Inclusive support series: SLCN difficulties

Use this strengths based tool to identify reasonable adjustments in learning settings (not all the strategies will be need to be implemented at one time)

Think 'language first' – if a child is not making progress, screen for SLCN difficulties.

Copy to:
- Inclusion team
- Class team
- Parents

Name: Class: Date: Completed by:

Receptive language

	Reduce overload by using simple language, chunking and simple grammatical structure. Reduce use of ambiguous language and non-literal language e.g. idioms.
	Use natural gestures and facial expression when you are talking and use pictures and real-life objects to support the child's understanding (e.g. showing them a picture of a snack or an apple when it is snack time).
	Adult to check-in to ensure child has understood tasks and instructions.
	If the child does not respond allow processing time, and then repeat using the same simple words, emphasising key points.
	Use a visual timetable and now/next boards to support understanding of routines and transitions.
	Make learning as tactile as possible e.g. visual, hands-on, visits, digital media.
	Use strategies to alleviate memory load e.g. task plans, sequencing boards, word banks, digital recorders and talking tins, ipads.
	Use symbols to aid comprehension where language levels are low e.g. communication in print, Widgit.
	Opportunities for guided reading to target comprehension and inference **Blanks Level of Questioning.**
	Encourage children to monitor own understanding and ask for help. Plan ways for children to ask for help discreetly.

Expressive language

	Plan opportunities for communication throughout the day e.g. Talking partners, small group work, 1:1 time with an adult, structured tasks, games with repeated steps, visual/physical prompts.
	Accept any form of communication verbal or non-verbal.
	Comment on child's learning and play using simple sentences, during everyday activities to be a good language model.
	Use open questions (ones that require more than a 1-word answer), rather than closed questions to encourage more than a yes/no response.
	Offering child support to make verbal contributions e.g. giving a sentence starter e.g. I want…, offering choices using choice boards, visual prompts.
	Expand sentences by adding 1-2 new words (no expectation for the child to repeat).
	Model back correct grammar and vocabulary, emphasising the key words e.g. if the child says "he falled", respond with "he fell".
	Emotional check-ins with pupils to prompt and model effective regulation strategies.
	Think about positives/gratitude each day.

Please ensure that these strategies are implemented across the school day and suitable support for staff is provided e.g., weekly staff supervision

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Children's Integrated Therapies

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Adult use of language

	Modify the language adults use in line with the child's language ability; simplify, reduce, and slow down.
	Adults to slow down speed of speech and allow pauses for processing- 10 second rule! Repeat rather than rephrase.
	Use child's name/clap before giving instruction to ensure you have their attention.
	Try to avoid anticipating or completing the child's sentences, which limits their opportunity to express themselves and reduces self-esteem.
	Offer specific praise e.g. "That was a really good sentence. You remembered to use the 'is' word" rather than general comments e.g. "Well done".
	Be honest – if you have not understood them, ask them to explain again. This develops their self-awareness and gives them an opportunity to repair the conversation.
	If a child is stammering, allow them time to speak without interrupting. Focus on what they are saying not how they are saying it.

Physical environment

	Consider and reduce background noise and visual distractions e.g. lighting, as much as possible.
	Consider seating arrangements and strategic positioning in the classroom e.g. place child so they can easily see the adult talking.
	Ensure a quiet space with limited distractions is available for talking and listening activities.
	Individual workstations available for low distraction independent working.
	Sensory space available as a 'safe space' child can go to if dysregulated.

Vocabulary

	Identify specific topic vocabulary and concepts (be aware of gaps in vocabulary) and explicitly pre-teach and review often. Use visual support for memory hooks.
	Teach new vocabulary using word webs and mind maps to explore all the features of the word e.g. Phonology, semantics.
	Link new words to familiar words.
	Ensure topic words and other vocabulary are visually represented in the classroom e.g. Word walls, tabletop word boards, adjective boards etc.
	When the child is learning a new word, give plenty of opportunities to hear it (and see what it refers to) in a range of different situations, before you assume they have fully understood the word (this could include acting out new verbs if appropriate).

Visual supports

	Visual timetable in place for structure and transitional support with 'change' card for non-routine events.
	Now/Next boards used to support transitions.
	Visually labelled classroom resources.

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Social communication

	Opportunity to interact with different peers and adults throughout the day.
	When talking, make sure you are face to face and make eye contact where possible.
	Opportunities for structured games to model and teach turn-taking and interaction skills.
	Adults to encourage interactions in the classroom and in unstructured play showing awareness of child's interests when needed.
	Utilise friendship benches/buddy system/ friendship groups to support children with identified needs.
	Use of social stories for identified areas of difficulty.
	Consider teaching of language specific to social situations.

Speech sounds and phonological awareness

	Staff to reduce pace of speech for children with speech sound difficulties.
	Concentrate on what the child is saying, rather than any speech errors.
	Model back sounds on noticing an error. For example, if the child says 'a dod', respond saying 'A dog!' emphasising the 'g' sound. Position yourself so child is able to see your mouth when you are modelling sounds.
	Offer forced choice alternatives to children who are generalising newly learned speech sounds e.g., is it a wabbit or a rabbit?
	Staff to access CIT (children's integrated therapies)/SLT website for advice and supporting videos.

Consider:
- How long each adjustment has been in place?
- What impact is it having?
- Is this still the right adjustment? (i.e. have things changed or is it ineffective)
- Is it being used consistently? (by all in contact with the child)

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Date of review: ....

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