



**London Borough of Sutton**

**Graduated Support for Special  
Educational Needs**

**September 2011**



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## **Communication & Interaction – Speech and Language**

Most children with special educational needs have strengths and difficulties in one, some or all of the areas of speech, language and communication. Their communication needs may be both diverse and complex. They will need to continue to develop their linguistic competence in order to support their thinking as well as their communication. The range of difficulties will encompass children and young people with speech and language delay, impairments or disorders, specific learning difficulties, such as dyslexia and dyspraxia, and those who demonstrate features within the autistic spectrum. They may also apply to some children and young people with moderate, severe or profound learning difficulties. The range of need will include those for whom language and communication difficulties are the result of permanent sensory or physical impairment.

**Children with specific speech and language difficulties**, by definition, have some measurable cognitive skills which are age appropriate.

**Speech and language difficulties** may show themselves in the following ways:

- Problems in the production of speech
- Difficulty in finding words, and in joining them together in meaningful and expressive language
- Problems in communicating through speech and other forms of language
- Difficulties or delays in understanding or responding to the verbal cues of others
- Difficulties with the acquisition or expression of thoughts and ideas
- Difficulty in understanding and using appropriate social language
- Frustrations and anxieties arising from a failure to communicate, possibly leading to apparent behavioural difficulties and deteriorating social and peer relationships

**Children with Speech and Language Difficulties** may require some, or all of the following:

- Flexible teaching arrangements
- Help in acquiring, comprehending and using language to communicate
- Help in articulation
- Help in acquiring literacy skills
- Help in using augmentative and alternative means of communication
- Help in using different means of communication confidently and competently for a range of purposes, including formal situations
- Help in organising and coordinating oral and written language
- Help with motor skills
- Support to compensate for the impact of communication difficulty on learning where English is an additional language

The central form of action for most children experiencing speech and language difficulties will be that which the class or subject teacher is able to take using resources and strategies available in the ordinary classroom.

## **Basic differentiation**

- Accept how the child speaks without correction
- Don't demand verbal responses from children
- Don't ask the child for lengthy responses
- Simplify your own language
- Give the child time to respond – if necessary give the question before the input to support attention
- Reduce visual, auditory and movement distractions when speaking to the child to maximise attention
- Use commentary to encourage joint attention
- Use visual strategies – cue cards, visual timetables, to enhance understanding
- Use discussion and visual planning to support the production of written work
- Make the implicit – explicit
- Record and build on what the pupil can do
- Reduce stress for the child
- Consider referral to an outside specialist

## **Evidence of level of need in context of statutory assessment**

The school will need to provide written information demonstrating that it has:

- Drawn up, implemented and regularly reviewed Individual Education Plans over a period of at least six months.
- Consulted with parents/carers and child (where appropriate) at every stage. The parent/carer should be offered opportunities to be involved in supporting the school in implementing and evaluating of intervention programmes.
- Sought and acted upon advice from appropriate external specialists e.g. Speech and Language Therapists, Language and Communication Support Service, Learning Support Service, Educational Psychologist.
- Reviewed effectiveness of any interventions resulting from such advice with the external specialists involved.
- Taken action to make the curriculum accessible through differentiation, homework, resources and teaching and pastoral support.
- Evaluated the effectiveness of teaching approaches used across a range of areas, including those where the child is successful or is able to demonstrate strengths.
- Considered the child's pastoral needs and if necessary sought appropriate advice or expertise to meet any behavioural, emotional or social needs.
- Explored the benefits of, and where practicable secured access for the child to appropriate ICT.

## Communication & Interaction – Speech and Language

### General guidance – all key stages

	School/Early Years action	School/Early years action plus	Statutory Assessment
<b>Attention</b>	Easily distracted but can be refocused. Needs support with verbally presented information. Some difficulties in attending to other pupils in group. May tire easily in long sessions and be affected by unfamiliar situations/people.	Difficulty in attending in whole class group, needs regular prompting to attend to verbally presented information. May need refocusing in small groups.	Constant and severe difficulties. Single channelled attention. Very distractible. Unable to attend in whole groups, difficulty in small groups and in some 1:1 situations. Does not develop self help strategies to remain focussed in any situation.
<b>Receptive</b>	Needs some repetition and simplification of spoken language. Needs time to respond. Difficulty in listening to paragraphs and responding appropriately. Difficulty in understanding abstract concepts, understanding may be literal. Has difficulty with implied meaning.	Noticeable delay in responding to spoken language. May be slow to process information or may do so inaccurately. Needs frequent repetition/simplification. Relies on visual information. Difficulty using context to support understanding. Prediction may be poor. Slow acquisition of new concepts, poor basic concepts.	Responds to only part of an instruction. May repeat instead of responding. Very slow to acquire the meaning of new words, needs specific teaching. May give inappropriate responses. Limited, sometimes literal, understanding of verbally presented information and knowledge of the world. Language needs to be simplified.
<b>Expressive</b>	Language sounds grammatically immature and hesitant. Has word finding difficulties. Difficulty in recounting events, stories and general information, and in using descriptive language. Finds it difficult to convey intended meaning at first attempt.	Uses simplified language and limited vocabulary e.g. doesn't use question forms, restricted use of grammar. May have word order problems. Language may not always convey intended meaning. Ideas / conversations may be difficult to follow, with the need to request frequent clarification.	Limited ability to use language meaningfully. Uses short phrases and restricted sentences, which may have been rote learnt. Significant difficulties with grammar, including tenses, pronouns, irregular plurals. Unable to link ideas to form complex sentences, may take a long time to find words to express ideas, may show frustration, or reluctance to contribute verbally.
<b>Speech</b>	Is not easy to understand. Limits the child's ability to participate in group activities. Polysyllabic words may be mispronounced. On the whole, speech is intelligible.	Difficult to understand if context is unknown, or if the child is dealing with abstract concepts. Participation in classroom activities is severely limited. Immaturities in speech sound system. Phonological awareness is poor. Literacy skills are affected.	Very difficult to understand, even for familiar adults. Some distortion of consonants and vowels. Not able to segment words into sounds orally, major impact on literacy. Occasionally, physical difficulties may cause intelligibility problems. Intelligibility affected in stressful situations and when speaking too fast.
<b>Interaction</b>	Some reluctance to engage in conversation, and/or some difficulties in interacting with peers. Difficulties with social skills that affect relationships with peers and unfamiliar adults.	Poor understanding of verbal and non-verbal turn taking. Some inappropriate use of non-verbal skills. Interactions may be inappropriate and may cause upset and confusion to the pupil. Peer relationship difficulties, e.g. increased isolation, difficulty developing peer relationships	Difficulty working within a group – poor understanding of group rules, isolation from peers. The child does not transfer strategies from one situation to another. Behaviour may be a concern and self-esteem may be badly affected.
<b>Attainment Criteria</b>	Standardised scores of 84 or below, at percentile 14 or below on relevant assessments in one or more areas above. Progress in areas of the curriculum which are less language dependent.	Standardised scores of 78 or below, at percentile 7 or below on relevant assessments in one or more areas above. Low rates of progress in many areas of the curriculum and particularly in literacy.	Standardised scores of 67 or below, at percentile 1.5 or below on relevant assessments in two or more areas above. Significant difficulty in many areas of the curriculum, including literacy.



## Communication & Interaction – Speech and Language Evidence Checklist

### REQUEST FOR STATUTORY ASSESSMENT OF A PUPIL'S SPECIAL EDUCATIONAL NEEDS

This checklist is not intended to be comprehensive but is designed to support you in submitting your evidence base of level and complexity of need

<b>School:</b>	<b>Name of Pupil:</b>
	<b>Date of Birth:</b>

The school will need to provide written information demonstrating that it has:	Please tick
Drawn up, implemented and regularly reviewed Individual Education Plans over a period of at least six months.	<input type="checkbox"/>
Consulted with parents/carers and child (where appropriate) at every stage. The parent/carer should be offered opportunities to be involved in supporting the school in implementing and evaluating of intervention programmes.	<input type="checkbox"/>
Sought and acted upon advice from appropriate external specialists e.g. <ul style="list-style-type: none"> <li>• Speech and Language Therapists</li> <li>• Learning Support Service</li> <li>• Educational Psychologist</li> <li>• Child and Adolescent Mental Health Service</li> </ul> Reviewed effectiveness of any interventions resulting from such advice with the external specialists involved.	<input type="checkbox"/>
Taken action to make the curriculum accessible through differentiation, homework, resources and teaching and pastoral support.	<input type="checkbox"/>
Evaluated the effectiveness of teaching approaches used across a range of areas, including those where the child is successful or is able to demonstrate strengths.	<input type="checkbox"/>
Considered the child's pastoral needs and if necessary sought appropriate advice or expertise to meet any behavioural, emotional or social needs.	<input type="checkbox"/>
Explored the benefits of, and where practicable secured access for the child to appropriate ICT.	<input type="checkbox"/>

**Signed** .....

**Date** .....

**PRINT NAME** .....

**POSITION** .....



## **Communication & Interaction - Autism Spectrum Conditions**

Autism Spectrum conditions are understood as disorders of development, linked to neurological factors. They are characterised problems in one or more of three areas, described as the triad of impairments. These can affect the following areas:

- Social interaction and relationships
- Social communication and language
- Social imagination and creative development, with typically restricted and repetitive patterns of self-chosen behaviour

### **They may show themselves in the following ways:**

- Difficulties in attuning to social situations and responding to normal environmental cues
- Evidence of emerging personal agendas which are increasingly not amenable to adult direction
- A tendency to withdraw from social situations and increasing passivity, and absence of initiative
- Anxiety in social situations, manifested by distress and/or dramatic outbursts
- Repressed, reduced or inappropriate social interactions extending to highly egocentric behaviour with an absence of awareness of the needs or emotions of others
- Limited ability to interpret non-verbal cues such as body language and facial expressions
- Impaired use of language, either expressive or receptive. This may include odd intonation, literal interpretations and idiosyncratic phrases and may extend to more bizarre expressive forms and limited expression, reducing the potential for two way communication
- Difficulties in expressing own emotions
- Limitations in expressive or creative peer activities extending to obsessive interests or repetitive activities
- Lack of understanding of cause and effect, extending to inability to understand safety issues in everyday situations
- Difficulties in motor imitation and control, abnormal responses to sensory experiences and signs of distress or emotional disturbance without obvious cause

### **Children with Autism Spectrum Conditions may require some, or all of the following:**

- Flexible teaching arrangements, including “time out” periods, a personalised work station
- Help in acquiring, comprehending and using language to communicate
- Help in articulation
- Help in developing social skills
- Help in managing social relationships, including management of social misunderstanding and conflict
- Help in acquiring literacy skills
- Help in using augmentative and alternative means of communication, such as visual timetables, visual cues and use of objects of reference

- Help to use different means of communication confidently and competently for a range of purposes, including formal situations
- Help in organising and coordinating oral and written language
- Help with motor skills
- Support in processing and organising information
- Support to compensate for the impact of communication difficulty on learning where English is an additional language

Children with Autism Spectrum Conditions are best supported by clear understanding by class and subject teachers of the needs of individual children and the strategies that support the learning of all children, using visual information, demonstrations, direct practical experience, structured environment, careful use of spoken language, and providing alternative means of showing skills and knowledge, or recording work.

### **Evidence of level of need in context of statutory assessment**

The school will need to provide written information demonstrating that it has:

- Drawn up, implemented and regularly reviewed Individual Education Plans over a period of at least six months.
- Consulted with parents/carers and child (where appropriate) at every stage. The parent/carer should be offered opportunities to be involved in supporting the school in implementing and evaluating of intervention programmes.
- Sought and acted upon advice from appropriate external specialists e.g. Speech and Language Therapists, ASD Advisory Service, Learning Support Service, Educational Psychologist, Child and Adolescent Mental Health Service. Reviewed effectiveness of any interventions resulting from such advice with the external specialists involved.
- Taken action to make the curriculum accessible through differentiation, homework, resources and teaching and pastoral support.
- Evaluated the effectiveness of teaching approaches used across a range of areas, including those where the child is successful or is able to demonstrate strengths.
- Considered the child's pastoral needs and if necessary sought appropriate advice or expertise to meet any behavioural, emotional or social needs.
- Explored the benefits of, and where practicable secured access for the child to appropriate ICT.

## Communication & Interaction: Autism Spectrum Conditions Descriptors

### General guidance – all key stages

	School/Early Years action	School/Early Years action plus	Statutory Assessment
<b>General ability to adapt to school demands</b>	Conforms with some prompting and adaptation of the curriculum and classroom environment	Planned approaches needed to enable the child to remain within the class group. Specific IEPs developed to reduce disruption. Adult assistance needed several times a day.	The child has difficulty participating within whole class group for significant part of the school day despite SA+ arrangements. Access to the curriculum is restricted. Curriculum emphasis is required to address social and communication needs.
<b>Social interaction/relationships</b>	Inappropriate or limited peer group relationships. Able to imitate actions and learn from role models.	Poor understanding of social conventions and expectations leading to social isolation. Prefers interaction with adults. Difficulties responding to adult direction. Requires small group and individual instructions. Requires more explicit modelling of skills for imitation.	Clear difficulty responding in social situations and to adult instruction. May be aloof or show markedly inappropriate interactions with other children.
<b>Social communication and language</b>	Immature social communication skills affecting the child's ability to listen and take turns in groups. Tendency to dominate in conversations showing limited awareness of listener's needs. Some difficulty with the use and understanding of non-verbal signals. Some literal response to verbal communication.	Difficulty with social use of language requiring some direct teaching (e.g. eye contact, initiating conversations, attention, taking the listeners perspective) Literal interpretations of language e.g. humour and idioms. May have some stereotyped language. Adaptations of communications by adults essential.	Severely impaired social communication skills requiring either intensive programme of social communication training and generalisation. Has some superficially perfect language but unable to use it in other than rote manner. Adaptation of communication by adults essential with cues such as visual prompts and signalled routines.
<b>Social imagination /creative development</b>	Some concerns about level of symbolic play in younger children and ability to understand symbolism in poetry and literature in older children. Shows anxiety needing some reassurance when routine is changed. A special interest that may affect ability to stay on task. Inappropriate classroom behaviours which distract self and others and unaware of affect of behaviour on others.	Difficulties in showing empathy, or to predict the emotional responses of others. May have some obsessional interests, stereotyped behaviours or language, which can be redirected by an adult. Rigid and inflexible adherence to rules. May become upset by changes e.g. assembly, supply staff. Needs warnings / reassurance when there are changes to routines. Some difficulty in generalising skills learnt to other situations.	In the context of developmental pattern, a profound impairment of ability to show empathy, or to predict the emotional response of others. Obsessional adherence to some routines. Requires a high level of consistency and routine in order to reduce anxiety and access the curriculum. Clear difficulty in generalising skills learnt for other situations.



## Communication & Interaction – ASD Evidence Checklist

### REQUEST FOR STATUTORY ASSESSMENT OF A PUPIL'S SPECIAL EDUCATIONAL NEEDS

This checklist is not intended to be comprehensive but is designed to support you in submitting your evidence base of level and complexity of need

<b>School:</b>	<b>Name of Pupil:</b> <b>Date of Birth:</b>
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The school will need to provide written information demonstrating that it has:	Please tick
Drawn up, implemented and regularly reviewed Individual Education Plans over a period of at least six months.	<input type="checkbox"/>
Consulted with parents/carers and child (where appropriate) at every stage. The parent/carer should be offered opportunities to be involved in supporting the school in implementing and evaluating of intervention programmes.	<input type="checkbox"/>
Sought and acted upon advice from appropriate external specialists e.g. <ul style="list-style-type: none"> <li>Speech and Language Therapists</li> <li>ASD Advisory Service</li> <li>Learning Support Service</li> <li>Educational Psychologist</li> <li>Child and Adolescent Mental Health Service</li> </ul> Reviewed effectiveness of any interventions resulting from such advice with the external specialists involved.	<input type="checkbox"/>
Taken action to make the curriculum accessible through differentiation, homework, resources and teaching and pastoral support.	<input type="checkbox"/>
Evaluated the effectiveness of teaching approaches used across a range of areas, including those where the child is successful or is able to demonstrate strengths.	<input type="checkbox"/>
Considered the child's pastoral needs and if necessary sought appropriate advice or expertise to meet any behavioural, emotional or social needs.	<input type="checkbox"/>
Explored the benefits of, and where practicable secured access for the child to appropriate ICT.	<input type="checkbox"/>

**Signed** .....

**Date** .....

**PRINT NAME** .....

**POSITION** .....



## **Cognition & Learning – General Learning Difficulties (GLD)**

With effective early intervention processes, children with significant and complex learning difficulties will be identified before school age or early in their school careers. Their general level of academic attainment will be significantly below that of their peers and there will be a commensurately slower rate of learning. They will have difficulty acquiring and applying basic numeracy and literacy skills and many will have significant speech and language difficulties. Additionally, children with significant learning difficulties may often experience difficulties in concentrating and acquiring social and life skills. They may also have low self esteem. Whatever the level of a child's difficulties, the key test of how far their learning needs are being met is whether they are making adequate progress.

Typically, such children are likely to need to work to a structured learning programme in which tasks are set at an appropriate level, presented in small steps and supported where appropriate by multi sensory, concrete and experiential learning opportunities. Many children with learning difficulties will be able to make the expected amount of progress if given the appropriate school-based intervention with a high degree of overlearning; this intervention being over a medium to long term period of time.

It should be noted that some children's learning will plateau. This may not indicate that progress has ceased, but may mean that the child will need adequate time to consolidate their learning thus far.

### **Children with general learning needs are likely to benefit from some, or all, of the following:**

- A flexible teaching programme, in which learning tasks are set at an appropriate level and presented in small steps and supported where appropriate by multi sensory, concrete and experiential learning opportunities with opportunities for overlearning
- Provision of a safe and supportive environment
- Help in acquiring and using language to communicate
- Help in acquiring basic skills in literacy and numeracy
- Support in processing information
- Help in organising and co-ordinating their work
- Help with the social inclusion
- Support to develop and maintain a positive self-image and healthy self-esteem.

### **Evidence of need in the context of statutory assessment**

The school will need to provide written information demonstrating that it has:

- Drawn up, implemented, monitored and regularly reviewed Individual Education Plans at each SEN decision point over a period of at least 6 months, and reflecting progress through at least two implemented and evaluated IEPs.
- Sought and acted upon advice from appropriate external specialists (e.g. educational psychologist, advisory teachers, health care professionals)
- Sought the views of and involved the child and parents/ carers at each stage. The parents/carers should have had the full opportunity to be involved in

supporting the school staff in the implementation and evaluation of any intervention programmes.

- Taken action to make the appropriate curriculum accessible to the pupil through differentiation (with overlearning built into the teaching programme), homework, resources, teaching and pastoral support.
- Considered and taken steps to meet the pastoral needs of the child and if necessary sought appropriate advice or expertise to meet any behavioural, emotional or social needs.
- Explored the benefits of, and where practicable secured access for the child to appropriate information technology.

## **Cognition and Learning – Specific Learning Difficulties (SpLD)**

Some children may have specific learning difficulties, which are not typical of their cognitive ability or general level of performance. They may gain some skills quickly and demonstrate a higher level of ability orally, yet may encounter sustained difficulty in gaining literacy or numeracy skills. Their difficulties may sometimes be associated with significant difficulties of sequencing, visual and auditory perception, developmental co-ordination difficulties, difficulties with short term memory, verbal recall or significant delays in language functioning. Children with Specific Learning Difficulties will usually require specific, structured programmes to aid learning.

When interpreting the criteria for a child with specific learning difficulties it is necessary to consider the impact of their difficulties on their ability to access the full range of the curriculum. A child may have a very specific difficulty, e.g. with spelling or mathematics, they may meet the attainment criteria in that area. However, these children may be able to access the curriculum with appropriate differentiation and their difficulties may be best supported using focused teaching strategies or other interventions that do not require the highest levels of resources.

**Children with specific learning needs are likely to benefit from some, or all, of the following:**

- A flexible teaching programme, in which learning tasks are set at an appropriate level and presented in small steps and supported where appropriate by concrete and experiential learning opportunities
- Provision of a safe and supportive environment
- Help in acquiring and using language to communicate
- Help in acquiring basic skills in literacy and numeracy
- Support in processing information
- Help in organising and co-ordinating their work
- Help with the social inclusion
- Support to develop and maintain a positive self-image and healthy self-esteem.

### **Evidence of need in the context of statutory assessment**

The school will need to provide written information demonstrating that it has:

- Drawn up, implemented, monitored and regularly reviewed Individual Education Plans at each SEN decision point over a period of at least 6 months.
- Sought and acted upon advice from appropriate external specialists (e.g. educational psychologist, advisory teachers, health care professionals)
- Sought the views of and involved the child and parents/ carers at each stage. The parents/carers should have had the full opportunity to be involved in supporting the school staff in the implementation and evaluation of any intervention programmes.
- Taken action to make the appropriate curriculum accessible to the pupil through differentiation, homework, resources, teaching and pastoral support.
- Considered and taken steps to meet the pastoral needs of the child and if necessary sought appropriate advice or expertise to meet any behavioural, emotional or social needs.
- Explored the benefits of, and where practicable secured access for the child to appropriate information technology.



## Cognition & Learning – Learning Difficulties

### General guidance – all key stages

	School/Early Years action	School/Early years action plus	Statutory Assessment
<b>Curriculum Access</b>	Needs some support in order to participate fully in wider curriculum	Differentiated approach needed in nearly all lessons, with some additional explanations and direct support required in order to participate in the curriculum.	Full curriculum differentiation is required, with child following an individualised programme of lessons and curriculum-related activities.
<b>Progress and response to teaching</b>	Delay requiring some additional focus of support to ensure adequate progress. Needs some repetition and direct skills teaching.	Delay requiring additional focus of support to ensure some progress. Responsive to teaching but does not retain without repetition over time. Needs direct skills teaching and frequent repetition.	Significant delay. Responsive to teaching situation but does not retain without frequent repetition over time. Capacity for learning limited.
<b>Social and emotional impact</b>	Child generally manages well.	Child is aware of differences in some areas but is able to compensate. May experience periods when differences have a significant impact e.g. struggles to manage a highly motivational activity when peers are succeeding with ease, and requires additional adult intervention to support emotional state at these times.	Child is aware of differences between self and peers in all areas, and ‘feels different’. Enjoys participation in simple games but cannot grasp complex social interactions, may be excluded from these by others. May be isolated or the subject of bullying. Likely to require intervention to manage emotional state and may require intervention with challenging behaviours
<b>Interaction with other areas of need</b>	Child may show delay in other areas.	Learning difficulties may be compounded by difficulties in other areas, such as language and communication. Interventions needed to address complexities.	Strong likelihood of co-morbidity with other areas of need including medical or genetic conditions, language and communication need and/or challenging behaviours. See descriptors
<b>Assessment Criteria</b>	Standardised scores of 84 or below, at percentile 14 or below on relevant assessments in one or more areas above. Progress in areas of the curriculum which are less language dependent.	Standardised scores of 78 or below, at percentile 7 or below on relevant assessments in one or more areas above. Low rates of progress in many areas of the curriculum and particularly in literacy.	Standardised scores of 67 or below, at percentile 1.5 or below on relevant assessments in two or more areas above. Significant difficulty in many areas of the curriculum, including literacy.

## Cognition & Learning

### Pupil characteristics – Attainment Criteria by age

	School/Early Years action	School/Early years action plus	Statutory Assessment
<b>Age 3:0 to 3:05</b>	Delay, requiring some additional support to ensure adequate progress.	Delay of at least 12 months	Not appropriate at this age
<b>Age 3:06 to 3:11</b>	Delay, requiring some additional support to ensure adequate progress.	Delay of at least 14 months	Delay of at least 18 months
<b>Age 4:0 to 4:05</b>	Delay, requiring some additional support to ensure adequate progress.	Delay of at least 16 months	Delay of at least 21 months
<b>Age 4:06 to 4:11</b>	Delay, requiring some additional support to ensure adequate progress.	Delay of at least 18 months. Foundation Stage Profile total score less than 52	Delay of at least 2 years. Foundation Stage Profile total score less than 28
<b>Age 5:0 to 5:11</b>	Delay, requiring some additional support to ensure adequate progress.	Delay of at least 21 months. Foundation Stage Profile total score less than 58	Delay of at least 2 years 2 months. Foundation Stage Profile total score less than 35
<b>Key Stage 1 Age 6:02 Year 1</b>	Scores at, or less than, P7 for all or specific elements on P scales for core skills	Scores at, or less than, P6 following 2 reviewed IEPs at School Action	Scores at, or less than, P5 for all or specific elements on P scales for core skills following 2 reviewed IEPs at School Action Plus
<b>Key Stage 1 Age 7:02 Year 2</b>	Scores at, or less than, level 1C	Scores at, or less than, P8 for all or specific elements on P scales for core skills following 2 reviewed IEPs at School Action	Scores at, or less than, P6 for all or specific elements on P scales for core skills following 2 reviewed IEPs at School Action Plus
<b>Key Stage 2 Age 8:02 Year 3</b>	Scores at, or less than, Level 1A	Scores at, or less than Level 1C and 1B following 2 reviewed IEPs at School Action	Scores at, or less than, P8 following 2 reviewed IEPs at School Action Plus
<b>Key Stage 2 Age 9:02 Year 4</b>	Scores at, or less than, Level 2C	Working at, or less than, Level 1A following 2 reviewed IEPs at School Action	Scores at, or less than, Level 1C following 2 reviewed IEPs at School Action Plus
<b>Key Stage 2 Age 10:02 Year 5</b>	Working at, or less than, Level 2A/B	Working at, or less than, Level 2C and 2B in NC core subjects following 2 reviewed IEPs at School Action	Scores at, or less than, Level 1B in all NC core subjects following 2 reviewed IEPs at School Action Plus
<b>Key Stage 2 Age 11:02 Year 6</b>	Working at, or less than, Level 3C	Working at Level 2 following 2 reviewed IEPs at School Action	Working at, or less than Level 1A following 2 reviewed IEPs at School Action Plus

**Cognition and Learning**  
**Pupil characteristics – Attainment Criteria**  
**Key Stage 3 and 4**

	<b>School/Early Years action</b>	<b>School/Early years action plus</b>	<b>Statutory Assessment</b>
<b>Key Stage 3 – National Curriculum Age 12:2 Y7</b>	Working at Level 3	Working at, or less than, Level 2A following 2 reviewed IEPs at School Action	Working less than Level 2 following 2 reviewed IEPs at School Action Plus
<b>Age 13:2 Y8</b>	Working at Level 3	Working towards Level 3 following 2 reviewed IEPs at School Action	Working at Level 2C following 2 reviewed IEPs at School Action Plus
<b>Age 14:2 Y9</b>	Working at Level 3	Working towards Level 3 following 2 reviewed IEPs at School Action	Working at Level 2 following 2 reviewed IEPs at School Action Plus
<b>Key Stage 4 – National Curriculum Age 15:2 Y10</b>	Working towards Level 4	Working towards Level 3 following 2 reviewed IEPs at School Action	Working at Level 2 following 2 reviewed IEPs at School Action Plus



## Cognition and Learning – General Learning Difficulties Evidence Checklist

**REQUEST FOR STATUTORY ASSESSMENT OF A PUPIL'S SPECIAL EDUCATIONAL NEEDS**

This checklist is not intended to be comprehensive but is designed to support you in submitting your evidence base of level and complexity of need

<b>School:</b>	<b>Name of Pupil:</b> <b>Date of Birth:</b>
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<b>The school will need to provide written information demonstrating that it has:</b>	<b>Please tick</b>
Drawn up, implemented, monitored and regularly reviewed Individual Education Plans at each SEN decision point over a period of at least 6 months, and reflecting progress through at least two implemented and evaluated IEPs.	
Consulted with parents/carers and child (where appropriate) at every stage. The parent/carer should be offered opportunities to be involved in supporting the school in implementing and evaluating of intervention programmes.	
Sought and acted upon advice from appropriate external specialists e.g. <ul style="list-style-type: none"> <li>• Speech and Language Therapists</li> <li>• Learning Support Service</li> <li>• Educational Psychologist</li> <li>• Child and Adolescent Mental Health Service</li> </ul> Reviewed effectiveness of any interventions resulting from such advice with the external specialists involved.	
Taken action to make the appropriate curriculum accessible to the pupil through differentiation (with overlearning built into the teaching programme), homework, resources, teaching and pastoral support.	
Evaluated the effectiveness of teaching approaches used across a range of areas, including those where the child is successful or is able to demonstrate strengths.	
Considered the child's pastoral needs and if necessary sought appropriate advice or expertise to meet any behavioural, emotional or social needs.	
Explored the benefits of, and where practicable secured access for the child to appropriate ICT.	

**Signed** .....

**Date** .....

**PRINT NAME** .....

**POSITION** .....



## Cognition & Learning – Specific Learning Difficulties Evidence Checklist

### REQUEST FOR STATUTORY ASSESSMENT OF A PUPIL'S SPECIAL EDUCATIONAL NEEDS

This checklist is not intended to be comprehensive but is designed to support you in submitting your evidence base of level and complexity of need

<b>School:</b>	<b>Name of Pupil:</b> <b>Date of Birth:</b>
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The school will need to provide written information demonstrating that it has:	Please tick
Drawn up, implemented, monitored and regularly reviewed Individual Education Plans at each SEN decision point over a period of at least 6 months, and reflecting progress through at least two implemented and evaluated IEPs.	
Consulted with parents/carers and child (where appropriate) at every stage. The parent/carer should be offered opportunities to be involved in supporting the school in implementing and evaluating of intervention programmes.	
Sought and acted upon advice from appropriate external specialists e.g. <ul style="list-style-type: none"> <li>• Speech and Language Therapists</li> <li>• Learning Support Service</li> <li>• Educational Psychologist</li> <li>• Child and Adolescent Mental Health Service</li> </ul> Reviewed effectiveness of any interventions resulting from such advice with the external specialists involved.	
Taken action to make the appropriate curriculum accessible to the pupil through differentiation, homework, resources, teaching and pastoral support.	
Evaluated the effectiveness of teaching approaches used across a range of areas, including those where the child is successful or is able to demonstrate strengths.	
Considered the child's pastoral needs and if necessary sought appropriate advice or expertise to meet any behavioural, emotional or social needs.	
Explored the benefits of, and where practicable secured access for the child to appropriate ICT.	

**Signed** .....

**Date** .....

**PRINT NAME** .....

**POSITION** .....



## **Behaviour, Emotional and Social Development**

Children with difficulties in behaviour, emotional and social development can include those who are withdrawn or isolated, disruptive and disturbing, hyperactive and lacking concentration, those with immature social skills and those presenting with challenging behaviours in their school and learning context. Some may disrupt the education of others. Some may also have general learning or specific learning difficulties. The way in which the school supports these pupils can make a substantial difference to their behaviour and emotional development.

Most children's difficulties are resolved within the family and community, with the support of effective whole school approaches to behaviour management and pastoral care, individual intervention, where appropriate, counselling and pastoral systems.

Many children with behavioural, emotional and social difficulties will be able to make the expected amount of progress if given appropriate intervention; this intervention being over a medium to long term period of time.

**Children with behaviour, emotional and social development difficulties may require some, or all of the following:**

- Provision of class and school systems which control negative or difficult behaviours and encourage positive behaviour
- Provision of a safe and supportive environment
- Help in adjusting to school expectations and routines
- Flexible teaching arrangements
- Help in developing social competence and emotional maturity
- Help in managing social relationships, including management of social misunderstanding and conflict
- Help in acquiring the skills of positive interaction with peers and adults
- Specialised behavioural and cognitive approaches
- Re-channelling or re-focussing to diminish repetitive and self injurious behaviours

### **Evidence of level of need in context of statutory assessment**

The school will need to provide written information demonstrating that it has:

- Followed, as appropriate in the individual case, the provisions of its policies on behaviour and on pastoral care and guidance.
- Carefully informed all staff of the child's difficulties and adopted a consistent approach to remedying these difficulties across the school/setting.
- Drawn up, implemented and regularly reviewed Individual Education Plans over a period of at least six months. Targets should be appropriate to the behavioural, emotional and social needs of the pupil.
- Sought to develop a constructive relationship with parents/carers, encouraging them to participate in their child's education.
- Sought the views of and involved the child and his/her parents/ carers at every stage. The parent/carer should be offered opportunities to be involved in

supporting the school in implementing and evaluating of intervention of any programmes.

- Sought and acted upon advice from appropriate external specialists e.g. Educational Psychologist, Child and Adolescent Mental Health Service, Behaviour Support Team, Connexions. Reviewed effectiveness of any interventions resulting from such advice with the external specialists involved.
- Where appropriate, involved the Borough School Attendance Service, Social Care and, with parent/carer consent, sought assistance of the school health service and/or the child's GP.
- Carried out appropriate assessments to understand the nature of the difficulties of the child.
  - The school needs to consider whether there is a significant difference between the child's assessed behaviour and emotional state, and the expectations of teachers, parent/carers and others directly concerned about the child.
  - Where behaviour affects learning there needs to be significant discrepancy between the child's cognitive ability and the expectations of the child as assessed by teachers, parents/carers and others directly concerned.
- In an attempt to identify patterns or causes, recorded the frequency, intensity and duration of the child's behaviour through appropriate observations, behaviour logs and detailed records of exclusions, evidence of obsessive eating habits, self harm, substance or alcohol misuse, poor attendance, displays of unpredictable, bizarre, obsessive, violent or severely disruptive behaviour.
- Taken action to meet the needs of the child by appropriately and regularly monitored interventions, including e.g. anger management, social skills and self-esteem groups.
- Evaluated the effectiveness of teaching approaches used across a range of areas, including those where the child is successful or is able to demonstrate strengths.

### **General points to be noted:**

- Exclusion does not constitute an intervention.
- Exclusion from school does not in itself indicate that the child requires a statutory assessment of his/her special educational needs.
- Problem behaviours should have continued through at least two terms during the support of various agencies.
- Consideration has been given to a move into another class, tutor group, or even a managed move to another school if this is feasible and supported by support agencies.
- If a child commits a serious offence which endangers him/her or other pupils or teachers then this process may be accelerated.

# BEHAVIOUR, EMOTIONAL AND SOCIAL DEVELOPMENT NEEDS DESCRIPTORS

## General guidance – all key stages

	School/Early Years action	School/Early Years action plus	Statutory Assessment
<b>General ability to adapt to school demands</b>	<p>Conforms with some prompting and adaptation of the curriculum and classroom environment</p> <p>Curricular underperformance of moderate concern</p>	<p>Planned approaches needed to enable the child to remain within the class group.</p> <p>Specific IEPs developed to reduce disruption.</p> <p>Adult assistance/intervention needed several times a day.</p> <p>Curricular underperformance of significant concern.</p>	<p>The child has difficulty participating within whole class group for significant part of the school day despite SA+ arrangements.</p> <p>Access to the curriculum is restricted.</p> <p>Curricular underperformance of serious concern.</p>
<b>Isolation and/or withdrawal</b>	<p>Silent or selectively speaking for 1 term.</p> <p>Tendency to be apart from other children.</p> <p>Lacks confidence to attempt tasks.</p> <p>Often destroys own work.</p> <p>Seems depressed , often hides</p>	<p>Silent or selectively speaking for over 1 term.</p> <p>Avoids other children.</p> <p>Very anxious, physical signs of stress.</p> <p>Spends a significant time attempting to be concealed.</p>	<p>Silent or selectively speaking for more than 2 terms.</p> <p>Continuing isolation, avoidance strategies and/or anxiety impairs curriculum access.</p>
<b>Social interaction, communication and imagination</b>	<p>Immature social communication skills affecting the child’s ability to listen and take turns in groups.</p> <p>Tendency to dominate in conversations showing limited awareness of listener’s needs.</p> <p>Some difficulty with the use and understanding of non-verbal signals.</p> <p>Some literal response to verbal communication.</p> <p>Diagnostic work undertaken</p>	<p>Advice sought from external agencies, IEP focussed on areas related to advice given, adaptations to curricular approaches.</p> <p>See section on communication and interaction.</p>	<p>See section on communication and interaction.</p>
<b>Irregular attendance, self harming behaviours including eating disorders, substance misuse</b>	<p>Attendance patterns of concern. (Less than 80%), where BSAS and health and social services have concerns about emotional difficulties.</p> <p>Concerns about possible substance misuse, e.g. not achieving to expectations, change in appetite, concentration, and/or health concerns.</p>	<p>Absence from school because of extreme fearfulness or phobia which has not responded to a period of focussed intervention of over one term</p> <p>Advice and involvement of external agencies.</p> <p>Multiagency approach to substance misuse, where poor behaviour and attainment are significant features.</p>	<p>Absence from school because of extreme fearfulness or phobia has not responded to lengthy period of focussed intervention of approximately 3 school terms.</p> <p>Multi-agency work at SA+ identifies extreme SEN in addition to health and social needs</p>
<b>Behaviours of serious concern</b>	<p>Any of the following observed over more than 1 term and not responding to pastoral and SEN approaches:</p> <p>Obsessional behaviour</p> <p>Irrational anxieties</p> <p>Extreme mood swings</p> <p>Disruptive behaviour in class</p>	<p>Concerns over mental and/or physical health referred to appropriate agencies, and severely impeding learning.</p> <p>Persistent disruptive behaviour occurs in a variety of contexts and impedes learning of the child and/or other pupils, despite SEN/EP interventions</p>	<p>Concerns over mental and physical health referred to appropriate agencies and severely impeding learning (see section on communication and learning)</p> <p>Persistent disruptive behaviour which occurs in a variety of contexts and impedes learning of the child and/or others despite SEN/EP interventions over a period of at least two terms</p>
<b>Bullying, abuse, difficulties at home</b>	<p>Bullying or signs of stress arising from social factors significantly affecting school performance and quality of life, despite referral to appropriate agencies.</p>	<p>Bullying or signs of stress arising from social factors significantly affecting school performance and quality of life, despite referral to appropriate agencies and interventions over at least 2 terms.</p>	<p>Multiagency involvement and interventions over a long period of time indicate that the child’s behavioural, emotional and social difficulties are persistent and additional provision is required.</p>
<b>Mental and physical health</b>	<p>Any sign that the child has problems in physical or mental health should be brought to the attention of the health service.</p>	<p>Any unpredictable change in the child’s behaviour, or apparent mental or physical state should be brought to the attention of the relevant services.</p>	<p>Multiagency assessment identifies a sudden deterioration in mental or physical health</p>



# BEHAVIOUR, EMOTIONAL AND SOCIAL DEVELOPMENT

## Evidence Checklist

### REQUEST FOR STATUTORY ASSESSMENT OF A PUPIL'S SPECIAL EDUCATIONAL NEEDS

This checklist is not intended to be comprehensive but is designed to support you in submitting your evidence base of level and complexity of need

<b>School:</b>	<b>Name of Pupil:</b>
	<b>Date of Birth:</b>

<b>The school will need to provide written information demonstrating that it has:</b>	<b>Please tick</b>
Followed, as appropriate in the individual case, the provisions of its policies on behaviour and on pastoral care and guidance.	
Carefully informed all staff of the child's difficulties and adopted a consistent approach to remedying these difficulties across the school/setting.	
Drawn up, implemented and regularly reviewed Individual Education Plans over a period of at least six months. Targets should be appropriate to the behavioural, emotional and social needs of the pupil.	
Sought to develop a constructive relationship with parents/carers, encouraging them to participate in their child's education.	
Sought the views of and involved the child and his/her parents/ carers at every stage. The parent/carer should be offered opportunities to be involved in supporting the school in implementing and evaluating of intervention of any programmes.	
Sought and acted upon advice from appropriate external specialists e.g. Educational Psychologist, Child and Adolescent Mental Health Service, Behaviour Support Team, Connexions. Reviewed effectiveness of any interventions resulting from such advice with the external specialists involved.	
Where appropriate, involved the Borough School Attendance Service, Social Care and, with parent/carer consent, sought assistance of the school health service and/or the child GP.	
<p>Carried out appropriate assessments to understand the nature of the difficulties of the child.</p> <p>The school needs to consider whether there is a significant discrepancy between the child's assessed behaviour and emotional state and the expectations of the child as assessed by teachers, parent/carers and others directly concerned.</p> <p>Where behaviour affects learning there needs to be significant discrepancy between the child's cognitive ability and the expectations of the child as assessed by teachers, parents/carers and others directly concerned.</p>	

<p>In an attempt to identify patterns or causes, recorded the frequency, intensity and duration of the child's behaviour through appropriate observations, behaviour logs and detailed records of exclusions, evidence of obsessive eating habits, self harm, substance or alcohol misuse, poor attendance, displays of unpredictable, bizarre, obsessive, violent or severely disruptive behaviour.</p>	
<p>Taken action to meet the needs of the child by appropriately and regularly monitored interventions, including e.g. anger management, social skills and self-esteem groups.</p>	
<p>Evaluated the effectiveness of teaching approaches used across a range of areas, including those where the child is successful or is able to demonstrate strengths.</p>	

**Signed** .....

**Date** .....

**PRINT NAME** .....

**POSITION** .....

## Sensory Impairment

The umbrella term of sensory impairment includes hearing impairment and visual impairment as well as dual sensory impairment. A vision or hearing loss may also be present with other conditions.

Causes of sensory impairment are varied and may be inherited, congenital or acquired. Some sensory impairments are degenerative and may worsen over time.

Most sensory impairments will be identified by Health in the early years, but schools should be alert to and explore any child they suspect may have impaired hearing or vision.

Sensory impairments are graded according to clinical descriptors from mild to moderate through to severe or profound. The level of impairment is a general indicator of the level of need.

### Standard descriptors of hearing loss (British Society of Audiology)

Mild	21-40 dB
Moderate	41-70 dB
Severe	71-95 dB
Profound	95dB and above

### Types of hearing loss

#### **Conductive**

A hearing loss caused by a blockage in the transmission of sound through the mechanism of the ear e.g. by "Glue Ear" approximately 1 in 5 children experience conductive hearing loss and its effects may be temporary or fluctuate. Conductive hearing losses may be managed through surgery e.g. insertion of grommets.

#### **Sensori-neural**

A hearing loss which affects the perception of sound, caused by damage to the inner ear or auditory nerve. It may vary from severe to profound (see above) and be present from birth or be acquired later. Such losses are always permanent and may deteriorate.

#### **Mixed**

When both types of hearing loss are present.

## Standard descriptors of visual impairment

### **Blind**

The statutory definition is “to be unable to perform any work for which eyesight is essential” clinical measurement 6/60 (only able to see at 6m what a sighted person could see at 60m)

### **Functionally blind**

No useful vision, needing tactile and auditory channels for receiving information

### **Low vision**

Severely impaired vision, but still able to receive visual information and learn through visual channels

## **Deafblind/Multi-Sensory Impaired**

Any degree of dual sensory impairment that has a significantly adverse effect on a child’s ability to access education. Children in this group will have very different needs and are “*a heterogenous group who may suffer from varying degrees of visual and hearing impairment, perhaps combined with learning difficulties and physical disabilities, which can cause severe communication, developmental and educational problems*”

(DFES)

In functional terms this descriptor may include children with:

- Moderate to profound auditory and significant visual impairments
- Moderate or profound auditory and significant visual impairments and other significant disabilities
- Difficulties processing vision and hearing
- Progressive sensory impairments and conditions
- A significant visual impairment and possible loss of auditory processing associated with severe physical or cognitive disability and severe communication delay (SENSE)

## **Other terms often used**

Progressive	deteriorating
Bilateral	affecting both ears
Binocular	affecting both eyes
Unilateral/monaural	affecting one ear only
Monocular	affecting one eye only
Asymmetrical	hearing loss differs in each ear

**A hearing loss may show itself in the following ways:**

- A clinical diagnosis
- The prescription of hearing aids
- Delayed and/or unclear speech
- Delay and/or difficulty acquiring literacy skills
- Social isolation
- Inappropriate behaviours
- Frequent ear infections, sore ears/tugging or rubbing ears
- Fatigue and disengagement
- Dislike of noisy environments
- Difficulty following plenary or group conversations

**A Visual impairment may show itself in the following ways:**

- A clinical diagnosis
- The prescription of high strength corrective lens glasses
- Frequent bumps and falls
- Holding objects unusually close in order to see them
- Poor depth perception e.g. weak catching and tracking skills
- Bending or twisting to get objects into field of vision
- Social isolation
- Lack of engagement or disorientation in large groups
- Squinting, sore eyes, eye rubbing
- Fatigue and disengagement
- Dislike of bright lights
- Difficulty moving from dark to light areas and vice versa

**Children with sensory impairments may require some or all of the following:**

- Adaptations to the classroom environment e.g. Soundfield, demarcation of steps etc.
- Classroom positioning adapted to meet the profile of the child's need e.g. a child with no sight in the right eye will be best placed to the right hand side to maximise the useful vision in the better, left eye
- Difficulty using screens or interactive whiteboards
- Additional time to process information
- Regular learning breaks
- Adapted resources to meet the profile of the child's need e.g. enlarged print for worksheets, visual time tables, contrast backgrounds for print
- Flexible teaching with whole group, small group and 1:1 learning opportunities
- Provision and management of low vision aids
- Provision and management of hearing aids and additional equipment such as fm system
- A risk assessment e.g. of trip hazards in the classroom/playground, arrangements for fire drills
- The "cueing in" of activities to prepare for change/transition
- Careful monitoring at unstructured times, break times and lesson changes
- Opportunities to pre-learn and rehearse key concepts and vocabulary
- Information broken into "bite size" chunks

- Regular reinforcement of key concepts and vocabulary e.g. with real objects, written prompts, visual or tactile cues
- Overt teaching of social skills and social scripts
- Whole staff training to raise awareness of sensory impairment
- Peer training to raise awareness of sensory impairment

### **Evidence of level of need in the context of statutory assessment**

- Clinical evidence and diagnosis of a sensory impairment (hearing or vision) which is severe and permanent
- Clinical evidence and diagnosis of a dual sensory impairment
- Evidence of other SEN such as cognitive, physical or communication the effects of which are compounded by the presence of a sensory impairment
- Evidence of the need for high levels of specialist support e.g. from a QTVI (Qualified Teacher for the Visually Impaired) or ToD (Teacher of the Deaf) over and above the support put into place by the school
- Evidence of the need for high levels of ongoing co-ordinated support from a range of professionals to be co-ordinated to meet a child's need e.g. Speech & Language Therapy, Physiotherapy, Occupational Therapy
- Evidence that a significant amount of time must be spent in differentiating and generating resources (e.g. enlarged or Brailled information, visual communication books, graphics and simplified language) in order to successfully include the child with a sensory impairment in day to day learning activities alongside their peers
- Evidence of the need for high levels of technology to support inclusion e.g. CCTV, FM system and the identification of key staff to monitor this on a daily basis
- Evidence of the need for very high levels of individual and 1:1 differentiated support to maintain the child's learning

## Physical Disabilities

Physical impairments may arise from physical, neurological or metabolic causes that only require appropriate access to educational facilities and equipment; others may lead to more complex learning and social needs: a few children will have multi-sensory difficulties with associated physical difficulties. For some children the inability to take part fully in school life causes significant emotional stress or physical fatigue.

A medical diagnosis or a disability does not necessarily imply SEN. It may not be necessary for a child or young person with any particular diagnosis or medical condition to have a statement, or to need any form of additional educational provision at any phase of education. It is the child's educational needs rather than a medical diagnosis that must be considered. Some pupils may not require statements or school-based SEN provision but they have medical conditions that, if not properly managed, could hinder their access to education.

Medical conditions may have a significant impact on a child's experiences and the way that they function in schools. The impact may be direct, in that the condition may affect cognition or physical abilities, behaviour or emotional state. The impact may also be indirect, perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability can have on a child and their family.

The effects of a medical condition may be intermittent and their impact on the child's functioning in school can vary at different stages of their school career. This may reflect changes in the school curriculum, changes in the individual child and changes in the peer group, e.g. at the onset of puberty.

Consultation and open discussion between the child's parents/carers, the school, relevant medical staff and any specialist services providing treatment or interventions for the child will be essential to ensure that the child makes maximal progress. It will be important to include the child so that their views and aspirations are represented. Such collaboration should also ensure that the child is not unnecessarily excluded from any part of the curriculum, or school activity because of anxiety about their care and treatment.

Schools should ensure that their own pastoral care arrangements allow children and young people to discuss any health related and other problems with a relevant health professional, educational psychologist, counsellor or other professional. The school and family should liaise in providing maximum support for the child.

**Children with physical needs are likely to benefit from some, or all, of the following:**

- A flexible teaching programme, in which learning tasks are set at an appropriate level and presented in an accessible form
- Appropriate seating, acoustic conditioning and lighting
- Adaptations to the physical environment of the school
- Adaptations to school policies and procedures
- Access to alternative or augmented forms of communication

- Provision of tactile and kinaesthetic materials
- Access to different amplification systems
- Access to low vision aids
- Access in all areas of the curriculum through specialist aids, equipment or furniture
- Regular and frequent access to specialist support
- Support to develop and maintain a positive self-image and healthy self-esteem.

### **Evidence of need in the context of statutory assessment**

The school will need to provide written information demonstrating that it has:

- Drawn up, implemented, monitored and regularly reviewed relevant Health Care Plans
- Drawn up, implemented, monitored and regularly reviewed Individual Education Plans at each SEN decision point over a period of at least 6 months, and reflecting progress through at least two implemented and evaluated IEPs.
- Sought and acted upon advice from appropriate external specialists (e.g. educational psychologist, advisory teachers, health care professionals)
- Sought the views of and involved the child and parents/ carers at each stage. The parents/carers should have had the full opportunity to be involved in supporting the school staff in the implementation and evaluation of any intervention programmes.
- Taken action to make the appropriate curriculum accessible to the pupil through differentiation, and provision of specialist aids, equipment or furniture.
- Considered and taken steps to meet the pastoral needs of the child and if necessary sought appropriate advice or expertise to meet any behavioural, emotional or social needs.
- Explored the benefits of, and where practicable secured access for the child to appropriate information technology.

## Physical Disability – Pupil Characteristics

### General guidance – all key stages

	School/Early Years action	School/Early years action plus	Statutory Assessment
<b>Degree of Disability</b>	<ul style="list-style-type: none"> <li>• Lower levels of difficulty.</li> <li>• Able to participate in setting/classroom activities but some minor difficulties undertaking certain tasks.</li> <li>• Minor modifications required to access the curriculum and setting /class /school environment.</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing levels of difficulty.</li> <li>• Able to participate in setting /classroom activities but difficulties in undertaking certain tasks impacts significantly on pace of work in comparison to peers.</li> <li>• Minor adaptations required to access the curriculum and setting /class /school environment. The child may require support for gross /fine motor and/or self-help needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Higher levels of difficulty indicated by the need for specialist materials, aids, equipment, adaptations to the environment in order to make progress within the curriculum.</li> <li>• The child requires support for mobility and / or personal / self-help needs.</li> </ul>
<b>Therapy</b>	<ul style="list-style-type: none"> <li>• Assessment / programme from therapist.</li> </ul>	<ul style="list-style-type: none"> <li>• Therapy programme implemented and monitored in setting/school in consultation with appropriate therapists.</li> </ul>	<ul style="list-style-type: none"> <li>• Daily supported therapy programme required in setting/ school with on-going intervention from therapist.</li> </ul>
<b>Social, Emotional and behavioural development</b>	<ul style="list-style-type: none"> <li>• Some concern about social integration</li> <li>• Inclusion</li> <li>• Social skills training required</li> <li>• Physical difficulties impact on self-esteem &amp; confidence.</li> </ul>	<ul style="list-style-type: none"> <li>• Specific attention to emotional support needed.</li> <li>• Physical difficulties impact on self-esteem &amp; confidence. Concerns regarding social inclusion.</li> </ul>	<ul style="list-style-type: none"> <li>• Impaired social communication skills, requiring intensive programmes of social communication training.</li> <li>• Supported programmes required for emotional, social and behavioural needs.</li> </ul>
<b>Levels of attainment</b>	<ul style="list-style-type: none"> <li>• See General Learning Difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• See General Learning Difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• See General Learning Difficulties</li> </ul>
<b>Curriculum approaches</b>	<ul style="list-style-type: none"> <li>• IEPs focus on motor control, e.g. Adaptations in presentation.</li> </ul>	<ul style="list-style-type: none"> <li>• IEP and further assessments over time focused on: motor control, specific learning areas, curriculum presentation.</li> </ul>	<ul style="list-style-type: none"> <li>• IEPs focused on physical needs, specific learning areas, curriculum presentation. Special arrangements and teaching methods needed to accommodate physical disabilities and curriculum access.</li> </ul>
<b>Equipment and resources</b>	<ul style="list-style-type: none"> <li>• Classroom equipment needed to support curriculum access, e.g. Scissors, pencil grips, sloping board, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist equipment needed on a daily basis, e.g. Mobility aids, use of school ICT and access to specialist software, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Significant adaptations to materials needing extra daily provision and training.</li> </ul>
<b>Specialist Teaching</b>	<ul style="list-style-type: none"> <li>• Support and advice required for setting / classroom management strategies.</li> </ul>	<ul style="list-style-type: none"> <li>• Teaching support required with monitoring and advice regarding effective delivery of the curriculum.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff require guidance &amp; support in making special arrangements and adaptations to the curriculum and environment.</li> </ul>
<b>Adaptations to the physical environment</b>	<ul style="list-style-type: none"> <li>• Arrangements made within setting/school environment to meet child's physical needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Minor adaptations may be required e.g. handrails in toilets, a ramp.</li> </ul>	<ul style="list-style-type: none"> <li>• Planned environment for learning, including adaptations to building to facilitate mobility and/or personal needs.</li> </ul>