screening Tool, to identify potential barriers to learning for a child/young person and possible additional support.

## Communication and Interaction needs (C&I)

Children and young people with communication and interaction needs, including autism, may have differences in:

* How they express themselves,
* Understanding language,
* Interacting with others and the world around them.

Some learners with C&I needs 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 difficulties begin to impact on the child’s learning. Children and young people need help to acquire language skills in order to develop their thinking as well as their ability to communicate.

For older pupils, changes to the way school is organised at secondary, increasing complexities of social interactions between peers, the onset of puberty and increasing expectations for interactive and independent learning can all be factors that may expose underlying C&I needs.

Children and young people 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,
* understanding spoken language that they hear or read (receptive language),
* understanding, using and/or remembering words that they want to use.

It may be a combination of these needs.

Learners on the autism spectrum cover the whole ability range. It is called a spectrum condition as it affects everyone differently. Although no two children with autism are the same, individuals may have differences in the following key areas:

* Interacting- differences in understanding social behaviour and the thoughts and feelings of others, which impacts on the development of relationships and friendships.
* Communication - differences in expressing, understanding and processing language. Good verbal language skills may mask a deeper level of misunderstanding.
* Processing Information - Differences in planning, organisation, predicting, managing transitions and generalising skills.
* Emotional Regulation – some children will need to be taught specific strategies to help them to manage strong feelings
* Children will often have a passionate interest in a chosen topic this can be a source of reassurance for them
* Sensory Processing - differences in perceiving sensory information. Hypo (low sensitivity), hyper (high sensitivity), touch, sight, hearing, smell, taste, vestibular inner ear (balance) and proprioceptive (body awareness) can cause distress or discomfort.

Related conditions that sometimes accompany C&I needs or an ASC diagnosis, such as Tourette’s syndrome, anxiety or ADD may emerge or be compounded during teenage years.

English as an Additional Language (EAL) is not in itself a special educational need but it can be the case that a child/young person 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 ***Guidance to support identification of EAL pupils who may also have SEN***on the Oxfordshire School Inclusion Team (OXSIT) website *(*[www.oxsit.org.uk](http://www.oxsit.org.uk)).

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.

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. **Check across descriptors for all relevant areas of need to make sure that support is tailored appropriately**.

|  |
| --- |
| **Communication and Interaction** |
| Name |
| Date |

|  |  |
| --- | --- |
| ***A child/young person with communication and interaction needs will have greater difficulty than peers with the following:*** | Date observed |
| **Listening and attention:** |  |
| listening actively in a small group or the whole class |  |
| sustaining concentration in a small group or whole class |  |
| listening to an instruction whilst carrying out a task |  |
| focussing independently on an adult initiated task (KS1- 5mins, Y3/4 -10mins, Y5/6- 20mins, Y7-11 work independently) |  |
| **Expressive language** |  |
| articulating words clearly (they may use gesture more than their peers) |  |
| recalling known words easily in conversation |  |
| retelling or describing a sequence of events |  |
| using language to express thoughts and ideas clearly |  |
| making themselves understood (may lead to frustration or withdrawn behaviour) |  |
| making needs and wants known appropriately |  |
| constructing sentences verbally |  |
| organising spoken and written language coherently |  |
| communicating effectively in a range of social situations |  |
| **Understanding and processing** |  |
| recalling spoken information, e.g. remembering information, following the sequence of a story |  |
| following instructions |  |
| processing spoken information and instructions in a timely manner |  |
| comprehending text that they are able to read |  |
| understanding abstract terms or concepts, e.g. time, space, quantities at an age appropriate level |  |
| understanding timetables and sequences at an age appropriate level |  |
| understanding and using sarcasm, idioms and jokes at an age appropriate level |  |
| **Interaction and communication** |  |
| interacting appropriately with others, understanding the accepted rules of social interaction |  |
| joining in with group and whole class activities |  |
| understanding the social rules of group work |  |
| taking turns in engaging in a 2-way conversation with a familiar adult or peer (primary) |  |
| altering what they say depending upon who they are talking to (secondary) |  |
| sharing resources, e.g. books, games, learning equipment |  |
| understanding that communication is a shared process, by seeking the attention and response of other |  |
| interpreting non-literal language e.g. understanding simple idioms |  |
| establishing and maintaining appropriate friendships |  |
| making a choice when given a limited range of options |  |
| ‘reading’ the physical clues of non-verbal language, e.g. facial expressions, gestures |  |
| knowing what to do at unstructured times of day e.g. break times and transitions |  |
| managing changes in routine. |  |
| **Self-management** |  |
| managing stresses, anxieties and frustrations |  |
| establishing a positive self-image |  |
| managing sensory responses (they may be over or under sensitive) |  |
| being organised for learning |  |
| getting to where they need to be next (secondary) |  |
| managing homework and exam revision. (secondary) |  |

## Cognition and Learning (C&L)

Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

**Learning Difficulties (LD)**

Children and young people with learning difficulties will learn at a slower pace than their peers, even with appropriate differentiation. It is often associated with speech and language delay.

Needs in other areas can lead to learning needs, for example an unmet hearing need may impact on the child/young person ’s ability to learn at the same rate as his/her peers. Conversely unmet learning needs 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.

**Specific Learning Difficulties (SpLD)**

‘*Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia*.’ (6.31 *SEND Code of Practice 2015 p98 )*.

**Dyslexia**

*Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling. Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed. Dyslexia occurs across the range of intellectual abilities. It is best thought of as a continuum, not a distinct category, and there are no clear cut-off points. Co-occurring difficulties may be seen in aspects of language, motor co-ordination, mental calculation, concentration and personal organisation, but these are not, by themselves, markers of dyslexia. A good indication of the severity and persistence of dyslexic difficulties can be gained by examining how the individual responds or has responded to well-founded intervention. (Definition adopted by the British Dyslexia Association 2010)*

*The British Dyslexia Association (BDA) acknowledges the visual and auditory processing difficulties that some individuals with dyslexia can experience and points out that dyslexic readers can show a combination of abilities and difficulties that affect the learning process. Some also have strengths in other areas, such as design, problem solving, creative skills, interactive skills and oral skills.*

**Dyscalculia**

*Dyscalculia is a specific and persistent difficulty in understanding numbers which can lead to a diverse range of difficulties with mathematics. It will be unexpected in relation to age, level of education and experience and occurs across all ages and abilities.*

*Mathematics difficulties are best thought of as a continuum, not a distinct category, and they have many causal factors. Dyscalculia falls at one end of the spectrum and will be distinguishable from other maths issues due to the severity of difficulties with number sense, including subitising, symbolic and non-symbolic magnitude comparison, and ordering. It can occur singly but often co-occurs with other specific learning difficulties, mathematics anxiety and medical conditions. (Definition adopted by the British Dyslexia Association 2019)*

<https://www.bdadyslexia.org.uk/dyslexia/neurodiversity-and-co-occurring-differences/dyscalculia-and-maths-difficulties>

There are a number of reasons why an individual may have difficulty with maths. The range of contributing factors include some factors which affect learning more generally such as meta-cognition, language and working memory, and some factors which are specific to maths such as understanding number/quantity, understanding mathematical concepts and learning mathematical procedures and facts. Understanding a pupil’s difficulties is best achieved through individual assessment, where the teacher is able to discuss with the pupil their thinking and the rationale for their answers so that misunderstandings can be addressed.

**Dyspraxia**

*Developmental co-ordination disorder (DCD), also known as dyspraxia, is a condition affecting physical co-ordination that causes a child to perform less well than expected in daily activities for his or her age and appear to move clumsily.* (NHS)

<https://www.nhs.uk/conditions/developmental-coordination-disorder-dyspraxia/>

When there are concerns about a child’s coordination refer to the Physical Difficulties section as well as Cognition and Learning. However, children with DCD will have planning and organisational difficulties that impacts on their learning more widely than physical difficulties alone.

Difficulties needing additional support around organisation, planning, sequencing, auditory or visual processing, and physical coordination can be indicators of an SpLD rather than general Cognition and Learning difficulties. The important thing initially is to recognise the difficulties a child is having and to help them overcome their barriers to learning, rather than worrying about labels. Close observation and assessment over time will help teachers understand the child/young person’s difficulties in greater detail.

|  |
| --- |
| **Cognition and Learning** |
| Name |
| Date |

|  |  |
| --- | --- |
| **Speaking and listening** |  |
| If the child/young person needs support for speaking and listening, see C&I section descriptors in addition to these cognitions and learning descriptors. |  |
| **Literacy** |  |
| If the child/young person needs support for literacy see the Literacy section in addition to these cognitions and learning descriptors. |  |
| **Mathematics** |  |
| If the child/young person needs support for maths, see the Maths section in addition to these cognitions and learning descriptors |  |
|  |  |
| ***A child/young person with cognition and learning difficulties will have greater difficulty than peers with:*** | Date observed |
| **Attention for learning** |  |
| active listening |  |
| sustaining attention to complete a task |  |
| shifting attention to a new task |  |
| **Skills for learning** |  |
| understanding the point of a task |  |
| applying past experience |  |
| planning how to approach a task |  |
| having flexibility in problem solving |  |
| self-help and organisational skills |  |
| transferring and applying learning to new situations |  |
| **Approaches to learning** |  |
| working independently |  |
| seeking and accepting support appropriately |  |
| persistence |  |
| task completion |  |
| resilience / response to challenge |  |
| self confidence |  |
| motivation and engagement |  |
| **Memory and retention** |  |
| remembering recent information and instructions |  |
| retaining recent learning |  |

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| --- |
| **Cognition and Learning - Literacy** |
| Name |
| Date |

|  |  |
| --- | --- |
| ***A child/young person with literacy difficulties will have greater difficulty than peers with the following:*** | Date observed |
| **Attention for learning** |  |
| hearing sounds in words |  |
| segmenting words for spelling |  |
| blending sounds for reading |  |
| hearing and generating rhyme |  |
| articulating sounds and pronouncing words correctly |  |
| learning the link between letters and sounds |  |
| **Word level skills** |  |
| learning, remembering and applying phonic knowledge, e.g. using phonic skills to decode new words |  |
| using phonics and remember graphemes to make plausible attempts at spelling |  |
| recognising and remembering high frequency words at sight |  |
| spelling high frequency words in written work |  |
| **Reading comprehension** |  |
| enjoying stories |  |
| understanding that print has meaning (early years) and navigating text |  |
| making sense of what they read |  |
| understanding and talking about text that they have heard or read |  |
| 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 |  |
| using semantic knowledge to decode and understand new words |  |
| **Writing** |  |
| using a pencil comfortably and effectively |  |
| forming letters and numerals correctly |  |
| spacing letters and words correctly |  |
| writing all of the letters in a word |  |
| verbalising what they want to write |  |
| using punctuation correctly |  |
| formulating ideas for writing |  |
| tackling writing tasks confidently |  |
| writing for a sustained period |  |
| organising and structuring their ideas, e.g. paragraphs, chronology |  |
| taking notes |  |
| **Other literacy skills** |  |
| remembering sequences e.g. the alphabet, days of the week, months of the year, and order of events |  |
| learning rhymes, poems, script for plays |  |
| using alphabetical order to access dictionaries and indexes |  |
| **Behaviour and emotional factors** |  |
| self confidence |  |
| staying on task, engaging in reading and writing activities |  |
| managing anxiety and/or frustration |  |
| sustaining learning behaviour e.g. they may show higher levels of fatigue, distractibility, off-task behaviour |  |
| being organised for learning |  |
| **Additional questions to consider** |  |
| Does the child/young person have a history of ear infections/glue ear/otitis media? |  |
| Does the child/young person have difficulties with vision? |  |
| Does the child/young person have a history of speech or language difficulties? |  |

|  |
| --- |
| **Cognition and Learning - Maths** |
| Name |
| Date |

|  |  |
| --- | --- |
| ***A child/young person with mathematical difficulties will have greater difficulty than peers with the following:*** | Date observed |
| **Attention for learning** |  |
| counting accurately |  |
| seeing without counting (subitising) e.g. dot patterns to six on a dice or domino |  |
| ordering numbers |  |
| counting on and back from a given number |  |
| identifying the relative values of two numbers |  |
| understanding conservation of number |  |
| sequencing number patterns |  |
| reading numbers accurately |  |
| copying numbers accurately |  |
| understanding the place value of digits in large whole numbers |  |
| representing numbers using structured apparatus |  |
| recalling number facts |  |
| using language/properties accurately to describe 2D/3D shapes |  |
| seeing patterns and sequences |  |
| using and distinguishing between mathematical symbols |  |
| understanding the different operations and how to apply them |  |
| explaining mathematical processes |  |
| understanding mathematical vocabulary |  |
| recording calculations accurately |  |
| counting in units of more than one e.g. 2s, 5s, 10s |  |
| using money – recognising the value of coins and notes and using the knowledge in calculations. |  |
| telling the time |  |
| having a concept of time |  |
| estimating, measuring and comparing lengths, masses and capacities using standard units. |  |
| being confident to choose and apply a strategy (e.g. use a number line) |  |
| using simple decimals and fractions to solve everyday problems |  |
| following or giving instructions related to position |  |
| making plausible estimates |  |
| managing multi-step problems |  |
| self-checking throughout the task and adapting approach as necessary |  |
| **Behaviour and emotional factors** |  |
| self confidence |  |
| staying on task, engaging in mathematical tasks |  |
| managing anxiety and/or frustration |  |
| sustaining learning behaviour e.g. they may show higher levels of fatigue, distractibility, off-task behaviour |  |
| being organised for learning |  |

## Social Emotional and Mental Health difficulties (SEMH)

Children and young people who have difficulties with emotional and social development may find it hard to:

* make and maintain appropriate and healthy relationships,
* regulate their emotions.

Sometimes these difficulties will present in:

* withdrawn behaviour,
* challenging, over-active or disruptive behaviour,
* being controlling.

These behaviours will be persistent and may indicate mental health issues such as anxiety or depression. It must also be recognised that behaviour is a child’s first way of communicating, whether intentionally or not, that their needs are not currently being met.

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. It is important to provide early intervention and support to prevent difficulties escalating.An Early Help Assessment (EHA) should be completed if there are concerns in this area.

<https://www.oxfordshire.gov.uk/residents/children-education-and-families/childrens-services/integrated-childrens-services/early-help-assessment>

Young people can develop social, emotional and mental health needs for many reasons. Sometimes these are related to:

Other learning needs, either as part of a condition or disorder, such as:

* Attention deficit hyperactive disorder (ADHD) or attention deficit disorder (ADD)
* Attachment disorder
* Autism spectrum condition (ASC)
* A pervasive developmental disorder that impacts upon their mental health and social and emotional wellbeing
* A medically unexplained condition, such as being reluctant to speak
* Sensory difficulties
* A response to an unmet need, for example, a young person who has difficulty with communicating thoughts and ideas may find inappropriate ways to express him/herself.
* A response to factors outside of the learning environment, such as early life trauma.

In the first instance it may be the young person’s behaviour that raises concern and highlights the need for support. Such feelings may manifest themselves in range of ways, high activity and lack of concentration, “over reaction” to events, “shutting down”, self-harm or angry outbursts.  Risk factors are cumulative. Children exposed to multiple risks such as social disadvantage, family adversity, and cognitive or attention problems are much more likely to develop behavioural problems. DfE guidance outlines risk and protective factors on page 9.

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf>

You may also find the guidance from **Reducing Exclusions from Oxfordshire Schools** a useful tool. Link tbc**.** <http://schools.oxfordshire.gov.uk/cms/content/exclusion-guidance>

When young people display behaviour that is of concern, it is essential to try to address any underlying social or emotional need or 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 young person may be communicating through this behaviour. Equally, behaviour patterns that differs from those of their peers can be an indicator of underlying learning difficulties. For example, a child with a language difficulty may exhibit frustration when they are unable to communicate effectively or may find that physical aggression is a quicker way of making their needs known.

Assessment, planning and provision for a young person with social, emotional and mental health needs should be located within a whole school nurturing 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. Difficulties that persist despite the support available at a universal level will require more bespoke arrangements with tight monitoring and frequent reviews. In Oxfordshire the **Early Help Assessment (EHA)** should be completed as part of the universal offer, in line with DfE statutory guidance. <https://www.oxfordshire.gov.uk/residents/children-education-and-families/childrens-services/integrated-childrens-services/early-help-assessment>

The Oxfordshire Safeguarding Board website has further guidance on safeguarding.

<https://www.oscb.org.uk/>

Schools can refer to the **Promoting Well-Being** materials for guidance regarding a whole school approach to promoting well-being. This can be downloaded at:

<https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/service.page?id=BrbWJr4zZko>

|  |
| --- |
| **Social, Emotional & Mental Health**  **difficulties** |
| Name |
| Date |

|  |  |
| --- | --- |
| ***A child/young person with a social, emotional or mental health need may:*** | Date observed |
| frequently display inappropriate, aggressive or withdrawn behaviour |  |
| struggles to engage in structured activities or to engage with learning. |  |
| appear to reject and/or be rejected/neglected by peers |  |
| have regression in his/her learning |  |
| display behaviour that is dangerous or damaging to him/herself, to others and to property |  |
| find it difficult to cooperate with instructions/ requests |  |
| disengage with learning and have a low concept of themselves as an effective learner |  |
| demonstrate a need to control the environment or relationships |  |
| struggle to regulate emotions, e.g. showing either heightened or withdrawn behaviour |  |
| take a long time to calm down and re-engage with learning |  |
| lack social skills required for group work and unstructured times |  |
| respond negatively to confrontation, demands, boundaries and authority |  |
| have low self-esteem |  |
| find it hard to feel accepted and remain calm |  |
| experience difficulties at transition points in the day |  |
| ‘see’ / ‘feel’ danger / threat disproportionate to the situation |  |
| experience high levels of anxiety that present as anger / unacceptable behaviour |  |
| ***A child/ young person with a social, emotional or mental health need may need support for some 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 |  |
| joining in with a group activity |  |
| developing emotional regulation |  |
| building and sustaining positive relationships with peers and/or adults |  |
| developing the emotional resilience to find solutions |  |
| recognising and understanding his/her own feelings and behaviours |  |
| verbalising the reasons for his/her own feelings and behaviours |  |
| managing anxiety, |  |
| developing the ability to reflect on situations and find alternative behaviours |  |
| developing social problem-solving skills |  |
| accepting praise and showing pride in their achievements |  |
| learning from constructive criticism |  |
| repairing situations following difficulties |  |
| developing social skills |  |
| developing self-esteem and a sense of belonging |  |
| ***Other factors to consider:*** |  |
| school attendance, exclusion and behaviour records |  |
| whether there are other agencies involved with the family |  |
| whether there are things happening out of school that may impact on the young person’s social, emotional and mental health. |  |
| how the young person feels about themselves as a learner |  |
| relationships with others – how they react socially and academically with them |  |
| relationship with the curriculum – how accessible it is and how well they think they will learn |  |
| previous experiences that affect the factors above |  |
| other special educational needs |  |

## Sensory & Physical needs (S&P)

*Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties. Most children with MSI will be picked up in Early Years, which is why there are no descriptors for it here.*

*Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.*

(6.35 *SEND Code of Practice 2015 p98*)

**Physical needs (PD)**

This section describes children who have greater needs than most of their peers for support with their physical needs which can impact on their learning.

Some children with physical difficulties will have had their needs identified at an early age and may already have received support e.g. **Cerebral Palsy, Hypermobility, Developmental Coordination Disorder (DCD)/ Dyspraxia** and will need ongoing support and interventions. For others, needs may not become apparent until the child is older and they impact on his/her learning.

Many children with physical needs require on going 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. With the right support and knowledge children with physical difficulty can achieve as much as other children (PDNet Standards 2018 <http://pdnet.org.uk/resources/standards/>)

Where some children have a diagnosed progressive physical condition, e.g. Duchenne muscular dystrophy, it is important to plan and prepare early for later needs.

Other children have a temporary condition such as injured limb or post-operative care and need appropriate support to access learning.

Unmet physical needs may impact on the child/ young person’s ability to learn in the same way and at the same rate as their peers. The child/young person 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.

|  |  |
| --- | --- |
| ***A child/young person with a physical need may:*** | Date observed |
| 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. |  |
| ***A child/ young person with physical difficulties may need support for some of the following:*** |  |
| **Mobility** |  |
| moving safely around the school |  |
| moving around on uneven ground |  |
| managing stairs |  |
| accessing physical activities, e.g. using climbing frame, trike, equipment |  |
| organising and accessing resources |  |
| to develop a sense of danger |  |
| carrying out controlled movements, e.g. in PE |  |
| carrying their bags between classes (KS 3 and 4) |  |
| **Independence** |  |
| managing eating and drinking safely, e.g. to eat without choking |  |
| managing eating and drinking efficiently, e.g. to prevent spills when drinking, to open packages |  |
| dress, e.g. getting clothes the right way around |  |
| getting to and using the toilet |  |
| **Accessing learning** |  |
| attending and listening as part of the whole class or in a small group |  |
| following age appropriate instructions |  |
| processing and recalling information, e.g. remembering instructions, the sequence of a story |  |
| organising ideas and thoughts and express them coherently |  |
| articulating clearly and in a timely way |  |
| being organised for learning e.g. organising equipment |  |
| activities involving fine motor skills, e.g. holding and using a pencil, scissors or ruler functionally |  |
| activities that involve crossing the midline, e.g. passing an object from one side of the body to the other |  |
| stabilising the body to participate in learning activities in sitting and standing e.g. sand tray, painting, Art, group activities at a table in Science or D and T |  |
| having confidence to join in with group and whole class activities |  |
| **Social and emotional needs** |  |
| managing anxiety and/or frustration |  |
| building self esteem |  |
| establishing and maintaining appropriate friendships. |  |

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| --- |
| **Physical Needs** |
| Name |
| Date |

## Hearing Impairment

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

Some younger 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’. Information about ‘Glue Ear’ is available on the Oxfordshire Local Offer.

<https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/service.page?id=coim31m0P8k>

Some children/young people 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 advisory visit to check the function and management of any equipment, to observe the child and feedback on their learning and to ensure that the setting is empowered to take responsibility for all aspects of the child’s inclusion.

Sometimes a child/young person can meet many of the descriptors for a hearing need but when clinically assessed their hearing is within normal limits. It could be that they have a fluctuating hearing loss. 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/young person has auditory processing difficulties. In this case, the descriptors and guidance for supporting children with communication and interaction (C&I) needs should be used.

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

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/young person has not been seen by the community paediatric audiology team or a hospital audiology department, the first step is a GP referral to community paediatric audiology for further assessment. Parents should be asked to discuss this with their child’s GP.

|  |
| --- |
| **Hearing Impairment** |
| Name |
| Date |

|  |  |
| --- | --- |
| ***A child/ young person with a hearing loss may:*** | Date observed |
| find difficulty in expressing him/herself clearly |  |
| appear loud, raising his/her voice in conversation |  |
| appear dreamy or distracted |  |
| use gesture more than peers in conversation |  |
| experience difficulty when activities involve listening and following instructions e.g. 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 |  |
| use unusual or immature language structures and have unexpected gaps in vocabulary |  |
| be more physical and use less language than peers during play and/or social interaction |  |
| find it difficult to sustain concentration and become tired easily. |  |
| have communication difficulties at home, e.g. TV/computer turned up loud, non-responsive to the voice at normal levels |  |
| find it difficult to join in games or social situations |  |
| appear withdrawn or isolated from peers |  |
| appear rigid in thought, lacking theory of mind |  |
| have difficulty making and maintaining friendships |  |
| ***A child/ young person with hearing loss may need support for some of the following:*** |  |
| engaging in activities that involve listening in a group/whole class |  |
| following instructions |  |
| articulating words clearly |  |
| making themselves understood by an adult (this may lead to frustration, restricted communication or withdrawn behaviour) |  |
| developing language skills (receptive, expressive and pragmatic) |  |
| developing aspects of learning related to verbal skills, for example to expand and close gaps in vocabulary |  |
| developing age appropriate language structures |  |
| developing age appropriate play (primary) |  |
| developing literacy related skills |  |
| being confident in tackling new activities or tackling activities independently |  |
| initiating conversations with teachers or peers |  |
| interacting with others and joining in with a conversation |  |
| turn taking (primary) |  |
| 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 |  |
| participating in group activities, such as drama or science experiments |  |
| building self-esteem |  |
| making and maintaining friendships |  |

## Visual Impairment (VI)

Visual difficulties range from mild through to severe. Many children and young people have their vision corrected by spectacles. A child or young person should be considered to have a visual difficulty if this is not due to basic refractive errors and cannot be corrected by glasses.

Many children and young people with visual difficulties will have their needs identified early and will be supported by the SENSS Visual Impairment (VI) team. Some children and young people may have needs that go unrecognised until they 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.

A visual condition can impact on other areas, for example a child’s social and emotional development. Check across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

|  |
| --- |
| **Visual Impairment** |
| Name |
| Date |

|  |  |
| --- | --- |
| ***A child or young person with a visual need may:*** | Date observed |
| tilt their head to maximise vision |  |
| bring eyes close to an object, e.g. 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 |  |
| find it difficult to track the movement of something across the field of vision, e.g. a ball rolling from left to right |  |
| find scanning difficult, e.g. looking for an object in a room or details in a picture |  |
| bump into things as they move around |  |
| find it difficult to find his/her friends in a busy environment. |  |
| ***The child or young person needs support for some of the following:*** |  |
| moving safely and confidently around the school |  |
| following work on the white board |  |
| drawing with age appropriate accuracy |  |
| developing reading and writing skills, |  |
| interpreting pictures, maps and diagrams |  |
| participating in whole class activities and discussions |  |
| following demonstrations |  |
| writing legibly and at length (appropriate to age) |  |
| reading texts appropriately for their age |  |
| interpreting maps, diagrams, graphs and complex pictures accurately |  |
| tackling new activities |  |
| joining in physical playground activities |  |
| activities that require co-ordination and gross motor skills, e.g. catching a ball |  |
| activities that require co-ordination and fine motor skills e.g. threading or handwriting |  |
| safely accessing activities that are potentially hazardous, e.g. design and technology |  |
| managing anxiety and/or frustration |  |
| establishing and maintaining appropriate friendships and judging social situations appropriately. |  |

# Assess

*In identifying a child as needing SEN support the class or subject teacher, working with the SENCO, should carry out a clear analysis of the pupil’s needs. This should draw on the teacher’s assessment and experience of the pupil, their previous progress and attainment, as well as information from the school’s core approach to pupil progress, attainment, and behaviour. It should also draw on other subject teachers’ assessments where relevant, the individual’s development in comparison to their peers and national data, the views and experience of parents, the pupil’s own views and, if relevant, advice from external support services. Schools should take seriously any concerns raised by a parent. These should be recorded and compared to the setting’s own assessment and information on how the pupil is developing.*

*The assessment of need should be reviewed regularly and decisions about provision be part of SEN reviews 3 times a year. Revisiting the descriptors will inform decision making. This will help ensure that support and intervention are matched to need, barriers to learning are identified and overcome, and that a clear picture of the interventions put in place and their effect is developed. For some types of SEN, the way in which a pupil responds to an intervention can be the most reliable method of developing a more accurate picture of need.*

*For many children/young people, the use of additional assessments, e.g. standardised reading test, will be helpful in clarifying their needs and monitoring progress. This section suggests some additional assessments that may be useful. Such assessments need to be used and reviewed within their own protocols. Some assessments may only be used to help teachers understand the child/young person’s barriers to learning; others may be reviewed regularly as a way of monitoring progress.*

*In some cases, outside professionals from health or social services may already be involved with the child. These professionals should liaise with the school to help inform the assessments. Where professionals are not already working with school staff the SENCO should contact them if the parents agree.*

(*SEND Code of Practice 2015 pp100-101*)

This section provides suggestions of assessment tools that schools might use to find out more about the child/young person’s difficulties.

## Additional assessments for all children/young people with SEN

* **Careful observation and targeted diagnostic one to one work with the pupil is the best way to unpick difficulties.**
* Use curriculum-based assessment and careful tracking of progress to measure the child/young person’s rate of progress.
* Use progress against small targeted learning goals to evaluate progress.
* Use formative as well as summative assessment to unpick difficulties in detail.
* Boxall Profile is helpful in gaining an understanding of emotional and behavioural difficulties, and for planning effective interventions and support activities. <https://boxallprofile.org/>
* P Scales can be used to track the progress of children working below the standard of the National Curriculum.
* <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/617033/Performance_-_P_Scale_-_attainment_targets_for_pupils_with_special_educational_needs_June_2017.pdf>
* At the end of Keystages 1 and 2, attainment should be reported on P-scales for children working within P1-4.
* For children working within P5-8 attainment should be reported using the Pre-Keystage Standards.
* Keystage 1:
* <https://www.gov.uk/government/publications/pre-key-stage-1-standards>
* Keystage 2:
* <https://www.gov.uk/government/publications/pre-key-stage-2-standards>

## Additional assessments for children/young people with Communication and Interaction difficulties

The Communication Trust Universally Speaking booklets show where children should be with their communication skills at any given age. <https://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/universally-speaking.aspx>

The Communication Trust primary progression tools

Primary:

<https://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/progression-tools-primary/>

Secondary:

<https://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/progression-tools-secondary/>

Communication Trust milestone poster: <https://www.thecommunicationtrust.org.uk/media/1590/primary_milestone_poster_-_final.pdf>

The Autism Education Trust Sensory Assessment Checklist looks at how children respond to sensory experiences.

<http://www.aettraininghubs.org.uk/wp-content/uploads/2012/05/37.2-Sensory-assessment-checklist.pdf>

Autism Education Trust progression framework <https://www.autismeducationtrust.org.uk/shop/pf-shop/>

The Renfrew Word Finding Picture test and Bus Story

https://www.winslowresources.com/word-finding-vocabulary-test.html

<https://www.winslowresources.com/bus-story-test.html>

The British Picture Vocabulary Scales (BPVS3) can be useful for finding out about a learner’s understanding of vocabulary.

<https://www.gl-assessment.co.uk/products/british-picture-vocabulary-scale-bpvs3/>

Boxall Profile is helpful in gaining an understanding of children’s emotional and behavioural difficulties, and for planning effective interventions and support activities. <https://boxallprofile.org/>

## Additional assessments for children/young people with Cognition and Learning difficulties

P Scales can be used to track the progress of children working below the standard of the National Curriculum.

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/617033/Performance_-_P_Scale_-_attainment_targets_for_pupils_with_special_educational_needs_June_2017.pdf>

At the end of Keystages 1 and 2, attainment should be reported on P-scales for children working within P1-4.

For children working within P5-8 attainment should be reported using the Pre-Keystage Standards.

Keystage 1:

<https://www.gov.uk/government/publications/pre-key-stage-1-standards>

Keystage 2:

<https://www.gov.uk/government/publications/pre-key-stage-2-standards>

The Working Memory Rating Scale (WMRS) is a behavioural rating scale developed for teachers that may help to clarifying whether a child/young person’s difficulties are affected by poor working memory. www.pearsonclinical.co.uk Alloway and Gathercole provide useful guidance on how working memory affects learning. <https://www.mrc-cbu.cam.ac.uk/wp-content/uploads/2013/01/WM-classroom-guide.pdf>

For children with marked difficulties in social communication, flexible thinking and/or 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.

## Additional assessments for children/young people with Literacy difficulties

* Use the Oxfordshire Literacy Assessment Pack (LAPack) to pinpoint where the child/young person is with specific reading skills, identify next steps and monitor progress. (Suitable for those with a reading age below 8 years.) [www.oxsit.org.uk](http://www.oxsit.org.uk)
* Standardised reading test to assess reading levels and compare accuracy and comprehension skills.
* Standardised spelling test
* Tests of phonological awareness and processing, such as the Phonological Assessment Battery (PhAB/PhAB2) or the Comprehensive Test of Phonological Processing (CTOPP2) may be useful in determining children’s difficulties.
* See the Literacy Guidance on [www.oxsit.org.uk](http://www.oxsit.org.uk) for further details of assessment materials.

## Additional assessments for children/young people with Maths difficulties

Sandwell Early Numeracy Test (Keystage1)

<https://www.gl-assessment.co.uk/products/sandwell-early-numeracy-test-sent/>

Sandwell Early Numeracy Test KS2-KS3

<https://www.teachingtimes.com/articles/sentks2_ks3.htm>

## Additional assessments for children/young people with Social, Emotional and Mental Health difficulties

Antecedent Behaviour Consequences checklist.

<https://www.gloucestershire.gov.uk/media/11951/behaviour-observation-sheets.pdf>

QCA behaviour checklist.

Warwick Edinburgh Mental Wellbeing Scales (WEMWBS)

<https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

Frequency tally charts.

Timed observations of the young person in 2 or more different contexts.

Home-school diaries.

Strengths and Difficulties Questionnaire (SDQ) <http://www.sdqinfo.com/>

Boxall Profile <https://boxallprofile.org/>

Early Help Assessment (EHA) <https://www2.oxfordshire.gov.uk/cms/content/early-help-assessment-and-team-around-family>

For pupils with autism, Autism Education Trust (AET) Progression Framework <https://www.autismeducationtrust.org.uk/shop/pf-shop//>

Child Exploitation Screening Tool

[https://www.oscb.org.uk/wp-content/uploads/2019/07/Child-Exploitation-Screening- Tool.pdf](https://www.oscb.org.uk/wp-content/uploads/2019/07/Child-Exploitation-Screening-%20Tool.pdf)

## Additional assessments for children/young people with Physical Difficulties

If a child/young person appears to have a physical difficulty that has not previously been identified, the school should use activities on the Children’s Occupational Therapy website for at least 3 months before referring for an Occupational Therapy assessment.

<https://www.oxfordhealth.nhs.uk/childrens-occupational-therapy/>

Parents may also wish to consult their GP if a physical difficulty, such as dyspraxia, is suspected.

The checklist from ABC Movement battery of tests may be useful for unpicking the specific difficulties a child/young person is having. Schools are best to purchase the checklist separately as the whole kit is very expensive.

<https://www.pearsonclinical.co.uk/Psychology/ChildCognitionNeuropsychologyandLanguage/ChildPerceptionandVisuomotorAbilities/MABC-2/MovementAssessmentBatteryforChildren-SecondEdition(MovementABC-2).aspx>

## Hearing Impairment

If a child/ young person appears to have a hearing difficulty that has not been previously identified, the first step is a GP referral to community paediatric audiology for further assessment. Parents should be asked to discuss this with their child’s GP. Diagnosis of a difficulty by the community paediatric audiology team will trigger the involvement of the SENSS Hearing Impairment team who will work alongside the school to support the child’s access to learning.

## Visual Impairment

If a child or young person 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.

# Plan

*Where it is decided to provide a pupil with SEN support, the parents* ***must*** *be formally notified, although parents should have already been involved in forming the assessment of needs as outlined above. The teacher and the SENCO should agree in consultation with the parent and the pupil the adjustments, interventions and support to be put in place, as well as the expected impact on progress, development or behaviour, along with a clear date for review.*

*All teachers and support staff who work with the pupil should be made aware of their needs, the outcomes sought, the support provided and any teaching strategies or approaches that are required. This should also be recorded on the school’s information system.*

*The support and intervention provided should be selected to meet the outcomes identified for the pupil, based on reliable evidence of effectiveness, and should be provided by staff with sufficient skills and knowledge.*

*Parents should be fully aware of the planned support and interventions and, where appropriate, plans should seek parental involvement to reinforce or contribute to progress at home. The information set out in 6.39 should be readily available to and discussed with the pupil’s parents.*

(*SEND Code of Practice2015 p101*)

The SEND Code of Practice emphasises a focus on agreed outcomes for a child / young person. In the planning phase for pupils at SEN Support the focus for all parties should be on agreeing desired outcomes based on the child / young person’s aspirations. Practitioners should note information about effective outcomes in the SEND Code of Practice para. 9.64 – 9.67.

## Transition

*SEN support should include planning and preparation for the transitions between phases of education and preparation for adult. To support transition, the school should share information with the school, college or other setting the child or young person is moving to. Schools should agree with parents and pupils the information to be shared as part of this planning process. Where a pupil is remaining at the school for post-16 provision, this planning and preparation should include consideration of how to provide a high-quality study programme.*

(*SEND Code of Practice2015 p102*)

From year 9 onwards schools should look at Preparing for Adult Outcomes document:

<https://www.preparingforadulthood.org.uk/SiteAssets/Downloads/yeded5wb636481748062535810.pdf>

# Planning considerations for all children/young people with SEN :

* A child or young person on SEN Support should have a Pupil Profile or similar plan to:
  + outlines their difficulties,
  + outline strengths and interests that can be used to support their learning,
  + sets outcomes,
  + records classroom strategies and additional provision that will be used to
  + support them towards those outcomes, and
  + review and monitor their progress.
* An [**Individual Pupil Tracker (IPT)**](http://schools.oxfordshire.gov.uk/cms/node/556#3)should be used to keep a complete record of additional support and provision as well as the impact that it has had.
* ‘Think ahead’ about the planned learning each week and how the child/young person with a learning need will be supported to access it.
* Differentiation, scaffolding and prompting needed to ensure that the child/young person can be successful in their learning.
* Plan learning activities that the child/young person is able to complete independently, to build their independent learning skills and self-esteem.
* Break learning down into manageable chunks.
* Check that child/young person understands earlier concepts that underpin what is being taught.
* Build in opportunities to re-visit key learning ‘little-and-often’, keeping learning and reinforcement sessions relaxed, fun and purposeful.
* Any multi-sensory resources required to support learning.
* Use questioning to promote deeper levels of thinking e.g. ask them to think through how to approach tasks and provide only as much support as is needed.
* Teach routine tasks where the content can change as new learning is introduced but the nature of the task remains the same
* Give support for remembering and organising – keep routines the same, use pictorial cues, visual timetables, provide individualised key word lists.
* Any adaptations needed to the physical environment to help with access to learning, e.g. labelling and location of resources, easy access to learning aids (word cards, task lists, writing frames, visual prompts)
* Investigate best use of ICT to support the child/young person’s learning.
* Individual or small group work to pre-learn, reinforce or work on specific targets.
* NASEN’s SEND Gateway has evaluations of intervention resources for children / young people with SEND. <https://www.sendgateway.org.uk/>
* Decide on ways to build and maintain self-esteem and support the young person to manage feelings of anxiety/frustration.
* Discuss and agree, with parent and child/young person, ways to ensure social inclusion within the peer group
* Risk assessments relating to any health and safety issues.
* Consider the adult support that may be required for accessing the curriculum and how this can be tailored to be age appropriate, to maximise independence and not to interfere with opportunities to learn collaboratively with peers.
* Assess the support the child/young person may need to access national assessments and make it their normal way of working.
* Plan carefully for successful transitions between year groups and keystages, and later into post-16 provision.
* Plan appropriate and engaging learning pathways and accreditation at KS4 with the parent and young person.
* Develop a bespoke curriculum, e.g. planning for learning pathways and accreditation including vocational opportunities where appropriate at KS4.
* Planning for learning pathways and accreditation including vocational opportunities where appropriate post 16.
* Planning with an external agency where appropriate, if inadequate progress is being made.

# Additional planning considerations for children/ young people with Communication and Interaction difficulties:

* Help to make the day as predictable as possible by using visual timetables etc. to reduce anxiety.
* Any adaptations needed to the physical environment to help with access to learning, e.g. labelling of resources.
* Any specialist equipment or resources, including ICT that may be needed for curriculum access.
* At secondary, consider a ‘key worker’ approach to providing support rather than a subject specific TA approach.
* Where the child will sit for particular activities.
* Consider reasonable expectations in relation to the specific needs of the child/young person, e.g. the time that may be taken to complete a task, to move around the school and/or for breaks to regulate anxiety or sensory overload.
* Any support that is needed at break times to help the child/young person to be part of a small group and/or to follow their own interests; encourage the young person to use these to create their own social opportunities, e.g. a Games Club

# Additional planning considerations for children/ young people with Literacy difficulties

Use the Oxfordshire Literacy Difficulties Policy and Advice to support planning <https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/childreneducationandfamilies/educationandlearning/specialeducationalneeds/SEND/LiteracyDifficultiesPolicyandAdvice.pdf>

Supporting materials for this can be found on the OXSIT website at [www.oxsit.org.uk](http://www.oxsit.org.uk)

Follow the recommendations from the Education Endowment Foundation guidance to support planning.

Improving Literacy in KS1:

• Develop pupils’ speaking and listening skills and wider understanding of language

• Use a balanced and engaging approach to developing reading, which integrates both decoding and comprehension skills

• Effectively implement a systematic phonics programme

• Teach pupils to use strategies for developing and monitoring their reading comprehension

• Teach pupils to use strategies for planning and monitoring their writing

• Promote fluent written transcription skills by encouraging extensive and effective practice and explicitly teaching spelling

• Use high-quality information about pupils’ current capabilities to select the best next steps for teaching

• Use high-quality structured interventions to help pupils who are struggling with their literacy

<https://educationendowmentfoundation.org.uk/public/files/Publications/Literacy/KS1_Literacy_Guidance_2017.pdf>

Improving Literacy in KS2:

• Develop pupils’ language capability to support their reading and writing

• Support pupils to develop fluent reading capabilities

• Teach reading comprehension strategies through modelling and supported practice

• Teach writing composition strategies through modelling and supported practice

• Develop pupils’ transcription and sentence construction skills through extensive practice

• Target teaching and support by accurately assessing pupils’ needs

• Use high-quality structured interventions to help pupils who are struggling with their literacy

<https://educationendowmentfoundation.org.uk/public/files/Publications/Literacy/KS2_Literacy_Guidance_2017.pdf>

The Dyslexia SpLD Trust website may be useful in planning for children and young people with literacy difficulties.

<http://www.thedyslexia-spldtrust.org.uk/>

British Dyslexia Association website may be useful in planning for children and young people with literacy difficulties.

<https://www.bdadyslexia.org.uk/>

# Additional planning considerations for children/ young people with Maths difficulties

Follow the recommendations from the Education Endowment Foundation’s Improving Mathematics in Keystages 2 and 3 to support planning :

1. Use assessment to build on pupils existing knowledge and understanding

2. Use manipulatives and representations

3. Teach pupils strategies for solving problems

4. Enable pupils to develop a rich network of mathematical knowledge

5. Develop pupils’ independence and motivation

6. Use tasks and resources to challenge and support pupils’ mathematics

7. Use structured interventions to provide additional support

8. Support pupils to make a successful transition between primary and secondary school

Further details and advice to be found at:

<https://educationendowmentfoundation.org.uk/tools/guidance-reports/maths-ks-2-3/#recommendation-1>

<https://educationendowmentfoundation.org.uk/public/files/Publications/Maths/KS2_KS3_Maths_Guidance_2017.pdf>

# Additional planning considerations for children/ young people with Social, Emotional and Mental Health difficulties:

* Developing an individual plan, e.g. Inclusion Support Plan, Individual Behaviour/Engagement Plan, or Pastoral Support Plan, that is tailored to support the young person’s specific needs.
* The adult support that may be required for maintaining progress with learning and for emotional and social co-regulation. Provide a key contact person who can develop a closer relationship with the YP and link with parent/carers
* Adjustments needed to reduce the causes of anxiety and support to develop self-regulation strategies.
* Actions to promote social participation and a sense of belonging at school
* Ways to promote self-esteem
* Ways to promote positive behaviours
* Direct teaching of social and emotional skills, attitudes and values
* Appropriate frequency of monitoring and parental involvement
* Individual or small group work to pre-learn, reinforce or work on specific targets.
* Where the young person will sit for particular activities.
* Any support that is needed at lunchtimes and playtimes to help the young person to join in, perhaps as part of a small group or with a buddy.
* Risk assessments relating to any health and safety issues.
* Developing a bespoke curriculum, e.g. planning for learning pathways and accreditation including vocational opportunities where appropriate at KS4.
* A 6 stages of crisis plan
* Communication passport that shows what a young person does /says. What this means and what support they need.
* Enhanced transition planning for all year groups and planning for transition to post 16
* Planning for learning pathways and accreditation including vocational opportunities where appropriate post 16.

# Additional planning considerations for children/ young people with Physical Difficulties

* How the child will be supported to move around the classroom and school.
* Where the child will sit for particular activities.
* Risk assessments relating to any health and safety issues.
* 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.
* 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, e.g. supportive seating, including ICT, that may be needed for curriculum access.
* Additional practical resources for accessing learning e.g. magnetic letters and board, 100 Square
* 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.
* 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, e.g. 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 or exam concessions in relation to national tests and assessments.
* Use the usual way of working in all exams and contact JCQ for more information regarding exam concessions e.g. use of computer reader, scribe, alternative classroom, sudden changes in circumstances
* Planning for post 16 pathways (KS 3 and 4).

# Additional planning considerations for children/ young people with Hearing Impairment

* Joint planning with a teacher of the deaf from SENSS HI team. In secondary, this should be across all subjects.
* Use advice from a teacher of the deaf to inform outcome and provision planning e.g. pupil profile.
* Consider where the child/young person will sit for particular activities.
* How background noise will be managed.
* Consider any adaptations to the learning environment that may be needed.
* Any specialist equipment or resources, including Radio Aid 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.
* Access to individual or small group tuition to support learning where necessary.
* 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.
* Considering reasonable expectations in relation to the specific needs of the child/ young person, e.g. the time that may be taken to complete a task.
* Ensuring there is family focused, multi-agency working.
* Consideration of any special arrangements available for statutory tests and public examinations for a child/young person with hearing impairment at the end of KS2 and KS4 and KS5 (advice available from SENSS HI team).

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# Additional planning considerations for children/ young people with Visual Impairment

* Support to move around the classroom and school.
* Support at lunchtimes and playtimes to help the child to be as independent as possible and to join in with peers.
* Adaptations to the physical environment to allow the child to move around safely and support access to learning.
* Risk assessments relating to any health and safety issues.
* Support for personal care; eating and drinking, dressing.
* Adaptations to pictures, diagrams and text.
* Specialist equipment or resources, including ICT.
* Adult support for accessing learning opportunities.
* Seating position
* Planning ahead to differentiate the curriculum to include the child/young person with a visual condition
* Allowing additional time to complete tasks.
* Consideration of any special arrangements available for statutory tests and public examinations for a child/young person with visual impairment at the end of KS2 and KS4 and KS5 (advice available from SENSS VI team).

# Do

*The class or subject teacher remains responsible for working with the child on a daily basis. Where the interventions involve group or one-to-one teaching away from the main class or subject teacher, they still retain responsibility for the pupil. They will need to work closely with any teaching assistants or specialist staff involved, to plan and assess the impact of support and interventions and how they can be linked to classroom teaching. The SENCO should support the class or subject teacher in the further assessment of the child’s particular strengths and weaknesses, in problem solving and advising on the effective implementation of support.*

(*SEND Code of Practice2015 p101*)

# Differentiation and provision to consider for all children/young people with SEN

* Sit the child/young person where they can focus on the adult in whole class and group activities.
* Ensure the learning environment is well organised, e.g. visual labels on storage, scissors kept in the same place etc .
* Use models, images and multi-sensory resources to promote understanding, e.g. plastic letters, word mats, number lines Dienes blocks.
* Have personalised word banks and phonic sheets on the child/young person ’s table.
* Establish and maintain routines backed up by visual cues, e.g. a visual timetable, class rules displayed with picture prompts.
* Ensure the introduction of all new concepts is well-supported with practical and active tasks.
* Use individual and small group activities to prepare the child/young person 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, e.g. for language modelling.
* Use appropriate individual or small group intervention programmes to target specific learning. See the Literacy and Mathematical Difficulties sections for advice on intervention resources. The most effective interventions are specifically targeted and delivered systematically in regular short sessions.
* All staff should be aware of the child/young person ’s learning needs and how to respond appropriately to promote learning.
* Teach learning strategies directly e.g. listening for key information, rehearsing instructions, keeping goals in mind, systematic search, thinking about what they already know about the topic.
* Recognise mastering content, individual progress, effort and risk-taking in learning and avoid an emphasis on out-performing others.
* For primary age children with more complex needs Early Support information resources, available from the CDC website, provide useful and detailed information for professionals and parents.
* <https://councilfordisabledchildren.org.uk/our-work/whole-child/practice/early-support-integrated-and-person-centered-approach>
* The Early Years Developmental Journal is designed for children in early years but may be useful to continue into Year 1 and beyond for children not meeting the EYFS expectations.
* <https://councilfordisabledchildren.org.uk/our-work/whole-child/practice/early-support-integrated-and-person-centered-approach>
* Help the child/young person to reflect on what went well to support future learning. Celebrate success!
* Support may be needed for the child/young person to access extra-curricular activities including clubs, sports and trips. Information sharing, with consent of parents where appropriate, can help the child/young person to participate successfully.

# Additional provision to consider for children/young people with Communication and Interaction difficulties

* Modify the environment to help with any sensory issues; e.g. acoustic boards and ear defenders, avoid glare and harsh lighting, provide a quiet area for the child/ young person to withdraw or to create a mobile workstation (secondary).
* Encourage the child/young person to sit where they can best see and hear the adult in whole class and group activities. Consider a place near to the door if they are likely to need to take time out.
* Ensure the learning environment is well organised and consistently used, e.g. pictorial labels on storage, scissors kept in the same place.
* Adjust expectations to allow young people to move around the school at quieter times rather than busy lesson change over times if this helps them to arrive calm and ready to engage.
* Use Autism Education Trust’s Sensory Environment Checklist and Sensory Assessment Checklist to formulate an action plan:
* <http://www.aettraininghubs.org.uk/wp-content/uploads/2012/05/37.1-Sensory-audit-tool-for-environments.pdf>
* <http://www.aettraininghubs.org.uk/wp-content/uploads/2012/05/37.2-Sensory-assessment-checklist.pdf>
* The Oxfordshire Children’s Occupational Health website has useful sensory strategies <https://www.oxfordhealth.nhs.uk/childrens-occupational-therapy/resources/>
* Establish and maintain routines, using a visual timetable to help the child/young person understand the structure of the day. Photos and symbols can be used to support understanding.
* At secondary colour coded personal timetables are helpful. Use visual supports such as photographs of teachers or rooms to help them navigate the site.
* At primary use ‘now next’ boards and visual prompts when there is to be a change of activity to lower anxiety levels around change.
* Keep expectations clear and consistent.
* Display class rules with picture prompts and be consistent and transparent about how these are applied.
* At primary, 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’.
* Use the child/young person’s name to focus attention individually before giving whole or small group instructions.
* Help the child/young person to engage in a predictable sequence of activities and organise their work, e.g. by using task sheets.
* Break bigger tasks into a series of small tasks; write tasks on a mini-whiteboard for the learner to tick off when complete.
* Where producing written work is slow or difficult consider alternatives: mind mapping, using a netbook, Dragon voice activated software, verbal feedback.
* Use timers to tell the child/young person how long to stay on a task.
* Use individual and small group activities to prepare the child/young person 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, e.g.
* Spirals for Language 4-9, Maths 5-9 and Science 4-9: <http://www.spiralstraining.co.uk/>
* Talkboost for KS1 and KS2:
  + <https://icancharity.org.uk/talk-boost-ks1-homepage>
  + <https://icancharity.org.uk/talk-boost-ks2-homepage>
  + ICAN materials <https://www.ican.org.uk/about-us/>
  + Talking Partners <https://www.educationworks.org.uk/what-we-do/speaking-and-listening/talkingpartnersprimary>
  + Oxfordshire Reading Comprehension guidance also has activities to support language comprehension:
  + <https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/childreneducationandfamilies/educationandlearning/specialeducationalneeds/SEND/reading_comprehension.pdf>
* Use small group opportunities to teach social skills, e.g.
  + Talktime. <https://www.talktimespeech.com/>
  + Time to Talk <http://integratedtreatmentservices.co.uk/our-approaches/speech-therapy-approaches/time-talk/>
  + Socially Speaking for 7-11 year olds:
  + <https://www.ldalearning.com/product/social,-emotional-and-mental-health/social-skills/games/socially-speaking/admt00416>
  + Friendship Formula <https://www.ldalearning.com/product/social,-emotional-and-mental-health/social-skills/games/the-friendship-formula/agmt10788>
  + Talkabout (Alex Kelly) <http://alexkelly.biz/product-category/talkabout-books/>
  + SEAL <https://webarchive.nationalarchives.gov.uk/20110812101121/http://nsonline.org.uk/node/87009>
  + Social Eyes for Secondary
  + <https://www.autism.org.uk/products/dvd-media-or-software/socialeyes.aspx>
  + Social Thinking
  + <https://www.socialthinking.com/>
  + Lego Therapy for KS1, KS2 & KS3 <https://network.autism.org.uk/good-practice/case-studies/using-lego-therapy-autistic-pupils>
* Involve good peer role models, e.g. for language modelling and social interaction, e.g. Circle of Friends. <http://www.autismtoolbox.co.uk/resources/interventions-and-approaches/circle-of-friends/>
* Modify the language that adults use; address the child/young person by name, reduce, slow down, give take up time, use non-literal language with care. Recognise the difficulties that young people with C&I needs may have with inference and explicitly teach them to recognise and analyse this.
* Use the child/young person’s areas of special interest to provide motivational learning opportunities.
* Caroline Smith (2003) Writing and Developing Social Stories: Practical Interventions In Autism Speechmark Practical Resource Manual <https://www.amazon.co.uk/Writing-Developing-Social-Stories-Interventions/dp/0863884326/ref=la_B001HOW6QY_1_1?s=books&ie=UTF8&qid=1554714420&sr=1-1>
* Carol Gray Social Stories website: <https://carolgraysocialstories.com/social-stories/>
* For younger children create structured opportunities for them to engage in communication skills, such as offering or 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.
* Make reasonable adjustments by applying the school behaviour policy flexibly, for example recognising that resisting eye contact does not reflect insubordination
* For older students, make reasonable adjustments re homework; can it be done in school as a quiet lunchtime activity? Ensure that it is written in planner.
* Explore alternatives to traditional written formats such as mind mapping, talking to PowerPoint presentations, typing up work.
* Use ICT to support personalised learning e.g. speech to text software
* Help the child/young person understand their diagnosis of autism and what it means for them.
  + <https://www.autism.org.uk/about/diagnosis/children/recently-diagnosed.aspx>
  + <https://modalitypartnership.nhs.uk/self-help/livewell/topics/autism/talking-to-your-child-about-their-autism>
  + <http://www.amaze.org.au/uploads/2011/08/Fact-Sheet-Sharing-the-Diagnosis-of-Autism-Spectrum-Disorder-Aug-20111.pdf>
* Help peers to be aware of autism and what it means for people. <http://www.autismtoolbox.co.uk/supporting-wellbeing/peer-awareness/>
* Ensure that there is a rich and balanced curriculum available at KS4 to accommodate different learning styles and strengths including appropriate functional skills and vocational courses such as Cope, BTEC and ASDAN
* Organise exam concessions as needed in consultation with the young person. Make sure that concessions are the young person’s ‘normal way of working’.

# Additional provision to consider for children/young people with Literacy difficulties

* Have personalised word banks and phonic sheets on the child’s table
* Have writing supports available on the child’s table (not just on the wall): phonics and word mats, word banks, personal dictionaries and common spellings.
* Give support for remembering and organising – keep routines the same, use pictorial cues and objects of reference. individualised key word lists.
* Use a range of auditory, visual and kinaesthetic approaches to learning; revisit the same learning in different ways, e.g. 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, e.g. speech to text software, predictive software, photograph of lesson work on whiteboard, whiteboard material on memory stick.
* Use ICT to support personalised learning and reinforcement of whole class learning, e.g. 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.
* Use line trackers, book marks and coloured overlays to help child/young person follow lines of print.
* Scaffold writing tasks, e.g. break down planning into manageable chunks, use writing frames to provide structure.
* Involve good peer role models, e.g. for language modelling.
* 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’ for learning spelling patterns, and mnemonics or picture cards for irregular spellings
* Break bigger tasks into a series of small steps.
* 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.
* Use individual and small group activities to prepare the young person 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.
* Reduce the quantity of tasks to allow for slower processing skills/fatigue.
* Brooks. G. (2016) What works for children with literacy difficulties? 5th Ed. lists effective evidence based intervention schemes <https://www.helenarkell.org.uk/documents/files/What-works-for-children-and-young-people-with-literacy-difficulties-5th-edition.pdf>
* Oxfordshire Reading Comprehension guidance:
* <https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/childreneducationandfamilies/educationandlearning/specialeducationalneeds/SEND/reading_comprehension.pdf>
* 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.

# Additional provision to consider for children/young people with Maths difficulties

* Use models, representations (such as number lines and graphs) and multi-sensory resources purposefully and appropriately to promote understanding. Support all topics with manipulatives/real objects and ensure a range of activities to support children in making conceptual links between topics e.g. cuisinnaire rods/ Dienes blocks.
* Use assessment to build on pupils existing knowledge and understanding and to address misconceptions
  + Teach problem solving strategies, select problem-solving tasks for which pupils do not have ready-made solutions, and teach them to use and compare different approaches.
* Enable pupils to develop a network of mathematical knowledge:
* Emphasise the many connections between mathematical facts, procedures, and concepts,
* Ensure that pupils develop fluent recall of facts,
* Teach pupils to understand procedures and to consciously choose between mathematical strategies.
* Develop independence and motivation by developing pupils’ ability to independently plan, monitor and evaluate their thinking and learning.
* Use tasks and resources to challenge and support pupils’ mathematical understanding. Tasks and resources are tools – they will not be effective if they are used inappropriately by the teacher.
  + Use assessment of pupils’ strengths and weaknesses to inform the choice of task. Use tasks to address pupil misconceptions. Provide examples and non-examples of concepts.
* Use structured interventions to provide additional support
  + Interventions should start early, be evidence-based and be carefully planned. They should include explicit and systematic instruction. Even the best designed intervention will not work if implementation is poor.
  + Support pupils to understand how interventions are connected to whole class instruction. Interventions should motivate pupils – not bore them or cause them to be anxious
* Agree consistency of teaching approaches across year groups in primary schools and support pupils to make a successful transition between primary and secondary school.
* Use a range of auditory, visual and kinaesthetic approaches to learning and revisit the same learning in different ways.
* Numbers and Patterns
* This is designed for foundation stage, but may be helpful for KS1 children who are struggling with basic mathematical concepts.
* <https://www.foundationyears.org.uk/wp-content/uploads/2011/10/Numbers_and_Patterns.pdf>
* 1st Class@Number
* <https://everychildcounts.edgehill.ac.uk/mathematics/1stclassnumber/>
* Success@Arithematic
* <https://everychildcounts.edgehill.ac.uk/mathematics/successarithmetic/>
* Rapid Maths <https://www.pearsonschoolsandfecolleges.co.uk/Primary/Mathematics/AllMathematicsresources/RapidMaths/RapidMaths.aspx>
* Plus 1 <https://www.123learning.co.uk/maths-support-book-plus-1/>
* Power of 2 <https://www.123learning.co.uk/maths-support-book-power-of-2/>
* Useful websites:
  + Maths No Problem
  + <https://mathsnoproblem.com/en/mastery/number-bonds/>
  + White Rose Maths
  + <https://whiterosemaths.com/who-we-are/about-white-rose-maths/>
  + NCETM
  + <https://www.ncetm.org.uk/resources/46689>
  + NRich Mathsz
  + <https://nrich.maths.org/2477>

# Additional provision to consider for children/young people with Social Emotional and Mental Health difficulties

* Use quiet areas to give the young person calm down time.
* Use a key person/people to listen and support the child.
* Support the child to develop a sense of belonging in the school community.
* Make it easy for a young person to work within the classroom environment without fuss or frustration; accessible resources, consistent place to hand in homework.
* Ensure the young person is able to sit where they can focus on the adult and on the task in hand, e.g. this may be at the back of the classroom
* If a child/ young person needs quieter time during the day, arrange a place where they can work in a different environment when needed.
* Support periods of transition and other key triggers times for the pupil.
* Consistent approach across all teaching staff - shared strategies and responses.
* Use lead in time to prepare the young person for changes of routine.
* Use small group and whole class PSHE activities to develop self-esteem and confidence.
* Plan opportunities to use new strategies/ learning successfully in real contexts
* Be clear about expectations and use specific strategies consistently.
* Directly teach the young person to develop and use emotional literacy so that they can verbally communicate, understand and manage the feelings that they and others have.
* Ensure all adults use positive, enabling language. Use a fresh start principle to encourage a warm welcome to each new session every day.
* Reinforce appropriate behaviours through praise, celebration and reward systems. Encourage suitable alternatives to inappropriate behaviour, having fully considered the underlying causes
* Consider using restorative practices.
* Use buddies and peer mentors for support and modelling.
* Actively support and monitor positive social interaction
* Heightened pastoral support with regular sessions for the young person to ‘check in’ with a trusted member of staff through the day / week to discuss what is working well and provide support for issues that occur
* Use an Emotional Literacy Support Assistant (ELSA) for specific 1:1 work or small group work
* SEAL (Social and Emotional Aspects of Learning) resources, archived at: <http://webarchive.nationalarchives.gov.uk/20110809101133/http://nsonline.org.uk/inclusion/behaviourattendanceandseal/seal>

# Additional provision to consider for children/young people with Physical difficulties

### Mobility

* Programmes to maintain and develop fine and gross motor capabilities devised information and Resources from Integrated Therapy Website and/or therapists, may be delivered by a teaching assistant and/or practised throughout the school day. <https://www.oxfordhealth.nhs.uk/service_description/oxfordshire-childrens-therapy/>
* May require one to one support and some differentiation to participate in PE activities safely and appropriately for their physical development. (Year 1 and 2)
* 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.
* 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 physiotherapist) (Year 3 to 6)
* May have to carry out individual Physiotherapy programme, which could be integrated into everyday activity with whole class e.g. Wake and Shake exercise or PE lesson
* Involve the child in alternative ways e.g. being actively involved as a referee/assistant coach, running a small group activity
* Use models, images and multi-sensory resources to promote understanding, e.g. plastic letters, word mats, Numicon, Dienes blocks.

### Independence

* Give support to manage personal care activities unobtrusively, e.g. toileting and dressing, and aimed at building independence.
* Give support to manage self-care activities to preserve the young person’s sense of dignity e.g. eating and drinking, and aimed at building independence, changing for P.E.
* Remove clutter and obstacles in the learning environment.
* Put their coat peg on the end of the row for easy access.

### Accessing learning

* Give the child extra time when needed eg to process a task, start, speak and complete activities.
* Support to establish a hand preference, in conjunction with specialist staff (Year 1 and 2)
* 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. Limbs should be at 90 angles and feet flat on the floor.
* Use visual prompts to support memory and independence: visual timetables, objects of reference, labels on storage.
* Use models, images and multi-sensory resources to promote understanding, e.g. plastic letters, word mats, Numicon, Dienes blocks.
* Use buddies and work partners for co-production of written language.
* Reduce unnecessary writing to conserve energy for learning in the task e.g. date, title and Learning Objective can be prepared.
* Provide suitable ICT equipment, e.g. iPad or tablet, 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, BBC Dance mat Typing or similar free programmes.
* Consider use of Clicker 7 software for supporting and recording of ideas
* Use of predictive text to cut down physical typing of whole or long words e.g. in Clicker 7 or from Google Docs in Windows
* Explore Ease of Access features of Windows to support recording on a laptop
* Usual way of working should always be used in exams
* Organisations that support children with physical difficulties and useful websites:
  + Contact: <https://contact.org.uk/>
  + CBIT, child brain injury Trust: <https://childbraininjurytrust.org.uk/>
  + Disability Rights UK: <https://www.disabilityrightsuk.org/>
  + Scope UK: <https://www.scope.org.uk/>
  + Ships Project: <https://www.shipsproject.org.uk/>

**Additional provision to consider for children/young people with Hearing Impairment**

### The physical environment

* Access to a quiet withdrawal area should be available.
* Walls, ceilings and floors may need acoustic modifications.
* Additional audiological equipment e.g. a radio aid system or sound field system may be required depending on hearing levels.
* Support (usually by a TA) will be needed for management of all audiological equipment including a daily checking routine.
* Ensure good lighting.
* Discuss with the child/young person where they can best see and hear the adult in whole class and group activities, as advised by the specialist support teacher.
* Create a visually helpful environment; use classroom displays, word banks, individual key word lists, and picture resources to support learning.
* Help children and young people develop awareness of the safety requirements in practical subjects like DT, science and PE.

### 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 ICT to support personalised learning and reinforcement of whole class learning.
* Use precise and clear instructions and reinforce these with visual cues and clues, e.g. by using the interactive whiteboard, a visual timetable.
* Provide opportunities for clarification, repetition and rephrasing of language within meaningful contexts.
* Consider pre-teaching to introduce new language and concepts prior to whole group teaching.
* Use small group or one-to-one withdrawal activities to consolidate learning.
* Give careful consideration to the make up of groups working with the child/young person with HI, to provide good language models
* Take opportunities to promote positive friendship links e.g. in your choice of talk partner or seating plan
* 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.
* At secondary, use an intervention like ‘Think Right Feel Good’ or ‘Healthy Minds’ to support emotional wellbeing.

# Additional provision to consider for children/young people with Visual Impairment

### The physical environment

* Create a vision friendly environment: leave space between tables, keep the floor clear, keep resources tidy and organised with clear labels, use 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 contrast to make things more visible, e.g. a dark background with white lettering on a notice board.
* Ensure that the whiteboard is clean and that you use a contrasting pen and well-spaced, clear writing. The child/young person may need their own copy of information on the board.
* Be aware of the impact of shadows, glare and reflected light.
* Position the child/young person 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 print is of an appropriate size, well-spaced without visual clutter. Pictures should be clear and with good contrast.
* Use the other senses to support learning, e.g. provide real objects to support understanding rather than pictures.
* Provide a range of sensory experiences to support learning.
* Allow additional time for completion of tasks to minimise visual fatigue.
* Use pre-teaching before a whole class session to teach particular skills and allow time for reinforcement to follow up.
* Homework may be a problem for a child/young person who suffers from visual fatigue by the end of the day; make reasonable adjustments.
* The child/young person may need modified and enlarged exam and test papers with additional time to complete them.

# Review

### Involving parents and pupils in planning and reviewing progress

The effectiveness of the support and interventions and their impact on the pupil’s progress towards desired outcomes should be evaluated, along with the views of the pupil and their parents. This should feed back into the analysis of the pupil’s needs. The class or subject teacher, working with the SENCO, should revise the support in light of the pupil’s progress and development, deciding on any changes to the support and outcomes in consultation with the parent and pupil. Parents should have clear information about the impact of the support and interventions provided, enabling them to be involved in planning next steps.

*Schools* ***must*** *provide an annual report for parents on their child’s progress. Most schools will want to go beyond this and provide regular reports for parents on how their child is progressing.* *(SEND Code of Practice p104 6.64)*

*Where a pupil is receiving SEN support, schools should talk to parents regularly to set clear outcomes and review progress towards them, discuss the activities and support that will help achieve them, and identify the responsibilities of the parent, the pupil and the school****. Schools should meet parents at least three times each year.*** *(SEND Code of Practice p104 6.65)*

These discussions can build confidence in the actions being taken by the school, but they can also strengthen the impact of SEN support by increasing parental engagement in the approaches and teaching strategies that are being used. Finally, they can provide essential information on the impact of SEN support outside school and any changes in the pupil’s needs.

These discussions should be led by a teacher with good knowledge and understanding of the pupil who is aware of their needs and attainment. This will usually be the class teacher or form tutor, supported by the SENCO. It should provide an opportunity for the parent to share their views on current provision and progress and, together with the teacher, consider how to support the child /young person’s aspirations.

Conducting these discussions effectively involves a considerable amount of skill. As with other aspects of good teaching for pupils with SEN, schools should ensure that teaching staff are supported to manage these conversations as part of professional development.

These discussions will need to allow sufficient time to explore the parents’ views and to plan effectively. Meetings should, wherever possible, be aligned with the normal cycle of discussions with parents of all pupils. They will, however, be longer than most parent-teacher meetings.

The views of the pupil should be central to these discussions wherever possible. This could be through involving the pupil in all or part of the discussion itself or gathering their views as part of the preparation if more appropriate.

A record of the outcomes, action and support agreed through the discussion should be kept and shared with all the appropriate school staff. This record should be given to the pupil’s parents. The school’s management information system should be updated as appropriate.

# External Agency Support

*Local authorities must publish a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have Education, Health and Care (EHC) plans*. (*SEND Code of Practice2015 p 59 4.1)*

[Oxfordshire Local Offer](https://www.oxfordshire.gov.uk/residents/children-education-and-families/education-and-learning/special-educational-needs-and-disability-local-offer)

*Where a pupil continues to make less than expected progress, despite evidence-based support and interventions that are matched to the pupil’s area of need, the school should consider involving specialists, including those secured by the school itself or from outside agencies.*

*Schools may involve specialists at any point to advise them on early identification of SEN and effective support and interventions. A school should always involve a specialist where a pupil continues to make little or no progress or where they continue to work at levels substantially below those expected of pupils of a similar age despite evidence-based SEN support delivered by appropriately trained staff. The pupil’s parents should always be involved in any decision to involve specialists.*

*The involvement of specialists and what was discussed or agreed should be recorded and shared with the parents and teaching staff supporting the child in the same way as other SEN support.*

(*SEND Code of Practice2015 pp102-103)*

## For further advice with assessment and planning for Communication and Interaction needs contact:

SENSS Communication and Interaction Service for consultation about children with C&I as a primary need. <http://schools.oxfordshire.gov.uk/cms/node/80>

Information about referrals can be found on the local offer at:

<https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/communication-and-interaction#paragraph-3258>

No referrals are needed for Universal support, but for Targeted and Specialist support referrals are accepted from schools after a pre-referral conversation with their Advisory Teachers. C&I staff work closely with the Speech and Language Therapy Service to ensure that children receive appropriate support.

Information for schools:

<http://www.oxfordshire.gov.uk/sites/default/files/file/special-educational-needs/schoolsleaflet.pdf>

Information for parents:

<https://www.oxfordshire.gov.uk/sites/default/files/file/special-educational-needs/parentleaflet.pdf>

The Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and Language Therapy) Go to for information and speech and language referral.

<https://www.oxfordhealth.nhs.uk/service_description/oxfordshire-childrens-therapy/>

The Oxfordshire Children’s Occupational Health website has useful sensory strategies <https://www.oxfordhealth.nhs.uk/childrens-occupational-therapy/resources/>

CAMHS consultation helpline <https://www.oxfordhealth.nhs.uk/camhs/oxon/service/community/>

The SEN Augmentative and Alternative Communication (SENICTAAC) team <http://schools.oxfordshire.gov.uk/cms/node/176>

The Educational Psychology Service <http://schools.oxfordshire.gov.uk/cms/content/educational-psychology-service>

## For further advice with assessment and planning for Cognition and Learning needs contact:

* Oxfordshire School Inclusion Team (OXSIT) <http://www.oxsit.org.uk/> The OXSIT team offer assessment and advice for children with literacy difficulties.
* The Educational Psychology Service <http://schools.oxfordshire.gov.uk/cms/content/educational-psychology-service>
* SENSS Down Syndrome and Complex Needs Service. <http://schools.oxfordshire.gov.uk/cms/node/145>
* The SEN Augmentative and Alternative Communication (SENICTAAC) team <http://schools.oxfordshire.gov.uk/cms/node/176>.
* Some local Special Schools provide advice.

## For further advice with assessment and planning for Social, Emotional and Mental Health needs contact:

* CAMHS consultation helpline <https://www.oxfordhealth.nhs.uk/camhs/oxon/service/community/>
* The Educational Psychology Service <http://schools.oxfordshire.gov.uk/cms/content/educational-psychology-service>
* The ATTACH team offer support to children and young people who are living away from their birth parents, including those living in foster care, kinship care, or in adoptive families.
* <http://schools.oxfordshire.gov.uk/cms/content/attach-team>
* Please note, the ATTACH team can only work with a school if they are already involved with the carers/adoptive family.
* School Health Service <https://www.oxfordhealth.nhs.uk/school-health-nurses/>
* Oxfordshire School Inclusion Team (OXSIT) <http://www.oxsit.org.uk/> The OXSIT team offer support with Inclusion Support Plans.
* For children we care for, adopted and under special guardianship order contact the Virtual School (VSLAC)
* <https://www2.oxfordshire.gov.uk/cms/public-site/virtual-school-looked-after-children-and-care-leavers-0-25>
* For pupils who have physical difficulties with poor emotional regulation: Oxfordshire Children’s Occupational Therapist Website <https://www.oxfordhealth.nhs.uk/service_description/oxfordshire-childrens-occupational-therapy/>
* Education Inclusion Service works with schools and families to support school attendance and reduce exclusions. <http://schools.oxfordshire.gov.uk/cms/content/education-inclusion-service>
* Children and Family Centres offer a range of support to vulnerable children and families.
* <https://www.oxfordshire.gov.uk/residents/children-education-and-families/information-parents/children-and-family-centres>
* The Oxfordshire Directory of Local Services (Diminishing Difference) document outlines available additional support within the county.
* <https://sites.create-cdn.net/sitefiles/31/4/9/314937/OXSIT_Diminishing_Difference_2020-2021.pdf>

## For further advice with assessment and planning for Physical Difficulties contact:

* The SENSS Physical Disability team: [PD.Team@Oxfordshire.gov.uk](mailto:PD.Team@Oxfordshire.gov.uk)
* The Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and language therapy).

<https://www.oxfordhealth.nhs.uk/service_description/oxfordshire-childrens-therapy/>

* Oxfordshire Cerebral Palsy Pathway <https://www.oxfordhealth.nhs.uk/wp-content/uploads/2018/07/CP_A_Joint_Pathway_PT_OT_SaLT_2017.09.15.pdf>
* School health nurse for advice about managing a child’s medical needs.
* The SEN Augmentative and Alternative Communication (SENICTAAC) team <http://schools.oxfordshire.gov.uk/cms/node/176>
* Parents may also consult their GP if a physical difficulty, such as dyspraxia, is suspected.

## For further advice with assessment and planning for Hearing Impairment contact:

* The SENSS Hearing Impairment (HI) Team may observe, undertake specialist assessment and give advice to the setting; this can be used to inform the child/ young person’s learning programme. Referral to this team is usually done through the hospital Paediatrics.

<http://schools.oxfordshire.gov.uk/cms/content/hearing-impairment-hi-team>

* Social and Community Services (Hearing Impairment Team) can give advice on independent living skills, and can assess the needs for additional equipment, e.g. vibrating alarm clocks.

<https://livewell.oxfordshire.gov.uk/Services/175/Hearing-Impairment-T>

* It may also be helpful to involve the Speech and Language Therapy

Service (Integrated Therapies team) <https://www.oxfordhealth.nhs.uk/service_description/oxfordshire-childrens-therapy/>

* It may also be appropriate to involve the Educational Psychology Service.

<http://schools.oxfordshire.gov.uk/cms/content/educational-psychology-service>

## For further advice with assessment and planning for Visual Impairment contact:

* SENSS Visual Impairment Service <http://schools.oxfordshire.gov.uk/cms/node/85>
* The SEN Augmentative and Alternative Communication (SENICTAAC) team <http://schools.oxfordshire.gov.uk/cms/node/176>
* Oxfordshire Association for the Blind <https://www.oxeyes.org.uk/>

## For support for young people moving into post 16 provision or employment: contact:

The Education, Employment and Training Service can support young people moving into Post 16 provision or employment. <https://www.oxfordshire.gov.uk/residents/children-education-and-families/childrens-services/integrated-childrens-services/education-employmenttraining>

# Supporting Wider Outcomes

## Supporting Wider Outcomes for all children with SEN

* All staff should be aware of the implications of the young person’s needs and how to respond appropriately.
* There is a positive culture of inclusion, where all children and young people are taught about diversity and equality within their school community.
* Support may be needed for the young person to access out of school activities including clubs, sports and trips. Information sharing, with consent of parents where appropriate can help the young person to participate successfully.
* Consider flexibility around school uniform where this presents a sensory challenge.
* 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. <https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/home.page>
* Early Support information resources, available from the CDC website, provide useful and detailed information for professionals and parents.

<https://councilfordisabledchildren.org.uk/our-work/whole-child/practice/early-support-integrated-and-person-centered-approach>

* Early Help Assessment

<https://www.oxfordshire.gov.uk/residents/children-education-and-families/childrens-services/integrated-childrens-services/early-help-assessment>

## Supporting Wider Outcomes for children/young people with Communication and Interaction difficulties:

Useful websites and resources include:

* ICAN <https://www.ican.org.uk/about-us/>
* AFASIC <https://www.afasic.org.uk> /
* The Communication Trust <http://www.thecommunicationtrust.org.uk/early-years>
* The National Autistic Society <https://www.autism.org.uk/>
* Autism Education Trust <https://www.autismeducationtrust.org.uk/>
* Autism Education Trust Early Years Programme <https://www.autismeducationtrust.org.uk/training-programme/early-years/>

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## Supporting Wider Outcomes for children with Social, Emotional and Mental Health needs

Diminishing Difference SEMH Provision Map – list of external providers. <https://sites.create-cdn.net/sitefiles/31/4/9/314937/OXSIT_Diminishing_Difference_2020-2021.pdf>

## Supporting Wider Outcomes for children with Physical Difficulties

* All staff should be aware of the implications of the child’s physical needs and how to respond appropriately.
* There is a positive culture of inclusion, where all children and young people are taught about diversity and equality within their school community.
* Arrange for the child to have additional time for eating if needed, e.g. put at the head of the lunch queue, leave the classroom a few minutes early to get to the dining space.
* Ensure that supervising lunch staff understand the dietary needs of pupils and support where required, e.g. where chewing is a problem for a child needing high calorie intake lunchtime supervisors support meal choices.
* Support may be needed for the child to access out of school/setting 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.
* 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.
* Consider the need for support to enable independent travel.

## Supporting Wider Outcomes for children with Hearing Impairment

Social and Community Services (Hearing Impairment Team) can give advice on independent living skills, and can assess the needs for additional equipment, e.g. vibrating alarm clocks.

<https://livewell.oxfordshire.gov.uk/Services/175/Hearing-Impairment-T>

For primary age children with more complex needs Early Support information resources, available from the CDC website, provide useful and detailed information for professionals and parents.

<https://councilfordisabledchildren.org.uk/our-work/whole-child/practice/early-support-integrated-and-person-centered-approach> The Early Support Developmental Journal is designed for children in early years but may be useful to continue into Year 1 for children not meeting the EYFS expectations.

<https://webarchive.nationalarchives.gov.uk/20130402160742/https://www.education.gov.uk/publications/eOrderingDownload/ES50-Journal.pdf>

# Supporting Wider Outcomes for children with Visual Impairment

* All staff should be aware of the implications of the child’s visual condition and appropriate support strategies.
* The RNIB has a comprehensive website with useful information for parents and teachers [www.rnib.org](http://www.rnib.org)
* For primary age children with more complex needs Early Support information resources, available from the CDC website, provide useful and detailed information for professionals and parents. <https://councilfordisabledchildren.org.uk/our-work/whole-child/practice/early-support-integrated-and-person-centered-approach>
* The Early Support Developmental Journal is designed for children in early years but may be useful to continue into Year 1 for children not meeting the EYFS expectations. <https://webarchive.nationalarchives.gov.uk/20130402160742/https://www.education.gov.uk/publications/eOrderingDownload/ES50-Journal.pdf>
* Oxfordshire Association for the Blind <https://www.oxeyes.org.uk/>
* 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.

# Further Information and Training for Staff

**Communication and Interaction**

* All staff should be aware of the implications of the young person’s communication and interaction needs and how to respond appropriately. Use a pupil profile to ensure subject teachers are informed. AET Level 1 training via SENSS is helpful for raising awareness across the school.
* 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.
* Advanced skills training materials for mainstream teachers of learners with autistic spectrum disorders and also learners with speech, language and communication needs can be found at <http://www.advanced-training.org.uk/>
* **National Autistic Society**
* Offers training and consultancy to schools

<https://www.autism.org.uk/professionals/training-consultancy.aspx>

* One line training modules

<https://www.autism.org.uk/professionals/training-consultancy/online.aspx>

* **Department of Health** Autism training

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215651/dh_128203.pdf>

* Childnet Digital Leaders

The Childnet Digital Leaders Programme is a youth leadership training programme empowering young people to educate their peers about online safety. <https://digital-leaders.childnet.com/>

## Cognition and Learning

* TDA materials on Moderate Learning Difficulties

<http://dera.ioe.ac.uk/13820/1/session3.pdf>

* Advanced skills training materials for mainstream teachers of learners with moderate learning difficulties can be found at <http://www.advanced-training.org.uk/>

## Literacy Difficulties

* 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/>
* The British Dyslexia Association has useful information and details for further training for teachers. <https://www.bdadyslexia.org.uk/>
* The Dyslexia Association <https://www.dyslexia.uk.net/specific-learning-difficulties/>
* The Oxford Brookes PGCert in Education – Working with Children and Young People with Literacy Difficulties - <https://www.brookes.ac.uk/courses/postgraduate/pgcert-education-working-with-children-with-literacy-difficulties/>

## Maths Difficulties

* The British Dyslexia Association (BDA) has a useful section on maths difficulties and dyscalculia

<https://www.bdadyslexia.org.uk/dyslexic/maths-difficulties-dyscalculia>

* Understanding Dyscalculia

<https://www.understood.org/en/learning-attention-issues/child-learning-disabilities/dyscalculia/understanding-dyscalculia>

* Dyslexic.com <https://www.dyslexic.com/blog/what-is-dyscalculia/>
* The Dyslexia Association <https://www.dyslexia.uk.net/specific-learning-difficulties/dyscalculia/>

## Social, Emotional and Mental Health

* NASEN online training module: <http://www.nasen.org.uk/newsviews/newsviews.free-online-elearning-module-for-semh.html>
* 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 CDC website, provide useful and detailed information for professionals and parents.
* <https://councilfordisabledchildren.org.uk/our-work/whole-child/practice/early-support-integrated-and-person-centered-approach>
* 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/>
* NASEN online training module: <http://www.nasen.org.uk/newsviews/newsviews.free-online-elearning-module-for-semh.html>
* Realistic Positivity: understanding the additional needs of children placed for adoption, and supporting families when needs are unexpected is available from the National Children’s Bureau (CDC) <https://www.NCB.org.uk/resources-publications/resources/realistic-positivity>
* Oxford Brookes PGCert Education - Understanding and Managing SEMH Difficulties <https://www.brookes.ac.uk/courses/postgraduate/pgcert-education---understanding-and-managing-semh-difficulties/>

## Physical Difficulties

The British Dyslexia Association (BDA) has a useful section on dyspraxia <https://www.bdadyslexia.org.uk/search>

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

Oxfordshire Children’s Occupational Therapy Service <https://www.oxfordhealth.nhs.uk/childrens-occupational-therapy/resources/>

## Hearing Impairment

Sensory Impairment Team for families with children who have hearing impairment

<https://www.oxfordshire.gov.uk/residents/social-and-health-care/adult-social-care/living-home/equipment-aids-and-adaptations/sensory-impairment>

## Visual Impairment

RNIB has a comprehensive website with useful information for parents and teachers and a library of resources including some that can be loaned [www.rnib.org](http://www.rnib.org)

Sensory Impairment Team for families with children who are visually impaired <https://www.oxfordshire.gov.uk/residents/social-and-health-care/adult-social-care/living-home/equipment-aids-and-adaptations/sensory-impairment>

**Information and Support for Families**

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* Information about out of school activities including child/young person care and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website. <https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/home.page>
* 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>).
* Children and Family Centres offer a range of support to vulnerable children and families.
* <https://www.oxfordshire.gov.uk/residents/children-education-and-families/information-parents/children-and-family-centres>.
* Special Educational Needs and Disability Information Advice and Support Service (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.
* <https://www.oxfordshire.gov.uk/residents/children-education-and-families/education-and-learning/special-educational-needs-and-disability-local-offer/information-advice-and-support-parents-and-children-about-sen/sendiass-oxfordshire>.
* Independent Provider of Special Education Advice (IPSEA)is a registered charity operating in England, offering free and independent legally based information, advice and support to parents/carers of help children and young people with special educational needs and disabilities (SEND).
* <https://www.ipsea.org.uk/>.
* Contact provide information and support for families with disabled children <https://contact.org.uk/about-us/>.
* ‘Co-production’ Oxfordshire’s Working Together – Handbook
* <https://www.oxfordshire.gov.uk/sites/default/files/file/about-council/CoproHandbook_Full.pdf>.
* SENSS Communication and Interaction Service work with schools to support children with C&I as a primary need.
* Information for parents:
* <https://www.oxfordshire.gov.uk/sites/default/files/file/special-educational-needs/parentleaflet.pdf>.
* The Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and Language Therapy)
* <https://www.oxfordhealth.nhs.uk/service_description/oxfordshire-childrens-therapy/>.
* Oxfordshire Literacy Difficulties Policy and Advice

<https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/childreneducationandfamilies/educationandlearning/specialeducationalneeds/SEND/LiteracyDifficultiesPolicyandAdvice.pdf>.

* Oxfordshire Dyslexia Association <https://www.oxdys.org.uk/>.
* The Dyslexia SpLD Trust <http://www.thedyslexia-spldtrust.org.uk/>.

# 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>

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| --- | --- |
| Acronym, word or phrase | Definition or information |
| ADD and ADHD | Attention Deficit (Hyperactivity) Disorder  A diagnosis based upon difficulties with attention and impulsiveness. |
| ASD or ASC | Autistic Spectrum Disorder or Condition  Learners 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. |
| (P) CAMHS | (Primary) Child and Adolescent Mental Health Service. |
| CWCF | Children We Care For |
| CoP or SENDCoP | Code of Practice for SEN and Disability |
| C&I | Communication and Interaction  This includes speech language and communication difficulties and Autism Spectrum Conditions. |
| C&L | Cognition and Learning  This 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). |
| DCD | Developmental Coordination Disorder is a condition that affects movement and coordination. It can also have a big impact on learning. It is sometimes referred to as dyspraxia – see below. |
| 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. |
| EHA | Early Help Assessment  The EHA 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. |
| 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 Stage  The EYFS provides the statutory framework for learning in the foundation years. |
| EYSENIT team | Early Years Special Educational Needs team includes  Early Years SEN Inclusion Teachers (EYSENITIT) 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. |
| FSS | Family Solutions Service |
| HI | Hearing Impairment  Learners 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 Supporter  IPS 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. |
| LCSS | Local Community Support Service |
| 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 Impairment  Learners 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 Difficulties  There 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-ordinator  The 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 Services  SENSS 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) |
| SEMH | Social Emotional and Mental Health |
| 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. |
| SLT | Speech and Language Therapist  A SLT is trained to assess and treat speech, language, voice and fluency difficulties and disorders. SLTs give advice to settings and schools and work with children and parents. |
| SNAST | Special Needs Advisory Support Teacher |
| SpLD | Specific Learning Difficulty  Dyscalculia, 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 |
| TAF | Team Around the Family |
| VI | Visual Impairment  Learners have a visual impairment if their sight is not correctable by wearing glasses or contact lenses. |